



TITLE

MANAGING PATIENT CARE RECORDS

SCOPE

Provincial: Emergency Medical Services

DOCUMENT #

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EMS Senior Provincial Director and Chief Paramedic

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Business Standards and Operational Support

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Not applicable

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines.

OBJECTIVES

- To outline the expectations of **Emergency Medical Services (EMS) staff** when documenting, collecting, and protecting **patient information** so that **patient** confidentiality is maintained.

PRINCIPLES

- Clinical documentation is integral to the provision of high quality and safe health service(s) for patients. EMS staff working within the health system have legal, ethical, organizational, and professional obligations regarding the completion and accuracy of clinical documentation.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Collection and Documentation of Information

- 1.1 Collection and disclosure of patient information shall be in accordance with the AHS *Privacy Protection and Information Access Policy*, accreditation standards, professional responsibilities, the *Health Information Act (Alberta)* and *Freedom of Information and Protection of Privacy Act (Alberta)*, and all applicable legislation.

- 1.2 EMS staff shall:
- a) ensure that patient information is not left visible or unattended in public areas;
 - b) immediately report any damage, loss of documentation, tablet/hardware problems, changed or altered destination fax phone numbers, printer/fax machine problems, and network or server connection problems immediately to their **EMS manager**;
 - c) keep **secure record location(s)** locked at all times;
 - d) inform the **electronic patient care record (ePCR) IT Support Team** of system performance issues;
 - e) follow all AHS information and privacy policies, including but not limited to the:
 - (i) *Collection, Access, Use, and Disclosure of Information Policy*;
 - (ii) *Information Security and Privacy Safeguards Policy*; and
 - (iii) *Transmission of Information by Facsimile or Electronic Mail Policy*.
 - f) not fax, print, transfer, or copy **patient care record(s) (PCR)** for non-AHS use; and
 - g) report any identified information security and privacy breaches to their EMS manager.

2. Responsibilities for the Management Patient Care Records

- 2.1 EMS staff shall:
- a) ensure recorded patient information is accurate, and complete as outlined in training modules;
 - b) complete all required (mandatory) fields. In some cases leaving a field blank may be necessary but should be justified within the **ePCR** by documenting a rationale;
 - c) complete an ePCR for each patient and each call, prior to leaving the patient, unless directed to by an EMS manager or system demand requires an immediate response as determined by an AHS EMS Communications Centre;
 - d) link supplementary documents (i.e., Patient Information Booklet for patients remaining on scene, ECG hardcopy, etc.), to the pertinent ePCR by writing the event number onto the document as a cross reference;

- e) manually transcribe any handwritten documentation related to patient care information (e.g., consolidated patient vital sign updates) into the ePCR record prior to leaving the healthcare facility;
- f) complete and finalize all ePCR documentation in the ePCR. Finalized ePCRs are automatically cleared from the author's **tablet PC** once logged out.
 - (i) If left incomplete the ePCR will reappear on the tablet PC at the author's next login until the entry is completed and finalized.
- g) make **clinical amendments** to information on the ePCRs within 14 days of a request from EMS managers or **ePCR Records staff** and return to ePCR Records staff;
- h) confirm legal signature has been appropriately applied to all PCRs in designated places and all treatments/procedures are attributed to the EMS staff member(s) performing the treatment/procedure;
- i) document and co-sign all controlled substances usage and wastage; and
- j) ensure a hard copy version of the ePCR is made available including electrocardiograms (ECGs) and or other pertinent documentation (e.g., first responder notes) to appropriate **health care providers** at hospitals and other health care facilities, until an electronic version is available via Connect Care.
 - (i) A hard copy is required for **long-term care facility** or **publicly funded supportive living facility**.

2.2 ePCR Records staff shall:

- a) forward all edits or changes that cannot be performed by ePCR Records staff back to the author for amendments via software transfer, and the appropriate EMS manager if required;
- b) provide ePCRs to be amended by EMS staff and returned to ePCR Records staff within 14 days;
- c) provide EMS staff who are subpoenaed to court with required copies of an ePCR; and
- d) be responsible for the release of ePCRs in compliance with the AHS *Privacy Protection and Information Access Policy*, *Health Information Act* (Alberta), and *Freedom of Information and Protection of Privacy* (Alberta). Requests from agencies internal to AHS or external to AHS can be made directly to ePCR Records.

- 2.3 The Department of Clinical Compliance and Training Standards staff shall:
- a) perform clinical audits using ePCR information;
 - b) review ePCRs for quality assurance, research, and investigative purposes;
 - c) provide EMS staff with initial and remedial training on the *Health Information Act (Alberta)*, *AHS Disclosure of Harm Procedure*, *AHS Consent to Treatment/Procedure(s) Policy*, and documentation training materials, in addition to annual privacy training required of AHS staff; and
 - d) provide EMS Managers with quality assurance reports detailing common documentation errors made by EMS staff.
- 2.4 EMS managers shall:
- a) review ePCRs for quality assurance, audits, and investigative purposes;
 - b) review recurring documentation errors with EMS staff;
 - c) manage the performance of the EMS staff to ensure completeness of documentation;
 - d) endorse EMS staff requests for access to ePCR records;
 - e) make requests for access to the ePCR system on behalf of EMS staff to the Supervisor - ePCR Records for approval and action;
 - f) immediately notify the province wide IT Service Desk of any loss (regardless of time of day) or damage to documentation hardware. The 24 hours, seven (7) days a week IT Service Desk support line is 1-877-311-4300; and
 - g) obtain any reports of information security and privacy breaches and notify the AHS Information & Privacy Office.

3. ePCR System Access Requests

- 3.1 External (Non-AHS EMS) system access requests for ePCR
- a) Non-AHS EMS staff or contracted providers may request ePCR system access through the local AHS EMS manager or the Supervisor – ePCR Records for review and approval. Requests can be made via email.
 - b) Local EMS managers shall coordinate the requests for PCR access (on behalf of an external/non-AHS requester).
 - c) The ePCR access request shall include a signed *AHS Confidentiality User Agreement* Form for each individual for whom access is sought.

- d) The EMS Manager shall forward the request and signed form to the Supervisor- ePCR Records for approval and who will forward the approved request to the ePCR IT Support Team for action.

3.2 Internal (AHS EMS) system access requests for ePCR

- a) The EMS manager shall forward direct delivery services requests to the Supervisor – ePCR.
- b) The granting of appropriate levels of access is determined by the assigned duties of the person for whom access is requested.
- c) EMS managers shall approve EMS staff requests for access to ePCR records.

4. Storage and Retrieval of PCR's

- 4.1 **Administrative support staff** shall comply with the *Health Information Act* (Alberta) and AHS Records and Information Management policies and forms.

5. Request, Disclosure and Disposal of ePCRs

5.1 All EMS staff shall:

- a) refer all requests for specific PCRs and ePCRs to ePCR Records staff; and
 - (i) Internal (e.g., inside AHS and affiliated contractors) requests may be submitted to EMSePCRRecords@ahs.ca or phone 403-955-9662.
 - (ii) External (e.g., patients, legal, lawyer, insurance law enforcement) requests may be made by phone 403-955-9662 or fax 403-476-7770.
- b) disclose ePCRs as outlined in the *Health Information Act* (Alberta).

- 5.2 ePCR Record staff shall ensure documents are retained and disposed in accordance with the *AHS Records Management Policy* and *Official Records Destruction Procedure*, and as outlined in the *AHS Records Retention Schedule* 1133-01.

6. Patients Taken into Custody

- 6.1 Patients assessed and/or treated by EMS staff and subsequently taken into police or already in protective custody, shall have the completed ePCR document immediately transmitted by the EMS staff to the facility where the patient is being held. Preconfigured fax transmission numbers for these facilities are included in the Siren ePCR software.

7. Medical Examiner's Office

- 7.1 EMS staff shall fax the ePCR for deceased patients directly to the appropriate Medical Examiner's office upon completion of the documentation process.
- 7.2 The Medical Examiner's Office is a selectable destination for ePCRs to be "printed to" electronically. It is the preferred method of transmission of information required by the *Fatalities Act* (Alberta).

8. Other Documentation

8.1 Paper PCRs

- a) Paper PCRs are available as a contingency aboard **EMS response vehicle(s)** and shall only be used when:
- (i) it is not possible to complete an ePCR due to a failure of the tablet PC or catastrophic failure of the ePCR system; or
 - (ii) mass casualty events with many patients or public events that follow local documentation requirements.
- b) Upon completion of a mass casualty event or public event or restoration of the electronic system capability (including replacement of a defective tablet PC), the EMS staff on the EMS event shall:
- (i) transfer the information from the paper PCR to an ePCR; and
 - (ii) place all completed paper PCRs in the envelope, sealed and addressed to the ePCR record staff at EMS Headquarters in Calgary, Alberta. ePCR record staff shall ensure the completeness of the electronic record against the paper PCR before storing/destroying the paper PCR.
- c) A replacement paper ePCR package can be obtained from EMS Managers or going to EMS Headquarters or administrative centre in the zone.

8.2 Special event documentation for large-scale events may require different documentation standards according to zone standards and practices.

8.3 Students and ePCRs

- a) Students should complete PCRs for their academic requirements in a log book or forms provided by their academic institution, not on AHS ePCRs. Students will be logged on to the ePCR as a Non-System User with their Alberta College of Paramedics license number (R0 number) and a record of procedures performed by that student during the EMS event will be entered on the ePCR, but the primary or secondary crew are responsible for documentation.

8.4 Practice ePCRs

- a) The opportunity to create practice ePCRs is built into the ePCR software. Practice ePCRs must be clearly identified as such. The Patient Last Name will contain "PracticePractice".

DEFINITIONS

Administrative support staff means AHS staff who are often involved with the distribution of information on behalf of the management they support.

Clinical amendments means documentation changes related to diagnosis (e.g., signs, symptoms, and presentation), treatment, or outcome.

Emergency Medical Services (EMS) manager means the person responsible to oversee clinical operations in accordance with the Delegation of Human Resource Authority Chart. Given the variation of leadership levels across the province, functionally this may translate to: Supervisor, Coordinator, or Team Leader.

Emergency Medical Services (EMS) staff means all AHS EMS direct delivery providers and contracted service providers, including casual, part-time employees as well as volunteers of EMS.

Electronic patient care record (ePCR) IT Support Team means a team that is responsible for ePCR software and hardware. Their contact information is 1-855-247-3727 (1-855-AHS-ePCR) or email AHS.ITePCRSupportTeam@ahs.ca.

Electronic patient care record (ePCR) means the software version of a Patient Care Record.

Electronic patient care record (ePCR) Records staff means an EMS staff person involved with patient records (paper or electronic) management. They are responsible for *Health Information Act* compliance and support to EMS Staff and Management. The contact information is 403-955-9662 or fax 403-476-7770 or email EMSePCRRecords@ahs.ca, the Supervisor – ePCR can be contacted via the same email address.

Health care providers means any person who provides goods or services to a patient, inclusive of health care professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with Alberta Health Services.

Long-term care facility means a facility that is a "nursing home" as defined in the *Nursing Homes Act* or an "auxiliary hospital" as defined in the *Hospitals Act*.

Patient care record (PCR) means the document created to record patient care, demographic and billing information. This document may be stored electronically or on paper. It is also inclusive of electronic patient care records (ePCR), paper PCRs, and any associated forms.

Patient information means all personal and medical information collected during an event.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients and outpatients.

Publicly funded supportive living facility means any supportive living facility that receives funding from AHS to provide Health Care.

Secure record location means a designated location for the storage of PCRs that is only accessible to authorized individuals. Limited and controlled access to electronic patient care records.

Tablet PC means a computer provided by AHS used for the entry of electronic Patient Care Records (i.e., Toughbook CF-19).

REFERENCES

- Alberta Health Services Governance Documents:
 - *Collection, Access, Use, and Disclosure of Information Policy* (#1112)
 - *Consent to Treatment/Procedure(s) Policy* (#PRR-01)
 - *Disclosure of Harm Procedure* (#PS-95-01)
 - *Information Security and Privacy Safeguards Policy* (#1143)
 - *Mobile Wireless Devices and Services Policy* (#1160)
 - *Official Records Destruction Procedure* (#1133-02)
 - *Privacy Protection and Information Access Policy* (#1177)
 - *Records Management Policy* (#1133)
 - *Transmission of Information by Facsimile or Electronic Mail Policy* (#1113)
- Alberta Health Services Forms:
 - *Confidentiality User Agreement Form* (#7922)
 - *Consent to the Use of a Recording Device or Camera for Photographs, Video or Sound Recordings for Health Care Purposes Form* (#07998)
- Alberta Health Services Resource Documents:
 - *Records Retention Schedule* (#1133-01)
- Non-Alberta Health Services Documents:
 - *Fatalities Act* (Alberta)
 - *Freedom of Information and Protection of Privacy Act* (Alberta)
 - *Health Information Act* (Alberta)

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