Measuring and Evaluating Patient Care Reports

Presented by Geoff Lassers
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May 11, 2022
6PM to 7PM

I/C: 1 Measurement and Evaluation
EMS: 1 Preparatory
Introduction – Geoff Lassers, AAS Paramedic I/C

FF/Paramedic, West Bloomfield Fire Department (2004)

EMS System Manager, Oakland County Medical Control (2015)

Host / Executive Producer, EMS on AIR Podcast (2020)

Director of Operations, GuardianCME.com (2021)

Geoff@ocmca.org
Appreciate the value of a systematic approach to measuring and evaluating EMS patient care reports (PCRs).
Describe the intent and purpose of PCR evaluation forms.
Provide examples of PCR evaluation forms and list and describe recommended elements for common EMS runs.
The role and value of EMS an ePCR

• Electronic patient care record (ePCR)

The value of a high-quality EMS ePCR
• Electronic patient care record (ePCR)

The only record of each individual patient contact, treatment, transportation, or cancellation of services within each EMS service.
The role and value of EMS an ePCR

ePCR = Data

MAKING DATA-DRIVEN DECISIONS
The role and value of EMS an ePCR

Low-quality data = Low-quality decisions

Garbage in, garbage out...
The role and value of EMS and ePCR

High-quality data = High-quality decisions

Downstream benefits:
- Improved Provider Experience
- Improved Patient Outcomes
- Lower Cost of Care
- Improved Patient Experience
High-quality decisions REQUIRE

Specific, measurable, and attainable QA/QI Processes
The role and value of EMS an ePCR

High-quality QA/QI Processes

REQUIRE

Systematic PCR evaluation process and feedback loop
The role and value of EMS an ePCR

**Cause**

PCR evaluation process
Collect, measure, evaluate, and document

&

Feedback loop
Systematically bring the data back to EMS
Qualitative and quantitative

**Effect**

Down stream benefits

- Improved Provider Experience
- Improved Patient Outcomes
- Lower Cost of Care
- Improved Patient Experience
1. Collect

2. Measure and evaluate

3. Document
PCR Evaluation Process

1. Collect

2. Measure and evaluate

3. Document

What
Collect and organize PCR data in a systematic fashion

How

Option 1: Utilize ePCR vendor and third-party applications

Option 2: PCR evaluation forms
PCR Evaluation Process

**What**
Collect and organize PCR data in a systematic fashion

**How**
Option 1: Utilize ePCR vendor and third-party applications

FANTASTIC resources
PCR Evaluation Process

PCR evaluation forms

What:
Systematically collect and organize PCR data

How:
Option 2: PCR evaluation forms
Glorified checklists designed to check for the presence of necessary information for common EMS run types.
PCR Evaluation Process

**PCR evaluation forms**

- **Initial review**
- **Refusal of care and/or transport**
- **Stroke**
- **Narrative Rubric**

**What:**
Systematically collect and organize PCR data

**How:**

**Option 2: PCR evaluation forms**
Systematic, quantitative, and qualitative
Examples have been provided
**Recommended ePCR QA/QI evaluation form**

**Initial Review**

**Intent/Purpose:**
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of the EMS electronic patient care records (ePCRs). This process is designed to act as a first-line filter to assure compliance and continuity with the fundamental components.
- This form will be completed for every EMS run by the person in charge of a station or crew.
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

**Tasks:**
- Specific and measurable actions/objectives
  - Complete the Initial Review ePCR QA/QI evaluation form.
  - The station officer or the "in charge" personnel of each station are required to complete this form for every ePCR generated by their station during a shift.

**Conditions:**
- Variables that contribute to completion of the tasks
  - To complete the task, the participant will be given an EMS ePCR, or set of ePCRs.

**Standards:**
- Applicable EMS protocols, as well as the LSA policies and guidelines.
  - All OCMCA and State protocols are applicable to this evaluation.
  - See the OCMCA Protocol App or visit OCMCA.org/protocols

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**General Incident Information**

- Run Date: Select a Date
- Patient Name: Select a Name
- Review By: Select a Reviewer

**Incident section:**
- Personnel section:
  - Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
    - Yes
    - No
  - Initial and/or Ongoing Assessment(s) section comments:

**Vital Signs section:**
- Were the appropriate sets of vital signs obtained and documented?
  - Transport = at least 2 sets. Sign off = at least 1 set. No assessment = 0 sets mandatory.
    - Yes
    - No
  - Vital signs section comments:

**Assessment section:**
- Were the appropriate patient assessments completed and documented?
  - Transport = initial and ongoing assessment. Sign off = at least initial assessment. No patient assessment needed/performed = No assessments required.
    - Yes
    - No
  - Assessment section comments:

---

**What and Why**

Identify the presence or absence of all required information of any EMS ePCR

**First-line filter to assure compliance and continuity with the fundamental components**

Data drives decisions
PCR Evaluation Forms – Initial Review

Who and When

100% of EMS run
(recommended)

Completed by the person “in charge” of a station or crew.
Recommended ePCR QA/QI evaluation form

**Initial Review**

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**Tasks:**

Specific and measurable actions/objectives

Complete the Initial Review ePCR QA/QI evaluation form. The station officer or the “in charge” personnel of each station are required to complete this form for every ePCR generated by their station during a shift.

**Conditions:**

Variables that contribute to completion of the tasks

To complete the task, the participant will be given an EMS ePCR, or set of ePCRs.

**Standards:**

Applicable EMS protocols, as well as the LSA policies and guidelines.

All OCMCA and State protocols are applicable to this evaluation. See the OCMCA Protocol App or visit OCMCA.org/protocols

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**General Incident Information**

- Incident section

**Personnel section**

- Role:

**Vital Signs section**

- Were the appropriate sets of vital signs obtained and documented?

**Assessment section**

- Were the appropriate patient assessments completed and documented?

---

**Tasks:**

- Complete the Initial Review ePCR QA/QI evaluation form. The station officer or the “in charge” personnel of each station are required to complete this form for every ePCR generated by their station during a shift.

**Conditions:**

- To complete the task, the participant will be given an EMS ePCR, or set of ePCRs.

**Standards:**

- All OCMCA and State protocols are applicable to this evaluation. See the OCMCA Protocol App or visit OCMCA.org/protocols.
Recommended ePCR QA/QI evaluation form

Initial Review

Intent/Purpose:
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Tasks:
Specific and measurable actions/objectives

Complete the Initial Review ePCR QA/QI evaluation form.

Conditions:
Variables that contribute to completion of the tasks

All OCMCA and State protocols are applicable to this evaluation. See the OCMCA Protocol App or visit OCMCA.org/protocols.

General Incident Information

Run Date: [Select a Date]
Patient Author: [Select a Date]
Arrival Date: [Select a Date]
Revised By: [Select a Date]

Incident section

Personnel section
Name each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?

Yes
No

Initial and/or Ongoing Assessments section comments:

Vital Signs section
Were the appropriate sets of vital signs obtained and documented?

Yes
No

Vital signs section comments:

Assessment section
Were the initial/ongoing assessments completed and documented?

Yes
No

Assessment section comments:
PCR Evaluation Forms – Initial Review

Recommended ePCR QA/QI evaluation form
Initial Review

Intent/Purpose:
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• The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

Tasks:
Specific and measurable actions/objectives
Complete the Initial Review ePCR QA/QI evaluation form.
The station officer or the “in charge” personnel of each station are required to complete this form for every ePCR generated by their station during a shift.

Conditions:
Variables that contribute to completion of the task
To complete the task, the participant will be given an EMS ePCR, or set of ePCRs.

Standards:
Applicable EMS protocols, as well as the LSA policies and guidelines.
All OCMCA and State protocols are applicable to this evaluation. See the OCMCA Protocol App or visit OCMCA.org/protocols

General Incident Information
Run Date: ________________
Revisit/Review: ________________
Revised By: ________________

Incident Section
Personnel Section:
Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
Yes / No

Initial and/or Ongoing Assessment(s) Comments:

Vital Signs Section:
Were the appropriate sets of vital signs obtained and documented?
(Transport = at least 2 sets. Sign off = at least 1 set. No assessment = 0 sets mandatory).
Yes / No

Vital signs section comments:

Assessment Section:
Were the appropriate patient assessments completed and documented?
(Transport = initial AND ongoing assessment. Sign off = at least initial assessment. No patient assessment needed/performed = No assessments required).
Yes / No

Assessment section comments:

Conditions:
Variables that impact completion of the task

To complete the task, the reviewer will be given an EMS ePCR or set of ePCRs.
**Recommended ePCR QA/QI evaluation form**

**Initial Review**

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**Tasks:**
Specific and measurable actions/objectives
- Complete the Initial Review ePCR QA/QI evaluation form.

**Conditions:**
Variables that contribute to completion of the tasks
- To complete the task, the participant will be given an EMS ePCR, or set of ePCRs.

**Standards:**
All OCMCA and State protocols are applicable to this evaluation. See the OCMCA Protocol App or visit OCMCA.org/protocols.

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**General Incident Information**

- **Run Date:**
- **Run No.:**
- **Personnel:**

**Personnel section**
- Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
  - Yes
  - No

**Initial and/or Ongoing Assessment(s) section comments:**

**Vital Signs section**
- Were the appropriate sets of vital signs obtained and documented?
  - Transport = at least 2 sets. Sign off = at least 1 set. No assessment = 0 sets mandatory.
  - Yes
  - No

**Vital signs section comments:**

**Assessment section**
- Were the initial and ongoing assessments completed and documented?
  - Transport = initial AND ongoing assessment. Sign off = at least initial assessment. No patient assessment needed/ performed = No assessments required.
  - Yes
  - No

**Assessment section comments:**

---

**Standards:**
All OCMCA and State protocols are applicable to this evaluation form.
Recommended ePCR QA/QI evaluation form

**Initial Review**

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**Tasks:**
Specific and measurable actions/objectives

- Complete the Initial Review ePCR QA/QI evaluation form. The station officer or the “in charge” personnel of each station are required to complete this form for every ePCR generated by their station during a shift.

**Conditions:**
Variables that contribute to completion of the tasks

- To complete the task, the participant will be given an EMS ePCR, or set of ePCRs.

**Standards:**
Applicable EMS protocols, as well as the LSA policies and guidelines.

- All OCMCA and State protocols are applicable to this evaluation. See the OCMCA Protocol App or visit OCMCA.org/protocols

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**General Incident Information**

**Incident section**

**Personnel section**

- Was each EMS provider assigned a role, the PPE they wore, and if they experienced an exposure, as needed?
  - Yes
  - No

**Initial and/or Ongoing Assessment(s) section comments:**

**Vital Signs section**

- Were the appropriate sets of vital signs obtained and documented? (transport = at least 2 sets. Sign off = at least 1 set. No assessment = 0 sets mandatory).
  - Yes
  - No

**Vital signs section comments:**

**Assessment section**

- Were the appropriate patient assessments completed and documented? (transport = initial AND ongoing assessment. Sign off = at least initial assessment. No patient assessment needed/performed = no assessments required).
  - Yes
  - No

**Assessment section comments:**

---

**Report Author:**

**Review Date:** Select a Date

**Reviewed By:** 

---
Recommended ePCR QA/QI evaluation form

Initial Review

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Tasks:
Specific and measurable actions/objectives
Complete the Initial Review ePCR QA/QI evaluation form.

The station officer or the “in charge” personnel of each station are required to complete this form for every ePCR generated by their station during a shift.

Conditions:
Variables that contribute to completion of the tasks
To complete the task, the participant will be given an EMS ePCR, or set of ePCRs.

Standards:
Applicable EMS protocols, as well as the LSA policies and guidelines.
All OCMCA and State protocols are applicable to this evaluation. See the OCMCA Protocol App or visit OCMCA.org/protocols

General Incident Information

Incident section:
Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
- Yes
- No

Initial and/or Ongoing Assessment(s) section comments:

Was each EMS provider assigned a role?

Is each provider’s PPE indicated?

If there was an exposure, was it documented?
**Recommended ePCR QA/QI evaluation form**

**Initial Review**

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**Tasks:**
Specific and measurable actions/objectives

1. Complete the Initial Review ePCR QA/QI evaluation form.
   - The station officer or the “in charge” personnel of each station are required to complete this form for every ePCR generated by their station during a shift.

**Conditions:**
Variables that contribute to completion of the tasks

- To complete the task, the participant will be given an EMS ePCR, or set of ePCRs.

**Standards:**
Applicable EMS protocols, as well as the LSA policies and guidelines.

All OCMCA and State protocols are applicable to this evaluation.
See the OCMCA Protocol App or visit OCMCA.org/protocols

### General Incident Information

<table>
<thead>
<tr>
<th>Role(s)</th>
<th>Run Date</th>
<th>Patient Auth</th>
<th>LSA State</th>
<th>Reviewed By</th>
</tr>
</thead>
</table>

### Incident section

Personnel section:
- View each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
- Yes
- No

Initial and/or Ongoing Assessment(s) section comments:

### Vital Signs section

**Vital Signs section**

- Were the appropriate sets of vital signs obtained and documented?
  - (transport = at least 2 sets. Sign off = at least 1 set. No assessment = 0 sets mandatory).
  - Yes
  - No

### Vital signs section comments:

**Assessment section**

- Were the appropriate sets of patient assessments completed and documented?
  - (transport = initial AND ongoing assessment. Sign off = at least initial assessment. No patient assessment needed/performed = No assessments required).
  - Yes
  - No

### Assessment section comments:

**PCR Evaluation Forms – Initial Review**

Vital Signs section:

Were the appropriate sets of vital signs obtained and documented?
Transport = at least 2 sets VS Sign off = at least 1 set VS No assessment = 0 VS
Recommended ePCR QA/QI evaluation form

Initial Review

Intent/Purpose:

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Tasks:

Specific and measurable actions/objectives

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Variables that contribute to completion of the tasks

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Standards:

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All OCMCA and State protocols are applicable to this evaluation. See the OCMCA Protocol App or visit OCMCA.org/protocols

General Incident Information

Incident section

Personnel section

Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?

☐ Yes
☐ No

Initial and/or Ongoing Assessment(s) section

Comments:

Vital Signs section

Were the appropriate sets of vital signs obtained and documented?

(transport = at least 2 sets. Sign off = at least 1 set. No assessment = 0 sets mandatory).

☐ Yes
☐ No

Vital signs section comments:

Assessment section

Were the appropriate patient assessments completed and documented?

(transport = initial AND ongoing assessment. Sign off = at least initial assessment. No patient assessment needed/ performed = No assessments required).

☐ Yes
☐ No

Assessment section comments:

Transport

At least an initial AND one ongoing assessment
Recommended ePCR QA/QI evaluation form

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**General Incident Information**

- **Incident section**
- Personnel section
- Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
  - Yes
  - No

- **Initial and/or Ongoing Assessment(s) section**
- Comments:
- **Vital Signs section**
- Were the appropriate sets of vital signs obtained and documented?
  - Transport = at least 2 sets. Sign off = at least 1 set. No assessment = 0 sets mandatory.
  - Yes
  - No

- **Assessment section**
- Were the appropriate patient assessments completed and documented?
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  - Yes
  - No

**Assessment section comments:**

**Sign off**

At least an initial assessment

Were the appropriate patient assessments completed and documented?
PCR Evaluation Forms – Initial Review

Recommended ePCR QA/QI evaluation form

Initial Review

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General Incident Information

Incident section

Personnel section
Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?

Yes
No

Initial and/or Ongoing Assessment(s)
sections

Vital Signs section
Were the appropriate sets of vital signs obtained and documented?
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Yes
No

Vital Signs section comments:

Assessment section:

Were the appropriate patient assessments completed and documented?
(transport = initial AND ongoing assessment.  Sign off = at least initial assessment.  No patient assessment needed/ performed = No assessments required).

Yes
No

Assessment section comments:

No assessment needed/performed
No assessments required
**Recommended ePCR QA/QI evaluation form**

**Initial Review**

<table>
<thead>
<tr>
<th>Narrative section</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Does the narrative appear to provide a complete depiction of the entire incident?</em></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>[ ] Yes</td>
</tr>
<tr>
<td>If no, please provide context or reasoning.</td>
</tr>
</tbody>
</table>

**Narrative section comments:**

<table>
<thead>
<tr>
<th>Forms section</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Outbreak Screening form</em></td>
</tr>
<tr>
<td><strong>Was the form completed?</strong></td>
</tr>
<tr>
<td>Complete</td>
</tr>
<tr>
<td>[ ] Complete</td>
</tr>
</tbody>
</table>

**Forms section comments:**

<table>
<thead>
<tr>
<th>Signatures section</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section I – Patient / Parent of Minor Authorization Signature</strong></td>
</tr>
<tr>
<td>If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Refusal section</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>If the patient refused service or transport, was the refusal form completed and signed by all necessary parties?</em></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>[ ] Yes</td>
</tr>
</tbody>
</table>

**Signatures section comments:**

<table>
<thead>
<tr>
<th>Incident follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient follow-up:</strong></td>
</tr>
<tr>
<td>Would you like to request the patient outcome from the hospital?</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please provide context or reasoning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Do you have any suggestions or recommendations to modify this form, or the intent/purpose?</em></td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>If yes, please provide context or reasoning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional comments/info</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Please provide any additional comments, if necessary. Nothing is off limits.</em></td>
</tr>
</tbody>
</table>

**Narrative section**

Does the narrative appear to provide a complete depiction of the entire incident?

- [ ] Yes
- [ ] No

If no, please provide context or reasoning.

**Narrative section comments:**

**Is the narrative adequate?**
Recommended ePCR QA/QI evaluation form

Initial Review

Narrative section
Does the narrative appear to provide a complete depiction of the entire incident?
- Yes
- No

If no, please provide context or reasoning.

Narrative section comments:

Forms section:
Outbreak Screening form
Was the form completed?
- Complete
- Incomplete

Forms section comments:

Forms section
Outbreak Screening form
Was the form completed?
- Complete
- Incomplete

Forms section comments:

Signatures section
Section I - Patient / Parent of Minor Authorization Signature
If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?
- Yes
- No
- NA

Section III - EMS Personnel and Facility Signatures
If the patient was transported AND is UNABLE to sign, was this section completed and signed appropriately by the EMS provider, as well as an authorized representative?
- Yes
- No
- NA

If the patient refused service or transport, was the refusal form complete and signed by all necessary parties?
- Yes
- No
- NA

Signatures section comments:

Incident follow-up
Would you like to request the patient outcome from the hospital?
- Yes
- No

If yes, please provide context or reasoning.

Recommendations:
Do you have any suggestions or recommendations to modify this form, or the intent/purpose?
- Yes
- No

If yes, please provide context or reasoning.

Additional comments/info:
Please provide any additional comments, if necessary. Nothing is off limits.

Forms section
Outbreak Screening form
Was the form completed?
- Complete
- Incomplete

Forms section comments:

Other forms
Were all other applicable forms completed?
- Complete
- Incomplete

Forms section comments:

Are all adequate forms completed?
**Recommended ePCR QA/QI evaluation form**

**Initial Review**

**Narrative section**
Does the narrative appear to provide a complete depiction of the entire incident?
- [ ] Yes
- [ ] No

If No, please provide context or reasoning.

**Narrative section comments:**

**Forms section**

**Outbreak Screening form**
Was the form completed?
- [ ] Complete
- [ ] Incomplete

**Other forms**
Were all other applicable forms completed?
- [ ] Complete
- [ ] Incomplete

**Forms section comments:**

**Signatures section**

**Section I – Patient / Parent of Minor Authorization Signature**
If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?
- [ ] Yes
- [ ] No
- [ ] NA

**Section III – EMS Personnel and Facility Signatures**
If the patient was transported AND is UNABLE to sign, was this section completed and signed appropriately by the EMS provider, as well as an authorized representative?
- [ ] Yes
- [ ] No
- [ ] NA

**Refusal section**
If the patient refused service or transport, was the refusal form complete and signed by all necessary parties?
- [ ] Yes
- [ ] No
- [ ] NA

**Signatures tab comments:**

**Incident follow-up**
Would you like to request the patient outcome from the hospital?
- [ ] Yes
- [ ] No
- [ ] NA

**Patient follow-up**
If yes, please provide context or reasoning.

**Refer to QA/QI personnel**
Would you like to request the QA/QI personnel to review the ePCR?
- [ ] Yes
- [ ] No
- [ ] NA

**Recommendations**
If yes, please provide context or reasoning.

**Additional comments/info**
Please provide any additional comments, if necessary. Nothing is off limits.

---

**Are all adequate signatures present?**
**Recommended ePCR QA/QI evaluation form**

**Initial Review**

**Narrative section**

Does the narrative appear to provide a complete depiction of the entire incident?

- [ ] Yes
- [X] No

If no, please provide context or reasoning.

**Forms section**

**Outbreak Screening form**

- [ ] Complete
- [ ] Incomplete

**Other forms**

Were all other applicable forms completed?

- [ ] Complete
- [ ] Incomplete

**Signatures section**

**Section I – Patient / Parent of Minor Authorization Signature**

If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?

- [ ] Yes
- [ ] No
- [ ] NA

**Section III – EMS Personnel and Facility Signatures**

If the patient was transported AND is UNABLE to sign, was this section completed and signed appropriately by the EMS provider, as well as an authorized representative?

- [ ] Yes
- [ ] No
- [ ] NA

**Refusal section**

If the patient refused service or transport, was the refusal form complete and signed by all necessary parties?

- [ ] Yes
- [ ] No
- [ ] NA

**Signatures tab comments:**

**Incident follow-up**

Patient follow-up:

Would you like to request the patient outcome from the hospital?

- [ ] Yes
- [ ] No

If yes, please provide context or reasoning.

**Recommendations**

Do you have any suggestions or recommendations to modify this form, or the intent/purpose?

- [ ] Yes
- [ ] No

If yes, please provide context or reasoning.

**Additional comments/info:**

Please provide any additional comments, if necessary. Nothing is off limits.

**PCR Evaluation Forms – Initial Review**

**Signature section:**

**Section I – Patient / Parent of Minor Authorization Signature**

If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?

- [ ] Yes
- [ ] No
- [ ] NA

**Recommendations:**

Do you have any suggestions or recommendations to modify this form, or the intent/purpose?

- [ ] Yes
- [ ] No

If yes, please provide context or reasoning.

**Additional comments/info:**

Please provide any additional comments, if necessary. Nothing is off limits.
Recommended ePCR QA/QI evaluation form

Initial Review

Narrative section

Does the narrative appear to provide a complete depiction of the entire incident?

- Yes
- No

If no, please provide context or reasoning.

Forms section

Outbreak Screening form

Was the form completed?

- Complete
- Incomplete

Other forms

Were all other applicable forms completed?

- Complete
- Incomplete

Forms section comments:

Signatures section

Section I – Patient / Parent of Minor Authorization Signature

If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?

- Yes
- No
- NA

Section III – EMS Personnel and Facility Signatures

If the patient was transported AND is UNABLE to sign, was this section completed and signed appropriately by the EMS provider, as well as an authorized representative?

- Yes
- No
- NA

Refusal section

If the patient refused service or transport, was the refusal form complete and signed by all necessary parties?

- Yes
- No
- NA

Signatures tab comments:

Incident follow-up

Patient follow-up:

Would you like to request the patient outcome from the hospital?

- Yes
- No

If yes, please provide context or reasoning.

Refer to QA/QI personnel:

Would you like to request the QA/QI personnel to review the ePCR

- Yes
- No

If yes, please provide context or reasoning.

Recommendations:

Do you have any suggestions or recommendations to modify this form, or the intent/purpose?

- Yes
- No

If yes, please provide context or reasoning.

Additional comments/info:

Please provide any additional comments, if necessary. Nothing is off-limits.

EMS Personnel and Facility Signatures

Transported AND UNABLE to sign
### Narrative section

Does the narrative appear to provide a complete depiction of the entire incident?
- Yes
- No

If no, please provide context or reasoning.

**Narrative section comments:**

### Forms section

#### Outbreak Screening form

Was the form completed?
- Complete
- Incomplete

Other forms

Were all other applicable forms completed?
- Complete
- Incomplete

**Forms section comments:**

### Signatures section

#### Section I: Patient / Parent of Minor Authorization Signature

If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?
- Yes
- No
- NA

#### Section III: EMS Personnel and Facility Signatures

If the patient was transported AND is UNABLE to sign, was this section completed and signed appropriately by the EMS provider, as well as an authorized representative?
- Yes
- No
- NA

### Refusal section

If the patient refused service or transport, was the refusal form complete and signed by all necessary parties?
- Yes
- No
- NA

**Signatures tab comments:**

### Incident follow-up

Patient follow-up:

Would you like to request the patient outcome from the hospital?
- Yes
- No
- NA

If yes, please provide context or reasoning.

Refer to QA/QI personnel:

Would you like to request the QA/QI personnel to review the ePCR?
- Yes
- NA

If yes, please provide context or reasoning.

**Recommendations:**

Do you have any suggestions or recommendations to modify this form, or the intent/purpose?
- Yes
- No
- NA

If yes, please provide context or reasoning.

**Additional comments/info:**

Please provide any additional comments, if necessary. Nothing is off-limits.
## Recommended ePCR QA/QI evaluation form

### Initial Review

#### Narrative section

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<tr>
<th>Question</th>
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#### Forms section

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Other forms

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#### Signatures section

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</tr>
</thead>
<tbody>
<tr>
<td>Section I – Patient / Parent of Minor Authorization Signature</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Section II – EMS Personnel and Facility Signatures</td>
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<td></td>
<td></td>
</tr>
</tbody>
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Refusal section

<table>
<thead>
<tr>
<th>Refusal</th>
<th>Complete</th>
<th>Incomplete</th>
<th>NA</th>
</tr>
</thead>
</table>

#### Incident follow-up

Patient follow-up:
Would you like to request the patient outcome from the hospital?
- [ ] Yes
- [ ] No

If yes, please provide context or reasoning.

Refer to QA/QI personnel:
Would you like to refer the QA/QI personnel to review the ePCR?
- [ ] Yes

If yes, please provide context or reasoning.

Recommendations:
Do you have any suggestions or recommendations to modify this form, or the intent/purpose?
- [ ] Yes

If yes, please provide context or reasoning.

Additional comments/info:
Please provide any additional comments, if necessary. Nothing is off limits.
### Incident follow-up section:

**Refer to QA/QI personnel:**
Would you like to request the QA/QI personnel to review the ePCR

- Yes
- No

If yes, please provide context or reasoning.

---

### Narrative section

- **Does the narrative appear to provide a complete depiction of the entire incident?**
  - Yes
  - No
  - NA

**Narrative section comments:**

### Forms section

- **Outbreak Screening form**
  - Was the form completed?
    - Complete
    - Incomplete

- **Other forms**
  - Were all other applicable forms completed?
    - Complete
    - Incomplete

**Forms section comments:**

### Signatures section

- **Section I - Patient / Parent of Minor Authorization Signature**
  - If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?
    - Yes
    - No
    - NA

- **Section III - EMS Personnel and Facility Signatures**
  - If the patient was transported AND is UNABLE to sign, was this section completed and signed appropriately by the EMS provider, as well as an authorized representative?
    - Yes
    - No
    - NA

### Refusal section

- If the patient refused service or transport, was the refusal form completed and signed by all necessary parties?
  - Yes
  - No
  - NA

**Signatures tab comments:**

### Incident follow-up

- **Patient follow-up:**
  - Would you like to request the patient outcome from the hospital?
    - Yes
    - No
  - If yes, please provide context or reasoning.

- **Refer to QA/QI personnel:**
  - Would you like to request the QA/QI personnel to review the ePCR?
    - Yes
    - No
  - If yes, please provide context or reasoning.

**Recommendations:**

- Do you have any suggestions or recommendations to modify this form, or the intent/purpose?
  - Yes
  - No

**Additional comments/info:**

- Please provide any additional comments, if necessary. Nothing is off limits.
**Recommended ePCR QA/QI evaluation form**

**Initial Review**

**Narrative section**
- Does the narrative appear to provide a complete depiction of the entire incident?
  - Yes
  - No
- Please provide context or reasoning:

**Forms section**
- Was the form completed?
  - Complete
  - Incomplete
- Other forms were all other applicable forms completed?
  - Complete
  - Incomplete
- Were all other applicable forms completed?
  - Complete
  - Incomplete
- Please provide any additional comments, if necessary. Nothing is off limits.

**Signatures section**
- Section I – Patient / Parent of Minor Authorization Signature
  - If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?
    - Yes
    - No
    - NA
- Section II – EMS Personnel and Facility Signatures
  - If the patient was transported AND is UNABLE to sign, was this section completed and signed appropriately by the EMS provider, as well as an authorized representative?
    - Yes
    - No
    - NA
- If yes, please provide context or reasoning.
- If no, please provide context or reasoning.

**Incident follow-up**
- Would you like to request the patient outcome from the hospital?
  - Yes
  - No
- If yes, please provide context or reasoning.

**Recommendations**
- Do you have any suggestions or recommendations to modify this form, or the intent/purpose?
  - Yes
  - No
- If yes, please provide context or reasoning.

**Additional comments**
- Please provide any additional comments, if necessary. Nothing is off limits.
### Narrative section

**Does the narrative appear to provide a complete depiction of the entire incident?**
- Yes
- No

If no, please provide context or reasoning.

**Narrative section comments:**

### Forms section

**Outbreak Screening form**
- Was the form completed?
  - Complete
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**Other forms**
- Were all other applicable forms completed?
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**Forms section comments:**

### Signatures section

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- If the patient was transported AND is ABLE to sign, was this section signed by patient and witnessed by EMS?
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**Section III - EMS Personnel and Facility Signatures**

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  - Yes
  - No
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**Refusal section**

- If the patient refused service or transport, was the refusal form completed and signed by all necessary parties?
  - Yes
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  - NA

**Signatures tab comments:**

### Incident follow-up

**Patient follow-up:**

- Would you like to request the patient outcome from the hospital?
  - Yes
  - No

If yes, please provide context or reasoning.

**Refer to QA/QI personnel:**

- Would you like to request the QA/QI personnel to review the ePCR?
  - Yes
  - NA

If yes, please provide context or reasoning.

**Recommendations:**

- Do you have any suggestions or recommendations to modify this form, or the intent/purpose?
  - Yes
  - No

If yes, please provide context or reasoning.

**Additional comments/info:**

- Please provide any additional comments, if necessary. Nothing is off limits.
**Recommended ePCR QA/QI evaluation form**

**Initial Review**

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<tbody>
<tr>
<td></td>
<td>Yes</td>
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**Narrative section comments:**

<table>
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<tbody>
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</table>

| Signatures tab comments: |

<table>
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<th>Patient follow-up: Would you like to request the patient outcome from the hospital?</th>
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<tr>
<th>Refer to QA/QI personnel: Would you like to request the QA/QI personnel to review the ePCR form?</th>
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<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Recommendations: Do you have any suggestions or recommendations to modify this form, or the intent/purpose?</th>
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<tbody>
<tr>
<td>Yes</td>
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<table>
<thead>
<tr>
<th>Additional comments/info:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide any additional comments, if necessary. Nothing is off limits.</td>
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**Questions?**
PCR Evaluation Forms – Refusal of Care or Transport

What and Why

Identify the presence or absence of all required information of an EMS refusal ePCRs

“Patient Evaluated, No Treatment/Transport Required.”

“Patient Refused Evaluation/Care (Without Transport)”

“Patient Treated, Released (per protocol)”
### What and Why

Identify the presence or absence of all required information of an EMS refusal ePCRs

### Patient safety

**Protocol compliance**

---

**Recommended ePCR QA/QI evaluation form**
**EMS Refusal of Care and/or Transport**

**Intent/Purpose:**
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of electronic patient care records (ePCR) with a disposition of any one of the following:
  - "Patient Evaluated, No Treatment/Transport Required."
  - "Patient Refused Evaluation/Care (Without Transport)."
  - "Patient Treated, Released (per protocol)."
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses, and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

### Tasks:
- Specific and measurable actions/objectives.
  - Complete the form, “EMS Refusal of Care/Transport ePCR QA/QI evaluation form.”

### Conditions:
- Variables that contribute to completion of the tasks.
  - To complete the task, the participant will be given an ePCR, or set of ePCRs, with a documented disposition of any one of the following:
    - "Patient Evaluated, No Treatment/Transport Required."
    - "Patient Refused Evaluation/Care (Without Transport)."
    - "Patient Treated, Released (per protocol)."

### Standards:
- Applicable EMS protocols, as well as LSA policies and guidelines.
  - The following protocols can be accessed via the OCMCA protocols app or website.
    - 7-1: General Prehospital Care
    - 7-14: Patient Assessment
    - 7-15: Patient Care Record, Electronic Documentation & EMS Information System
    - 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum
    - 7-18: Refusal of Care, Adult and Minor
    - 8-4: Communications with Emergency Facilities

---

**General Incident Information**

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<tr>
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<tr>
<td>Event Name</td>
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<td>Incident Description</td>
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<tr>
<td>Report Author</td>
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<tr>
<td>Review Date</td>
<td></td>
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<tr>
<td>Reviewed By</td>
<td></td>
</tr>
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**Incident section**

- Initial/On-going Assessment(s) section comments:

**Vital Signs section**

- Vital Signs section comments:

**Assessment section**

- Assessment section comments:
Recommended ePCR QA/QI Evaluation Form
EMS Refusal of Care and/or Transport

Intent/Purpose:
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of electronic patient care records (ePCRs) with a disposition of any one of the following:
  - “Patient Evaluated, No Treatment/Transport Required.”
  - “Patient Refused Evaluation/Care (Without Transport)”
  - “Patient Treated, Released (per protocol)”
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

Tasks:
- Statistical and measurable objectives.

Conditions:
- Variations that contribute to completion of the tasks.

Standards:
- Applicable EMS protocols, as well as LSA policies and guidelines.

General Incident Information

Incident section
- Personnel section
  - Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
    - Yes
    - No

Vital Signs section
- Was a set of vital signs obtained and documented in the ePCR?
  - Yes
  - No

Assessment section
- Was an initial assessment performed and documented?
  - Yes
  - No

100% of applicable ePCRs (Recommended)
### Recommend ePCR QA/QI Evaluation Form

**EMS Refusal of Care and/or Transport**

**Intended Purpose:**
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of electronic patient care records (ePCR) with a disposition of any one of the following:
  - "Patient Evaluated; No Treatment/Transport Required."
  - "Patient Refused Evaluation/Care (Without Transport)."
  - "Patient Treated, Released (per protocol)."
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

**Tasks:** Specific and measurable actions/objectives.

- Complete the form, "EMS Refusal of Care/Transport ePCR QA/QI evaluation form."

**Conditions:** Variables that contribute to completion of the tasks.

- To complete the task, the participant will be given an ePCR, or set of ePCRs, with a documented disposition of any one of the following:
  - "Patient Evaluated; No Treatment/Transport Required."
  - "Patient Refused Evaluation/Care (Without Transport)."
  - "Patient Treated, Released (per protocol)."

**Standards:** Applicable EMS protocols, as well as LSA policies and guidelines.

- The following protocols can be accessed via the OCMCA protocols app or website.
  - 1-1: General Prehospital Care
  - 7-14: Patient Assessment
  - 7-15: Patient Care Record, Electronic Documentation & EMS Information System
  - 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum
  - 7-16: Refusal of Care, Adult and Minor
  - 8-4: Communications with Emergency Facilities

---

**General Incident Information**

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<td>Initial Provider</td>
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<tr>
<td>Provider Role</td>
<td>(Example)</td>
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</tbody>
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**Incident section**

- Was the EMS provider assigned a role? Yes/No
- Did the PPE they wore and if they experienced an exposure, as needed?
  - Yes/No

**Initial and/or Ongoing Assessment(s) section**

- Vital Signs section
  - Was a set of vital signs obtained and documented in the ePCR?
    - Yes/No
  - Vital signs section comments:

- Assessment section
  - Was an initial assessment performed and documented?
    - Yes/No
  - Assessment section comments:

---

**Tasks:** Specific and measurable actions/objectives

- Complete the EMS Refusal of Care/Transport ePCR evaluation form.
Recommended ePCR QA/QI evaluation form
EMS Refusal of Care and/or Transport

**Intent/Purpose:**
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of electronic patient care records (ePCR) with a disposition of any one of the following:
  - “Patient Evaluated, No Treatment/Transport Required.”
  - “Patient Refused Evaluation/Care (Without Transport)”
  - “Patient Treated, Released (per protocol)”
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

**Tasks:**
- Specific and measurable actions/objectives.
  - Complete the form, “EMS Refusal of Care/Transport ePCR QA/QI evaluation form.”

**Conditions:**
- Variables that contribute to completion of the tasks.
  - To complete the task, the participant will be given an ePCR, or set of ePCRs, with a documented disposition of any one of the following:
    - “Patient Evaluated, No Treatment/Transport Required.”
    - “Patient Refused Evaluation/Care (Without Transport)”
    - “Patient Treated, Released (per protocol)”

**Standards:**
- Applicable EMS protocols, as well as LSA policies and guidelines.
  - The following protocols can be accessed via the OCMCA protocols app or website:
    - 7-1: General Prehospital Care
    - 7-14: Patient Assessment
      - 7-15: Patient Care Record, Electronic Documentation & EMS Information System
      - 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum
    - 7-19: Refusal of Care. Adult and Minor
    - 8-4: Communications with Emergency Facilities

### General Incident Information

- **Incident section**
  - **Personnel section**
    - Did each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
      - Yes
      - No
  - **Initial and/or Ongoing Assessment(s) comments:**

- **Vital Signs section**
  - **Vital Signs section comments:**

- **Assessment section**
  - **Assessment section comments:**

### Conditions:
Variables that impact completion of the task

**To complete the task,**
the reviewer will be given an EMS ePCR or set of ePCRs.
Recommended ePCR QA/QI evaluation form
EMS Refusal of Care and/or Transport

Intent/Purpose:
• The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of electronic patient care records (ePCR) with a disposition of any one of the following:
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• The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses, and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

Tasks:
Specific and measurable actions/objectives.
Complete the form, "EMS Refusal of Care/Transport ePCR QA/QI evaluation form."

Conditions:
Variables that contribute to completion of the tasks.
In completing the task, the participant will be given an ePCR, or set of ePCRs, with a documented disposition of any one of the following:
• "Patient Evaluated, No Treatment/Transport Required."
• "Patient Refused Evaluation/Care (Without Transport)."
• "Patient Treated, Released (per protocol)."

Standards:
Applicable EMS protocols, as well as LSA policies and guidelines.
Applicable protocols:
The following protocols can be accessed via the OCMCA protocols app or website.
• 7-1: General Prehospital Care
• 7-14: Patient Assessment
• 7-15: Patient Care Record, Electronic Documentation & EMS Information System
• 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum
• 7-16: Refusal of Care, Adult and Minor
• 8-4: Communications with Emergency Facilities

General Incident Information

Incident Information

Personnel Information

Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?

Yes ☑
No ☐

Initial and/or Ongoing Assessment(s) section comments:

Vital Signs section

Vital Signs obtained in ePCR?

Yes ☑
No ☐

Vital Signs section comments:

Assessment section

Was an initial assessment performed and documented?

Yes ☑
No ☐

Assessment section comments:

Conditions:
Variables that impact completion of the task

No Treatment/Transport Required

Patient Refused Evaluation/Care

Patient Treated, Released
**Recommended ePCR QA/QI evaluation form**

**EMS Refusal of Care and/or Transport**

**Intent/Purpose:**
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of electronic patient care records (ePCR) with a disposition of any one of the following:
  - “Patient Evaluated, No Treatment/Transport Required.”
  - “Patient Refused Evaluation/Care (Without Transport)”
  - “Patient Treated, Released (per protocol)”
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses, and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

**Tasks:**
- Specific and measurable actions/objectives.

**Complete the form, “EMS Refusal of Care/Transport ePCR QA/QI evaluation form.”**

**Conditions:**
- Variables that contribute to completion of the tasks.

To complete the task, the participant will be given an ePCR, or set of ePCRs, with a documented disposition of any one of the following:
- “Patient Evaluated, No Treatment/Transport Required.”
- “Patient Refused Evaluation/Care (Without Transport)”
- “Patient Treated, Released (per protocol)”

**Standards:**
- Applicable EMS protocols, as well as LSA policies and guidelines.

**Applicable protocols:**
- The following protocols can be accessed via the OCMCA protocols app or website.
  - [1-1]: General Prehospital care
  - [7-14]: Patient Assessment
  - [7-15]: Patient Care Record, Electronic Documentation & EMS Information System
  - [7-15.1]: Patient Care Record & Electronic Documentation & EMS Information System Addendum
  - [8-6]: Communications with Emergency Facilities

---

### General Incident Information

<table>
<thead>
<tr>
<th>Role Title</th>
<th>Electronic Care</th>
<th>Report Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**Initial and/or Ongoing Assessment section comments:**

### Vital Signs section

- **Vital Signs section comments:**
  - **Was there at least one set of vital signs obtained and documented in the ePCR?**
    - Yes
    - No

### Assessment section

- **Assessment section comments:**
  - **Was an initial assessment performed and documented?**
    - Yes
    - No

---

**Standards:**
- Applicable EMS protocols and LSA SOGs/SOPs

**All OCMCA and State protocols are applicable to this evaluation form.**
Recommended ePCR QA/QI evaluation form
EMS Refusal of Care and/or Transport

Intent/Purpose:

- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of electronic patient care records (ePCR) with a disposition of any one of the following:
  - "Patient Evaluated, No Treatment/Transport Required."
  - "Patient Refused Evaluation/Care (Without Transport)."
  - "Patient Treated, Released (per protocol)."

- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses, and lessons learned for related EMS operations, so that necessary education, resources, and operational modifications can be facilitated.

Tasks:

- Specific and measurable actions/objectives.

  Complete the form, "EMS Refusal of Care/Transport ePCR QA/QI evaluation form."

Conditions:

- Variables that contribute to completion of the tasks.

  To complete the tasks, the participant will be given an ePCR or set of ePCRs with a documented disposition of any one of the following:
  - "Patient Evaluated, No Treatment/Transport Required."
  - "Patient Refused Evaluation/Care (Without Transport)."
  - "Patient Treated, Released (per protocol)."

Standards:

- Applicable EMS protocols, as well as LSA policies and guidelines.

  Applicable protocols:
  The following protocols can be accessed via the OCMCA protocols app or website.
  - 1-1: General Prehospital care
  - 7-14: Patient Assessment
  - 7-15: Patient Care Record, Electronic Documentation & EMS Information System
  - 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum
  - 7-19: Refusal of Care, Adult and Minor
  - 8-8: Communications with Emergency Facilities

General Incident Information

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>Initial and Ongoing Assessment(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Incident section

<table>
<thead>
<tr>
<th>Personnel section</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Were all EMS providers assigned a role, the PPE they wore and if they experienced an exposure, as needed?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Vital Signs section

<table>
<thead>
<tr>
<th>Vital Signs section</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Were all sets of vital signs obtained and documented in the ePCR?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Assessment section

<table>
<thead>
<tr>
<th>Assessment section</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Was an initial assessment performed and documented?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Standards:
Applicable EMS protocols and LSA SOGs/SOPs

<table>
<thead>
<tr>
<th>Protocol #</th>
<th>name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1</td>
<td>General Prehospital care</td>
</tr>
<tr>
<td>7-14</td>
<td>Patient Assessment</td>
</tr>
<tr>
<td>7-15</td>
<td>PCR, Electronic Documentation &amp; EMSIS and Addendum</td>
</tr>
<tr>
<td>7-15.1</td>
<td>Refusal of Care. Adult and Minor</td>
</tr>
<tr>
<td>7-19</td>
<td>Communications with Emergency Facilities</td>
</tr>
</tbody>
</table>
General Incident Information:

**Recommended ePCR QA/QI evaluation form**

**EMS Refusal of Care and/or Transport**

**Intended Purpose:**
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of electronic patient care records (ePCR) with a disposition of any one of the following:
  - Patient Evaluated, No Treatment/Transport Required
  - Patient Refused Evaluation/Care (Without Transport)
  - Patient Treated, Released (per protocol)
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

**Tasks:** Specific, measurable actions/objectives
- Complete the form, “EMS Refusal of Care/Transport ePCR QA/QI evaluation form”.
- To complete the task, the participant will be given a set of ePCRs, with a documented disposition of any one of the following:
  - Patient Evaluated, No Treatment/Transport Required
  - Patient Refused Evaluation/Care (Without Transport)
  - Patient Treated, Released (per protocol)
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

**Conditions:** Variables that contribute to completion of the tasks
- Applicable EMS protocols, as well as LSA policies and guidelines.

**Standards:** Applicable EMS protocols, as well as LSA policies and guidelines
- The following protocols can be accessed via the OCMCA protocols app or website.
  - 7.1: General Prehospital Care
  - 7.13: Patient Assessment
  - 7.15: Patient Care Record, Electronic Documentation & EMS Information System
  - 7.16: Patient Care Record & Electronic Documentation & EMS Information System Addendum
  - 7.14: Refusal of Care, Adult and Minor
  - 8.4: Communications with Emergency Facilities

**Initial Review**

- Run #: 
- Run Date: Select a Date
- Report Author: 
- Review Date: Select a Date
- Reviewed By: 

**Personnel section**
- Was an EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
  - Yes
  - No

**Vital Signs section**
- Were the appropriate patient assessments complete/required?
  - Yes
  - No

**Assessment section**
- Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
  - Yes
  - No

**Initial and/or Ongoing Assessment section comments:**

**Recommended ePCR QA/QI evaluation form**

**EMS Refusal of Care and/or Transport**

**Intended Purpose:**
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of electronic patient care records (ePCR) with a disposition of any one of the following:
  - Patient Evaluated, No Treatment/Transport Required
  - Patient Refused Evaluation/Care (Without Transport)
  - Patient Treated, Released (per protocol)
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

**Tasks:** Specific, measurable actions/objectives
- Complete the form, “EMS Refusal of Care/Transport ePCR QA/QI evaluation form”.
- To complete the task, the participant will be given a set of ePCRs, with a documented disposition of any one of the following:
  - Patient Evaluated, No Treatment/Transport Required
  - Patient Refused Evaluation/Care (Without Transport)
  - Patient Treated, Released (per protocol)
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

**Conditions:** Variables that contribute to completion of the tasks
- Applicable EMS protocols, as well as LSA policies and guidelines.

**Standards:** Applicable EMS protocols, as well as LSA policies and guidelines
- The following protocols can be accessed via the OCMCA protocols app or website.
  - 7.1: General Prehospital Care
  - 7.13: Patient Assessment
  - 7.15: Patient Care Record, Electronic Documentation & EMS Information System
  - 7.16: Patient Care Record & Electronic Documentation & EMS Information System Addendum
  - 7.14: Refusal of Care, Adult and Minor
  - 8.4: Communications with Emergency Facilities

**Initial Review**

- Run #: 
- Run Date: Select a Date
- Report Author: 
- Review Date: Select a Date
- Reviewed By: 

**Personnel section**
- Was an EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
  - Yes
  - No

**Vital Signs section**
- Were the appropriate patient assessments complete/required?
  - Yes
  - No

**Assessment section**
- Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
  - Yes
  - No

**Initial and/or Ongoing Assessment section comments:**
Incident section:

Was each EMS provider assigned a role?

Is each provider’s PPE indicated?

If there was an exposure, was it documented?
Vital Signs section:

Was there at least one set of vital signs obtained and documented in the ePCR?

- Yes
- No

Vital signs section comments:

Were the appropriate sets of vital signs obtained and documented?

Sign off = at least 1 set VS
### Assessment section:

**Was an initial assessment performed and documented?**

- [ ] Yes
- [x] No

**Sign off**

At least an initial assessment
Narrative section:

Does the narrative appear to provide a complete depiction of the entire incident?

- Yes
- No

If no, please provide context or reasoning.

Narrative section comments:

Is the narrative adequate?
**Forms section:**

**Narrative section:**
Does the narrative appear to provide a complete depiction of the entire incident?
- Yes
- No

If no, please provide context or reasoning.

**Forms section:**
Refusal of Care or Transport form
Was the form completed?
- Complete
- Incomplete

**Other forms**
Were all other applicable forms completed?
- Complete
- Incomplete

**Forms section comments:**

**Signatures section:**
Is the refusal form complete?
- Yes
- No

Is the refusal form signed by all necessary parties?
- Yes
- No

**Signatures section comments:**

**Protocol Deviations**

<table>
<thead>
<tr>
<th>Protocol Number</th>
<th>Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Incident follow-up**

**Patient follow-up**
Would you like to request the patient outcome from the hospital?
- Yes
- No

If yes, please provide context or reasoning.

**Recommendations**
Do you have any suggestions or recommendations to modify this form, or the intended use of this form?
- Yes
- No

If yes, please provide context or reasoning.

**Additional comments info:**
Please provide any additional comments, if necessary. Nothing in 8x10 areas.

**Are all adequate forms completed?**
Recommended ePCR QA/QI evaluation form
EMS Refusal of Care and/or Transport

Narrative section
Does the narrative appear to provide a complete depiction of the entire incident?
- Yes
- No
If no, please provide context or reasoning.

Forms section
Refusal of Care or Transport form
Was the form completed?
- Complete
- Incomplete

Other forms
Were all other applicable forms completed?
- Complete
- Incomplete

Forms section comments:

Signatures section
Refusal section
Is the refusal form complete?
- Yes
- No
Is the refusal form signed by all necessary parties?
- Yes
- No

Signatures section comments:

Protocol Deviations
Protocol Number: __________ Deviation: __________
Protocol Number: __________ Deviation: __________
Protocol Number: __________ Deviation: __________
Protocol Number: __________ Deviation: __________

Protocols and protocol deviations section comments:

Incident follow-up
Patient follow-up:
Would you like to request the patient outcome from the hospital?
- Yes
- No
If yes, please provide context or reasoning.

Refer to QA/QI personnel:
Would you like to request the QA/QI personnel to review the ePCR?
- Yes
- No
If yes, please provide context or reasoning.

Recommendations:
Do you have any suggestions or recommendations to modify this form, or the interpretation of this form?
- Yes
- No
If yes, please provide context or reasoning.

Additional comments/info:
Please provide any additional comments, if necessary. Nothing is off-limits.
### Protocol Deviations:

<table>
<thead>
<tr>
<th>Protocol Number</th>
<th>Deviation</th>
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<tbody>
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</tbody>
</table>

### Additional comments/info:

Please provide any additional comments, if necessary. Nothing is off-limits.

---

**Recommended ePCR QA/QI evaluation form**

**EMS Refusal of Care and/or Transport**

**Narrative section**

- Does the narrative appear to provide a complete depiction of the entire incident?
  - Yes
  - No

**Forms section**

- Refusal of Care or Transport form
  - Was the form completed?
    - Complete
    - Incomplete

**Signatures section**

- Refusal section
  - Is the refusal form complete?
    - Yes
    - No

- Is the refusal form signed by all necessary parties?
  - Yes
  - No

**Protocol Deviations**

- Protocol Number
- Protocol Number
- Protocol Number
- Protocol Number
- Protocol Number

**Protocols and protocol deviations section comments:**

**Incident follow-up**

- Patient follow-up:
  - Would you like to request the patient outcome from the hospital?
    - Yes
    - No
  - If yes, please provide context or reasoning.

- Refer to QA/QI personnel:
  - Would you like to request the QA/QI personnel to review the ePCR?
    - Yes
    - No
  - If yes, please provide context or reasoning.

**Recommendations:**

- Do you have any suggestions or recommendations to modify this form, or the interpretation of this form?
  - Yes
  - No

- If yes, please provide context or reasoning.

---

**List the protocol number**

**Describe the protocol deviation**
Recommended ePCR QA/QI evaluation form
EMS Refusal of Care and/or Transport

Narrative section:
Does the narrative appear to provide a complete depiction of the entire incident?
- Yes
- No

If No, please provide context or reasoning.

Forms section:
Refusal of Care or Transport form
Was the form completed?
- Complete
- Incomplete

Other forms
Were all other applicable forms completed?
- Complete
- Incomplete

Forms section comments:

Signatures section:
Refusal section
Is the refusal form complete?
- Yes
- No

Is the refusal form signed by all necessary parties?
- Yes
- No

Signatures section comments:

Protocol Deviations
Protocol Number:
Deviation:
Protocol Number:
Deviation:
Protocol Number:
Deviation:
Protocol Number:
Deviation:

Protocols and protocol deviations section comments:

Incident follow-up:
Patient follow-up:
Would you like to request the patient outcome from the hospital?
- Yes
- No
If yes, please provide context or reasoning.

Refer to QA/QI personnel:
Would you like to request the QA/QI personnel to review the ePCR?
- Yes
- No
If yes, please provide context or reasoning.

Recommendations:
Do you have any suggestions or recommendations to modify this form, or the intent/purpose of this form?
- Yes
- No
If yes, please provide context or reasoning.

Additional comments/info:
Please provide any additional comments, if necessary. Nothing is off limits.
Recommended ePCR QA/QI evaluation form
EMS Refusal of Care and/or Transport

Narrative section
Does the narrative appear to provide a complete depiction of the entire incident?
☐ Yes
☐ No
If no, please provide context or reasoning.

Narrative section comments:

Forms section
Refusal of Care or Transport form
Was the form completed?
☐ Complete
☐ Incomplete

Forms section comments:

Other forms
Were all other applicable forms completed?
☐ Complete
☐ Incomplete

Forms section comments:

Signatures section
Refusal section
Is the refusal form complete?
☐ Yes
☐ No
Is the refusal form signed by all necessary parties?
☐ Yes
☐ No

Signatures section comments:

Protocol Deviations
Protocol Number: ________
Deviation: ________
Protocol Number: ________
Deviation: ________
Protocol Number: ________
Deviation: ________
Protocol Number: ________
Deviation: ________

Protocol deviations section comments:

Incident follow-up
Patient follow-up
Would you like to request the patient outcome from the hospital?
☐ Yes
☐ No
If yes, please provide context or reasoning.

Refer to QA/QI personnel:
Would you like to request the QA/QI personnel to review the ePCR?
☐ Yes
☐ No
If yes, please provide context or reasoning.

Recommendations:
Do you have any suggestions or recommendations to modify this form, or the intent/purpose of this form?
☐ Yes
☐ No
If yes, please provide context or reasoning.

Additional comments info:
Please provide any additional comments, if necessary. Nothing is off-limits.
### Recommendations:

Do you have any suggestions or recommendations to modify this form, or the intent/purpose?

- [ ] Yes
- [x] No

If yes, please provide context or reasoning.
Additional comments/info:
Please provide any additional comments, if necessary. Nothing is off limits.
Recommended ePCR QA/QI evaluation form
EMS Refusal of Care and/or Transport

**Narrative section**

Does the narrative appear to provide a complete depiction of the entire incident?

- [ ] Yes
- [ ] No

If no, please provide context or reasoning.

**Narrative section comments:**

---

**Forms section**

Refusal of Care or Transport form

Was the form completed?

- [ ] Complete
- [ ] Incomplete

Other forms

Were all other applicable forms completed?

- [ ] Complete
- [ ] Incomplete

**Forms section comments:**

---

**Signatures section**

Refusal section

Is the refusal form complete?

- [ ] Yes
- [ ] No

Is the refusal form signed by all necessary parties?

- [ ] Yes
- [ ] No

**Signatures section comments:**

---

**Protocol Deviations**

<table>
<thead>
<tr>
<th>Protocol Number</th>
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<tbody>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Protocol Deviation section comments:**

---

**Incident follow-up**

Patient follow-up:

Would you like to request the patient outcome from the hospital?

- [ ] Yes
- [ ] No

If yes, please provide context or reasoning.

**Incident follow-up comments:**

---

Refer to QA/QI personnel:

Would you like to request the QA/QI personnel to review the ePCR?

- [ ] Yes
- [ ] No

If yes, please provide context or reasoning.

---

**Recommendations**

Do you have any suggestions or recommendations to modify this form, or the intended purpose of this form?

- [ ] Yes
- [ ] No

If yes, please provide context or reasoning.

**Recommendations comments:**

---

**Additional comments/info:**

Please provide any additional comments, if necessary. Nothing is off limits.
## PCR Evaluation Forms – EMS Narrative Rubric

### What and Why

Identify the presence or absence of all required information of an EMS ePCR narrative.

The narrative is likely the most viewed part of an EMS ePCR by the hospital.

---

### Recommended ePCR QA/QI evaluation form

**EMS Narrative Rubric**

This rubric has been designed to ensure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

| Task: Specific and measurable outcomes/objectives | Complete the EMS-ePCR Narrative Rubric form. |
| Condition: Variables that contribute to compliance of the task | To complete the task, the participant will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED. |

### Standards: Applicable EMS protocols, as well as LSHA policies and guidelines.

**Applicable protocols:** The following protocols can be accessed via the OCMCA protocols app or website.
- 1-1-15: Patient Care Record, Electronic Documentation & EMS Information System
- 1-1-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

### Narrative Component

<table>
<thead>
<tr>
<th>Objective(s)</th>
<th>2-points (clearly met)</th>
<th>1-points (nearly met)</th>
<th>0-points (not met)</th>
</tr>
</thead>
</table>

#### Dispatch
- List and describe the type of incident that your EMS unit was dispatched.

#### Arrival
- List and describe what the EMS personnel encountered upon arrival.

#### Complaint and condition
- List and describe all patient complaints/ailments. This should also indicate who provided the information.
- Describe the condition of the patient upon initial encounter with EMS.

#### Events leading to call for EMS
- List and describe the events that led up to the call for EMS, which should include:
  - Who provided the information?
  - What happened?
  - Where and when did it happen?
  - How did it happen?

#### Initial Assessment
- List and describe the applicable findings from the initial assessment.
- List applicable vital signs and/or indicate the status of the patient’s condition during the initial patient assessment.
- List and describe applicable pertinent negatives.

#### Treatments
- Assure that all treatments listed are described in an adequate degree of detail.
- Describe any changes to the patient’s condition identified during any ongoing assessment.
- Describe any changes in the patient’s condition identified during any ongoing assessment.

#### Ongoing Assessment
- List all medication and/or vital signs noted during ongoing assessment(s) of the patient as well as any adverse reactions or complications.

#### Transport
- Indicate how the patient is being transported to the ED.
- Describe any changes to the patient’s condition identified during transport.
- Describe the type of transportation used and make any necessary comments about the experience.

### TOTAL POINTS (out of 32)
**Recommended ePCR QA/QI evaluation form**

**EMS Narrative Rubric**

This rubric has been designed to ensure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

### Tasks: Specific and measurable objectives
Complete the EMS ePCR Narrative Rubric form.

### Conditions:
Variables that contribute to completion of the tasks
To complete the tasks, the participant will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED.

### Standards: Applicable EMS protocols, as well as LSA policies and guidelines.
Applicable protocols:
The following protocols can be accessed via the OCMCA protocols app or website.
- 7-15: Patient Care Record, Electronic Documentation & EMS Information System
- 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

### Narrative Component | Objective(s) | 2-points | 1-point | 0-points | TOTAL POINTS (out of 32)
--- | --- | --- | --- | --- | ---
**Dispatch**
- List the type of incident that your EMS unit was dispatched.
- List and describe what the EMS personnel encountered upon arrival.

**Arrival**
- List and describe the patient’s initial encounter with EMS.

**Complaint and condition**
- List and describe all patient complaints/ailments. This should also indicate who provided the information.
- Describe the condition of the patient upon initial encounter with EMS.

**Events leading to call for EMS**
- List and describe the events that led up to the call for EMS, which should include:
  - Who provided the information?
  - What happened?
  - Where and when did it happen?
  - How did it happen?
- List and describe pertinent medical history, if necessary.

**Initial Assessment**
- List and describe the applicable findings from the initial assessment.
- List applicable vital signs and/or indicate the status of the patient’s condition during the initial patient assessment.
- List and describe pertinent negatives.

**Treatments**
- Ensure that all treatments listed are also described in an adequate degree in the narrative.
- Describe any adverse reactions or complications.
- Indicate the type of device used to contact the ED for notification of transport and include a description of communication problems, if necessary.

**Ongoing Assessment**
- Describe any changes to the patient’s condition identified during any ongoing assessment.
- List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment.
- Describe how the patient was placed on the stretcher.

**Transport**
- Indicate how the patient was secured to the stretcher.
- Describe any concerns or issues with the patient’s condition during transport.
- Indicate any concerns or issues with the patient’s condition during transport.

---

Who and When

EMS Coordinator and/or other EMS QA/QI personnel

20% of all ePCRs *(recommended)*
### PCR Evaluation Forms – EMS Narrative Rubric

**Recommended ePCR QA/QI evaluation form**

**EMS Narrative Rubric**

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 20.

#### Tasks:
- Complete the EMS - ePCR Narrative Rubric form.

#### Conditions:
- Variables that contribute to completion of the tasks.

#### Standards:
- Applicable EMS protocols, as well as LSA policies and guidelines.

<table>
<thead>
<tr>
<th>Narrative Component</th>
<th>Objective(s)</th>
<th>2-points (objective met)</th>
<th>1-point (nearly met)</th>
<th>0-points (not met)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispatch</td>
<td>- List the type of incident that your EMS unit was dispatched.</td>
<td>- List and describe what the EMS parameter was at the time of arrival.</td>
<td>- List and describe the patient's condition at the time of arrival.</td>
<td>- List and describe the patient's condition at the time of arrival.</td>
</tr>
<tr>
<td>Arrival</td>
<td>- List and describe the patient's condition at the time of arrival.</td>
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<tr>
<td>Complaint and condition</td>
<td>- List and describe the applicable pertinent policies and protocols.</td>
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<tr>
<td>Treatments</td>
<td>- Describe the patient's condition at the time of transport.</td>
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<td>Ongoing Assessment</td>
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**Applicable protocols:**
- The following protocols can be accessed via the OCMCA protocols app or website.
  - 7-10: Patient Care Record, Electronic Documentation & EMS Information System
  - 7-15: Patient Care Record & Electronic Documentation & EMS Information System Addendum

**Tasks:**
- Specific and measurable actions/objectives

**Conditions:**
- To complete the task, the participant will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED.

**Standards:**
- Applicable EMS protocols, as well as LSA policies and guidelines.

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**EMS Narrative Rubric**

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### Recommended ePCR QA/QI evaluation form

**EMS Narrative Rubric**

This rubric has been designed to ensure that all key elements of an EMS ePCR narrative are documented. 32% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

#### Tasks:

* Specific and measurable actions/objectives

Complete the EMS ePCR Narrative Rubric form.

#### Conditions:

* Variables that contribute to the completion of the tasks

To complete the tasks, the participant will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED.

#### Standards:

* Applicable EMS protocols, as well as LSA policies and guidelines

Applicable protocols: The following protocols can be accessed via the OCMCA protocols app or website:  
  - 7-15: Patient Care Record, Electronic Documentation & EMS Information System  
  - 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

#### Narrative Component | Objective(s) | 2-points (clearly met) | 1-point (nearly met) | 0-points (not met)
--- | --- | --- | --- | ---
Dispatch | List the type of incident that your EMS unit was dispatched. | | | |
Arrival | List and describe what the EMS personnel encountered upon arrival. | | | |
Complaint and condition | Complete the EMS Narrative Rubric form. | | | |
Events leading to call for EMS | List and describe the complaint(s) and/or other patient behavior or condition that lead to the call for transport. | | | |
Initial Assessment | List and describe the applicable findings from the initial assessment. | | | |
| | List and describe the patient's vital signs and current status during the initial patient assessment. | | | |
| | List and describe pertinent negatives. | | | |
Treatments | List and describe the treatments given to the patient in response to the diagnosis and/or identified problem. | | | |
| | Describe the effects of each treatment, as experienced by the patient, as well as any adverse reactions or complications. | | | |
Ongoing Assessment | List and describe the patient's current status and any changes in the patient's condition since the initial patient assessment. | | | |
Transport | Describe how the patient was transported from the patient to the ED, including: 
- Method of transport and include a description of communication problems, if necessary. | | | |

**TOTAL POINTS out of 32**
This rubric has been designed to ensure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

### Tasks:
**Specific and measurable objectives**

<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dispatch</td>
<td>List and describe the type of incident that your EMS unit was dispatched.</td>
</tr>
<tr>
<td>Arrival</td>
<td>List and describe the EMS personnel encountered upon arrival.</td>
</tr>
<tr>
<td>Complaint and condition</td>
<td>List and describe patient complaints/condition. This should also indicate who provided the information.</td>
</tr>
</tbody>
</table>
| Events leading to call for EMS | List and describe the events that led up to the call for EMS, which should include:  
  - Who provided the information?
  - What happened?
  - Where and when did it happen?
  - How did it happen?  
| Initial Assessment | List and describe the applicable findings from the initial assessment.  
  - List vital signs and indicate the status of the patient’s condition during the initial assessment.  
  - List and describe pertinent negatives. |
| Treatments    | Ensure that all treatments listed are clearly described in adequate detail.  
  - Describe effects of each treatment, as experienced by the patient, as well as any adverse reactions or complications. |
| Ongoing Assessment | List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment(s). |
| Transport     | Describe how the patient went from their original position to the stretcher.  
  - Describe how the patient was secured to the stretcher.  
  - Indicate the type of device used to contact the ED for notification of transport and include a description of communication problems, if necessary. |

### Conditions:
**Variables that impact completion of the task**

To complete the task, the reviewer will be given an EMS ePCR or set of ePCRs.

<table>
<thead>
<tr>
<th>Narrative Component</th>
<th>Objective(s)</th>
<th>2-points objective met</th>
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<th>0-points objective not met</th>
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</thead>
<tbody>
<tr>
<td>Dispatch</td>
<td>List and describe the type of incident that your EMS unit was dispatched.</td>
<td></td>
<td></td>
<td></td>
</tr>
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<td>List and describe the EMS personnel encountered upon arrival.</td>
<td></td>
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</table>
| Complaint and condition | List and describe patient complaints/condition. This should also indicate who provided the information.  
| Events leading to call for EMS | List and describe the events that led up to the call for EMS, which should include:  
  - Who provided the information?
  - What happened?
  - Where and when did it happen?
  - How did it happen?  
| Initial Assessment  | List and describe the applicable findings from the initial assessment.  
  - List vital signs and indicate the status of the patient’s condition during the initial assessment.  
  - List and describe pertinent negatives. |
| Treatments          | Ensure that all treatments listed are clearly described in adequate detail.  
  - Describe effects of each treatment, as experienced by the patient, as well as any adverse reactions or complications. |
| Ongoing Assessment  | List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment(s). |
| Transport           | Describe how the patient went from their original position to the stretcher.  
  - Describe how the patient was secured to the stretcher.  
  - Indicate the type of device used to contact the ED for notification of transport and include a description of communication problems, if necessary. |                         |                               |                            |

**TOTAL POINTS (out of 32)**
PCR Evaluation Forms – EMS Narrative Rubric

**Recommended ePCR QA/QI evaluation form**

**EMS Narrative Rubric**

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 25% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

**Tasks:** Specific and measurable accomplishments

**Conditions:** Variables that contribute to competency of the task

**Standards:** Applicable EMS protocols, as well as LSA policies and guidelines.

**Applicable protocols:** The following protocols can be accessed via the OCMCA protocols app or website.

- 7-15: Patient Care Record, Electronic Documentation & EMS Information System
- 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

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<tr>
<td>Complaint and condition</td>
<td>Describe the condition of the patient upon initial encounter with EMS.</td>
<td></td>
<td></td>
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<tr>
<td>Events leading to call for EMS</td>
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<tr>
<td>Initial Assessment</td>
<td>List and describe the applicable findings from the initial assessment.</td>
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<tr>
<td>Treatments</td>
<td>List and describe any pertinent medical history, if necessary.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing Assessment</td>
<td>Include any changes to the patient condition identified during any ongoing assessment.</td>
<td></td>
<td></td>
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<td>Transport</td>
<td>Describe the type of device used to transport the patient, and include a description of communication problems, if necessary.</td>
<td></td>
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</table>

**TOTAL POINTS (out of 32)**

**Standards:** Applicable EMS protocols and LSA SOGs/SOPs

All OCMCA and State protocols are applicable to this evaluation form.

7-15 & 7-15.1

PCR, Electronic Documentation & EMSIS and Addendum
This rubric has been designed to ensure all key elements of an EMS ePCR narrative are documented. All EMS patient transports ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, 1 point is awarded. If the objective is not met, no points are awarded. The highest possible score is 32.

**Tasks:**

- Specific and measurable actions/objectives

**Conditions:**

- Variables that contribute to completion of the task

**Standards:**

- Applicable EMS protocols, as well as LSA policies and guidelines

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<td>Arrival</td>
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<td>List and describe all patient complaints/ailments. This should also indicate who provided the information.</td>
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<td>Treatments</td>
<td>List applicable interventions and outcomes of interventions administered during the patient assessment.</td>
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**TOTAL POINTS** (out of 32)
Recommended ePCR QA/QI evaluation form
EMS Narrative Rubric

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Tasks: Specific and measurable actions/objectives

- Complete the EMS ePCR Narrative Rubric form.

Conditions: Variables that contribute to completion of the tasks

- To complete the task, the participant will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED.

Standards: Applicable EMS protocols, as well as LSA policies and guidelines

- Applicable protocols: The following protocols can be accessed via the OCMCA protocols app or website.
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<td>Complaint and condition</td>
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<tr>
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<tr>
<td>Ongoing Assessment</td>
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<tr>
<td>Transport</td>
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TOTAL POINTS (out of 32)
This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

### Narrative Component
- **Dispatch**
  - List the type of incident that your EMS unit was dispatched.
  - List and describe what the EMS person encountered upon arrival.
- **Complaint and condition**
  - List and describe the condition of the patient upon initial encounter with EMS.
  - Describe the condition of the patient upon initial encounter with EMS.
- **Events leading to call for EMS**
  - List and describe the applicability findings from the initial assessment.
  - List and describe the applicable findings from the initial patient assessment.
  - List and describe pertinent medical history, if necessary.
- **Initial Assessment**
  - List and describe pertinent findings from the initial patient assessment.
  - List and describe pertinent findings from the initial patient assessment.
  - List and describe pertinent findings from the initial patient assessment.
- **Treatments**
  - Describe any changes to the patient's condition identified during any ongoing assessment.
  - Describe any changes to the patient's condition identified during any ongoing assessment.
  - Describe any changes to the patient's condition identified during any ongoing assessment.
  - Describe any changes to the patient's condition identified during any ongoing assessment.
- **Ongoing Assessment**
  - List application vital signs and/or indicate status of the patient's condition during ongoing assessment.
  - List application vital signs and/or indicate status of the patient's condition during ongoing assessment.
  - List application vital signs and/or indicate status of the patient's condition during ongoing assessment.
- **Transport**
  - Describe how the patient went from their initial position to the stretcher.
  - Describe how the patient was secured to the stretcher.
  - Indicate the type of device used to contact the ED for notification of transport and include a description of communication problems, if necessary.

**Points**

<table>
<thead>
<tr>
<th>Objective(s)</th>
<th>2-points (clearly met)</th>
<th>1-point (nearly met)</th>
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<td>Dispatch</td>
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<td>Arrive</td>
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<td>Complaint</td>
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<td>Condition</td>
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<td>Events</td>
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<td>Call</td>
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<td>Initial</td>
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<td>Assess</td>
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<tr>
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**TOTAL POINTS** (out of 32)

Specific and measurable criteria that should be included in the narrative.
Recommended ePCR QA/QI evaluation form

**EMS Narrative Rubric**

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

**Tasks:**
Specific and measurable actions/objectives
- Complete the EMS ePCR Narrative Rubric form.

**Conditions:**
Variables that contribute to completion of the task
- To complete the task, the participant will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED.

**Standards:**
Applicable EMS protocols, as well as LHA policies and guidelines
- Applicable protocols: The following protocols can be accessed via the OCMCA protocols app or website.
  - 7-15: Patient Care Record, Electronic Documentation & EMS Information System
  - 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

<table>
<thead>
<tr>
<th>Narrative Component</th>
<th>Objective(s)</th>
<th>Points</th>
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</thead>
</table>
| **Dispatch** | List the type of incident that your EMS unit was dispatched. | 2-points
| | List and describe what the EMS personnel encountered upon arrival. | 2-points
| **Arrival** | List and describe the patient’s condition or symptoms. | 2-points
| **Complaint and condition** | Describe the condition of the patient upon initial encounter with EMS. | 2-points
| | Describe the patient’s condition upon initial encounter with EMS. | 2-points
| **Events leading to call for EMS** | List and describe all events leading up to the call for EMS. | 2-points
| | List, and describe pertinent medical history, if necessary. | 2-points
| **Initial Assessment** | List and describe applicable findings from the initial assessment. | 2-points
| | List and describe pertinent medical history, if necessary. | 2-points
| | List applicable vital signs and/or indicate the status of the patient’s condition during the initial patient assessment. | 2-points
| **Treatments** | List and describe all treatments administered to the patient. | 2-points
| | List and describe pertinent medical history, if necessary. | 2-points
| | Include any changes to the patient’s condition identified during any ongoing assessment. | 2-points
| **Ongoing Assessment** | List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment. | 2-points
| | Describe how the patient was transported to the ED, if necessary. | 2-points
| | Describe how the patient was secured to the stretcher. | 2-points
| **Transport** | Describe any changes to the patient’s condition identified during any ongoing assessment. | 2-points
| | Include any changes to the patient’s condition identified during any ongoing assessment. | 2-points
| | List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment. | 2-points
| **TOTAL POINTS (out of 32)** | | 32 |
Recommended ePCR QA/QI evaluation form

EMS Narrative Rubric

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

<table>
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<tr>
<th>Tasks: Specific and measurable outcomes/objectives</th>
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<th>Conditions: Variables that contribute to completion of the tasks</th>
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</table>

<table>
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<tr>
<th>Standards:</th>
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<td>Complaint and condition</td>
<td>List and describe patient complaints/ailments. This should also indicate who provided the information.</td>
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<tr>
<td>Initial Assessment</td>
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<td>Treatments</td>
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<tr>
<td>Ongoing Assessment</td>
<td>List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment(s).</td>
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<tr>
<td>Transport</td>
<td>List applicable pertinent negatives.</td>
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<tr>
<td>TOTAL possible points</td>
<td>32</td>
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</tbody>
</table>

Narrative Component | Objective(s) | Points

TOTAL POINTS (out of 32)

32
Recommended ePCR QA/QI evaluation form
EMS Narrative Rubric

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

Tasks: Specific and measurable action/objectives

Conditions: Variables that contribute to completion of the tasks

Standards: Applicable EMS protocols, as well as LSA policies and guidelines.

Applicable protocols: The following protocols can be accessed via the OCMCA protocols app or website.
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<td>Transport</td>
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TOTAL POINTS (out of 32)

Dispatch:
List the type of incident that your EMS unit was dispatched.
Recommended ePCR QA/QI evaluation form
EMS Narrative Rubric

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Tasks: Specific and measurable

Conditions: Variables that contribute to completion of the tasks

Standards: Applicable EMS protocols, as well as LHA policies and guidelines

Applicable protocols: The following protocols can be accessed via the OCMCA protocols app or website.

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<th>1-point</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Arrival</td>
<td>List and describe what the EMTS personnel encountered upon arrival</td>
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<tr>
<td>Complaint and condition</td>
<td>Describe the condition of the patient upon initial encounter with EMTS</td>
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<tr>
<td>Events leading to call for EMS</td>
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<tr>
<td>Initial Assessment</td>
<td>List and describe the applicable findings from the initial assessment</td>
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<tr>
<td>Treatments</td>
<td>Ensure that all treatments listed on the flowchart are listed and/or described to an adequate degree in the narrative</td>
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<tr>
<td>Ongoing Assessment</td>
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<tr>
<td>Transport</td>
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TOTAL POINTS possible: 32
### EMS Narrative Rubric

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#### Tasks:
Specific and measurable 

documentary objectives

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<tr>
<td>Dispatch Initial</td>
<td>List the type of incident that your EMS unit was dispatched.</td>
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<tr>
<td>Arrival</td>
<td>List and describe all patient complaints/ailments. This should also indicate who provided the information. Describe the condition of the patient upon initial encounter with EMS.</td>
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<tr>
<td>Events leading to</td>
<td>List and describe applicable findings from the history assessment.</td>
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<tr>
<td>call for EMS</td>
<td>List and describe pertinent medical history, if necessary.</td>
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<td>Treatments</td>
<td>Describe any changes to the patient condition identified during any ongoing assessment.</td>
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<td>Ongoing Assessment</td>
<td>List applicable vital signs and indicate the status of the patient's condition during ongoing assessment</td>
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<tr>
<td>Transport</td>
<td>Describe what transpired as the patient was taken to the stretcher.</td>
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<td></td>
<td>Indicate the type of device used to contact the ED for notification of transport and include a description of any communication problems, if necessary.</td>
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#### Standards:
Applicable protocols:
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### Narrative Component

#### Objective(s)

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**TOTAL POINTS (out of 32)**
**Complaint and condition:**

Describe the condition of the patient upon initial encounter with EMS.

---

**Recommended ePCR QA/QI Evaluation Form**

**EMS Narrative Rubric**

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### Tasks:
- Complete the EMS - ePCR Narrative Rubric form.

### Conditions:
- Variables that contribute to completion of the tasks

### Standards:
- Applicable EMS protocols, as well as LHS policies and guidelines

#### Applicable Protocols:
The following protocols can be accessed via the OCMCA protocols app or website:
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<td><strong>Transport</strong></td>
<td>Describe how the patient went from their original position to the stretcher.</td>
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<tr>
<td><strong>Initial Assessment</strong></td>
<td>Describe how the patient was secured to the stretcher.</td>
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<tr>
<td><strong>Transport</strong></td>
<td>Describe the notification of transport, including the type of device used and include a description of any communication problems, if necessary.</td>
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**TOTAL POINTS (out of 32)**
Recommended ePCR QA/QI evaluation form
EMS Narrative Rubric

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**Tasks:** Specific and measurable objectives needed to complete the rubric.

**Conditions:** Variables that contribute to completion of the tasks.

**Standards:** Applicable EMS protocols, as well as LHS policies and guidelines.

Complete the EMS ePCR Narrative Rubric form.

To complete the tasks, the participant will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED.

Applicable protocols:
The following protocols can be accessed via the OCMCA protocols app or website.

- 7-15: Patient Care Record, Electronic Documentation & EMS Information System
- 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

### Narrative Component

<table>
<thead>
<tr>
<th>Objective(s)</th>
<th>2 points (objective clearly met)</th>
<th>1 point (objective nearly met)</th>
<th>0 points (objective not met)</th>
</tr>
</thead>
</table>

#### Dispatch
- List the type of incident that your EMS unit was dispatched to.

#### Arrival
- List and describe what the EMS personnel encountered upon arrival.

#### Complaint and condition
- List and describe the patient complaints/ailments. This should also indicate who provided the information.
- List and describe the patient's condition upon initial encounter with EMS.

#### Events leading to call for EMS
- List and describe the events that led up to the call for EMS, which should include:
  - Who provided the info?
  - What happened?
  - Where and when did it happen?
  - How did it happen?

#### Initial Assessment
- List and describe the applicable findings from the initial assessment.
- List applicable vital signs and/or indicate the status of the patient's condition during the initial patient assessment.
- List and describe applicable pertinent negatives.

#### Treatments
- Assure that all treatments listed in the flowchart are listed and/or described to an adequate degree in the narrative.
- Describe any changes to the patient's condition following any treatments, as well as any adverse reaction or complications.

#### Ongoing Assessment
- List applicable vital signs and/or indicate the status of the patient's condition during ongoing assessment(s).
- Describe how the patient's condition is being monitored.
- Describe any changes to the patient's condition identified during ongoing assessment(s).

#### Transport
- Describe how the patient went from their original position to the stretcher.
- Describe how the patient was secured to the stretcher.
- Indicate the type of device used to contact the ED for notification of transport and include a description of communication problems, if necessary.

**TOTAL POINTS:** (out of 32)
**Recommended ePCR QA/QI evaluation form**

**EMS Narrative Rubric**

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

### Tasks:
- Specific and measurable objectives

### Conditions:
- Variables that contribute to completion of the tasks

### Standards:
- EMS protocols, as well as LHS policies and guidelines

<table>
<thead>
<tr>
<th>Narrative Component</th>
<th>Objective(s)</th>
<th>2-points (clearly met)</th>
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<th>0-points (not met)</th>
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<tbody>
<tr>
<td><strong>Dispatch</strong></td>
<td>List the type of incident that your EMS unit was dispatched.</td>
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<td></td>
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</tr>
<tr>
<td><strong>Arrival</strong></td>
<td>List and describe what the EMS personnel encountered upon arrival.</td>
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<tr>
<td><strong>Complaint and condition</strong></td>
<td>List and describe all patient complaints/ailments. This should also include who provided the information.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Initial Assessment</strong></td>
<td>List and describe the applicable findings from the initial assessment.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Events leading to call for EMS</strong></td>
<td>List and describe pertinent medical history, if necessary.</td>
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<tr>
<td><strong>Treatments</strong></td>
<td>Ensure that all treatments listed in the flowchart are listed and/or described to an adequate degree in the narrative.</td>
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<tr>
<td><strong>Ongoing Assessment</strong></td>
<td>List applicable vital signs and/or indicate the status of the patient's condition during ongoing assessment(s).</td>
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<td><strong>Transport</strong></td>
<td>Describe how the patient went from their original position to the stretcher.</td>
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**TOTAL POINTS (out of 32)**
This rubric has been designed to ensure that all key elements of an EMS ePCR narrative are documented. EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

**Tasks:** Specific and measurable actions/objectives

**Conditions:** Variables that contribute to completion of the tasks

**Standards:** EMS ePCR Narrative Rubric form

**Applicable protocols:** The following protocols can be accessed via the OCMCA protocols app or website.

- 7-15: Patient Care Record, Electronic Documentation & EMS Information System
- 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System
- 7-15.2: Intra-ICU Care Result & Electronic Documentation & EMS Information System

<table>
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<th>Narrative Component</th>
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<td>Arrival</td>
<td>List and describe what the EMS personnel encountered upon arrival</td>
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<tr>
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<td>List and describe pertinent patient complaints/ailments. This should also indicate who provided the information.</td>
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<td>Events leading to call for EMS</td>
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<td>Initial Assessment</td>
<td>List and describe the applicable findings from the initial assessment.</td>
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<tr>
<td></td>
<td>List and describe pertinent patient complaints/ailments during the initial patient assessment.</td>
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<td></td>
<td>List and describe pertinent patient conditions.</td>
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<td></td>
<td>Describe an adequate degree of intravenous access.</td>
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<td>Describe any changes in patient condition identified during any ongoing treatment.</td>
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<tr>
<td></td>
<td>Describe any additional interventions and medications the patient, as well as any adverse drug or medication reactions.</td>
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<td></td>
<td>Describe how patient's condition improved during ongoing treatment.</td>
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<tr>
<td>Transport</td>
<td>Describe how the patient was in a stable condition during transport.</td>
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<td></td>
<td>Describe the type of equipment used to transport the patient.</td>
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<td></td>
<td>Describe any changes in the patient's condition during transport.</td>
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<td></td>
<td>Describe any equipment or interventions during transport.</td>
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<td></td>
<td>Complete your narrative, and include a description of communication problems, if necessary.</td>
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</table>

**TOTAL POINTS:** 

32
**Recommended ePCR QA/QI evaluation form**

**EMS Narrative Rubric**

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 30% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

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<thead>
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<th>Components</th>
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<td>Dispatch</td>
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<tr>
<td></td>
<td>- List and describe what the EMS personnel encountered upon arrival.</td>
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<tr>
<td>Arrival</td>
<td>- List and describe the condition of the patient upon initial contact with EMS.</td>
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<tr>
<td>Complaint</td>
<td>- List all pertinent medical history, if necessary.</td>
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<tr>
<td>and condition</td>
<td>- List and describe all patient complaints/ailments. This should also indicate who provided the information.</td>
<td></td>
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<tr>
<td>Events leading to call for EMS</td>
<td>- List and describe pertinent negatives.</td>
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<tr>
<td>Initial Assessment</td>
<td>- List and describe patient care during the initial patient assessment.</td>
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<td></td>
<td>- List and describe pertinent findings from the initial assessment.</td>
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<tr>
<td>Treatments</td>
<td>- List and describe patient care during the initial patient assessment.</td>
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<td></td>
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<tr>
<td>Ongoing Assessment</td>
<td>- List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment.</td>
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<tr>
<td>Transport</td>
<td>- List applicable vital signs and/or indicate the status of the patient’s condition during transport.</td>
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**TOTAL POINTS (out of 32)**

**Initial Assessment:**

List applicable vital signs and/or indicate the status of the patient’s condition during the initial patient assessment.
**Recommended ePCR QA/QI evaluation form**

**EMS Narrative Rubric**

This rubric has been designed to ensure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if partially met, is awarded two points. If the objective is clearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

### Tasks
- Specific and measurable activities/objectives
- Complete the EMS - ePCR Narrative Rubric form.

### Conditions
- Variables that contribute to the completion of the tasks
- To complete the task, the participant will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED.

### Standards
- Applicable protocols, as well as LHS policies and guidelines
- Applicable protocols: The following protocols can be accessed via the OCMCA protocols app or website.
  - 7-15: Patient Care Record, Electronic Documentation & EMS Information System
  - 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

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<tr>
<td>Arrival</td>
<td>List and describe what the EMS personnel encountered upon arrival.</td>
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<tr>
<td>Complaint and condition</td>
<td>List and describe all patient complaints. This should also indicate who provided the information.</td>
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<td>Events leading to call for EMS</td>
<td>Describe the condition of the patient upon initial encounter with EMS.</td>
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<tr>
<td>Initial Assessment</td>
<td>List and describe all treatments listed in the triage flowchart.</td>
<td></td>
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</tr>
<tr>
<td>Treatments</td>
<td>Describe the effects of each treatment, as experienced by the patient, as well as any adverse reactions/complications.</td>
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</tr>
<tr>
<td>Ongoing Assessment</td>
<td>List application visit signs and symptoms that were observed during the ongoing assessment.</td>
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<tr>
<td>Transport</td>
<td>Describe how the patient was transported from the scene to the ED.</td>
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</table>

**TOTAL POINTS (out of 32)**

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**Initial Assessment:**

List and describe applicable pertinent negatives.
This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

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<td>Dispatch</td>
<td>List the type of incident that your EMS unit was dispatched</td>
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</tr>
<tr>
<td>Arrival</td>
<td>List and describe what the EMS patient encountered upon arrival</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complaint and condition</td>
<td>List and describe all patient complaints. This should also indicate who provided the information.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Events leading to call for EMS</td>
<td>Describe the type of incident that the patient encountered upon initial contact with EMS.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Initial Assessment</td>
<td>List and describe the applicable findings from the initial assessment.</td>
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<td></td>
</tr>
<tr>
<td>Treatments</td>
<td>Assure that all treatments listed in the flowchart are listed and/or described to an adequate degree in the narrative.</td>
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Assure that all treatments listed in the flowchart are listed and/or described to an adequate degree in the narrative.
This rubric has been designed to ensure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

**Tasks:** Specific and measurable accomplishments

**Conditions:** Variables that contribute to completion of the tasks

**Standards:** Applicable EMS protocols, as well as LSHA policies and guidelines.

**Applicable protocols:** The following protocols can be accessed via the OCMCA protocols app or website.

- 7-15: Patient Care Record, Electronic Documentation & EMS Information System
- 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

<table>
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<th>Narrative Component</th>
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<th>2-point(s) clearly met</th>
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<th>TOTAL POINTS (out of 32)</th>
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<tbody>
<tr>
<td><strong>Dispatch</strong></td>
<td>List the type of incident that your EMS unit was dispatched</td>
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<tr>
<td><strong>Arrival</strong></td>
<td>List and describe what the EMS personnel encountered upon arrival</td>
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</tbody>
</table>
| **Complaint and condition** | List and describe pertinent patient documentation. This should also include:  
  - Who provided the info?  
  - What happened?  
  - Where and when did it happen?  
  - How did it happen? |                      |                      |                    |                         |
| **Events leading to call for EMS** | Describe the variation of the patient upon initial encounter with EMS. |                      |                      |                    |                         |
| **Initial Assessment** | List and describe the applicable findings from the initial assessment. |                      |                      |                    |                         |
| **Treatments**      | List and describe pertinent patient documentation concerning patient's medical history during the initial assessment |                      |                      |                    |                         |
| **Ongoing Assessment** | Describe any changes to the patient's condition identified during any ongoing assessment. |                      |                      |                    |                         |
| **Transport**       | Describe the patient's condition on arrival. |                      |                      |                    |                         |

**Treatments:**

Describe the effects of each treatment, as experienced by the patient, as well as any adverse reactions or complications.
**Recommended ePCR QA/QI evaluation form**

**EMS Narrative Rubric**

This rubric has been designed to ensure that all key elements of an EMS ePCR narrative are documented. 20% EMS ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

### Tasks:
- Specific and measurable actions/objectives
- Complete the EMS ePCR Narrative Rubric form.

### Conditions:
- Variables that contribute to completion of the tasks
- To complete the tasks, the participant will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED.

### Standards:
- Applicable EMS protocols, as well as LSA policies and guidelines
- Applicable protocols:
  - 7.15: Patient Care Record, Electronic Documentation & EMS Information System
  - 7.15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

### Narrative Component | Objective(s) | 2 points (clearly met) | 1 point (nearly met) | 0 points (not met) | TOTAL POINTS (out of 32)
--- | --- | --- | --- | --- | ---
**Dispatch** | List the type of incident that your EMS unit was dispatched. |  |  |  |  
**Arrival** | List and describe what the EMS personnel encountered upon arrival. |  |  |  |  
**Complaint and condition** | List and describe pertinent medical history, if necessary. |  |  |  |  
**Events leading to call for EMS** | List and describe pertinent medical history, if necessary. |  |  |  |  
**Initial Assessment** | List and describe pertinent medical history, if necessary. |  |  |  |  
**Treatments** | List and describe pertinent medical history, if necessary. |  |  |  |  
**Ongoing Assessment** | Describe any changes in the patient’s condition identified during any ongoing assessment(s). |  |  |  |  
**Transport** | Describe any changes in the patient’s condition identified during any ongoing assessment(s). |  |  |  |  

**Narrative Component:**
- Dispatch
- Arrival
- Complaint and condition
- Events leading to call for EMS
- Initial Assessment
- Treatments
- Ongoing Assessment
- Transport

**Messaging:**

Describe any changes in the patient’s condition identified during any ongoing assessment(s).
Recommended ePCR QA/QI evaluation form
EMS Narrative Rubric

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information listed in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

Tasks:
Specific and measurable activities/objectives
- Complete the EMS ePCR Narrative Rubric form.

Conditions:
Variables that contribute to completion of the tasks
- To complete the tasks, participants will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED.

Standards:
Applicable EMS protocols, as well as LSH policies and guidelines
- Applicable protocols: The following protocols can be accessed via the OCMCA protocols app or website.
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Narrative Component | Objective(s) | 2-points (clearly met) | 1-point (nearly met) | 0-points (not met)
--- | --- | --- | --- | ---
Dispatch | - List the type of incident that your EMS unit was dispatched. | | | |
Arrival | - List and describe what the EMS patient encountered upon arrival. | | | |
Complaint and condition | - List and describe all patient complaints/ailments. This should also indicate who provided the information. | | | |
- List and describe the patient's condition upon initial encounter with EMS. | | | |
Events leading to call for EMS | - List and describe the events that led up to the call for EMS, which should include:
  - Who provided the info?
  - What happened?
  - Where and when did it happen?
  - How did it happen?

Initial Assessment | - List and describe the applicable findings from the initial assessment. | | | |
- List applicable vital signs and/or indicate the status of the patient's condition during the initial patient assessment.
- List and describe applicable pertinent negatives. | | | |
Treatments | - Assure that all treatments listed in the flowchart are listed and/or described to an adequate degree in the narrative. | | | |
- Describe the effects of each treatment, as experienced by the patient, as well as any adverse reactions or complications. | | | |
Ongoing Assessment | - Describe any changes to the patient's condition identified during any ongoing assessment(s). | | | |
- List applicable vital signs and/or indicate the status of the patient's condition during ongoing assessment(s). | | | |
Transport | - Describe how the patient was secured to the stretcher. | | | |
- List any communication problems, if necessary. | | | |

TOTAL POINTS (out of 32)

Ongoing Assessment:
List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment(s).
Recommended ePCR QA/QI evaluation form
EMS Narrative Rubric

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<td>List and describe what the EMS personnel encountered upon arrival.</td>
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<td>Arrival</td>
<td>List and describe patient complaints. This should also include pertinent medical history.</td>
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<tr>
<td></td>
<td>Describe the condition of the patient upon initial encounter with EMS.</td>
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<tr>
<td>Complaint and condition</td>
<td>Describe the variation of the patient upon initial encounter with EMS.</td>
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<td>Events leading to call for EMS</td>
<td>Describe the events that led up to the call for EMS, which should include: Who provided the info? What happened? Where and when did it happen? How did it happen?</td>
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<td></td>
<td>List and describe pertinent medical history, if necessary.</td>
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<tr>
<td>Initial Assessment</td>
<td>List and describe the applicable findings from the initial assessment.</td>
<td></td>
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<tr>
<td></td>
<td>List applicable pertinent medical history, if necessary.</td>
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<tr>
<td></td>
<td>Describe any changes to the patient’s condition identified during any ongoing assessment(s).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatments</td>
<td>List and describe any changes to the patient’s condition identified during any ongoing assessment(s).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ongoing Assessment</td>
<td>List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment(s).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transport</td>
<td>Describe how the patient went from their original position to the stretcher.</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

TOTAL POINTS (OUT OF 32)

Transport:

Describe how the patient went from their original position to the stretcher.
## EMS Narrative Rubric

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

### Tasks: Specific and measurable actions/objectives
- Complete the EMS ePCR Narrative Rubric form.

### Conditions: Variables that contribute to completion of the tasks
- To complete the task, the participant will be given an EMS ePCR of a patient that EMS personnel responded to and transported to an ED.

### Standards: Applicable EMS protocols, as well as LHA policies and guidelines.
- Applicable protocols: The following protocols can be accessed via the OCMCA protocols app or website.
  - 7-15: Patient Care Record, Electronic Documentation & EMS Information System
  - 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

### Narrative Component | Objective(s) | 2-points (clearly met) | 1-point (nearly met) | 0-points (not met)
--- | --- | --- | --- | ---
**Dispatch**
- List the type of incident that your EMS unit was dispatched.

**Arrival**
- List and describe what the EMS personnel encountered upon arrival.

**Complaint and condition**
- List and describe all patient complaints/ailments. This should also indicate who provided the information.
- Describe the condition of the patient upon initial encounter with EMS.

**Events leading to call for EMS**
- List and describe the events that led up to the call for EMS, which should include:
  - Who provided the information?
  - What happened?
  - Where and when did it happen?
  - How did it happen?
- List, and describe pertinent medical history, if necessary.

**Initial Assessment**
- List and describe the applicable findings from the initial assessment.
- List applicable vital signs and/or indicate the status of the patient's condition during initial patient assessment.
- List and describe pertinent negatives.

**Treatments**
- Assure that all treatments listed in the form are listed and/or described to an adequate degree in the narrative.
- Describe the effects of each treatment, as experienced by the patient, as well as any adverse reactions or complications.

**Ongoing Assessment**
- Describe any changes to the patient's condition identified during any ongoing assessment.
- List applicable vital signs and/or indicate the status of the patient's condition during ongoing assessment.

**Transport**
- Describe how the patient was secured to the stretcher.
- Describe how the patient went from their original position to the stretcher.
- Indicate the type of device used to contact the ED for notification of transport and include a description of communication problems, if necessary.

### TOTAL POINTS (out of 32)
**PCR Evaluation Forms – EMS Narrative Rubric**

**Recommended ePCR QA/QI evaluation form**

EMS Narrative Rubric

This rubric has been designed to ensure that all key elements of an EMS ePCR narrative are documented. 32% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

**Tasks:** Specific and measurable information objectives

**Conditions:** Variables that contribute to completion of the tasks

**Standards:** Applicable EMS protocols, as well as LSA policies and guidelines.

**Applicable protocols:** The following protocols can be accessed via the OCMCA protocols app or website.

- 7-15: Patient Care Record, Electronic Documentation & EMS Information System
- 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum
- 7-15.2: Patient Care Record & Electronic Documentation & EMS Information System Addendum

<table>
<thead>
<tr>
<th>Narrative Component</th>
<th>Objective(s)</th>
<th>2-points (clearly met)</th>
<th>1-point (nearly met)</th>
<th>0-points (not met)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dispatch</strong></td>
<td></td>
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</tr>
</tbody>
</table>
| List and describe what priority level the call came in
| *Who provided the info?* |
| *What happened?* |
| *Where and when did it happen?* |
| *How did it happen?* |
| List and describe pertinent medical history, if necessary. |

| **Arrival**         |              |                        |                     |                   |
| Describe the condition of the patient upon initial encounter with EMS. |

| **Complaint and condition** | | | |
| List and describe all patient complaints/ailments. This should also indicate who provided the information. |
| Describe the condition of the patient upon initial encounter with EMS. |

| **Events leading to call for EMS** | | | |
| List and describe the applicable findings from the scene assessment. |
| List and describe pertinent information such as recent medical history and/or medication that the patient was taking. |
| Describe the events that led up to the call for EMS, which should include:
| *Who provided the info?*
| *What happened?*
| *Where and when did it happen?*
| *How did it happen?*
| List, and describe pertinent medical history, if necessary. |

| **Initial Assessment** | | | |
| List and describe the applicable findings from the initial assessment. |
| List and describe pertinent information such as recent medical history and/or medication that the patient was taking. |
| List and describe pertinent information such as recent medical history and/or medication that the patient was taking. |
| List and describe pertinent information such as recent medical history and/or medication that the patient was taking. |
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| **Treatments** | | | |
| Describe the method of patient transport and include a description of communication problems, if necessary. |
| Describe the method of patient transport and include a description of communication problems, if necessary. |
| Describe the method of patient transport and include a description of communication problems, if necessary. |
| Describe the method of patient transport and include a description of communication problems, if necessary. |

| **Ongoing Assessment** | | | |
| List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment(s). |
| List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment(s). |
| List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment(s). |
| List applicable vital signs and/or indicate the status of the patient’s condition during ongoing assessment(s). |

| **Transport** | | | |
| Describe the method and/or type of device used to contact the ED for notification of transport and include a description of communication problems, if necessary. |
| Describe the method and/or type of device used to contact the ED for notification of transport and include a description of communication problems, if necessary. |
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**TOTAL POINTS** (OUT OF 32)
Recommended ePCR QA/QI evaluation form

### EMS Narrative Rubric

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded two points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

#### Tasks:
- Specific and measurable actions/objectives

#### Conditions:
- Variables that contribute to completion of the tasks

#### Standards:
- Applicable EMS protocols, as well as LSA policies and guidelines

#### Applicable protocols:
The following protocols can be accessed via the OCMCA protocols app or website:
- 7-15: Patient Care Record, Electronic Documentation & EMS Information System
- 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

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<td>Dispatch</td>
<td>List the type of incident that your EMS unit was dispatched</td>
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<td>Arrival</td>
<td>List and describe what the EMS personnel encountered upon arrival</td>
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<tr>
<td>Complaint and condition</td>
<td>List and describe patient complaints and injuries. This should also describe the patient’s medical history</td>
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<tr>
<td>Events leading to call for EMS</td>
<td>Describe the medical condition of the patient described in the EMS Information System</td>
<td></td>
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<td>Initial Assessment</td>
<td>List and describe the applicable findings from the initial assessment</td>
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<td>Treatments</td>
<td>List and describe patients who received the medical evaluation and diagnosis during the initial assessment</td>
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<tr>
<td>Ongoing Assessment</td>
<td>List applicable patient medical history, if necessary</td>
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</tr>
<tr>
<td>Transport</td>
<td>Describe the patient’s medical condition identified during any ongoing assessment.</td>
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</table>

**TOTAL possible points**: 32

- **2-points** Objective clearly met
- **1-point** Objective nearly met
- **0-points** Objective not met
**Recommended ePCR QA/QI evaluation form**

**EMS Narrative Rubric**

This rubric has been designed to assure that all key elements of an EMS ePCR narrative are documented. 20% EMS patient transport ePCR narratives are expected to be written in a chronological order and contain the objective information found in the EMS ePCR Narrative Rubric, below. Each component has at least one corresponding objective. Each objective, if clearly met, is awarded 2 points. If the objective is nearly met, but not absolutely met, it is awarded one point. If the objective is not met, no points are awarded. The highest possible score is 32.

**Tasks:** Specific and measurable objectives

**Conditions:** Variables that contribute to completion of the tasks

**Standards:** Applicable EMS protocols, as well as LSA policies and guidelines

**Applicable protocols:** The following protocols can be accessed via the OCMCA protocols app or website.
- 7-15: Patient Care Record, Electronic Documentation & EMS Information System
- 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum

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<td>Describe the condition of the patient upon initial encounter with EMS</td>
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<td><strong>Events leading to call for EMS</strong></td>
<td>List and describe the applicable findings from the initial assessment</td>
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<td>List and describe pertinent medical history, if necessary</td>
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<tr>
<td><strong>Initial Assessment</strong></td>
<td>List and describe applicable positives pertinent to the patient's condition during the initial assessment</td>
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<tr>
<td></td>
<td>List and describe pertinent negatives</td>
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<td>List and describe pertinent medical history</td>
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<td><strong>Treatments</strong></td>
<td>Describe the effects of each treatment, as experienced by the patient, as well as any adverse reactions or complications.</td>
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<td><strong>Ongoing Assessment</strong></td>
<td>List and document how the patient's condition is changing and the need for any additional interventions</td>
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<td><strong>Transport</strong></td>
<td>Describe how the patient was placed on the stretcher</td>
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<td></td>
<td>Describe how the patient was secured to the stretcher</td>
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<td></td>
<td>Indicate the type of device used to contact the ED for notification of transport and include a description of communication problems, if necessary</td>
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**TOTAL POINTS (out of 32)**
Recommended ePCR QA/QI evaluation form
EMS Care and Transport of a Stroke Patient

**Intent/Purpose:**
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of EMS electronic patient care records (ePCRs) with a provider impression of “stroke,” or “TIA.”
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses, and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

**Tasks:**
Specific and measurable actions/objectives.
- Complete the “EMS Care and Transport of a Stroke Patient” form.

**Conditions:**
Variables that contribute to completion of the tasks.
- To complete the task, the participant will be given a run report with a provider impression of “stroke,” or “TIA.”

**Standards:**
Applicable EMS protocols, as well as the LSA policies and guidelines.
- Applicable protocols: The following protocols can be accessed via the OCMCA protocols app or website.
  - 1-1: General Prehospital care
  - 3-2: Stroke or Suspected Stroke
  - 7-15: Patient Care Record, Electronic Documentation & EMS Information System
  - 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum
  - 8-24: Patient prioritization
  - 8-33: Transport Protocol

**General Incident Information**
- Run No.:
- Run Date:
- Incident Section:
  - Was each EMS provider assigned a role, the PPE they wore, and if they experienced an exposure, as needed?
    - Yes
    - No
- Disposition Section:
  - Was the patient transported lights and sirens?
    - Yes
    - No
- Destination Section:
  - Was the patient transported to the CLOSEST appropriate hospital?
    - Yes
    - No
- Times Section:
  - How was the total time spent on scene?
- Scene Section:
  - Triage Classification - What was the patient triage classification documented in the PCR? (dropdown menu options: 1, 2, or 3)

**Initial and/or Ongoing Assessment(s) Section Comments:**

**Vital Signs Section**
- Vital signs were obtained and documented in the ePCR?
  - Yes
  - No
- Vital signs section comments
Recommended ePCR QA/QI evaluation form
EMS Care and Transport of a Stroke Patient

Intent/Purpose:
• The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of EMS electronic patient care records (ePCRs) with a provider impression of "stroke," or "TIA."
• The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

Tasks:
Specific and measurable actions/objectives.

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• 7-15.1: Patient Care Record & Electronic Documentation & EMS Information System Addendum
• 8-24: Patient prioritization
• 8-33: Transport Protocol

General Incident Information
Run #: [Input]
Run Date: [Input]
Reported By: [Input]

Incident section
Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
- Yes
- No

Exposure section
Was the patient transported lights and sirens?
- Yes
- No

Disposition section
Was the patient transported to the CLOSEST appropriate hospital?
- Yes
- No

Times section
What was the total time spent on scene?

Scene section
Triage Classification - What was the patient triage classification documented in the PCR (dropdown menu options: 1, 2 or 3)

Initial and/or Ongoing Assessment section (comments):

Initial and/or Ongoing Assessment section comments:

Vital Signs section
Were at least two sets of vital signs obtained and documented in the ePCR?
- Yes
- No

Vital signs section comments:

100% of applicable ePCRs
(recommended)

EMS Coordinator and/or other EMS QA/QI personnel

Who and When

Stroke accounts for approx 5% of EMS calls
**Recommended ePCR QA/QI evaluation form**

**EMS Care and Transport of a Stroke Patient**

**Intent/Purpose:**
- The intent and purpose of this evaluation form is to identify the presence or absence of all required information in 100% of EMS electronic patient care records (ePCR) with a provider impression of "stroke," or "TIA."
- The data obtained throughout the ePCR evaluation process will be utilized to identify strengths, weaknesses and lessons learned for related EMS operations, so that the necessary education, resources, and operational modifications can be facilitated.

**Tasks:**
- Specific and measurable actions/objectives.
- Complete the "EMS Care and Transport of a Stroke Patient" form.

**Conditions:**
- Variables that contribute to completion of the tasks.
- To complete the task, the participant will be given a run report with a provider impression of "stroke," or "TIA."

**Standards:**
- Applicable EMS protocols, as well as the LSA policies and guidelines.
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**General Incident Information**

<table>
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<th>Run #:</th>
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<tr>
<td>Run Date:</td>
<td>Select a Date</td>
</tr>
<tr>
<td>Incident Date:</td>
<td>Select a Date</td>
</tr>
</tbody>
</table>

**Incident section**
- Personnel section
  - Was each EMS provider assigned a role, the PPE they wore and if they experienced an exposure, as needed?
    - Yes
    - No

**Exposure section**
- Was the patient transported lights and sirens?
  - Yes
  - No

**Destination section**
- Was the patient transported to the CLOSEST appropriate hospital?
  - Yes
  - No

**Times section**
- What was the total time spent on scene?

**Scene section**
- Triage Classification - What was the patient triage classification documented in the PCR? (dropdown menu options: 1, 2 or 3)

---

**Initial and/or Ongoing Assessment section comments:**

**Vital Signs section**
- Were at least two sets of vital signs obtained and documented in the ePCR?
  - Yes
  - No

---

Questions?
PCR Evaluation Process

1. Collect

2. Measure and evaluate

3. Document
PCR Evaluation Process

1. Collect

2. Measure and evaluate

3. Document

What:
- Identify trends
  - Individual providers,
  - Crews, and/or Entire LSA

Why:
- Determine
  - Operational strengths,
  - weaknesses and lessons learned
PCR Evaluation Process

1. Collect

2. Measure and evaluate

3. Document

Who:
LSA EMS Coordinator and/or QA/QI personnel

When:
Reasonable timeframe

Every LSA has different conditions, personnel, and responsibilities
PCR Evaluation Process

1. Collect

2. Measure and evaluate

3. Document

What:
- Document your findings
  - Don’t just review it... use it

Why:
- Identify and justify operational improvements
  - Detailed feedback tool
    - (objective and subjective)
    - for EMS provider and crew consideration
Measuring and Evaluating Patient Care Reports

Presented by Geoff Lassers
AAS, Paramedic I/C
Geoff@OCMCA.org

May 11, 2022
6PM to 7PM

I/C: 1 Measurement and Evaluation
EMS: 1 Preparatory