PURPOSE: To outline the appropriate process for procurement of prehospital care forms which includes: EMS Report Form, Advanced Life Support (ALS) Continuation Form, Base Hospital Form, Base Hospital Form Page 2, and Base Hospital Multiple Casualty Incident (MCI) Form.

PRINCIPLES:

1. Prehospital care forms are revised on a regular basis to reflect medical advances, integrate evidence-based medical practices and perform relevant EMS system analysis.

2. Sequence number duplication is costly and time consuming to correct. Every effort shall be made to ensure that duplication does not occur.

POLICY:

I. EMS Report Forms and Base Hospital Forms provided by the EMS Agency

   A. Routine Distribution of Base Hospital Forms

      1. The form vendor contracted by the EMS Agency distributes Base Hospital Forms every three months, based on projected base contact call volume.

      2. The EMS Agency will:

         a. Coordinate the form distribution with the form vendor to ensure base hospitals have a sufficient supply of forms available.

         b. Maintain an inventory of forms distributed and reconcile monthly with the form vendor’s records.

   B. Distribution of EMS Report Forms to EMS providers

      1. The private EMS provider shall:

         a. Utilize EMS Agency supplied EMS Report forms only for patient transports where base contact is made

         b. Contact the EMS Agency’s Data Management Division Chief (or designee) at least one week prior to desired form delivery date to request form delivery.
2. The public EMS provider shall maintain EMS Agency-supplied EMS Report forms on each apparatus, to be utilized only during electronic patient care record (ePCR) system failure.

3. The EMS Agency shall:
   a. Coordinate with the form vendor to have the EMS Report Forms delivered to the provider.
   b. Maintain an inventory of forms distributed and reconcile monthly with the form vendor’s records.

C. Requests for ALS Continuation Forms, Base Hospital Page 2, and Base Hospital MCI Forms

1. The requesting party shall e-mail their request to the EMS Agency’s Data System Management Division Chief for ALS Continuation forms, Base Hospital Page 2, or Base Hospital MCI forms as soon as the need becomes evident.

2. The EMS Agency will acknowledge the request and confirm pick up arrangements with the requesting party.

D. For emergency requests for prehospital care forms, the EMS Agency will:

1. Maintain a small supply of prehospital care forms.

2. Provide the requesting party with an approximate three-day supply of forms to suffice until the order is placed and distributed (additional supplies will be provided in consideration of holidays and weekends when applicable).

II. EMS Report Forms and Base Hospital Forms NOT provided by the EMS Agency

A. Form Approval Procedure

1. The requesting 9-1-1 provider or base hospital shall submit a written request to the Director of the EMS Agency advising the EMS Agency of their desire to utilize their own form.

2. Submit a DRAFT form to the EMS Agency for approval prior to printing the forms. Each time a revision is made, the form shall be approved prior to printing.

3. Forms must have all of the appropriate copies for distribution and contain all current data elements.

B. Form Printing Procedure

1. Prior to printing, the printer or the provider agency shall contact the EMS Agency’s Data System Management Division Chief (or designee) for a Sequence Number series (for EMS Report Forms only).
2. Print no more than a 6-month supply of forms as data elements may change.

III. Fees

A. There is no charge to utilize EMS Agency-supplied EMS Report Forms or Base Hospital Forms.

B. Provider agencies and hospitals utilizing their own forms are responsible for all costs incurred by such processes.

CROSS REFERENCES:

Prehospital Care Manual
Ref. No. 606, Documentation of Prehospital Care
Ref. No. 608, Retention and Disposition of Prehospital Patient Care Records