

Bridging the Gap Between EMS and Health Care Research

A Volunteer Prospective

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President

New York State Volunteer Ambulance and Rescue Association,
Inc.

New York State EMS

- Article 30 NYS Public Health Law
- Department of Health
- NYS Emergency Medical Services Council
- NYS Medical Advisory Committee
- Bureau of EMS
- Regional EMS Councils
- Regional Medical Advisory Committee

Types of Services

- Proprietary
- Municipal
- Fire-based
- Police-Based
- ALS First Response (ALSFR)
- BLS First Response (BLSFR)
- Volunteer And Combination

Response to Call

- Can be ALS or BLS ambulance
- Can be Ambulance with BLSFR
- Can be Ambulance with ALSFR
- Can be Ambulance with BLSFR and ALSFR
- Great majority of Volunteer services operate at BLS level

Patient Care Report

MMDDYY RUN NO 5-3646043 AGENCY VEH ID																																																																																																																																																					
AGENCY NAME _____ DISPATCH INFORMATION _____ CALL LOCATION _____ MILEAGE END _____ BEGIN _____ TOTAL _____ LOCATION CODE _____ CODE TOTAL _____																																																																																																																																																					
FIRST NAME _____ LAST NAME _____ ADDRESS _____ APPT/UNIT NUMBER _____ (PH) NE - _____ CITY _____ ST _____ ZIP _____ AGE _____ D.O.B. MM/DD/YYYY Call Received as ☐ EMERGENCY ☐ NON EMERGENCY ☐ STANDBY																																																																																																																																																					
MECHANISM OF INJURY ☐ MVA (✓ seat belt used -) ☐ Struck by vehicle ☐ Fall of _____ ☐ Unarmed assault ☐ GSW ☐ Knife ☐ Machinery																																																																																																																																																					
CHIEF COMPLAINT _____ SUBJECTIVE ASSESSMENT _____																																																																																																																																																					
PRESENTING PROBLEM ☐ Airway Obstruction ☐ Respiratory Arrest ☐ Respiratory Distress ☐ Cardiac Related (Potential) ☐ Cardiac Arrest ☐ Pain ☐ Allergic Reaction ☐ Syncope ☐ Stroke/CVA ☐ General Illness/Malaise ☐ Gastro-Intestinal Distress ☐ Diabetic Related (Potential) ☐ Unconscious/Unresp. ☐ Seizure ☐ Behavioral Disorder ☐ Substance Abuse (Potential) ☐ Poisoning (Accidental) ☐ Shock ☐ Head Injury ☐ Spinal Injury ☐ Fracture/Dislocation ☐ Amputation ☐ Major Trauma ☐ Trauma-Blunt ☐ Trauma-Penetrating ☐ Soft Tissue Injury ☐ Bleeding/Hemorrhage ☐ 06/GYN ☐ Burns ☐ Environmental ☐ Heat ☐ Cold ☐ Hazardous Materials ☐ Obvious Death																																																																																																																																																					
PAST MEDICAL HISTORY ☐ None ☐ Allergy to _____ ☐ Hypertension ☐ Diabetes ☐ Seizures ☐ COPD ☐ Other (List) _____ ☐ Stroke ☐ Cardiac ☐ Asthma																																																																																																																																																					
OBJECTIVE PHYSICAL ASSESSMENT <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>TIME</th> <th>RESP</th> <th>PULSE</th> <th>B.P.</th> <th>LEVEL OF CONSCIOUSNESS</th> <th>GCS</th> <th>R</th> <th>PUPILS</th> <th>L</th> <th>SKIN</th> <th>STATUS</th> </tr> </thead> <tbody> <tr> <td rowspan="3" style="text-align: center; vertical-align: middle;">VITAL SIGNS</td> <td></td> <td>Rate: _____</td> <td>Rate: _____</td> <td></td> <td>☐ Alert</td> <td></td> <td></td> <td>☐ Normal</td> <td></td> <td>☐ Unremarkable</td> <td></td> </tr> <tr> <td></td> <td>☐ Regular</td> <td>☐ Regular</td> <td></td> <td>☐ Voice</td> <td></td> <td></td> <td>☐ Dilated</td> <td></td> <td>☐ Cool</td> <td>☐ C</td> </tr> <tr> <td></td> <td>☐ Shallow</td> <td>☐ Shallow</td> <td></td> <td>☐ Pain</td> <td></td> <td></td> <td>☐ Constricted</td> <td></td> <td>☐ Warm</td> <td>☐ U</td> </tr> <tr> <td></td> <td>Rate: _____</td> <td>Rate: _____</td> <td></td> <td>☐ Unresp.</td> <td></td> <td></td> <td>☐ No-Response</td> <td></td> <td>☐ Dry</td> <td>☐ Jaundiced</td> <td>☐ S</td> </tr> <tr> <td></td> <td>☐ Regular</td> <td>☐ Regular</td> <td></td> <td>☐ Alert</td> <td></td> <td></td> <td>☐ Normal</td> <td></td> <td>☐ Unremarkable</td> <td></td> </tr> <tr> <td></td> <td>☐ Shallow</td> <td>☐ Shallow</td> <td></td> <td>☐ Voice</td> <td></td> <td></td> <td>☐ Dilated</td> <td></td> <td>☐ Cool</td> <td>☐ C</td> </tr> <tr> <td></td> <td>☐ Labored</td> <td>☐ Labored</td> <td></td> <td>☐ Pain</td> <td></td> <td></td> <td>☐ Constricted</td> <td></td> <td>☐ Warm</td> <td>☐ U</td> </tr> <tr> <td></td> <td>Rate: _____</td> <td>Rate: _____</td> <td></td> <td>☐ Unresp.</td> <td></td> <td></td> <td>☐ No-Response</td> <td></td> <td>☐ Dry</td> <td>☐ Jaundiced</td> <td>☐ S</td> </tr> <tr> <td></td> <td>☐ Regular</td> <td>☐ Regular</td> <td></td> <td>☐ Alert</td> <td></td> <td></td> <td>☐ Normal</td> <td></td> <td>☐ Unremarkable</td> <td></td> </tr> <tr> <td></td> <td>☐ Shallow</td> <td>☐ Shallow</td> <td></td> <td>☐ Voice</td> <td></td> <td></td> <td>☐ Dilated</td> <td></td> <td>☐ Cool</td> <td>☐ C</td> </tr> <tr> <td></td> <td>☐ Labored</td> <td>☐ Labored</td> <td></td> <td>☐ Pain</td> <td></td> <td></td> <td>☐ Constricted</td> <td></td> <td>☐ Warm</td> <td>☐ U</td> </tr> <tr> <td></td> <td>Rate: _____</td> <td>Rate: _____</td> <td></td> <td>☐ Unresp.</td> <td></td> <td></td> <td>☐ No-Response</td> <td></td> <td>☐ Dry</td> <td>☐ Jaundiced</td> <td>☐ S</td> </tr> </tbody> </table>			TIME	RESP	PULSE	B.P.	LEVEL OF CONSCIOUSNESS	GCS	R	PUPILS	L	SKIN	STATUS	VITAL SIGNS		Rate: _____	Rate: _____		☐ Alert			☐ Normal		☐ Unremarkable			☐ Regular	☐ Regular		☐ Voice			☐ Dilated		☐ Cool	☐ C		☐ Shallow	☐ Shallow		☐ Pain			☐ Constricted		☐ Warm	☐ U		Rate: _____	Rate: _____		☐ Unresp.			☐ No-Response		☐ Dry	☐ Jaundiced	☐ S		☐ Regular	☐ Regular		☐ Alert			☐ Normal		☐ Unremarkable			☐ Shallow	☐ Shallow		☐ Voice			☐ Dilated		☐ Cool	☐ C		☐ Labored	☐ Labored		☐ Pain			☐ Constricted		☐ Warm	☐ U		Rate: _____	Rate: _____		☐ Unresp.			☐ No-Response		☐ Dry	☐ Jaundiced	☐ S		☐ Regular	☐ Regular		☐ Alert			☐ Normal		☐ Unremarkable			☐ Shallow	☐ Shallow		☐ Voice			☐ Dilated		☐ Cool	☐ C		☐ Labored	☐ Labored		☐ Pain			☐ Constricted		☐ Warm	☐ U		Rate: _____	Rate: _____		☐ Unresp.			☐ No-Response		☐ Dry	☐ Jaundiced	☐ S
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TREATMENT GIVEN (FILL IN CIRCLE) ☐ Moved to ambulance on stretcher/backboard ☐ Moved to ambulance on stair chair ☐ Walked to ambulance ☐ Airway Cleared ☐ Oral / Nasal Airway ☐ Esophageal Obturator Airway / Esophageal Gastric Tube Airway (EOA/EGTA) ☐ Endotracheal Tube (ETT) ☐ Oxygen Administered @ _____ L.P.M., Method _____ ☐ Suction Used ☐ Artificial Ventilation Method _____ ☐ C.P.R. in progress on arrival by: ☐ Citizen ☐ PD/FD/Other First Responder ☐ Other ☐ C.P.R. Started @ Time _____ Time from Arrest Until C.P.R. _____ Minutes ☐ EKG Monitored (Attach Tracing) [Rhythm(s)] _____ ☐ Defibrillation/Cardioversion No. Times _____ ☐ Manual ☐ Semi-automatic																																																																																																																																																					
DISPOSITION (See List) _____ DISP. CODE _____ CONTINUATION FORM USED _____ YES <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>IN CHARGE</th> <th>DRIVER'S NAME</th> <th>NAME</th> <th>NAME</th> </tr> </thead> <tbody> <tr> <td>☐ EMT</td> <td>☐ CFR</td> <td>☐ CFR</td> <td>☐ CFR</td> </tr> <tr> <td>☐ AEMT # _____</td> <td>☐ EMT</td> <td>☐ EMT</td> <td>☐ EMT</td> </tr> <tr> <td></td> <td>☐ AEMT # _____</td> <td>☐ AEMT # _____</td> <td>☐ AEMT # _____</td> </tr> </tbody> </table>		IN CHARGE	DRIVER'S NAME	NAME	NAME	☐ EMT	☐ CFR	☐ CFR	☐ CFR	☐ AEMT # _____	☐ EMT	☐ EMT	☐ EMT		☐ AEMT # _____	☐ AEMT # _____	☐ AEMT # _____																																																																																																																																				
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CONTINUATION FORM

USE BALL POINT PEN ONLY										PRESS DOWN FIRMLY; PRINT NEATLY											
DATE		AGENCY NAME										Enter PCR ID# Top Center of PCR									
PATIENT'S NAME		RECEIVING HOSPITAL					RECEIVING HSP ID					MEDICAL CONTROL ID					PT's Approx Weight in lbs				
TIME	RESP	BREATH SOUNDS			PULSE	EKG	B.P.	G.C.S.	MEDICATIONS					DOSE	ROUTE						
	RATE: ☐ REGULAR ☐ SHALLOW ☐ LABORED	R	NORMAL	L	RATE: ☐ REGULAR ☐ IRREGULAR	☐ DEFIB @ _____ J	EO	V	☐ Adenosine ☐ Atbutolol ☐ Atropine ☐ Dextrose	☐ Diazepam ☐ Epinephrine ☐ Furosemide ☐ Nitroglyc	☐ Lidocaine ☐ Morphine										
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NARRATIVE:

MEDICAL CONTROL RECORD	MEDICAL CONTROL FACILITY		ON-LINE MED CTRL PHYSICIAN: PRINT NAME		MD ID#		SIGNATURE (OPTIONAL)	
	DRUG	QTY	DATE	DRUG DESTROYED WITNESS: PRINT NAME		SIGNATURE		LICENSE #
	Controlled Substance Destroyed							
INDIVIDUAL ADMINISTERING MEDICATION and/or IN CHARGE - PLEASE PRINT -					SIGNATURE		EMT/ACMT CERT NUMBER	

The Paper Trail

- Each “State Certified” unit must complete
- Most handwritten (3 copy NCR Paper)
- Written at Hospital if unit involved in Transportation
- One copy kept by Agency
- One copy left at hospital
- One Copy “Research”
- Electronic PCR's must be approved by State

Agency Copy

- Must be kept for 10 years
- Legal document for record of call
- Used for Local QI/QA
- If agency has capability, information entered into agency data base

Hospital Copy

- Should be included in Patient's ER chart
- Only occasionally reviewed (rarely if BLS)
- Often lost/discarded

Research Copy

- Sent to local Regional EMS Council Office
- Manual cursory review
- May use some information if specific “call type” being studied (chest pain, helicopter transports, etc.)
- Sent on to Bureau of EMS to be entered into data base (data points individually entered)

Issues in Data Collection

- In volunteer sector, paper documentation is primary source of data
- May be as many as 3 Patient Care Reports
- “In Charge” technician may not return to station after call
- Wide range of “Resources” available to volunteer squads

Issues in Data Collection con't.

- Length of time for paper to move down the trail
- Contemporary data (State now “Key punching calls from 2007)
- For services with electronic PCRs, State has does not have a platform to analysis data
- State and local economic environment
- Hospitals reluctant to provide follow-up (site HIPPA concerns)

Finally, what are measurable elements on a BLS call?

- Time elements (response, on scene, enroute, at hospital)
- Call types
- Call location
- Receiving hospital vs. Presenting problem
trauma patient to Trauma center, stroke patient to Stroke Center
- How do you measure BLS treatment?