Central DuPage Emergency Medical Services System

Quality Assurance: Hospital Telemetry Documentation Review ECRN Log Sheets & Telemetry Tape Review

INFORMATION AND	EMS MEDICAL DIRECTOR:	
APPROVAL: <u>10/04</u>		
REVIEW & APPROVAL:	EMSS COORDINATOR:	
REVISION & APPROVAL: 2/09		

PURPOSE:

The ECRN (Emergency Communications Registered Nurse) log sheets are crucial to documenting care given to patients at the direction of the Resource Hospital staff. As with all records, these need to be as complete as possible to document the sequence and occurrences of the run. Review of these sheets also provides valuable data regarding the quality of documentation.

POLICY:

- A. A minimum of 10% of ECRN log sheets will be reviewed, by the hospital's EMS Coordinator or designee. At a minimum, the following criteria should be reviewed for documentation.
 - 1. Date and time
 - 2. ALS Provider and unit number
 - 3. Age and sex of patient
 - 4. Vital signs
 - 5. Chief complaint
 - 6. Past medical history
 - 7. Current medications
 - 8. Allergies
 - 9. Appropriate physical exam
 - 10. Appropriate field management
 - 11. Destination
 - 12.ETA
 - 13. GCS when appropriate
 - 14. Signature of person taking report

As appropriate, individuals recording the information should receive follow-up, based on the review. It may also be appropriate to provide feedback to the providers as well. The reviews should be forwarded to the EMSS CQI Coordinator for inclusion in quality assurance materials.

State requirement all records should be retained for a minimum of 30 days.

B. All telemetry runs will be taped. On a monthly basis, the hospital EMS CQI Coordinator will review tapes for a number of criteria. A minimum of 10% of all tapes should be reviewed.

Results should be shared with participants for their information and to enhance learning.

State requirement: all tapes should be retained for a minimum of 7 years.

ECRN Log Documentation CQI Tool

Date	
Reviewer	

ECRN LOG	YES	NO
Date and Time		
ALS Provider and unit number		
Age and sex of patient		
Vital signs		
Chief complaint		
Past medical history		
Current medications		
Allergies		
Appropriate physical exam		
Appropriate field management		
Destination		
ETA		
GCS when appropriate		
Signature of person taking report		