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State Board of Emergency Medical, Fire,  
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The Ohio Board of Emergency Medical, Fire, and Transportation Services (“EMFTS Board”) issues the following statement:

EMS Providers and the Emergency Medical Record (“Run Report”)  
~ February 2013 ~

*This statement is an attempt to provide general information about the above issue facing EMS providers. It should not be treated as legal advice or medical direction. For direct advice regarding a particular scenario, please consult with your medical director and legal counsel. Although the following statement represents the EMFTS Board’s general position on the above issue, this statement in no way precludes the EMFTS Board from taking disciplinary action in a particular case if necessary. Any potential complaints brought before the EMFTS Board will be decided on a case-by case basis.*

**INTRODUCTION:**

The expectation is that a medical record (commonly referred to as a “run report”) is to be completed by emergency medical services (EMS) providers and left with the receiving facility immediately following a patient transport. However, the increased use of electronic medical records has made it more difficult to complete these records in a timely manner. As a consequence, many run reports are never left in the emergency care setting.

The Board has been asked to review this dilemma and issue a position paper regarding the preparation and handling of run reports.

**DISCUSSION:**

Continuum of care

The medical record that is completed by the EMS provider after a patient transport is a very important part of the continuum of care. The information it contains is vital to the patient’s ongoing treatment and emergency care. It provides documentation of the patient’s condition prior to treatment to help hospital staff fully understand the improvement or deterioration that the patient is experiencing. It also provides an accurate record of treatments the patient has received, avoiding unnecessary and possibly harmful duplication of those treatments.

Prehospital medical records are also vital to prehospital data collection and medical research. Furthermore, they are required for ongoing accreditation for hospital systems by many organizations including, but not limited to, the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) and the American College of Surgeons.

Medical record exception

The nature of run reports has been addressed in previous Attorney General (AG) Opinions (*See* Op. Att’y Gen. 99-006 and 2001-041). These opinions addressed the question of whether a run report (referred to as a “run sheet” in both opinions) was a public record. The first AG opinion (issued on February 1, 1999) concluded that any information in a run report that did not satisfy the medical records exception, or other protection in law, must be disclosed pursuant to a public records request. However, this opinion also stated that, based on facts provided by the prosecutor’s office, a run report appeared to be “prepared for and maintained by the EMS

organization for its own purposes, and *not* for use of the receiving hospital or the patient's physician." (Emphasis added).

The Pharmacy Board and EMS Board then asked the AG's Office for clarification on the 99-006 opinion. These boards presented a different set of facts regarding the run report and stated that the hospital and physician had a "dire need" for the paperwork. EMS run reports were described as follows:

This paperwork contains the drug administration records needed to properly continue the patient's treatment. The EMS records are prepared precisely for this reason and they are incorporated within the patient's chart at the receiving hospital. Without such records, the hospital could easily overdose a patient by duplicating drug administration, or it could under-medicate by failing to administer drugs when assuming the EMS unit did so. Prudent medical care mandates this reason for recordkeeping.

AG opinion 2001-041 was issued on October 10, 2001, in response to the above request. This opinion concluded that information in a run report that documented "medication or other treatment administered to a patient by an EMS unit, diagnostic procedures performed by an EMS unit, or the vital signs and other indicia of the patient's condition or diagnosis" meets the medical record exception under Ohio's public records law and is not subject to disclosure. Additionally, such information, if relied upon by a physician for "diagnostic or treatment purposes" was said to be confidential under the physician-patient testimonial privilege.

#### **CONCLUSION:**

It is the strong opinion of the EMFTS Board that a run report should be left at the receiving facility as soon as possible after the patient's care has been completed and successfully transferred to the receiving staff. As stated above, the run report is necessary for the receiving hospital and treating physician to provide appropriate medical care to the patient. If the EMS provider is unable to leave a complete run report, then they should leave an abbreviated version at the bedside, in a format determined by the local medical director, with all of the information they have available at that time. This should include, but is not limited to:

- Patient's full name
- Age
- Chief complaint
- History of present illness/Mechanism of injury
- Past medical history
- Medications
- Allergies
- Vital signs with documented times (include initial vital signs and vital signs just prior to transfer with additional vital signs only if the patient became unstable enroute)
- Prehospital assessment and interventions along with the timing of any medication or intervention and the patient's response to such interventions (i.e. adenosine given with no change in cardiac rhythm)

Note: The abbreviated version of the run report does not take the place of a complete run report.

Concerns or questions regarding this position paper should be directed to the Ohio Department of Public Safety, Division of Emergency Medical Services.