Documentation Standards....

AMBULANCE ACT, OADS AND REG. 257/00 -

WHAT ON EARTH AND WHY DO I NEED TO KNOW.....

The Ambulance Act and Reg 257/00 forms part of the **Ambulance Act** specifically relating to BLS -PCS and documentation standards.

- The Ambulance Act is Legislation and governs the provision of Ambulance Services in the Province.
- The Act states and outlines the requirements and responsibilities of Paramedics and Paramedic Services in Ontario.
- MOH investigations result in findings and recommendations based upon this Act.

Why do I need to know this?

- ePCR's are legal documents. Their correct completion is a requirement under legislation.
- Incorrect or incomplete documentation raises questions during MOH investigations.
- MOH Investigators **WILL question you in relation to errors or omissions** and your understanding of the legislated requirements.
- Not knowing the expectations and requirements in interview can discredit you and your abilities.
- The MOH will make recommendations based upon your interview and any knowledge gaps will be highlighted and remediation expected sometimes this is individual, sometimes service wide.

Omission vs Commission

Omission = did
NOT DO or did
not document

Commission = did the **WRONG** thing or documented the wrong thing

How Can I Avoid Errors?



You are a team!!

Don't think Attendant and Driver... think Author and Proof Reader.

2

You both sign the ePCR therefore you are **BOTH** responsible for the content.

3

ANY member of staff who lays hands on or assists in patient care (holds an IV bag, helps lift and carry etc.) MUST be listed on the ePCR and sign it or create their own form – this includes Ops Sups, first response units of Community Paramedics on scene first.



If there is a box – **FILL IT!**

Even if this is CNO, U/K, N/A, See Strip... etc

This demonstrates that you have read and acknowledged the ENTIRE form.

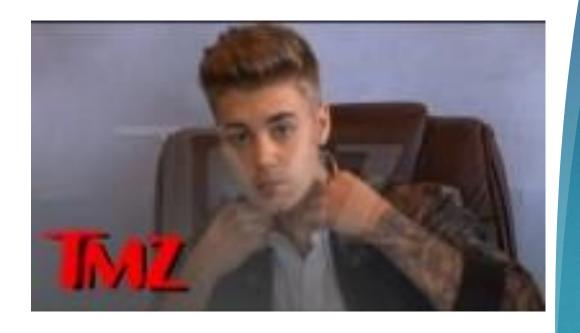
DO NOT LEAVE ANYTHING BLANK!

Know the expectations of you during an investigation or interview...

MOH investigations and interviews happen frequently and will likely start to increase in volume due to a recent report by the OMBUDSMAN.

Process....

- Professional Standards Division (PSD) will notify you via email if a request is made for interview. You need to respond in a timely manner to get time for review!
- Use PSD for help and support they will help you gather the information from the call and refresh your memory.
- Read the Ontario Ambulance Documentation Standards (OADS) and Reg 257/00, then ask yourself..... Did I miss anything?
- Take the time to familiarize with the BLS-PCS and ALS-PCS relevant to the call before your interview.
- Be prepared to answer questions about the call, your actions and your knowledge of the standards (BLS – PCS, OADS, REG 257/00)





In interview, if you don't recall then say so – DO NOT SAY ANYMORE!

Do not speculate or guess at what it might have been.

If you don't know, you don't know, and that is OK!

JUST PLEASE... DON'T BE A BIEBER!!

Quick Review of the Investigation that Prompted this training recommendation

1. Incomplete fields

2. Ops Sup on scene and assisted with procedures but their PRESENCE is not documented.

Yes... this is how fine they get with the detail.

2019/02/21 23:01:21	010	Vital Signs	Patient status: No Change-(4), Pain: 8 out of 10 , HR: 97, Regular, Full, Resps: 16, Regular, Full, Temp: 36.0, Feels: Unremarkable, 02Sat: 94, GCS: 14 (E=Spontaneous, V=Confused, M=Obeys Commands), Right Pupil Reactive, 3 mm, Left Pupil Reactive, 3 mm, Notes: Patient combative and uncooperative.	2, M/Dx
				M/Dp
2019/02/21 23:02:26	010	Vital Signs	Patient status: No Change-(4), Pain: 8 out of 10 , HR: 99, Regular, Resps: 18, Regular, Full, BP: 125/72, 02Sat: 95, spCO: 0, GCS: 15 (E=Spontaneous, V=Oriented, M=Obeys Commands), Right Pupil Reactive, 3 mm, Left Pupil Reactive, 3 mm, Notes: Patient more cooperative, answering most questions.	1, M/Dx
~2019/02/21 23:03	025	Blood Sampling - Glucose Determination	Glucose=5.6 mmol/l, Notes: Unremarkable.	1
			Notes: Patient extricated up stairs to stretcher in garage.	1
~2019/02/21 23:12	236	Ambulatory	Notes: Patient able to ambulate with support.	1, 2
~2019/02/21 23:12	231	Pt. Transported Supine	Notes: Patient strapped securely to stretcher and in position of comfort.	1, 2
2019/02/21 23:16:13	010	Vital Signs	Patient status: No Change-(4), HR: 79, Regular, Full, Resps: 16, Regular, Full, BP: 108/74, 02Sat: 97, GCS: 15 (E=Spontaneous, V=Oriented, M=Obeys Commands), Right Pupil Reactive, 3 mm, Left Pupil Reactive, 3 mm	1, M/Dx
~2019/02/21 23:20	001	Comment	Notes: Patient had a brief syncope on the drive to the hospital, unresponsive for approximately 10 seconds, eventually responded to painful stimuli.	1
2019/02/21 23:22:10	010	Vital Signs	Patient status: No Change-(4), HR: 80, Regular, Full, Resps: 16, Regular, Full, BP: 121/71, 02Sat: 96, Right Pupil Reactive, Left Pupil Reactive,	2, M/Dx
2019/02/21 23:22:58	313	12 Lead Acquisition	ECG NSR	1, M/Dp
~2019/02/21 23:24	001	Comment	Notes: Patient refused an IV.	1
~2019/02/21 23:34	401	Receiving Hospital Notified	Notes: Patch received.	1
2019/02/21 23:41:29	313	12 Lead Acquisition	ECG NSR	1, 2, M/I

Omissions

This ePCR has some *relatively minor omissions*... but the Ministry finds them in contravention of the Ambulance Act Regulation 257/00 specific to the BLS-PCS and Documentation standard that HIGHTLIGHT the need to complete these sections...

In summary...

- ► Fill EVERY box
- Write down WHY you DIDN'T do something even if you think you have covered it elsewhere
- Proof read each others paperwork before signing and sending
- Make sure everyone member of staff on scene is on the ePCR

Lastly, please don't forget to transfer your ePCR from the laptop to the server. If you have any questions, contact the Education or your Professional Standards team!

MEAGAN, JAY, BRIAN, KATIE OR HAZEL



Please complete this survey.

Thank you!

https://www.surveymonkey.com/r/W7P9JVM