

Volume III Transportation & Medical Services



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Superstition Fire & Medical District

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Superstition Fire & Medical District

Declaration of Ideals

Our Mission

- ❖ Preserve Life
- ❖ Protect Property
- ❖ Add Value to Our Community

Our Vision

To be the premier fire district in the state of Arizona.

Our Values

- ❖ Responsive
- ❖ Professional
- ❖ Innovative

Our Ideals

Excellence

- ❖ We are committed to the delivery of high quality and timely emergency and non-emergency services.
- ❖ We place a high value on the quality of life and actively promote programs that enhance community health, and safety.
- ❖ We conduct ourselves professionally. We believe our performance and attitude are essential to earning our citizens confidence and trust.
- ❖ We believe that prudent management of the community's resources demonstrates our respect for the citizens whose monies support this organization.
- ❖ We have respect for the community, the organization, each other, and those we serve.

Workforce

- ❖ We are united in our efforts to support, respect, and encourage individual talents and contributions.
- ❖ We are committed to building a workforce that is representative of the community we serve. We place a high value on equal employment opportunity and a work environment free from discrimination.
- ❖ We place a high value on individual responsibility and accountability. We recognize self-discipline as the cornerstone of organizational success.
- ❖ We are committed to education, training, and employee skill development. We encourage actions which keep employees motivated and competent.
- ❖ We are committed to maintaining as safe a working environment as possible given the hazardous nature of the duties we perform in service to our community.
- ❖ We value open communication and sharing of ideas. We encourage ideas that improve our member's health, safety, and wellness.
- ❖ We are committed to a positive and productive labor/management process.

Elected Officials

- ❖ We recognize the importance of the process which elected the Board of Directors.
- ❖ We recognize the importance and the difficulty of the Board of Director's job.
- ❖ We are committed to supporting the Board of Director's efforts in reaching policy decisions that establish the District's goals and direction.



The Superstition Fire & Medical District is community owned and operated for the sole benefit of the citizens we serve. We encourage and value citizen input and participation.



Superstition Fire & Medical District

Code of Conduct

The following list of directives represents the personal conduct standards for members of Superstition Fire & Medical District (SFMD).

Professionalism

Every member of the Superstition Fire & Medical District is expected to conduct him or herself in a highly self-disciplined manner and is responsible for his/her conduct in a positive, productive, and mature way.

ALL Members Shall:

- ❖ Follow all operational manuals and written directives of the SFMD.
- ❖ Use their training and capabilities to protect the public at all times, both on and off duty.
- ❖ Treat with respect the public and District employees regardless of race, gender, religion, color, national origin, age, marital status, or disability.
- ❖ Work competently in their positions to cause all organizational programs to operate effectively.
- ❖ Always conduct themselves to reflect positively on the organization.
- ❖ Supervisors will manage employees in an effective, considerate manner; subordinates will follow instructions in a positive, cooperative manner.
- ❖ Obey the law.
- ❖ Communicate with one another as to activities, suggestions, problems, and status of their respective units, companies, station facilities, and shift.
- ❖ Always act in a manner that creates good order within the organization.
- ❖ Keep mentally and physically fit to perform the essential functions of your positions.
- ❖ Be concerned and protective of each member's welfare.
- ❖ Observe the work hours of their position.
- ❖ Operate safely and use good judgment.
- ❖ Be careful with district equipment and property.

ALL Members Shall Not:

- ❖ Engage in any activity that is detrimental to the organization.
- ❖ Engage in a conflict of interest with the district or use their position with the organization for personal gain or influence.
- ❖ Fight.
- ❖ Remove, damage, or tamper with another member's personal property or the property of the Superstition Fire & Medical District.
- ❖ Abuse their sick leave.
- ❖ Steal.
- ❖ Display potentially offensive or sexually suggestive materials at all district facilities.
- ❖ Use alcoholic beverages, debilitating drugs, or any substance that could impair their physical or mental capacities while on duty.
- ❖ Engage in any sexual activity while on duty.
- ❖ Use personal cell phones, photo/electronic communication devices, music devices, while driving fire apparatus, responding to or at emergency incidents, or at public events/appearances.



 <p>Transportation & Medical Services</p>	Series: 300	Volume III: Transportation & Medical Services
	300.01: Patient Transfer to Ground Ambulance	
	Effective Date: December 2015	Revision Date: December 2015
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Purpose

The purpose of this document is to outline the process of transferring the care of a patient to ground ambulance personnel. This has been developed in accordance with the Arizona Department of Health Services (AZDHS) rules and regulations, Arizona Revised Statutes, and Arizona Emergency Medical Systems guidelines.

General

Superstition Fire & Medical District (SFMD) providers shall not complete an established EMS-Patient transfer until essential criteria are met.

- A. Transfer should be made to medical personnel whose qualifications are equal to or greater than the transferring personnel unless criteria are met under:
 - 1. SFMD Treatment Algorithms ALS Release for BLS Transport.
- B. The SFMD employee must remain with the patient until transfer occurs.
- C. The SFMD employee must convey all relevant patient information and documentation to those accepting responsibility for the patient.

Procedure

Once these criteria have been met, the transfer can be completed and subsequent procedures will follow.

- A. The member of the transport crew with the highest medical certification must sign the “**Healthcare Provider- Transfer of Patient Care**” portion of the electronic patient care report (EPCR). Upon signing, the signing member of the transport crew accepts patient care responsibilities.
 - 1. Proper documentation should include: patient condition, agency name and the time that patient care occurred.
- B. Should the patient’s medical condition be critical or require additional medical personnel during transport, SFMD personnel should accompany the patient in the ambulance, or “follow-up” with the patient.
 - 1. In this case, the SFMD employee continues to maintain responsibility for patient care until transferred to the appropriate staff member at the emergency facility.

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	300.02: Patient Confidentiality	
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Purpose

The purpose of this document is to explain the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its relevance to the Superstition Fire & Medical District (SFMD).

Scope

HIPAA rules cover all health information, regardless of form, including electronic records, paper records, and oral communication. These rules also provide healthcare consumers with control over their health information, set boundaries on medical record use and release, ensure the security of personal health information, and establish accountability for medical record use and release.

- A. Healthcare providers and plans must establish business practices that are "privacy-aware." Some of these practices include:
 - 1. Training employees about privacy issues.
 - 2. Appointing a "Privacy Officer".
 - 3. Ensuring that appropriate safeguards exist to protect health information.
- B. Individuals who violate the privacy rules could face criminal and civil penalties. For example, violators who unintentionally disclose information may face civil fines of \$100 per violation, up to a total of \$25,000 per year. Violators who intentionally release health information for personal gain face criminal sanctions punishable by up to \$250,000 and 10 years in prison. Individuals may also face disciplinary action.

Policy

Given the nature of our work, it is imperative that we maintain the confidentiality of patient information that we receive in the course of our work. SFMD prohibits the release of any patient information to anyone outside the organization unless required for purposes of treatment, payment, or healthcare operations, all discussions of Protected Health Information (PHI) within the organization should be limited.

Acceptable uses of PHI within the district include, but are not limited to; exchange of patient information needed for the treatment of the patient, billing, and other essential healthcare operations, peer review, internal audits, and quality management activities.

The SFMD provides services to patients that are private and confidential. Each member plays an important role in respecting the privacy rights of our patients. It is necessary in the rendering of services that patients provide personal information. This information may exist in a variety of forms such as electronic, oral, written, or photographic material. All such information is strictly confidential and protected by federal and state laws.

Employees must comply with all confidentiality policies and procedures set in place during their employment or association with the SFMD. If an employee knowingly, or inadvertently, breaches patient confidentiality policies or procedures at any time, they must immediately notify their immediate supervisor with the details of the incident. Additional notification must also include the Assistant Chief of Emergency Services. At any time upon request, members must return any and all patient confidential

information in their possession.

The Division Chief of Training and EMS (Privacy Officer), as well as the SFMD Medical Director, are responsible for providing oversight relating to any privacy compliance issues. All questions involving confidentiality issues should be forwarded to:

Title: Assistant Chief of Emergency Services

Address: 565 North Idaho Rd.

Phone Number: 480-982-4440

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	300.03: Pre-Hospital Medical Care Directive	
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Purpose

The purpose of this document is to describe how members of the Superstition Fire & Medical District (SFMD) will manage Prehospital Medical Care Directives (PMCD) which may be encountered on-scene of medical emergencies. Although the PMCD is intended for use by people who are terminally ill, any individual who wishes **not** to be resuscitated by prehospital EMS personnel may choose to use it. Only the patient or patient designee (surrogate) can legally make this decision. Patient wishes for **not** being resuscitated will be honored by Superstition Fire & Medical District personnel when a properly completed PMCD document is available or located within a "reasonable amount of time" (as defined by Arizona State Statute).

Procedure

SFMD personnel will perform an assessment of the patient to determine the patient's condition. If a PMCD is present, the document appears valid, and the patient is without vital signs, personnel will not begin resuscitation. EMS personnel will complete the necessary documentation, notify proper law enforcement agency, and initiate grief support. Base station contact may be required dependent upon the situation.

SFMD personnel must make a reasonable effort to locate the document or a person/surrogate who may have information about the document. If the PMCD is not readily available or if there is not anyone on scene who can locate the document, then full resuscitative efforts will be initiated.

If at any time the patient or the patient's surrogate wishes to reverse the PMCD order, they may do so by verbally telling the emergency provider. Also, if at any time there is a lack of evidence of documentation, any doubt surrounding the incident or the validity of the PMCD, then full resuscitative efforts must be initiated.

The PCMD Document

Patients who **do not** wish to be resuscitated will have the following document in their possession:

The PCMD is printed on an orange background and may be either letter or wallet size. This document will include biographical information about the patient and signatures of the patient's licensed health care provider and a witness. A photograph is not required but may be attached.

A patient is not required to, but may have an ankle or wrist bracelet signifying the existence of a PMCD:

A hospital-type bracelet may be worn on either the wrist or ankle and identifies the patient as having executed a PMCD. This will be on an orange background and will state in bold lettering "**Do Not Resuscitate**" and will contain the patient and physician name. The orange bracelet is a signal that a PMCD exists. Upon this finding, personnel should make a reasonable effort if circumstances permit, to locate the document. This bracelet serves to inform that a PMCD exists but is not a substitute for the actual PMCD document.

A valid PMCD includes:

- A. Being printed on an orange background (letter or wallet size).

- B. Being completely filled out.
- C. Being readily available or located within a reasonable amount of time (1-2 minutes).

In addition the PMCD must be signed and dated by the following individuals:

- A. Licensed health care provider.
- B. Patient or surrogate.
- C. Witness (not a relative, surrogate, or beneficiary)

Additional Information

If a PMCD is unable to be located or if the patient's surrogate now wishes the patient to be resuscitated, then resuscitative efforts and advanced life support will be initiated and on-line medical control established. The PMCD remains valid until superseded by a new document (most recent document is in effect) or patient or surrogate requests resuscitation at any time.

In the event that documents other than the PMCD are presented (Living Will or Medical Power of Attorney), resuscitative efforts and advanced life support must be initiated until on-line medical control is consulted.

It is important for all emergency personnel to document the encounter. Documentation should include information about the PMCD (that it was complete and present), that the patient was found without vital signs, and that the patient was left with law enforcement personnel (include name and badge number).

A reasonable effort must be made to obtain the PMCD and included with the Electronic Patient Care Report (EPCR) for entry into records. If the document is unavailable, please note that with an explanation on the EPCR form.

Reference:

State of Arizona (1992). H.B 2247, Living Wills and Health Directives

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	300.04: Access to Healthcare Information	
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Purpose

To outline levels of access to Protected Health Information (PHI) for various members of the Superstition Fire & Medical District (SFMD) and to provide information on limiting access, disclosure, and use of PHI. Security of PHI is everyone’s responsibility.

Policy

Superstition Fire & Medical District retains strict requirements on the security, access, disclosure, and use of PHI. Access, disclosure, and use of PHI will be based on the role of the individual staff member in the organization, and should be only to the extent that the person needs access to PHI to complete necessary job functions.

When PHI is accessed, disclosed, and used, the individuals involved will make every effort, except in patient care situations, to only access, disclose, and use PHI to the extent that only the minimum necessary information is used to accomplish the intended purpose.

Procedure

Role Based Access

Access to PHI will be limited to those who need access to PHI to carry out their duties. The following describes the specific categories or types of PHI to which such persons need access is defined and the conditions, as appropriate, that would apply to such access.

Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
EMT	CAD information, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Paramedic	CAD information, patient care reports	May access only as part of completion of a patient event and post-event activities and only while actually on duty
Technical Services	Computer data entry with patient care reports, CAD information	May access only as part of duties to complete computer data entry and follow up and only during actual work shift
Billing Clerk	Patient care reports, billing claim forms, remittance advice statements, other patient records from facilities	May access only as part of duties to complete patient billing and follow up and only during actual work shift

Job Title	Description of PHI to Be Accessed	Conditions of Access to PHI
Field Supervisor	CAD information, patient care reports	May access only as part of completion of a patient event and post-event activities, as well as for quality management checks and corrective counseling of staff
Dispatcher	CAD information	May access only as part of completion of an incident, from receipt of information necessary to dispatch a call, to the closing out of the incident and only while on duty
Training EMS Coordinator	CAD information, patient care reports	May access only as a part of training and quality management activities. All individually identifiable patient information should be redacted before use in training and quality management activities.
Quality Management Team / Committee	CAD information, patient care reports, other patient records from facilities	May access only as a part of training, follow up, and quality management activities. All individually identifiable patient information should be redacted before use in training and quality management activities.
Department Managers	CAD information, patient care reports	May access only to the extent necessary to monitor compliance and to accomplish appropriate supervision and management of personnel
SFMD Legal Staff	CAD information, patient care reports	May access only to the extent necessary to effectively respond to a medical/legal query or activity involving the SFMD

Access to PHI is limited to the above-identified persons only, and to the identified PHI only, based on Superstition Fire & Medical District reasonable determination of the persons or classes of persons who require PHI, and the nature of the health information they require, consistent with their job responsibilities.

Access to a patient's entire file will not be allowed except when the use of the entire medical record is specifically identified and documented.

Department Requests for PHI

If the Superstition Fire & Medical District needs to request PHI from another healthcare provider on a routine or recurring basis, we must limit our requests to only the reasonably necessary information needed for the intended purpose, as described below. For requests not covered below, SFMD members must make this determination individually for each request and should consult his or her supervisor for guidance. For example, if the request is non-recurring or non-routine, such as making a request for documents via a subpoena, we must make sure our request covers only the minimum necessary PHI to accomplish the purpose of the request.

Holder of PHI	Purpose of Request	Information Reasonably Necessary to Accomplish Purpose
Skilled Nursing Facilities	To have adequate patient records to determine medical necessity for service and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Hospitals	To have adequate patient records to determine medical necessity for service, evaluate the appropriateness of medical care rendered, and to properly bill for services provided	Patient face sheets, discharge summaries, Physician Certification Statements and Statements of Medical Necessity, Mobility Assessments
Mutual Aid or Ambulance Paramedic Services	To have adequate patient records to conduct joint billing operations for patients mutually treated / transported by SFMD	Patient care reports

For all other requests, determine what information is reasonably necessary for each on an individual basis.

Incidental Disclosures

It is understood that there will be times when there are incidental disclosures about PHI in the context of caring for a patient. The privacy laws were not intended to impede common healthcare practices that are essential in providing healthcare to the individual. Incidental disclosures are inevitable, but these will typically occur in radio or face-to-face conversation between healthcare providers, or when patient care information in written or computer form is left out in the open for others to access or see.

Verbal Security

Members should only discuss patient care information with those who are involved in the care of the patient, regardless of their physical location. Members should be sensitive to their level of voice and to the fact that others may be in the area when they are speaking. This approach is not meant to impede anyone’s ability to speak with other healthcare providers freely when engaged in the care of the patient. When it comes to treatment of the patient, members should be free to discuss all aspects of the patient’s medical condition, treatment provided, and any of the patient’s health information in their possession with others involved in the care of the patient.

Physical Security

Patient care reports should be stored in safe and secure areas. If paper records concerning a patient are completed, they should not be left in open bins or on desktops or other surfaces. Only those with a need to have the information for the completion of their job duties should have access to any paper records.

Computers and Entry Devices

Electronic devices (computers, tablets, etc) should be kept secure. Access to these devices should be by password only. Members should be sensitive to who may be in viewing range of these devices and take simple steps to shield viewing by unauthorized persons. All electronic devices should remain in the physical possession of the individual to whom it is assigned at all times.