



DOCUMENTATION IS
YOUR RESPONSIBILITY

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*I am NOT an attorney! This lecture is not intended to
provide any legal advice!*

TRUE Examples of poor documentation

“Arived on scene, pt sick to her stomack, said she ate some foud that may be bad. V/S normal.
Placed pt in POC. Went to hospital.”



Another TRUE example:

“On scene found patient drunk. He’s a regular who always gets drunk. He called for EMS to avoid going to jail. He stinks bad. We turned him over to PO.”

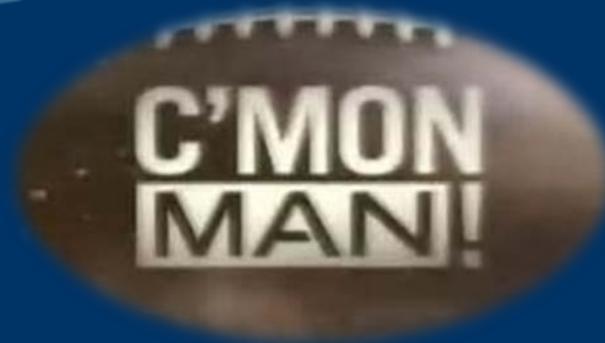


And another....

“Caled 4 medcal raisins.
Patience in floore. She wus
sikk. She puuked on floore.
Blud wus in the puok. She
didn’t waunt us so we lift.”

REALLY???

Buddy



Proper Documentation

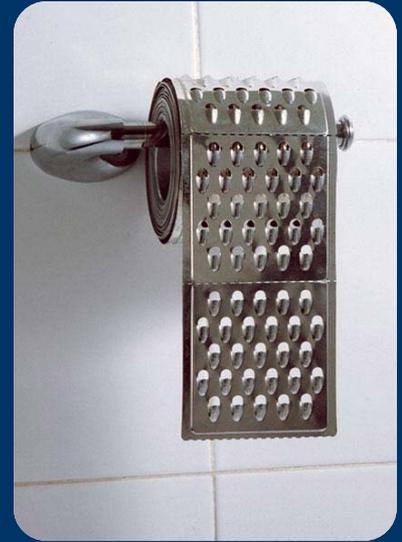
HX: Upon arrival, I found a 64 y/o female patient (Pt), lying prone on carpeted floor in living room. Pt states “I laid down on the floor because I am just too weak to stand”. Pt’s C/C is nausea, vomiting and weakness. Pt has been sick x 2 days and vomited x 3 within the last hour. Pt denies allergies, takes Atenolol for HTN and low-dose ASA. No GI hx. Pt states she ate a can of tomato soup yesterday evening but doesn’t remember what time.

PE: Pt CAO x 3, denies loss of consciousness, denies any trauma. Pt denies SOB &/or chest pain. V/S: B/P 108/62, P 94 & Regular, R 24 & non labored at time of exam, PERL, skin Pale/W/D. BBS = clear. Poor skin turgor. ABD soft & non-tender at time of exam. Pt denies diarrhea & states urinary function is normal. Distal pulses weak, grips =/strong. Balance of PE unremarkable. Noted vomitus on floor which appears to contain a small amount of dark colored blood.

TX: Evaluation and assist back to chair only. Pt refusing additional treatment &/or transport adamantly because her daughter is on the way. Pt states she will go POV to the hospital when her daughter arrives. I explained to the patient that she may be bleeding internally, which is a serious condition that warrants immediate transport and evaluation by a physician in an emergency department. I informed the patient of the potential risks associated with refusal and delay in care. I advised her to call us back immediately if her condition worsens or if she changes her mind. Pt still refusing transport AMA, pt signed refusal, witnessed by Troy Copeland, FF, Co. 1. Crew returned to quarters and I contacted medical control to advise them of the situation. *S. H. Phillips, NRP*

FACT:

Poor Documentation =
Potential Liability



Actions

Civil

- Plaintiff initiates a lawsuit – seeks redress from the defendant, usually in the form of a monetary sum
- Defendant – the party alleged to have caused harm

Criminal

- Government initiates the legal action against a party who has been charged with violating a law
 - Felonies
 - Misdemeanors
 - Summary Offenses

Anatomy of a Lawsuit

A “cause of action” must exist

- Actions/omissions outside of the “standard of care”

Research must be completed

- Interviews
- Document review
- HIPAA

Statute of Limitations

- Virginia Code § 8.01-243.A provides action must be brought within 2 years after the “cause of action” accrues *

Statute of Limitations (continued)

Must be within the “statute of limitations”

- There ARE exceptions
- Virginia: VA Code § 8.01-230 provides the “right of action” does not occur until an injury is sustained, and not when the resulting damage is discovered

**SOL clock begins to run when injury occurs, not necessarily when the accident occurs*

Duties of EMS Personnel

Duty to maintain current certification

Duty to participate in training activities and requirements by your OMD

Duty to maintain your equipment

Duty to the patient

Duty to provide care within your level of qualification and the level of agency licensure

Duty to document completely, accurately, and in a timely fashion



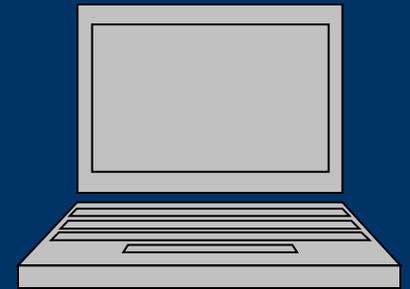
Scope of Practice

Licensure v. Certification

- Licensure: permits the practice of medicine in other professions, e.g. nursing
- Certification: an assertion of fact that the provider has completed training

Perform Emergency Medical Care - do not practice medicine

“The level & type of care that a provider can legally render under the state law & local EMS protocols”



PAINT A PICTURE! {WITH WORDS}

Phase 1

Phase 2

Phase 3

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Good Documentation...

COMPLETE

ACCURATE

TIMELY



Spike "Zilla"

COMPLETE

Write like an Investigator

- 1) Incomplete or sloppy documentation leads to a denial of claims



COMPLETE

2) Incomplete or sloppy documentation leads the jury to believe your care may be sloppy &/or incomplete



BILLING

ACCURATE

CONTINUED
CARE

CREDIBILITY

HONESTY

INTEGRITY



Ethics

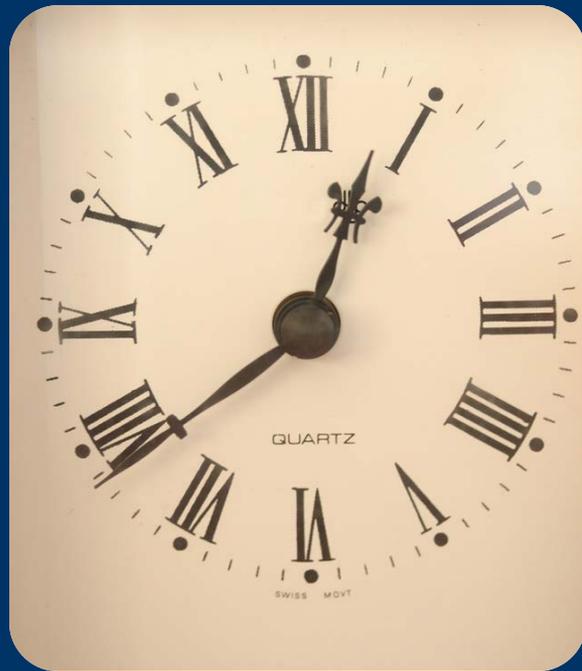
µg vs. mg

ACCURACY



REDUCES MEDICAL ERRORS

TIMELY



**“RES-GESTAE”
STATEMENTS**

§12VAC5-31-1140. Provision of patient care documentation.

A. EMS personnel and EMS agencies shall provide the receiving medical facility or transporting EMS agency with a copy of the prehospital patient care report for each patient treated at the time of patient transfer. Should EMS personnel be unable to provide the full prehospital patient care report at the time of patient transfer, EMS personnel shall provide an abbreviated documented report with the critical EMS findings and actions at the time of patient transfer and the full prehospital patient care report shall be provided to the accepting facility within 12 hours.

PATIENT CONFIDENTIALITY

- Training
- Continuum of Care
- Certain Legal Cases
- Administrative Investigations
- Billing
 - Extent authorized by patient or his/her representative for insurance purposes
- **NOTE: ASK YOUR ATTORNEY**

VA EMS
REGULATIONS
§12VAC5-31

HIPAA

Federal

PHI



Disclosure



Health Insurance Portability & Accountability Act



Care



Investigation



Billing



Training
QM/QI





The Golden Rule...

**IF IT IS NOT DOCUMENTED,
YOU DID NOT DO IT!**

**IF YOU DID NOT DO IT,
DO NOT DOCUMENT IT!**

HOW IMPORTANT IS DOCUMENTATION?

Let's take a close look at "professional documentation"

Jane is called to testify in court regarding a PPCR she completed 4 years ago as an EMT-Basic



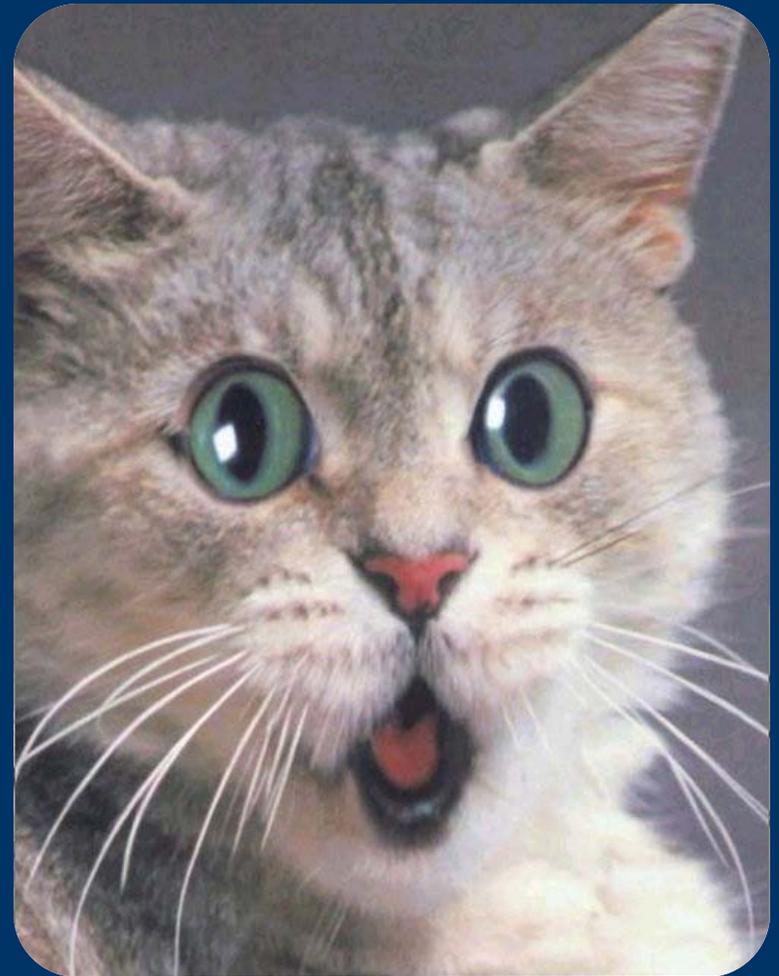
CONTENTS OF REPORT:

“...reponded to patent with stomach panes
...she had notting to eat
...her stumach was upset but she did not puke
...put O2 on
...her collar was good
...she then refuzed”



JANE IS A PARAMEDIC NOW...

What does Jane's face look like when she is handed a copy of her original PPCR and asked to read it to the jury, while they read along?



Systematic Approach

CHART

What's Your System?

SOAP

Hx, Pe, Tx

SOAP

Objective



The cat's nose is pink!

FACT

Subjective



The cat is cute!

OBJECTIVE VS. SUBJECTIVE

Factual

Can be Measured

Quantifiable

Unbiased

Verifiable

Opinion

Personal Belief

**Perspective of
Writer's View**

Open to

Interpretation

Often Uncertain

**Dog is a German
Shepherd**



Dog is Cute

CHART METHOD

Chief Complaint (CC)

History (Hx)

Assessment

Rx (Prescription for Treatment)

Transport (Tx)

HPT METHOD

Hx = History



PE = Physical Examination



Tx = Treatment & Transport



BENEFITS OF PROPER DOCUMENTATION



**Reduce
the
potential
to miss
things!**

**Stronger
continuum
of care for
your
patient!**

**Reduce
the
potential
for
liability!**

**Write to
withstand
litigation!**



**Reduce the potential for a
denial in claims!**

Medico-legal Aspects



CONSENT

**Implied, Expressed, Minor's, Assault,
Battery, False Imprisonment, Illegal
Detention, Kidnapping, blah ... blah ...
blah!!!**

Mistakes

Abandonment

Consent

Negligence

Omissions

Refusal

**Willful
& Wanton**

Scope of Practice

LET'S PAINT A PICTURE



What remains the “Golden Rule” of documentation?



What are “res gestae” Statements?



What are the three
documentation
systems we
discussed?

WHAT IS “CAT” DOCUMENTATION?



I NAWT goin to skool!

**I knows
way too much alreddy!**

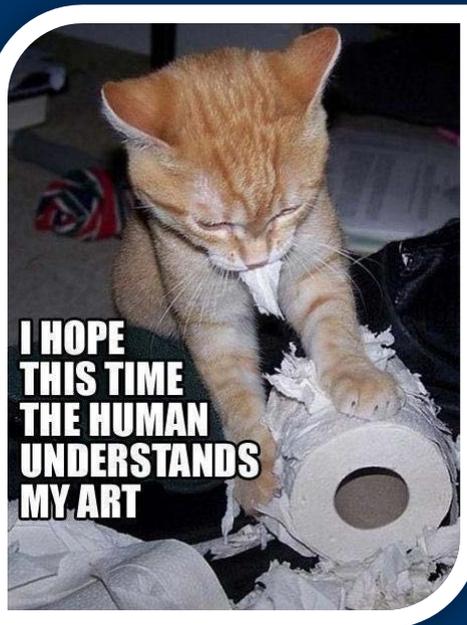
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way too much alreddy!

I knows

Final Questions



**I HOPE
THIS TIME
THE HUMAN
UNDERSTANDS
MY ART**