

# Reducing ePCR *Addenda* & Rework Across 36,000 Trips

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Timeframe: 6 months

Method: Targeted training

+ KPI dashboards

BASELINE ERROR RATE

**3%**

of 36,000 annual trips required addenda

TARGET ERROR RATE

**2%**

33% reduction in rework volume

TIMELINE

**6 mo.**

from baseline to sustained result

## THE PROBLEM

Inaccurate or incomplete electronic Patient Care Reports (ePCRs) required addenda — costly rework that delayed billing, created compliance exposure, and consumed supervisor time. At 3% across 36,000 trips annually, the operational drag was significant and growing.

## WHY IT MATTERED

Every addendum represented delayed revenue, potential audit risk, and wasted time for both field crews and supervisors. Documentation quality directly affects billing cycle speed, regulatory standing, and the credibility of patient care records — all high-stakes in EMS.

## WHAT WAS DONE

**01**

### ROOT CAUSE ANALYSIS

Identified the specific documentation fields and scenarios driving addenda volume. Built error-pattern breakdown by crew, shift, and call type.

**02**

### TARGETED TRAINING

Developed and deployed focused training addressing the exact failure points identified — not generic ePCR refreshers, but issue-specific correction at the source.

**03**

### DASHBOARD + KPI TRACKING

Built an addenda dashboard for ongoing monitoring. Created visibility into trends that didn't exist before — enabling supervisors to intervene early.

# 33%

ERROR REDUCTION

**Documentation error rate reduced from 3% to 2% across 36,000 annual trips — within six months.**

Faster billing cycles, reduced compliance exposure, and a reusable KPI dashboard that gave operational leaders real-time visibility into documentation quality for the first time. Improvement was sustained through embedded reporting cadence, not one-time intervention.

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*Compliance starts with documentation. Let's build the system.*

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