Rainy River District Social Services Administration Board	**SECTION:** Land Ambulance **POLICY TITLE:** Ambulance Call Report (ACR) Completion and Distribution
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Policy

In order to promote the greater well being and continuing care of the patient, the Rainy River District Social Services Administration Board (RRDSSAB) provides instruction for Paramedics and Emergency Medical Attendants (EMAs) on the use and completion of *Ambulance Call Reports (ACR)*, in compliance with the following:

a) *Ambulance Act, R.S.O. 1990, c. A. 19;* as amended;
b) *Ontario Regulation 257/00, General,* as amended;
c) *Ambulance Call Report (ACR) Completion Manual,* as amended;
d) *Ontario Ambulance Documentation Standards,* as amended;
e) *Ambulance Co-Payment Billing Manual,* as amended;
f) *Basic Life Support Standards, as* amended; and
g) *Advanced Life Support Standards,* as amended.

An *Ambulance Call Report (ACR)* is completed for each request for ambulance service where a patient is assessed, whether or not care is provided or the person is transported by ambulance or emergency response vehicle.

It is the responsibility of the Paramedic to be familiar with the *ACR,* its proper completion and distribution.

Procedure

1. The paramedics or EMA(s) who have assessed and/or rendered patient care are responsible for completion of the *Ambulance Call Report (ACR)* according to the *ACR Completion Manual* and other legislated requirements.

2. In the event that a patient refuses care and/or transport, the crew seeks to have the patient, or substitute decision-maker for the patient, complete and sign the appropriate areas of the " Aid to Capacity" & "Refusal of Service" portion of the *ACR* at the scene. Note: a patient may refuse care (ie. backboard) but still accept other treatment and transport. In these cases a "Refusal of Service" must be also be completed for the refusal of treatment.

3. In any instances where assessment occurs with more than one patient, an *ACR* is completed for each person assessed by each member of the ambulance or emergency response vehicle crew.

4. An *ACR* is retained for a period of five (5) years, per appropriate legislation and RRDSSAB Policy *LA-1.3: Retention of Records*.

5. All ACRs (paper or electronic) and associated documentation are completed, as soon as possible after the call and always prior to the end of the shift.

Electronic ACRs

6. All ACRs are recorded in an electronic format. iMedic laptops are secured by the Paramedic at all times during transport.

7. Upon completion of an electronic ACR (e-ACR), Paramedics upload the electronic form to the server and document the call number on their electronic *Daily Documentation Log*. Prior to the end of their shift each paramedic will verify that all calls performed by their assigned crew have been documented on the electronic *Daily Documentation Log*.

   Once up-loaded to the server, the e-ACR will automatically fax or electronically transfer to the appropriate receiving hospital Emergency Department and billing site. This ensures that the appropriate Emergency Department has immediate access to the e-ACR.

   Once up-loaded, Base Hospital and management staff may access the e-ACR for monitoring and quality assurance purposes.

Paper ACRs

8. If a Paramedic becomes aware of a technical difficulty, either in the hardware or software, a hand-written ACR is produced, in accordance with documentation standards. An "*Operational Impact Form*" shall be completed and forwarded to the Duty Officer.

   Upon completion of the call, and prior to the end of shift, the originating Paramedic transcribes the paper ACR into the electronic format, utilizing the Citrix system.

   The Paramedic separates the four-part original paper ACR and distributes, as listed below, for all "patient-transported calls":

a) White Copy (original) remains with the patient at the receiving facility;
b) Blue Copy (billing) remains with the patient at the receiving facility;
c) Yellow Copy is the Base Hospital Copy. Yellow copies are placed in the shift envelope for subsequent forwarding by the Paramedic Clerk to the Base Hospital; and
d) Pink Copy is the Ambulance Service Copy and is retained by the Service, according to Policy.

For all "no patient-carried calls", where a written ACR is created, all copies are placed in the shift envelope, sealed and placed within the station lockbox, at the end of the shift.

End of Shift

9. Prior to completion of the shift, including any shift overrun, each paramedic must login to the iMedic Web Access site, through the Citrix system, and complete a Shift Log. Paramedics then review the calls completed, within their shift, and identify any missing calls or incorrect call numbers, using the Report Missing ACR "tick box" or comments section.

Confidentiality

10. All completed ACRs are confidential and, therefore, are secured from unauthorized access. While handling completed ACRs, Paramedics make every reasonable attempt to safeguard the document and protect its privacy.