INCIDENT & PATIENT CARE REPORTING

Effective:	June 19, 2026
Scheduled Review:	June 19, 2029
Approved:	Fire Chief Mike Kennedy

I. PURPOSE

The fire department has a legal responsibility for thorough and accurate documentation of fire department activities at incidents and when patient care is provided. Personnel are to devote appropriate attention to the completion of their reports. Reports will be reviewed and corrected in a timely manner. The purpose of electronic patient care reporting (EPCR) is to capture a complete picture of the ambulance service provided for a patient, ensure appropriate billing, and prevent False Claims Act (FCA), 31 U.S.C. §§ 3729 - 3733, and other federal violations. The fire department has legal incident reporting requirements with the following entities.

- Department of Homeland Security, Federal Emergency Management Agency, United States Fire Administration: National Emergency Response Information System NERIS).
- Washtenaw / Livingston Medical Control Authority
- Michigan Department of Health and Human Services: Michigan Emergency Medical Services Information System (MI-EMSIS)
- U.S. Department of Justice

II. RESPONSIBILITY

A. The incident commander or highest-ranking fire officer at an incident scene is responsible to ensure all reports are completed.
B. Each battalion chief or acting battalion chief is responsible for ensuring report completion along with review of each NERIS report that occurred during their shift.
C. The EMS officer is responsible for accounting and submission of the EPCR , MI-EMSIS submission and serving as the compliance officer.
D. An assistant chief shall be assigned responsibility for ensuring department-wide report compliance, quality assurance, quality improvement, and for NERIS submission.

III. FALSE CLAIMS ACT

The False Claims Act (FCA), 31 U.S.C. §§ 3729 - 3733, a federal statute originally enacted in 1863 in response to defense contractor fraud during the American Civil War.

The FCA provides that any person who knowingly submits, or causes to submit, false claims to the government is liable for three times the government's damages plus a penalty that is linked to inflation. FCA liability can arise in other situations, such as when someone knowingly uses a false record material to a false claim or improperly avoids an obligation to pay the government. Conspiring to commit any of these acts also is a violation of the FCA.

IV. REPORT COMPLETION

All NERIS and EPCRs shall be completed by the responsible person before the responsible person leaves the fire station at the end of their scheduled shift. If an incident starts or terminates between 0600-0700 and there are extenuating circumstances preventing the responsible party from completing the report(s) before leaving the worksite, the responsible person shall notify the on-duty battalion chief before leaving the worksite. The responsible party shall be given 24-hours to complete the report.

The on-duty battalion chief shall immediately contact the assistant chief of operations of the situation. The assistant chief of operations will contact the responsible party to verify report completion and enter compensation in Telestaff for off-duty work.

The EPCR shall be completed by the primary caregiver. A EPCR may not be completed by personnel other than the crew that participated in the call. Amendments may be made as set forth in this policy. EPCRs shall be filled out in compliance with Washtenaw / Livingston Medical Control Authority Protocols.

V. CONTINUOUS QUALITY IMPROVEMENT

The on-duty battalion chiefs shall complete a daily continuous quality improvement (CQI) process that includes the locking of all incidents from the previous shift. At the mid-point of each month, the on-duty battalion chief shall verify all shift incidents have a validation score of 100 and are locked. The first shift day of each month, the on-duty battalion chief shall complete a CQI process of the previous month, verifying all shift incident reports have a validation score of 100 and are locked.

The fire department will maintain a strict quality assurance procedure to ensure that the accuracy and clarity of our patient care documentation is at the highest possible level.

VI. PROPERTY LOSS VALUE DETERMINATION

For all incident classifications with property loss from fire, the person completing the NERIS report shall enter make an estimate of the pre-incident property value. It is always advisable to ask the occupant or owner their estimate as to property and content value. The estimate provided by the occupant or owner shall be documented in the narrative, even if that number is not used for the property / content loss fields on the NERIS report.

Structure fire – property and contents value

A. Go to a2gov.org > Select the Assessor Department > "Online and Property Tax Data" > "Continue to Online Property Tax" > Enter search criteria of property.
B. The amount indicated in the state equalized value (SEV) is one-half of the value. Double this SEV amount to determine the total property. If the SEV is $200,000, the total value is $400,000. Take the total value and multiply the percentage of the structure destroyed by fire, e.g., $400,000 x 25% fire damage = $100,000 in fire loss.
C. Generally, contents value is one-half the property value, e.g., $300,000 house would have $150,000 in contents.

Vehicle fire - To determine pre-incident values for vehicle fires, conduct a quick online search using a reputable website such as Kelley Blue Book.

VII. NERIS REPORTING REQUIREMENTS

All NERIS narratives shall include the following information.

- Incident type (NERIS classification) and location of the initial dispatch.
- First observations / findings on scene.
- Investigation / initial actions / size-up factors.
- Strategy and tactics used.
- Problems encountered / injuries / property damage or loss
- Transfer or termination of command / who the incident was left with.
- Additional agencies who assisted on scene.
- Additional pertinent information.

For fire incidents where the Fire Prevention Bureau is not called, cause and origin must be included in narrative.

All NERIS reports will be carefully reviewed and checked for the following:

- Proper classification based on actual incident found on scene.
- Fire department actions were documented accurately.
- Department procedures were followed.
- Completeness.
- Grammar and spelling.
- Clarity.

For multiple unit responses, all company officers and personnel assigned to the ambulances will complete an apparatus narrative.

When "time off" such as; vacations, sick time, comp time, funeral leave, education time, jury duty, or National Guard duty occurs and will interfere with the timely correction of reports, the battalion chief shall notify the assigned assistant chief of the delay in making corrections along with an expected completion date.

Incident reports that have been created in error such as "ghost" calls or duplicates shall be deleted by the on-duty battalion chief upon confirmation with the involved company officer.

VIII. UNIVERSITY OF MICHIGAN FIRE REPORTS

AAFD shall send one company normal traffic to complete a NERIS anytime the University of Michigan (U-M) notifies AAFD of a "fire out" incident. Due to the often unique circumstances regarding the campus environment, the discovery and reporting of these "fire out" incidents by U-M to AAFD may be significantly delayed . No matter the time delay in reporting, AAFD will respond and complete an NERIS report. Any known delay shall be well documented in the NERIS narrative section.

This completion of a NERIS report for all fires occurring at the University of Michigan is a direct request by the State of Michigan Fire Marshal to both U-M and AAFD.

U-M maintains its own fire inspectors. AAFD Fire Investigators shall not be requested for fire investigation at U-M facilities unless specifically requested by a U-M fire inspector.

IX. PATIENT CARE REPORT DOCUMENTATION

All EPCRs must be complete, thorough, and must accurately and objectively address the patient's condition at the time of transport. Documentation must cover all key elements necessary to fully document the patient assessment and care provided, as well as to allow the billing staff to make appropriate determinations as to the medical necessity and other requirements needed to ensure proper reimbursement for the services we provide.

The EPCR should contain the information necessary to accurate describe the services provided. The EPCR should be concise, thorough, and accurate and include an unbiased, objective description of information received, observations, and the ambulance service provided. The information contained in the EPCR must be complete, accurate and never misrepresent the patient's actual condition. There must be sufficient documentation in the EPCR to determine if the patient's medical or physical condition was such that other means of transportation other than an ambulance was appropriate for the patient.

All sections of the EPCR must be completed in their entirety and should include information such as dispatch instructions, the patient's condition and chief complaint, the patient's relevant medical history, the services provided to the patient, the pick-up and destination location, and the loaded mileage.

The EPCR should not be used as a medium to express concerns or otherwise document potential problems to management and others. The EPCR should document the objective findings related to patient assessment, patient care, and the ambulance service provided. Other forms and documents should be used, e.g., incident report, complaint reporting form to document concerns, risks, issues or complaints.

X. REVIEW AND AMENDMENT OF PATIENT CARE REPORTS

Substantive amendments to the EPCR will be made only by the original author of the EPCR or another member of the crew that provided the ambulance service. Demographic information, e.g., patient name, Social Security Number, address, health insurance information, may be corrected or added by the EMS officer or other personnel as assigned.

Crewmembers who provided the ambulance service will check the EPCR for accuracy prior to submitting the EPCR and other paperwork for billing.

EPCRs will undergo quality assurance review as part of the billing process and prompt feedback will be given to the author of the EPCR where it is apparent that there is an error, or missing information on an EPCR. Addenda and corrections will be requested by returning the EPCR to the author for any substantive amendments. Requests for addenda and corrections will be made only to ensure completeness and accuracy of the medical record or to correct clearly erroneous or conflicting information.

A crew member may make corrections or additions to the EPCR after submitting if information was inadvertently omitted prior to submission or additional information regarding the patient's care or condition was acquired after submission.

All amendments must be truthful and initialed and dated by the crewmember who makes the amendment. If using electronic EPCR software, automatic tracking of amendments may suffice as "initialing and dating". The crewmember making the amendment must have direct knowledge of the matter addressed by the amendment.