

Council Policy for implementation timeframes for clinical information standards and associated patient reports

Mission Statement

"The Pre-Hospital Emergency Care Council protects the public by independently specifying, reviewing, maintaining and monitoring standards of excellence for the safe provision of quality pre-hospital emergency care"

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Version History

(Please visit the PHECC website to confirm current version.)

POL043-Council Policy for implementation timeframes for clinical information standards and associated patient reports		
Version	Date	Details
1	20 th June 2019	New policy approved by Council

EXTRACT FROM (ESTABLISHMENT) ORDER 2000 (AMMENDMENT) ORDER, 2004 S.I. No. 575 of 2004

"(q) prepare standards of operation for pre-hospital emergency care service providers to support best practice by pre-hospital emergency care practitioners."

COUNCIL POLICY: IMPLEMENTATION TIMEFRAMES FOR CLINICAL INFORMATION STANDARDS AND ASSOCIATED PATIENT REPORT FORMS

- 1 New or revised clinical information standards and associated patient report forms shall be published three yearly by Council. Should an issue emerge with the current version of the standard or the report form/s a release of the appropriate standard and associate report form shall occur outside this timeframe.
- 2 Following the publication of new or revised clinical information standards and associated patient report forms;
 - 2.1 Pre-hospital emergency care licensed CPG providers approved to implement CPGs, shall ensure that the most recent version of the clinical information standard and associated patient report is implemented within twelve months from the date of publication. This criterion will be added to the PHECC requirements for licensed CPG providers.
 - 2.2 Previous versions of the information standards and associated patient report forms shall, following a twelve month period, be withdrawn.
- 3 Practitioners shall be required to be familiar with the new information standards and patient report forms within twelve months of publication:
 - 3.1 as part of continuous professional competence, and
 - 3.2 in order to re-register with PHECC.





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