DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **ORDERING PREHOSPITAL CARE FORMS** — EMT, PARAMEDIC, MICN REFERENCE NO. 604

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 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 EMS Report Forms to public providers and Base Hospital Forms

1. The form vendor contracted by the EMS Agency distributes EMS Report Forms and Base Hospital Forms every three months. Public provider agencies whose average monthly volume is less than 40 EMS responses per month will need to contact the EMS Agency to replenish prehospital form supplies.

2. The EMS Agency will:

a. Provide an approximate three-months supply of EMS Report Forms and Base Hospital Forms based on provider/hospital projected call volume.

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

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

B. Distribution of EMS Report Forms to private providers.

1. The private provider shall:



APPROVED: Director, EMS Agency — Medical Director, EMS Agency

a. Utilize EMS Agency supplied EMS Report forms for ALS patient transports only, unless prior approval is obtained by the EMS Agency.

b. Contact the EMS Data Systems Manager (or designee) at least one week prior to desired form delivery date to request form delivery.

2. The EMS Agency shall:

a. Provide a minimum three-months supply of EMS Report Forms based on past history of forms received from the provider.

b. Coordinate with the form vendor to have the EMS Report Forms delivered to the provider.

c. 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 Data Systems Manager, for ALS Continuation forms, or Base Hospital Data Coordinator, for Base Hospital Page 2 or 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. Emergency Requests for prehospital care forms

1. The EMS Agency will:

a. Maintain a small supply of prehospital care forms.

b. 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).

c. Document the form distribution in the Inventory Log.

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

A. Form Approval Procedure

1. The requesting 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 Data Systems Manager (or designee) for a Sequence Number series (for EMS Report Forms).

2. Print no more than an 18-month supply of forms as data elements may change.

III. Fees

A. The EMS Agency may charge provider agencies and base hospital for prehospital care forms. Any charges will be discussed with the requesting party prior to dispersion of requested forms.

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

CROSS REFERENCES:

Prehospital Care Manual
Reference No. 606, **Documentation of Prehospital Care**
Reference No. 608, **Retention and Disposition of Copies of Prehospital Patient Care Records**