



ePCR Completion Requirements

Purpose:

A standardized system is essential to guarantee the completeness, accuracy, and consistency of patient care reports (PCRs) for statistical analysis, quality clinical improvement, and efficient reimbursement processes.

Guideline:

- All EMS dispatched calls (RUSE case numbers and RUSE events) must have a chart completed, regardless of whether the call was responded to.
- Each patient encounter during a call should have its own RUSE case number and chart.
- Charts should be completed using the Rush Fire District's ePCR (Electronic Patient Care Report) vendor, emsCharts.
- The primary provider for each patient encounter must complete, sign, and lock the chart.
- If the ePCR vendor is unavailable, providers can use the ambulance's laptop with emsCharts mobile to complete their chart to the point of uploading. In such cases, providers should notify the EMS Director of Operations or the Chief.
- If additional information is needed for the chart after it has been locked by the primary provider, it should be added via an addendum.
- Charts should be completed within 4 hours of call closure (based on CAD). Should there be an issue with closing a chart within this timeframe, the provider should reach out to the EMS Director of Operations or the Chief for guidance.
- When applicable, facility documentation should be attached to the chart.
- Completed refusal forms must be attached to any chart involving refusal of care.
- Providers are expected to obtain and document accurate information, including demographic details, place of employment (if applicable), and insurance information.
- The EMS Director of Operations or their designees will maintain a cross-reference for each dispatched call and its associated ePCR number, twice weekly (Monday and Thursday) and follow up on missing or incomplete charts.