



SOUTH CAROLINA DEPARTMENT  
OF  
HEALTH AND ENVIRONMENTAL CONTROL

EMERGENCY MEDICAL SERVICES DIVISION

**Responsibilities**  
**Of**  
**Ambulance Service**  
**Forms Control Officer**



## SC DHEC EMS

### Responsibilities of the Ambulance Service Forms Control Officer

#### **RESPONSIBILITIES OF THE FORMS CONTROL OFFICER**

##### **Overview:**

The South Carolina Department of Health and Environmental Control, Division of Emergency Medical Services (referred to DHEC/EMS hereafter) has the responsibility to the citizens in South Carolina for being the authority, guardian, and advocate in matters of emergency medical services. The ambulance operators have the direct responsibility of administering these services to the public. **Thus, there is a need for the exchange of information to ensure that state laws are being followed, funding of public money is appropriate, and experience is gathered in written form so that the quality of service to the citizens of this state cannot only be maintained but improved.**

**Copies of all records are maintained at EMS for one year, which are used for the licensing process, internal and external investigations, and allocations of funds. Summarized data is used for obtaining grants for equipment and training, and planning purposes.**

The Forms Control Officer (FCO) is the vital link between the Emergency Medical Technicians (EMTs) who document their services, the ambulance service, and EMS in the process of providing this information on the DHEC form 1050 and supplemental form 1060. The specific duties involved are as follows: **MAINTAIN SUPPLIES, SAFE STORAGE. EDITING TO ENSURE ACCURACY and, MONTHLY REPORTING.**

# SC DHEC EMS

## Responsibilities of the Ambulance Service Forms Control Officer

### **SPECIFIC DUTIES**

#### **Maintains Supplies**

DHEC/EMS provides each ambulance service provider with the forms necessary to fulfill the reporting requirements currently at no charge to the provider.

1. The FC will maintain supplies of the following forms, documents and materials:

SC DHEC Form 1050 – Patient Care Form

SC DHEC Form 1060 – Patient Care Report Supplemental Form

SC DHEC Form 1053 – False/canceled Call Report (optional) (8/94)

SC DHEC Document – Responsibilities of the Forms Control Officer

SC DHEC Document – Instructions for Filling Out the Run Report 1050

SC DHEC Form 3448 (11/2000) Pages 1-4 Ambulance Service Providers Monthly Summary  
(yellow, green, white, & blue cover sheets)

SC DHEC Form 3447 – Forms Order Sheet

SC DHEC Form – Notification of Change in Appointment of Forms Control Officer

2. The FCO will reorder supplies when there is approximately a one month's supply on hand. This can be done by mailing or faxing the forms request sheet or by phone or E-mail request. The addresses are as follows:

Program Information Coordinator

S.C. DHEC EMS Div

2600 Bull Street

Columbia, S.C. 29201

Phone: 803 545-4204 (Voice Mail)

Fax: 803 545-5212

**The request for forms should be sent separately from the monthly reports as monthly reports are processed differently and could cause a delay in the sending of the forms.**

Please give your name, name and license number of the service, and phone number with the forms being requested and number on hand.

Forms are sent in quantities of approximately a three (3) months supply based upon monthly usage. Quantities of less than a box of 250 forms are sent regular mail. Boxes of 250 forms and cases of 1,000 forms (four boxes) are sent via United Parcel Service (UPS) and require an actual physical address to be delivered, a PO Box cannot be used.

3. The FCO will monitor the quality of forms supplied. Problems encountered with the forms, i.e., falling apart, illegible, poorer or better than normal carbons, need to be reported to the Program Information Coordinator with examples and size of the problem so that corrective actions can be taken with the suppliers.

## SC DHEC EMS

### Responsibilities of the Ambulance Service Forms Control Officer

**4. The FCO is to remove and destroy unused obsolete forms when instructed with the issue of newer versions.**

#### Safe Storage

The completed DHEC Forms 1050 and 1060 are the legal medical documentation of the medical treatment given in response to a call by the service's personnel and are confidential documents as defined in the State of South Carolina Physicians Patients Record Act Section 44-115-120. The updated version requires storage of the record for a minimum of ten (10) years from the date of last service for adults. Records of minors require retention for a minimum of thirteen (13) years.

The provisions of the Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) are requirements that ensure the privacy of patient records. These regulations take precedence over state requirements unless the state's are more stringent. The services are still required to send the third copies as this is part of a regulatory requirement. Each service will need a written policy regarding patient records release statement, storage time of the original copy, method of storage, means of correcting errors in reports, procedures for releasing copies, and agreements with third party agencies working with these records. The service's legal counsel and insurance carrier should review these policies.

The FCO is responsible for seeing that these policies and procedures are followed. The actual ways the forms are maintained in storage may vary by the size and type of service. Services that use outside vendors to process these forms for administrative and billing purposes need to ensure that these groups are operating by the service's standards. DHEC/EMS keeps the DHEC copy for one (1) year and routinely receives requests for copies of specific ambulance runs.

#### Editing Forms

**The FCO is to review each run report for legibility, completeness, and accuracy.**

The "Instructions for Completing the South Carolina Ambulance Run Report" provides the basic information on filling out the form.

**1. The FCO reviews the forms for legibility to ensure that the third copy is readable, i.e., a medium ball point pen has been used with firm pressure on a single record set written on a hard surface.** The blocks are marked with an "x" and there are no stray marks on the form, which could slow down or cause an error in the data entry process.

**2. The FCO reviews the forms for completeness.** This form is to be filled out as completely as possible any time a patient is seen, even if the patient refuses treatment or transport, as this is the record that due process and procedures were followed. Each record must have at the minimum the following information:

- A. Time Record
- B. DHEC Permit Number

## SC DHEC EMS

### Responsibilities of the Ambulance Service Forms Control Officer

- C. Attendant's Signature and Certificate Number
- D. Patient Status (To Scene)

Additionally, signature blocks are to be signed any time the patient is received or advanced procedures are even attempted. **The data blocks need to be filled in when the comment section indicates such.** Advanced Procedures, drugs and/or inter-hospital transfers with hospital code and sending hospital are often left out while the comments indicate they have been involved in the care of the patient.

**3. The FCO examines the forms for accuracy. This means the dates and times are in proper sequence and that the various parts are in agreement with each other.** An actual example of this kind of error received by DHEC/EMS was a report where the disposition was marked as DOA at Scene and the Comments section indicated the patient was talking with the attendant at the scene.

**4. The FCO works with the writers of the reports on a continuing basis to clarify questionable areas by instructing in the proper procedures and pointing out common errors.** This is done by personal contact, encouraging crew peer checking of the reports before the report is signed, and in service training. The correcting of individual run reports should be done in accordance with the policies and procedures mentioned in the safe and secure storage section mentioned above.

After the editing process the forms 1050 and 1060 are separated. The DHEC form 1050 is a three-part form where the top copy is the original and it is retained in the ambulance service files, the second copy goes to the hospital or receiving party, and the third (pink) copy is sent to DHEC/EMS as part of the monthly report. The 1060 original stays with the service and the second copy goes to the hospital or receiving party. (Note that the receiving party or hospital should get their copies at the time the patient is transferred.)

#### Monthly Reports

The FCO is to send a copy of the completed DHEC Form 1050's on a monthly basis to DHEC EMS, 2600 Bull St., Columbia, SC 29201 post marked on or before the fifteenth (15<sup>th</sup>) of the month following the close of a month (March's reports are due April 15) along with the monthly summaries. The copies of the Patient Care Forms and monthly summaries can be submitted as either the traditional actual third (pink) copy with monthly summaries, completely electronic files or combination of electronic and hard copies.

Mailing labels are provided as a convenience. The most economical means of shipping can be sued. Some services have available the state interoffice carrier service. The shipping boxes the forms come in make excellent container for holding 500 to 750 pink copies. Multiple package shipments should be marked "1 of (total number packages)," "2 of (total number of packages)"

## SC DHEC EMS

### Responsibilities of the Ambulance Service Forms Control Officer

etc., on each package so that it can be verified that all records have been received and can be processed at the same time.

Traditional Reporting System is where the FCO physically sorts and counts records into specific groups and prepares the monthly cover sheets for each of the groups before sending the forms to DHEC/EMS. This is necessary as DHEC/EMS further processes the records based upon the classification of the call. These categories when added together give a numerical representation of the service.

The FOC is to sort the Form 1050's into the prescribed categories before shipping the documents to DHEC/EMS each month. There are a number of ways in which this can be accomplished and may vary by the size and kind of ambulance service. **The reports must be put into categories.** One approach is to have folders or containers labeled for each of the categories with its criteria into which the reports can be sorted after being edited, and then counted for the monthly summary. **The categories and the criteria for each are as follows: Note – If there is contact with a patient, the call is not a canceled call although the patient may refuse treatment and/or transport.**

#### 1. Special Records Group

##### A. All Pediatric Calls

This category is for all calls of patients who are 20 years old or under for trauma and medical incident calls dispatched either emergent or nonemergent.

##### B. Adult Motor Vehicle Trauma Incidents

This category is for any trauma incident call that was coded as Motor Vehicle, Motor Cycle, Bicycle, or Pedestrian where the patient was 21 years or older. Also the call can be dispatched either emergent or nonemergent.

#### 2. Audit Group

##### A. Adult Trauma Incidents Other Than MVA

This category is for the other trauma incidents (Assault, Fall, Fire, Interfacility Trauma, or Other) for patients 21 years or older and the call was dispatched as emergent.

##### B. Adult Medical Incidents

This group is for any medical incident for persons 21 years or older for dispatched emergent.

##### C. Medical Interfacility Transfers

*Transfers to a nursing home, outpatient facility, or doctor's office do not count as an interfacility transfer.* This category is indicated by the Type of Incident Medical (block 104) #6 Interfac and the Disposition (blocks 101-102) as a hospital admission (codes as a 3 or 4) being marked. Additionally the appropriate codes in the Sending Agency

# SC DHEC EMS

## Responsibilities of the Ambulance Service Forms Control Officer

(blocks 286-289) and the Receiving Agency (blocks 282-285) need to be filled in and/or the comments section.

### 3. Nonemergent to the Scene less Inter-Hospital Transfers

This category is for calls dispatched as nonemergent where the patient is transported to or from their residence, nursing home, doctor's office, or out-patient facility.

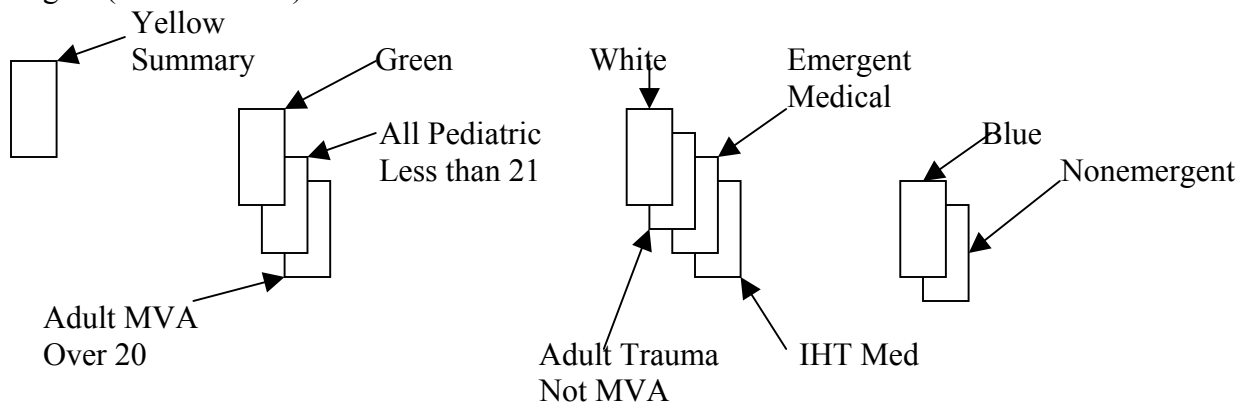
#### False and Canceled Calls

These groups have the summary counts listed on lines numbered five (5) and six (6) of the overall summary. Copies of the records are not required to be sent to EMS and the False/Cancel Form 1053 can be used to initially document calls where the false and canceled call rates are high. **Note:** A canceled call is one in which the dispatch cancels the call. A false call is one in which there is no patient at the location. If there is contact with a patient and the patient refuses treatment and/or transport, use the patient complaint signal of 93 and mark the disposition block (191-102) appropriately.

**The FCO is to prepare a summary of classifications of the ambulance run reports** using the Runs Summary Sheets by recording number of runs in each category on the appropriate summary sheet and then totaling them on the Overall Activity sheet.

The report and monthly summary can be sent in the most economical method of shipping to match the weight of the package. Those with access to a DHEC office can return the forms via the interagency courier service. **The Ambulance Service Provider Monthly Summary sheet (Form 3448 page 1) needs to be submitted each month even if there was no activity for an ambulance service provider to confirm that no records have been lost in transit.**

The proper sequence for arranging the documents to facilitate DHEC/EMS processing means the "Overall Activity Summary" Page 1 (the yellow sheet) is to be on top of the stack. This is to be followed by the "Special Records Group" Page 2 (the green sheet) with the records in those categories attached underneath the green sheet. Next is the "Audit Group" Page 3 (the white sheet) with those records attached underneath the white sheet. Last is the "Nonemergent Group" Page 4 (the blue sheet) and its associated records attached underneath the blue sheet.



## SC DHEC EMS

### Responsibilities of the Ambulance Service Forms Control Officer

**Full Electronic Reporting** can come from several methods of data collection and transmission, but all have the same data format so that a complete DHEC 1050 can be reconstructed from the data to include the written comments and sections without numbered blocks for all calls. The accepted record format is that which matches the fields and data definitions of the South Carolina EMS Shareware Software. The shareware software and documentation are available from DHEC EMS to users and developers of software. The electronic data can be generated by entering the information from a hard copy DHEC 1050 either by the EMT or by a billing group using the EMS Shareware Software or as part of a software application from a third party developer. The data may be also entered directly by an EMT using the EMS Shareware or as part of a software application from a third party developer. The data can be transmitted on a 3½” high-density floppy disk or CD to DHEC EMS or as an attachment to an E-mail message to DHEC EMS.

Third party developers who use compressed and/or encrypted files will also need to provide DHEC EMS the necessary software to decompress and/or decrypt the files at no charge to DHEC EMS. The EMS Shareware defaults to a 3½” floppy drive in the copy data utility menu but can be redirected to another file location which can then be attached to an E-mail message.

The monthly summary sheets do not need to be completed, as these reports will be generated as part of the processing by DHEC EMS.

**Modified Electronic/Hard Copy Reporting** is for situations where just the data for the numbered blocks and not the complete report is entered electronically. The FCO only needs to complete the monthly summary for records that were not electronically entered. For example, if calls classed as False and Canceled (by dispatch, no patient contact) were not key entered then the summary count for those calls would be required. The electronic data can be transmitted as above, but the hard copies of the DHEC Form 1050's also need to be sent to that there is a complete record available.

Please contact the Program Information Coordinator at DHEC/EMS (803) 545-4204 about any questions or comments about this document, procedures, or classifications of run reports.