

[ABC Ambulance Service] Documentation Quality Assurance Checklist

<i>Requirements</i>	<i>Met</i>	<i>Not Met</i>
<i>Narrative Format</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Assessment</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Crew Members</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Date</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Type of Dispatch</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Dispatch Complaint</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Chief Complaint</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Primary Impression</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Procedures</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Pain</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Signatures</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Medical Necessity</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Reasonableness</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>AOB</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>PCS</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>ABN</i>	<input type="checkbox"/>	<input type="checkbox"/>

Run Number:	Reviewed by:
Review Date:	Signature:

Instructions

Narrative Format - Is each letter of DCHARTM listed and detailed?

Assessment - Was an assessment documented in the PCR and are the details in the Assessment Flow Chart consistent with the assessment details in the Narrative?

- **ALS** – If there was an ALS provider on the call, was an ALS Assessment documented?
- **BLS** – If there was not an ALS provider on the call, was a BLS Assessment documented?

Crew Members - Are all crew members' full names and credentials printed on the run, and have they signed the PCR?

Type of Dispatch - Is there a description of the Dispatch Type as either emergency or non-emergency in the narrative and/or in the Dispatch Type field? Is there a description of the Response Urgency as immediate (emergent) or non-immediate (non-emergent) in the narrative and/or the Response Urgency field? Is the Response Urgency consistent with the Dispatch Type?

Dispatch Complaint – Did the crew provide a detailed statement of the dispatch complaint in the Narrative? If there is a copy of the CAD for the call, is it consistent with the details in the PCR?

Chief Complaint - Is there a statement describing the patient's Chief Complaint using their own words in the narrative and/or Chief Complaint field? If the patient's condition prevents them from communicating, is the Chief Complaint documented as the reason the patient is unable to communicate or the reason why the patient requires an ambulance?

Primary Impression - Has the provider described their primary clinical impression of the patient in the narrative and/or in the Primary Impression field?

Procedures – Do the interventions provided make sense for the patient's condition? If the reason for an intervention is not clear, is the rationale described? Is the outcome of each intervention described?

Pain - Is OPQRST completed for a patient who has pain?

Signatures - Are all signatures obtained (AOB, Crew Signatures, Receiving Facility Signature)? With each signature, is there a printed name (full first and last name, or full last name and first initial), date, and credentials (for healthcare providers)?

Medical Necessity - Did the crew paint the picture of why the patient required transport by ambulance? Did the crew use details about the patient's condition to support the statement of why the patient required an ambulance? Are these details consistent with the rest of the run report?

Reasonableness - For Hospital-to-Hospital transports, is there a description in the narrative and/or the PCS/CMN of why the patient had to be transferred? If services at the sending hospital were unavailable, were those services described? If a bed was unavailable, was that stated?

AOB - Was the AOB form properly completed?

- Section I – If the patient is mentally and physically capable, did they sign Section I? If the patient is a minor, did their parent/guardian sign Section I for them?
- Section II – If the patient is not mentally or physically capable of signing, did an authorized signer listed in Section II sign? Was their full printed name and relationship to the patient documented? If they signed with a mark or their initials, is there a witness signature to support it? Was the reason the patient was unable to sign documented and is it a mental or physical reason? (**Note: the patient refusing to sign, asking someone else to sign for them when they are capable, or being unavailable are not valid reasons**). Is the reason the patient was unable to sign consistent with the condition of the patient described in the rest of the PCR?
- Section III – If a Section II signer was unavailable and the patient was mentally or physically unable to sign, did a crew member sign Section III? Did the crew obtain a signature from the facility representative? Is the facility representative's full printed name (or first initial and full last name) documented or is their signature fully legible? If a proper facility signature was not obtained, is there a copy of the face sheet or hospital record from the DOS attached to the PCR? Was the reason the patient was mentally or physically unable to sign documented and is it consistent with the patient's condition described in the PCR?

PCS - If a PCS/CMN was required, was one obtained and properly completed?

- General – Is the information in the demographics section complete and correct? Is there a written description of medical necessity from the provider and are the medical necessity checkboxes completed? In the signature section, is there a non-stamped or dictated signature? Below the signature is there a full printed name and is the credential either written or marked? Is there a signature date and is it appropriate for the date of transport?
- Repetitive PCS – Was the PCS signed by the patient’s physician? Does the DOS for the transport fall within the 60-day period starting from the signature date?

ABN - If an ABN is required, was one properly completed and attached to the PCR?

- Required ABNs – Is the demographic information complete? Are the services, their price, and the reason Medicare may not cover the service filled out? Did the patient select a billing option? Did the patient sign and date the ABN, or if they are mentally or physically unable, did an authorized signer sign and date for the patient?
- Optional ABNs – Is the demographic information complete? Are the services, their price, and reason Medicare may not cover the service filled out? **(Note: the patient’s section of the ABN should not be completed for optional ABNs).**