Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Policy
Management of Patient Care Reports

National Ambulance Service (NAS)

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1.0 POLICY STATEMENT

1.1 The National Ambulance Service (NAS) is committed to ensuring that a systematic, planned and controlled approach will be operated in relation to the management of Patient Care Reports (PCRs) so as to ensure that the information gathered by the NAS is of the highest quality and that it is treated confidentially.

2.0 PURPOSE

2.1 To ensure appropriate completion, safe and secure handling, transfer, storage, access and disposal of PCRs
2.2 To enhance care and protect patients, staff, and financial resources.
2.3 To describe a safe and secure system for the management of all PCRs in the NAS within a framework provided by legislation and official guidance.

3.0 SCOPE

3.1 This Policy applies to all Managers, Supervisor and Staff in the NAS.
3.2 This policy applies to all PCRs in any format generated, received, held or managed by the NAS

4.1 LEGISLATION/OTHER RELATED POLICIES

A. Code of Practice for Healthcare Records Management 2007
B. Data Protection Data Security Guidance 2010
C. HIQA National Standards for Better Safer Healthcare
D. Health Act 2004
E. Data Protection Acts 1988 and 2003.
F. Freedom of Information Act 2014

5.1 GLOSSARY OF TERMS AND DEFINITIONS

5.2 DEFINITIONS

5.1.1 **Patient Care Report (PCR) -** A PCR is defined as the record of clinical care provided to a patient by registered NAS Practitioners (and certified Responders handing over care to a Practitioner). It can also include data obtained and recorded by:

A. Clinical Personnel (health and related professionals) in the HSE
B. Non Clinical Service Personnel in the HSE
C. Clinical/Non Clinical Personnel from other Services outside the HSE

5.1.2 It consists of the national standard PCR document as formulated by the Pre-Hospital Emergency Care Council, and any additional material or documentation such as:

A. 12 Lead ECG
B. Demographic information
C. Information relating to the person's past and present physical and mental history, assessments and treatments
D. Information relating to the person's contacts with social, legal, judicial, prison, probation and any other relevant services
E. Information on the person's family, relations and friends
F. Any other information relating to the person
G. Information received in traditional hard copy or electronic format received from other parties in relation to the person about whom the record exists, e.g. G.P. letters
H. Records of Drug administration, including controlled drugs

5.1.3 It is also any form in which data (within the meaning of the Data Protection Acts 1988 and 2003, including machine readable form), are held or anything in which information is held or stored manually, mechanically or electronically.

5.1.4 A PCR is also anything that is a part or a copy, in any form of any of the foregoing or is a combination of two or more of the foregoing (Freedom of Information Act 2014).

5.1.5 Computerised patient records on the Ambulance Control System form part of the total record of a patient care episode but are managed separately to the PCR.

5.2 TERMS

- **PCR** – Patient Care Report
- **CPG** – Clinical Practice Guidelines
- **CD** – Controlled Drug
- **PIN** – Personal Information Number
- **ICS** – Intermediate Care Service
- **OHCAR** - Out of Hospital Cardiac Arrest Registry
- **ECAO** - Education and Competency Assurance Officer

6.1 ROLES AND RESPONSIBILITIES

The HSE is placing an emphasis on achieving a more open and accountable public service. One of the most important contributors to this process is to have an effective PCR management structure in place with appropriately defined responsibilities. Responsibilities can be defined under the following headings:

6.2 STATUTORY RESPONSIBILITY

6.1.1 The legislative documents which must be complied with include:

A. Data Protection Acts 1988 and 2003
B. National Archives Act 1976
C. Comptroller and Auditor General (Amendment) Act 1993

6.1.2 The provisions contained in the Health Act 2004 also outline specific responsibilities. These statutory requirements place an onus of responsibility on the HSE to provide for the safekeeping and maintenance of its records.

6.1.3 This duty is strengthened by the introduction of the Freedom of Information Act 2014, which allows the public access to records, amendment of records and also obliges the HSE to give reasons for decisions.

6.1.4 Another requirement of the Freedom of Information legislation is that public bodies must publish details of the classes of records maintained by each service including the NAS.

6.2 MANAGERIAL ACCOUNTABILITY AND RESPONSIBILITY

6.2.1 To ensure that the NAS operates a systematic and regulated approach to PCR management and that individual locations support any such development.

6.2.2 To ensure that staff are aware of, and apply the appropriate guidelines in relation to PCR management e.g. confidentiality, privacy, access, maintenance, storage, release and disposal.

6.2.3 To familiarise themselves with relevant NAS and HSE Protocols

6.2.4 To ensure that policies and procedures are adopted and adhered to in routine daily activities within each location

6.3 ALL STAFF

6.3.1 Every individual is responsible for any records they create and use as defined by law.

6.3.2 Every person (not only registered Practitioners) working for the NAS who records, handles, stores or otherwise comes across PCRs has a duty of confidentiality. In general, this will be a contractual condition of employment.

6.3.3 Those for whom confidentiality is not an inherent part of their role or contract must give a specific undertaking which should be recorded in the form of a confidentiality agreement. These individuals should be specified by the Data Controller (see below for definition of Data Controller).

7.1 PROCEDURES

7.2 PCR COMPLETION

7.2.1 PCR should be completed for all episodes (AS1 and AS2) where deployment (other than ICS) occurs – if stood down it is indicated in the appropriate section of the PCR.

7.2.2 The patient/client should be clearly identified and the PCR should set out assessment, history and treatment.

7.2.3 A PCR should correctly reflect all important and relevant information, making sure that it is complete.

7.2.4 A PCR must be authentic in that it can be proven to:

A. Be what it purports to be
B. Have been created by the person purported to have created it.
C. Have been created at the time purported

7.2.5 PCRs should be accurate in each entry as to date and time and completed as soon as possible after the event to which it relates

7.2.6 PCRs must be reliable. A reliable Patient Care Report is one whose contents can be trusted as a full and accurate representation of the actions to which they attest.

7.2.7 PCRs must be legible so that they can be easily read and reproduced when required. Records must be clear and unambiguous

7.2.8 PCRs should be kept neat and tidy with legible entries recorded and dated in black ink. Also it is necessary to use a pen, such as a ballpoint, to ensure legibility of the underlying copy. Similarly, printed electronic records should be in black ink

7.2.9 Any required alterations must be made by scoring out the error with a single line followed by the correct entry, which must be signed with Pin Number, dated and timed. Alterations should not be obliterated by tippex, ink or any other means. Additions to existing entries in a PCR must be dated, timed and signed with Pin Number.

7.2.10 PCRs must not include abbreviations (other than standard medical abbreviations), meaningless phrases or offensive subjective statements unrelated to the purpose of the record.

7.2.11 All PCRs contain the responding Practitioners PIN number(s). Author identification is by means of PIN Number and the use of initials for signing the PCR is not permissible.

7.2.12 Entries in records must not be made by pencil (carries risk of erasure).

7.2.13 PCR completion includes a minimum data set of characters to facilitate ease of retrieval and access. These are termed "Index Fields" and their completion on the PCR is mandatory in addition to all fields relevant to the patient episode. Each Practitioner is responsible for completing all appropriate fields on a PCR.

7.2.14 Occasions occur where multiple Practitioners are involved in the care of a single patient. In such cases, each Practitioner is responsible for documenting their assessment and care management on a single PCR. This requires Practitioners to collaborate so as to ensure that one single PCR is completed for each patient. All practitioners involved in the patient care episode must be identified on the PCR. The Attending Practitioner at the point of patient disposition is responsible for the final completion of the PCR. Where patient care is handed over to a NAS transporting crew from another (non NAS) service, the first crew must hand over the signed top copy to the transporting crew and maintain the original for normal PCR management. The transporting crew complete their own PCR incorporating relevant data from the initial PCR and completing the "Continuity of care" section. On patient handover at hospital both top copies are given to receiving staff and the second original maintained for normal PCR management.

7.2.15 The standard of record keeping of Post Graduate Interns under supervision should be monitored by the registered Practitioner charged with responsibility for the mentoring of her/his delegate.

7.2.16 The Paramedic Supervisor at Station level is responsible for checking PCRs for completeness and providing feedback to all staff under their supervision on quality of PCR completion.

7.2 PCR STORAGE AND DISPOSAL

7.2.1 The purposes of storing PCRs include:

A. Provide evidence of patient treatment
B. Inform management/staff of significant clinical events
C. Provide evidence of completed ambulance calls
D. Provide for legal compliance requirements

7.2.2 PCRs must be useable. A useable record is one that can be located, retrieved, presented and interpreted. PCRs must be stored in such a way as to facilitate easy retrieval and to minimise the potential for deterioration and loss.

7.2.3 Each Practitioner is responsible for returning their PCR after each call. This should be to a secure locked receptacle or another specific receptacle such as for OHCAR or other audit, which should also be secure and locked. These receptacles are under the control and responsibility of the Paramedic Supervisor.

7.2.4 On at least a weekly basis the Paramedic Supervisor should file all PCRs in chronological order with the most recent on top.

7.2.5 PCRs kept on station must be held in a locked cabinet safe from damage. When the room containing PCRs is left unattended, it should be locked.

7.2.6 Records must be stored in such a way that minimises the potential for deterioration and loss and must comply with health and safety regulations.

7.2.7 PCR Files should be scanned monthly in arrears to ensure compliance with best practice guidelines and ease of retrieval and access to information (see details below)

7.2.8 Only appropriate staff should receive access to PCRs. Responsibility for this storage rests with the Paramedic Supervisor (or in their absence as designated by the Operations Resource Manager) who is also responsible for forwarding monthly PCR and audit data to the ECAO and providing internal station feedback on PCR completion rates.

7.2.9 All personnel with access to records and files must agree to meet any confidentiality requirements and comply with their contractual duty of confidentiality. The confidentiality of the patient must be maintained at all times. Everyone who handles stores or otherwise comes across patient information has a personal common law duty of confidence to the patient and to his/her employer. This duty of confidence continues even after the death of the patient or if an employee has left the HSE.

7.2.10 Any personal information given or received in confidence for one purpose may not be used for a different purpose or passed to anyone else without the consent of the provider of this information, subject to the terms and exemptions set out in Data Protection and Freedom of Information legislation.

7.2.11 Where staff access patients' records for the purposes of training or audit, they may do so only if the information is anonymised so that the individual patients cannot be identified.

7.2.12 The **Data Controller** for the storage, access and release of PCR data is the **Medical Director**. The **Medical Director** has, through agreement with the Head of Education and Competency Assurance, delegated the task of **Clinical Data Processor** to **Education and Competency Assurance Officers.**

7.2.13 The Clinical Data Processor (ECAO) will gather the PCRs and store in a secure environment.

7.2.14 The Clinical Data Processor will ensure all completed PCRs are collected, stored, scanned and disposed of in line with the HSE Code of Practice on Healthcare Records Management.

7.2.15 The Clinical Data Processor will liaise with relevant Managers to ensure that appropriate systems and procedures are in place to prevent unauthorised access or dissemination of patient clinical data.

7.2.16 PCRs will be held for a maximum of 1 month on Station by which time they are transferred centrally and held under the authority of the ECAO who holds them for a maximum of 2 months. After this time the PCRs are scanned according to the procedures agreed. Following successful scanning the hard copy PCRs undergo disposal. This may be in the form of storage or destruction according to HSE policy

7.2.17 These principles of good record management apply equally to scanned PCRs. It is important to remember that it is the content or information that classifies a record not its form.

7.3 ACCESS TO PCR DATA

7.3.1 All requests for access to patient clinical data must be processed through a Clinical Data Processor.

7.3.2 When an appropriate and legitimate request for a PCR is requested, the Data Processor will make available the relevant documents in line with legislation and policy.

7.3.3 Requests for access to clinical data are initially in writing to the Clinical Data Processor. Normally such access by a third party is dependent on written permission from the patient or their legal representative or on the order of a court. Access by NAS personnel for managing incidents or complaints or for purposes of audit would normally be allowed. If in doubt the advice of the Medical Director as Data Controller should be sought. To retrieve the relevant PCR(s) the following information is required:

A. Name of Data Subject
B. Date of Incident when care was administered by NAS
C. Type of incident e.g. Traffic Collision, Fall etc.
D. Location of Incident
E. Date of Birth and/or age of Data Subject
F. If available:

- Home address of Data Subject at time of Incident
- Incident Number and PCR Number

7.3.4 Within **5 workings days** of receiving the request a Clinical Data Processor will reply to the requestor of the record(s) in writing by letter or email stating if their request will be **authorised, not authorised or if further information** is required to process the request

7.3.5 If the initial request is authorised the requestor will receive the requested record(s) within **7 working days** in **hard copy format only**

7.3.6 If the initial request required further information a Clinical Data Processor upon receipt of the requested additional information will formally reply to the requester within **5 working days** by either hard copy letter or email stating if their request will be authorised or not authorised

7.3.7 If authorised after the further information has been received the requestor will receive the relevant PCR(s) within **7 working days** of receipt of the letter/email containing the further information.

7.3.8 If a request for Records is not authorised the requestor may appeal the decision in writing to the Data Controller. The **Data Controller** will reply in writing as to their decision by either hardcopy or email to the requestor within **10 working days** of receipt of the letter of appeal**.**

7.3.9 If the decision by a Clinical Data Processor is overturned by the Data Controller, the requester will receive the requested record(s) within **14 working days** of the letter of appeal to the Data Controller. Where refused, the applicant will be notified accordingly.

7.4 TRANSPORTATION OF PCRS

7.4.1 It will be necessary to transport PCRs to locations other than where initially stored. In this event:

A. An authorised NAS staff member must conduct the transportation of the PCR(s).
B. The staff member conducting the transfer is responsible for the PCR(s) whilst in their charge and is responsible for safe delivery.
C. Transported PCR(s) must be carried in a storage case, box file or sealed envelope where the name on the record(s) cannot be identified.
D. PCRs must not be left unattended in an ambulance or staff car.
E. On arrival at the appropriate location the PCR(s) should be delivered directly to the charge of the appropriate person.

7.4.2 PCRs must be retained for a minimum period as outlined in the Code of Practice for Healthcare Records Management.

8.0 IMPLEMENTATION PLAN

8.1 This Policy will be circulated electronically to all Managers, Supervisors and Staff.

8.2 This Policy will be available electronically in each Ambulance Station for ease of retrieval and reference.

8.3 Each Operational Support and Resilience Manager will ensure that the Manager/Supervisor responsible for updating Policies and Procedures will return the Confirmation Form to NAS Headquarters to confirm document circulation to all staff.

9.0 REVISION AND AUDIT

9.1 This policy will be reviewed on an ongoing basis or when necessary following changes in clinical, legislation or governance arrangements.

9.2 The Medical Directorate has the responsibility for ensuring the maintenance, regular review and updating of this policy.

9.3 Revisions, amendments or alterations to the policy can only be implemented following consideration and approval by the Medical Director following consultation with key stakeholders.

9.4 Random audits of records held at Headquarters, Control and Station level may be performed by the Medical Director, Head of Education and Competency Assurance or their nominee(s), and the relevant NAS Quality, Safety and Risk Manager.

10.0 REFERENCES

None Applicable

11.0 APPENDICES

Appendix I - Policy – Acknowledgement Form
Appendix II – PPPG Development Team
Appendix III - NAS Leadership Team Approval
Appendix IV – Flow Chart

APPENDIX II

AMBULANCE QUALITY IMPROVEMENT GROUP

Please list all members of the working group (and title) involved in the development of the document.

Name:	Title:
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Martin O'Reilly	**District Officer EMS Support Officer, Dublin Fire Brigade**
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APPENDIX III

MEMBERS OF THE NAS LEADERSHIP TEAM

Please list all members of the NAS Leadership Team (and title) who have final approval of the document.

Name:	Title:
Martin Dunne	**Director**
Prof. Cathal O'Donnell	**Medical Director**
Macartan Hughes	**Head of Education and Competency Assurance**

APPENDIX IV

PCR MANAGEMENT FLOW CHART