



# VITALS

A Weekly Safety Newsletter For Medical Transport Professionals

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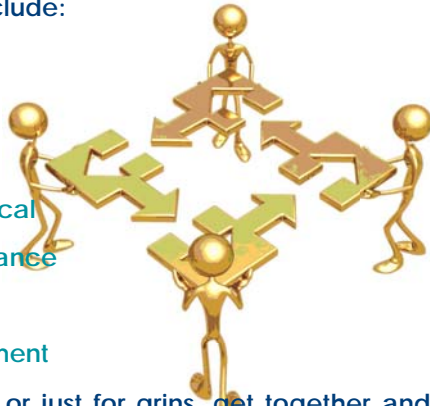
## Make Your Patient Care Report A Safety Net- Part 2

So, do you really want to think of documentation as CYA? Isn't it smarter to think that documentation is a record of what you do and all of the things that go along with what you do? The Missouri legislature thinks that the concept of a record is so important that it is defined as follows:

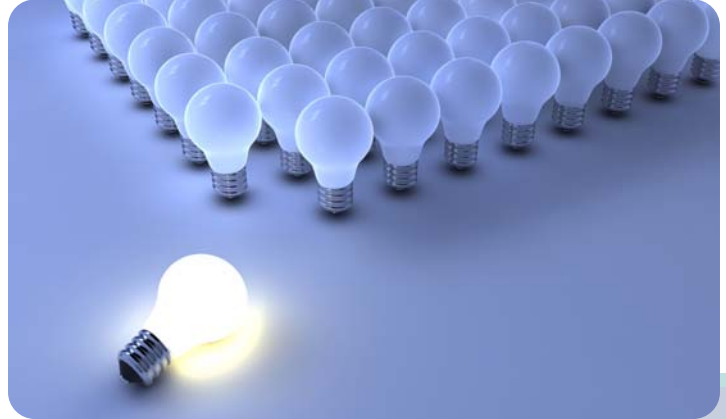
"A record is defined as any document, book, paper, photograph, map, sound recording or other materials, regardless of physical form or characteristics, made or received pursuant to law or in connection with the transaction of official business." This definition includes those records created, used and maintained in electronic form.

Some States, in addition to defining records, have specific requirements for how long records must be kept and how they must be stored. This is a function of what the record is intended to document. Categories of documentation include:

- Clinical
- Operational
- Administrative
- Reimbursement/Fiscal
- Regulatory Compliance
- Loss Control
- Litigation Management



As a formal exercise or just for grins, get together and figure out how each type of documentation is pertinent to each type of call you run. What non-call activities require documentation? Which types of documentation are pertinent to crashes or near-misses? How can documentation be a tool for learning?



Learning is a process by which we gain knowledge, comprehension or mastery of a subject through experience or study. The changes in the clinical component of pre-hospital care come from the study, analysis and evaluation of what we do. This is accomplished, in part, by review of the records we keep. Look how critical we have become in the successes of programs geared for Stroke and STEMI. There are still mixed reviews about our impact on trauma. The concept of cardiopulmonary cerebral resuscitation was espoused decades ago. Now that therapeutic hypothermia is combined with the "new" CPR, some services are experiencing phenomenal survival rates.

It is noteworthy that a good portion of our documentation efforts are directed toward clinical interventions and reimbursement. The increasing use of electronic patient care reports (ePCRs) helps eliminate inconsistencies, terrible hand-writing and the like, while concurrently enhancing the ease of transmission and reproducibility. Let's now address how we may weave our documentation safety net for patient care, independent from the type of PCR we use.

*The Article Continues Next Week*



### Sign Up for The EVOC - "T3" Train-the-Trainer Course

August 25-27 in Iowa, or September 22-24 in California

American Integrated Training Systems, Inc. (AITS) is conducting an EVOC Train the Trainer course in conjunction with the Delaware TWP Fire Department, August 25-27 in Des Moines, Iowa, and with San Diego Medical Service in San Diego, California on September 22-24. The course will qualify instructors to present the classroom portion of the training and provide an orientation to the practical driving exercises. Each participant will act as a student and coach for ambulance driving exercises. Cost is \$575 and registration closes August 20. For more information please contact Billy Rutherford at 703-440-0914 or brutherford@aitstraining.com.