



Susquehanna Regional EMS Council, Inc.
Serving: Broome, Tioga, and Chenango Counties

REMAC Policy Statement

Updated 01/03/2017 Reference NYS DOH Policy
12-02

No. 15-03

Date: 02/05/2015
Revised: 02/02/2017

Re: Timely Completion
and Submission of PCRs

Page 1 of 1

Purpose:

The purpose of this REMAC policy is to improve the safe and effective transfer of patient care from EMS to hospital staff by defining the REMAC requirement for PCR completion and submission.

Background:

Pursuant to Part 800.15 (Required Conduct) of NYS Public Health Law it is stipulated that, "a prehospital care report (PCR or EPCR) shall be completed for each patient treated when acting as part of an organized prehospital emergency medical service, and a copy shall be provided to the hospital receiving the patient and to the authorized agent of the department for use in the State's quality assurance program."

Policy:

I. Timeframe and Submission:

- a) EMS providers operating in this region will complete and submit a PCR to the receiving hospital before departing and going back in service
- b) Submission may be in hard copy or electronically through an established technical linkage
- c) In the event that a PCR cannot be submitted before leaving the hospital (i.e. EMS had to respond to another emergent 911 call), the crew will provide the "minimum (required patient) data set (MDS as defined in NYS DOH Policy Statement 12-02 is patient demographics, presenting problem, assessment findings, vital signs and treatment rendered)." This may be done through an ePCR system or in writing.
- d) The ePCR must always include digital copies of all pertinent ECG and 12 Lead tracings

II. Technical Linkage:

- a) All electronic PCRs must be posted to the Regional ImageTrend Bridge or in a method approved by the REMAC per policy 12-01
- b) If the receiving hospital provides patient identifying numbers (i.e. Medical Record, ECD, etc.) they must be added by EMS to the ePCR to ensure accurate linkage with the patient's hospital record.
 - i. It is the responsibility of the in-charge provider to ascertain these numbers and enter them into the PCR.
 - ii. The ambulance crew will wait a reasonable amount of time for these numbers to be generated and provided. If circumstances arise that inhibit the collection of this information it must be properly documented.
 - iii. If these numbers are not included, the PCR will not be considered to have been properly submitted to the receiving facility.