

**West Michigan Regional MCC**  
**COMMUNITY INTEGRATED PARAMEDICINE**  
**Program Protocol**  
**DOCUMENTATION**

Initial Date: July 23, 2020

Revised Date:

Section 11-05

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**Purpose:** To provide guidance for documentation of CIP services

- I. Patient contacts will be documented in an **EMR/EPCR** system including:
  - a. Face to face contact with or without treatments rendered
  - b. Telephone/telehealth contact
- II. Communications with all persons regarding a patient will be documented in an **EMR/EPCR** system. Examples include but are not limited to:
  - a. Licensed health care providers
    - i. Communications with licensed health care providers that influence the route of care (receiving an order from or reporting an issue to) should include name, agency, date, time and issue relayed to provider.
  - b. Family members
  - c. Social service organizations
  - d. Meals on wheels
  - e. Volunteer organizations
  - f. Community organizations
- III. **EMR/EPCRs Progress notes** will be available to the referring physician or patient care team within 24 hours of the completion of the visit, any affiliated physician upon request, and upon implementation of any orders within 24 hours. Transmission of electronic records will be determined by MCA.
- IV. Things that cannot be documented directly into the **EMR/EPCR** will be attached to the **EMR/EPCR**. This includes but is not limited to forms and checklist that are not housed within the **EMR/EPCR**. -such as Possible examples include:
  - a. Consent forms
  - b. Physician created care plans
  - c. Checklists
  - d. Medication lists
  - e. Physician's orders
- V. Procedure protocol documentation will include:
  - a. Evaluation findings
  - b. Interventions
  - c. Response to interventions (Results may be improved, unchanged, or worsened)

MCA Name: [Click here to enter text.](#)

MCA Board Approval Date: [Click here to enter text.](#)

MCA Implementation Date: [Click here to enter text.](#)

Protocol Source/References: [Click here to enter text.](#)