



COMMONWEALTH of VIRGINIA
Department of Health

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TO: Virginia Emergency Medical Services (EMS) agencies
Regional EMS Councils

From: Michael D. Berg, BS, NRP
Manager, Regulation and Compliance

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Manager, Trauma and Critical Care

SUBJECT: Patient Care Documentation

Please find attached a revised agency policy regarding the completion of a patient care report for Virginia EMS agencies. This policy is effective July 1, 2017 and remains in effect until acted on by the Office of Emergency Medical Services.

This policy applies to all categories of Virginia EMS agencies (911, non-emergency, ground, air, etc.). Please direct any questions to the appropriate program manager.

Virginia Office of Emergency Medical Services

Patient Care Report Documentation and Data Submission

I. Purpose

§32.1-116.1 of the *Code of Virginia (Code)* mandates that each licensed Emergency Medical Services (EMS) agency submit data to the Office of Emergency Medical Services (OEMS) on a prescribed format as approved by the Board of Health (<http://law.lis.virginia.gov/vacode/32.1-116.1/> . The *Virginia Emergency Medical Services Regulations (Regulations)* 12VAC5-31-560 also identifies the need for Emergency Medical Services (EMS) agencies to report patient care data to OEMS (<http://law.lis.virginia.gov/admincode/title12/agency5/chapter31/section560/> .

The policy exists to provide a consistent standard for OEMS staff and Emergency Medical Services agencies as to when a patient care report is to be completed and data transmitted to OEMS.

II. Scope

Incident documentation involves the recording of all patient assessment and treatment performed by licensed EMS agencies providing prehospital emergency medical services, inter-facility transport or pre-scheduled patient transport. Data submission involves transmitting the required data set that is collected through incident documentation to the OEMS. This policy applies to all EMS agencies licensed to operate within the Commonwealth of Virginia.

III. Definitions

Medical care facility – means (as defined by § 32.1-102.1 of the *Code* and 12VAC5-31-10 of the *Regulations*) any institution, place, building or agency, whether or not licensed or required to be licensed by the Board of Health or the Department of Behavioral Health and Developmental Services, whether operated for profit or nonprofit and whether privately owned or privately operated or owned or operated by a local governmental unit, (i) by or in which health services are furnished, conducted, operated or offered for the prevention, diagnosis or treatment of human disease, pain, injury, deformity or physical condition, whether medical or surgical, of two or more nonrelated persons who are injured or physically sick or have mental illness, or for the care of two or more nonrelated

persons requiring or receiving medical, surgical or nursing attention or services as acute, chronic, convalescent, aged, physically disabled or crippled or (ii) which is the recipient of reimbursements from third-party health insurance programs or prepaid medical service plans.

IV. Requirements

A. Whenever an EMS agency is requested (scheduled, unscheduled, emergent or non-emergent) to provide patient care for a real or potential patient, a patient care report shall be completed and the data shall be submitted to OEMS as per the *Code of Virginia* §32.1116.1 (<http://law.lis.virginia.gov/vacode/32.1-116.1/>).

All licensed EMS agencies shall document and submit data on all EMS incidents including but not limited to:

1. Cancelled calls (by Public Safety Answering Point – 911 center)
2. Standby's (fire assist, law enforcement assist), public events such as recreational events (football games, large gatherings)
3. Patient refusals (care and/or transportation – established patient provider relationship)
4. Patient transfers.

Documentation and data to be submitted includes:

1. Any transport to or from a physician's office, clinic or health care facility that is for prescheduled testing, evaluation or treatment.
2. Discharges from a medical care facility.
3. Scheduled admissions to a medical care facility whether from a private residence or another medical care facility.

B. This applies to all EMS agencies including surface and air agencies.

C. In the event multiple permitted vehicles are involved in the same incident, only one report per patient is required unless a mass casualty event has been declared.

- D. In a multi-agency response to an incident, one patient care report documenting the incident and the EMS agency response will suffice providing no patient care has been rendered or a patient is transported to a medical care facility by the responding EMS agency.
1. In the event a mass casualty event has been declared, the use of triage tags will suffice in lieu of individual patient care reports. One main patient care report shall be completed by the primary (lead) EMS agency identifying the event and the number of patients involved in the incident.
- E. For EMS agencies who provide large event staffing, scheduled or as part of their “mission”(i.e. Kings Dominion, Busch Gardens, concert venue, etc.): If no patient is transported or transferred to a transport agency as a result of assessment and treatment, then only a patient care report noting “standby only” is required and submitted. Any patient transfer or transport must be documented and the data transmitted to OEMS.
- F. Data related to the use of permitted vehicles performing administrative, training or maintenance functions can be documented for agency use; however, it should NOT be submitted to the Office of EMS.

V. Conditions

This policy will remain in effect until revised or terminated by OEMS.

VI. Effective Date: July 1, 2017