

COMPLETION AND MANAGEMENT OF PATIENT REPORT FORMS (PRFS)

Records kept by BASICS South West responders are an important record of the clinician's actions, an audit tool and an integral part of the legal record of the Ambulance Service's response to an incident. As with all clinical records, it is important that BASICS South West responders complete documentation accurately, legibly and contemporaneously, and that records are **stored appropriately** and **forwarded for processing** in a timely fashion.

BASICS South West has purposely designed patient report forms (PRFs), the format of which has been agreed with South West Ambulance Service. The BASICS South West PRF acts as an addendum to the Ambulance Service's standard Patient Clinical Record form (PCR) or Electronic Patient Record (ePR), which will be completed by ambulance staff for all incidents. As the Ambulance Service are transitioning towards Electronic Patient Care Records, it is important that the processes below are followed.

Completion of Patient Report Forms (PRFs) and Patient Care Records (PCRs)

All BASICS South West responders will carry a supply of standard A4 sized BASICS South West PRFs, or SWASFT A3 sized PCRs. Schemes are responsible for ensuring they have adequate supplies - these may be obtained from the Responder Department and are in duplicate 'self-carbonating' format. PRFs/PCRs should be completed legibly in black, permanent ink. Once completed the forms should be handled as follows:

- **Top original copy (white):** Copy to be emailed (preferred) or faxed to SWASFT.
- **Bottom copy (yellow):** If any clinical intervention occurs, over and above that recorded by Trust staff on their PCR, this copy should accompany the patient to hospital. **If the BASICS responder is not accompanying the patient, make it clear to the ambulance crew that this copy should be handed over to hospital staff and that you will completed top copy.**

Patient transfer should not be delayed to allow completion of the documentation. The key facts should be entered and the bottom copy accompany the patient. Details that become apparent later may still be entered on the top copy for audit purposes etc.

If the patient is discharged from the scene, the bottom copy may be given to the patient to hand on to their GP, or to another clinician who may be continuing their care.

As soon as practically possible after the incident, a copy of the completed BASICS South West PRF (or SWASFT PCR) should be made available SWASFT for processing and uniting with the central records.

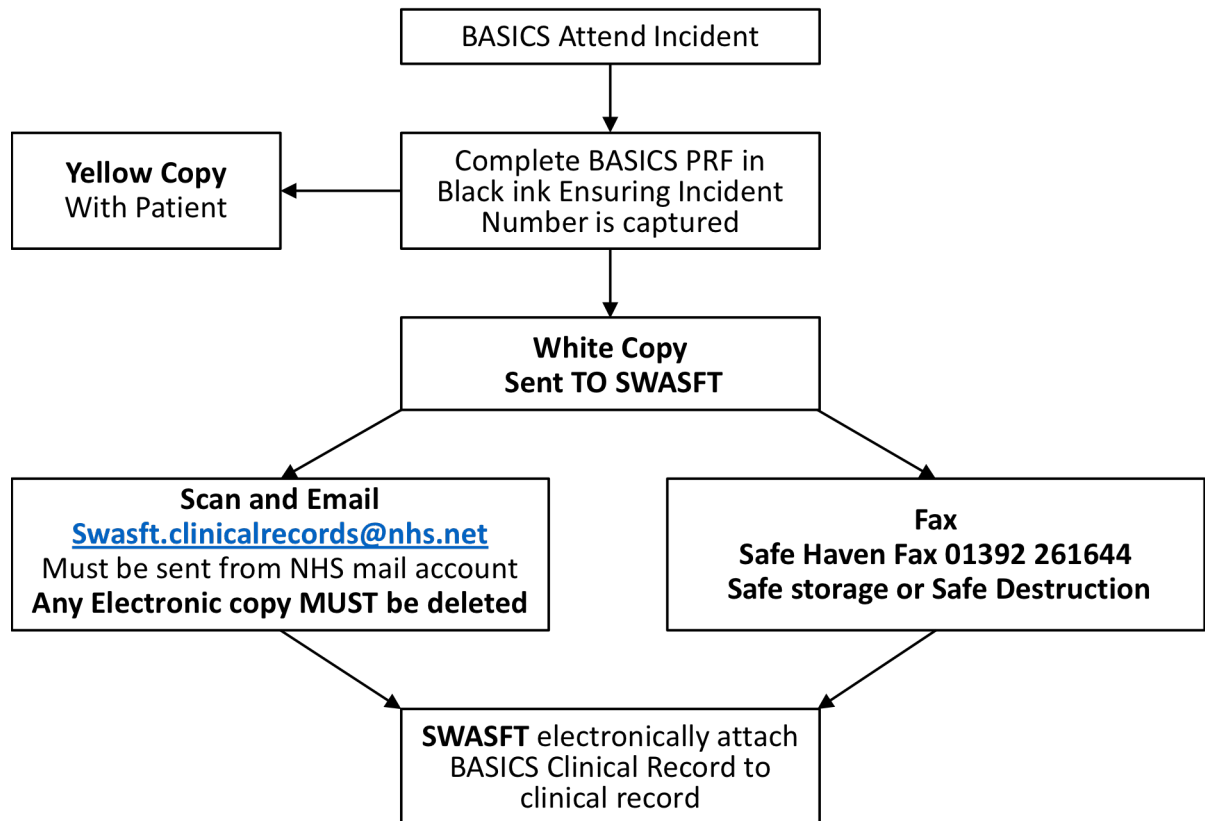
To achieve this, the BASICS SW responder should:

Fax a copy of the PRF/PCR top sheet to the agreed secure fax number: **01392 261644**. (NB: the coloured carbon copies do not fax legibly)

Or

Email a scanned copy of the top sheet to the agreed secure email address: swsft.clinicalrecords@nhs.net . If emailing PRFs/PCRs, these should **only be sent from an NHS.net account**, as transfer of patient information is only secure if transmitted directly between two NHS.net accounts¹. Care should be taken to ensure **no patient identifiable** information is retained on any electronic devices after sending PRFs by email. **This is the preferred method.**

1. NHS.net accounts are available to all NHS staff. As all approved BASICS South West responders hold honorary contracts with South West Ambulance Service NHS Foundation Trust, all are eligible for a personal NHS.net account if not already held through their principle employment. Further details are available from the Trust's IT team.



NOTES STORAGE

1. Any copy of a clinical record containing Patient details must be deleted from personal electronic devices after sending to SWASFT
2. If storing hard copies of Patient clinical records these should be stored securely, in line with the requirements for a clinical patient record

On receipt by either of the above methods, Trust staff will attach the document to the central record held by the Trust and/or file.

At least one BASICS South West PRF or SWASFT PCR should be completed for **every incident when a BASICS responder is mobilised**. If the responder is stood down en-route, or not required on arrival at scene, the top section with incident details should be completed, the central section documenting patient care struck through and a note made in the "Management Notes" section recording the reason for no clinical intervention e.g. "Stood down 1600h – not required".

A separate record should be completed for every patient where a responder has significant clinical involvement in his/her care. Records should be completed as fully as possible with as much detail as possible.

Wherever possible the Incident Number should be completed before emailing (or faxing) the record to the Trust. This makes it much easier for the staff to link it to their central Patient Clinical Record. Additionally, responders should include their call sign and PIN/ESR number, and ensure the record is correctly dated.

In some incidents a responder may take on the role of a **medical advisor**, rather than having significant involvement in individual patient care. This is particularly likely in the event of multiple casualty or complex incidents. In this situation the responder should keep a separate, contemporaneous log of the incident. This should be subsequently typed or written up within 24 hours of the incident and will act as an addendum to the PRF/PCR completed for the incident. The Incident Details section of the PRF/PCR should be completed, the central patient care section struck through and a brief note made in the management notes section of the PRF/PCR e.g. " See attached event log". The log should then be sent to the Trust, as described above, along with the PRF/PCR.

If a continuation sheet is required, this can either be a second BASICS South West PRF, a second SWASFT PCR or a separate event log as described above, depending upon the length and type of notes required. Any additional sheets should be clearly marked with incident numbers (and patient details, where appropriate), and clearly marked as a continuation sheet. A copy of any continuation sheets should be attached to each copy of the PRF/PCR and handled as described above. Any incident records sent to the trust must include a BASICS South West PRF or SWASFT PCR as a minimum.

SWASFT Electronic Patient Care Records

If a BASICS responder has any input at an incident where an Electronic Patient Care Record is in use, the responder should ensure their name and ESR (staff number) number are recorded in the electronic record. A BASICS South West paper PRF (or SWASFT paper PCR) should be completed as usual. Extra care should be taken to ensure there is a clear record available to hand over to hospital staff of any pre-hospital treatment given by the BASICS responder (**especially medications**). If the responder is not accompanying the patient, the bottom (yellow) copy of the PRF / PCR should go with the patient to hospital.

In some areas, BASICS responders will have received formal training in the use of electronic records, and will be regularly using these devices in their other roles. These responders may feel confident to record their full assessment and treatment on the ePCR. In these circumstances, it would be useful if a BASICS South West PRF is also completed with key details/interventions for audit purposes.

Storage of Patient Record Forms

PRFs are confidential clinical records. Schemes must identify local arrangements to ensure that any records are kept locked safely and securely, with due regard to the legal requirements for confidentiality. Where physical copies of PRFs/PCRs were not required for on-going clinical care, they should be confidentially disposed of (e.g. shredded) at the earliest opportunity. SWASFT ambulance stations have the facility for handing confidential clinical documents for destruction if required.

If individual responders wish to keep copies of their clinical records for completion of personal audits/log books or case review audits, they should ensure that identifiable patient details are removed from any copies retained.

Where records are sent electronically to SWASFT, responders must ensure that any digital electronic copies are immediately and permanently deleted from fax machines, computers or personal electronic devices (including any automatic back-up or 'cloud' systems and 'sent' folders).

Document details

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