

# Summary of Changes

## Ontario Ambulance Documentation Standards

The following changes have been made between version 2.0 and 3.0:

*Ontario Ambulance Documentation Standards v3.0* is the result of revisions to *Ontario Ambulance Documentation Standards* which came into force in April 2000. This change summary provides an overview of the major changes to the document.

The document has been reformatted to meet the requirements of the *Living Standard Project*.

The document has been reorganized and edited to improve clarity and provide consistency across provincial standards. Further revisions provide alignment with the revised *Ambulance Call Report*.

### Section 1 – General

This section has been edited to improve clarity and a reference to *Personal Health Information Protection Act, 2004* has been added.

### Section 2 – Incident Reporting Requirements

The Collision Reporting requirements outlined in the previous version of Ontario Ambulance Documentation Standards have been incorporated in this section.

This section now outlines a wide range of situations which require incident reports to be submitted. Additionally, a Level of Assessment Tool with specific timelines for completion of incident reports has been incorporated into the section.

All references to emergency response vehicles (ERV) transporting patients have been removed from the standard as this practice contravenes the definition of an ERV as outlined in O. Reg. 257/00 of the *Ambulance Act*.

### Section 3 – Patient Documentation & Patient Care Documentation Requirements

This section has been streamlined and reorganized to improve clarity.

There are now defined expectations and timelines for completion of Ambulance Call Reports. Specific reporting processes to ensure continuity of patient care have also been outlined.

### Section 4 – Documentation Requirements

This section has been reformatted to provide increased clarity and to provide clearly sequenced direction for ACR completion. A section on transportation of human remains for the purposes of transplantation has been added. The Health Insurance Number is now a mandatory requirement as it will facilitate broader ministry initiatives such as evidence-based care and longitudinal patient care tracking (i.e. patient outcome data).