



ANN ARBOR FIRE DEPARTMENT

Standard Operating Procedures – 4.01 INCIDENT and PATIENT CARE REPORTING



INCIDENT and PATIENT CARE REPORTING

Effective: March 8, 2024
 Scheduled Review: March 8, 2027
 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 patient care reporting (PCR) 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 Fire Incident Reporting System (NFIRS).
- 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 the all reports are completed.
- B. Each battalion chief or acting battalion chief is responsible for ensuring report completion along with review of each NFIRS report that occurred during their shift.
- C. The EMS coordinator is responsible for accounting and submission of the PCR , 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 NFIRS 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The False Claims Act (FCA), 31 U.S.C. §§ 3729 - 3733, a federal statute originally enacted in 1863 in response to defense contractor fraud during the American Civil War.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 NFIRS and PCRs 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, the responsible person may email an assistant chief or the



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fire chief with an explanation of the situation. The assistant chief or fire chief will review the request and will award overtime for time worked past the responsible person's scheduled shift to necessary to complete the NFIRS and / or PCR. This overtime will be added to Telestaff by the assistant chief or fire chief.

The PCR shall be completed by the primary caregiver. A PCR 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. PCRs 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 100 series incident type codes, the person completing the NFIRS 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 NFIRS report.

A. Structure fire – property and contents value

- i. Go to a2gov.org > Select the Assessor Department > “Online and Property Tax Data” > “Continue to Online Property Tax” > Enter search criteria of property.
- ii. 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.
- iii. Generally, contents value is one-half the property value, e.g., \$300,000 house would have \$150,000 in contents.

B. Vehicle fire

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

VII. NFIRS REPORTING REQUIREMENTS

All NFIRS narratives shall include the following information.

- A. Incident type (NFIRS classification) and location of the initial dispatch.
- B. First observations / findings on scene.



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- C. Investigation / initial actions / size-up factors.
- D. Strategy and tactics used.
- E. Problems encountered / injuries / property damage or loss
- F. Transfer or termination of command / who the incident was left with.
- G. Additional agencies who assisted on scene.
- H. Additional pertinent information.

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

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

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

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. Individuals who routinely fail to meet completion or quality metrics will be forwarded to the assistant chief for follow-up.

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. FIRE WATCH ORDERS

Please also reference SOP 4.2 Fire Watch

Fire Officer Completing Report

1. Scan fire watch report and attach to ImageTrend report.
2. Email the on-duty battalion chief; permanently assigned company officers of the involved fire station district; fire@a2gov.org; fire marshal; and the assistant fire chief(s).
 - a. Include the incident address / incident number / incident date in the subject line.
 - b. Attach fire watch report to the email.
 - c. Include name and phone number of contact person in body of email.
 - d. Include issue causing system to be placed on fire watch.
3. The original fire watch form shall be recycled. The hard copy shall not be forwarded to fire prevention.

IX. UNIVERSITY OF MICHIGAN FIRE REPORTS

AAFD shall send one company normal traffic to complete a NFIRS anytime the University of Michigan (U-M) notifies AAFD of a “fire out” incident. Due to the sometimes 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



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reporting, AAFD will respond and complete an NFIRS report. Any known delay shall be well documented in the NFIRS narrative section.

This completion of a NFIRS 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.

X. PATIENT CARE REPORT DOCUMENTATION

All PCRs 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 PCR should contain the information necessary to accurately describe the services provided. The PCR 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 PCR must be complete, accurate and never misrepresent the patient's actual condition. There must be sufficient documentation in the PCR 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 PCR 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 PCR should not be used as a medium to express concerns or otherwise document potential problems to management and others. The PCR 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.

XI. REVIEW AND AMENDMENT OF PATIENT CARE REPORTS

Substantive amendments to the PCR will be made only by the original author of the PCR 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 coordinator or other personnel as assigned.

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

PCRs will undergo quality assurance review as part of the billing process and prompt feedback will be given to the author of the PCR where it is apparent that there is an error, or missing information on a PCR.



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Addenda and corrections will be requested by returning the PCR 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 PCR 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 PCR 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.