



NUMBER	EMS 109
TITLE	Patient Care Reporting & Data Submission
CATEGORY	OPERATIONS
APPROVED BY	Board of Supervisors
EFFECTIVE DATE	2026-03-17
ORIGINATION & REVISION DATES	2026-03-17

PURPOSE

To ensure accurate and timely completion of electronic health record (EHR) for all patient care documenting patient assessment, treatment, and disposition and to support continuity of care, meet legal and regulatory requirements, and maintain accurate records for quality improvement, billing, and operational purposes.

GUIDELINE

This guideline serves as the ***Cedar County EMS System Written Patient Care Report Policy*** and the ***Cedar County EMS System Data Submission Policy***.

DOCUMENTATION COMPLETION

Cedar County EMS uses ESO as its primary records management platform. A record must be created in ESO for any call to which a Cedar County EMS unit is assigned, even if it is immediately canceled, including standbys. Each unit assigned to the call should create its own ESO record. Affiliated first responder agencies will also be required to complete reports within ESO, but only patient care-related reports will be required.

At the beginning of each shift, crew members should log into ESO and check for any messages and respond accordingly.

Per Iowa Administrative Code (IAC), for any patient transported, the crew must provide, at a minimum, a verbal report outlining the details of their assessment and the care provided. A brief, written handoff report can also be utilized. In addition to the above, IAC requires a final written report to be provided to the receiving facility within 24 hours.

To ensure the most accurate reporting, crews are expected to complete their documentation as soon following a call as practicable, but no later than necessary to ensure the 24-hour requirement is met.

All required signatures are required to be obtained at the time of the call, except that crew members may wait to sign the report until it is completed. Minimally, patient and receiving facility signatures should be obtained. All signatures that can be obtained electronically within the ESO platform should be obtained using the platform unless there are technical issues preventing such. In that situation, paper copies of the forms will be available for use.

Hard copy documents that need to become part of the record must be scanned and attached within ESO or photographed directly into the ESO record. These can include hospital face sheets, ECGs that are not directly uploaded from the cardiac monitor, reports from other agencies on scene, hard copy forms that could not be completed within ESO, pertinent transfer records from facilities, and other relevant documentation. Notes the



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crew takes to use while completing the electronic report generally do not need to be attached. Any paper documentation should be shredded or placed in a locked shredding container.

The crew should double-check their reports for completeness and use the available validation features within ESO to ensure all required information has been entered. Once the crew determines the report to be complete, they should ensure crew members have signed the report and then lock the report which will trigger the report to be sent to the receiving facility. Ideally all crew members will sign the completed report as they are all responsible for the care provided, however, only the signature of the primary patient care provider is required.

The above refers to all patient reports, including refusals. Non-patient reports (cancellations, standbys, etc.) must be completed within 72 hours, except at the end of the month. All reports from a given month must be completed by the end of the first of the following month.

STATE DATA SUBMISSION

All patient care report data shall be transmitted to the Iowa Health & Human Services Bureau of Emergency Medical and Trauma Services no later than the last day of the month following the month in which patient care services were provided. This will be completed automatically through the ESO platform as part of the continuous quality improvement (CQI) workflow.