

CONDUCT COUNTS!

Documentation

SCENARIO

Bill is an RT at a busy hospital. Bill loves the fast paced environment. However, from the start of the Pandemic, Bill's hospital has gotten even busier. Bill didn't mind, as he was proud to be playing such a vital role in caring for his community. He was up for the challenge!

However, as the Pandemic continued month after month, the demands on Bill were becoming hard to manage. One particular challenge for Bill was documenting after providing interventions on patients. Bill felt that he was always being called to the next patient and did not have time. Bill attempted to adapt by making his own rule to speed up his charting. He would only document what he personally assessed to be important. He stopped abiding by the charting requirements of the hospital and the CRTO. Bill figured there was no harm, as he was capturing the most important items.

However, as a few more months went by, Bill's personal assessment of what was important started to become more and more lax. On one particular day, Bill didn't document a vital conversation he had with a patient's family about what the next steps would be in the care of the patient. This conversation included the family consenting to initiating invasive ventilation on the patient, who was unconscious at the time.

RESULTS

Unfortunately, the patient passed away the following week. Two months later, the CRTO received a complaint regarding Bill. In the complaint, it was alleged that Bill had failed to inform and receive consent from the family of the patient, (one of whom was the Power of Attorney (POA)), prior to initiating invasive ventilation.

As part of the mandatory follow-up done by the CRTO, an investigation was launched into the conduct of Bill. Bill's co-workers were interviewed, but they could not shed any light on what occurred, as they were not in the room when Bill spoke to the POA. The patient's family members (including the POA) were interviewed, and they recalled that Bill briefly mentioned proceeding with different treatments, but no specifics were provided, nor did he ask for the POA's consent to perform the procedure. CRTO investigators then combed through the health records of the patient, and to their surprise, there was no documentation regarding the conversation with the family or any documentation regarding the choice the POA made about the care of the patient. Only the fact that the intervention occurred was captured.

Bill was given an opportunity to respond. However, as the intervention and conversation had occurred almost a half year back, and given the busy nature of the hospital, he had seen hundreds of patients since that day. He could not recall what occurred on that specific date.

At the conclusion of the investigation, multiple family member witnesses stated that they were not advised of treatment options. Further, there was no documentation in the patient's chart to indicate a conversation had occurred with the family. As such, a Panel of the Inquiries, Complaints Committee (who are tasked with deciding the merits of a complaint), concluded that Bill did not meet the Standards of Practice by failing to inform the family of treatment options and for not obtaining consent from the POA. As a result, Bill was ordered to complete a remediation program related to documentation, submit an essay on the importance of consent to treatment and communication with patient family, and to appear before the Panel to be cautioned about what had occurred.



College of Respiratory
Therapists of Ontario

Ordre des thérapeutes
respiratoires de l'Ontario



PROFESSIONALISM

“Professionalism” or professional conduct is a term often used to describe the behaviours that are expected of individuals who hold a certain role in society. A “professional” is typically someone who has obtained skills that are recognized as requiring specific, intensive training and who applies those skills in a position impacting others (e.g., engineer, lawyer, RT, PT, MD, etc.). Professionals are often held to moral, ethical and legal standards because of this potential impact.



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BOTTOM LINE

Consider the following standard statements from the CRTO Standards of Practice:

Standard 7: Documentation & Information Management:

Respiratory Therapists (RTs) must maintain complete, clear, **timely**, objective, and accurate documentation to support the continuity, quality, and safety of **patient/client** care.

Performance Requirements:

- a.) Document all patient/client contacts in a timely manner in the patient/client health record in the form and manner required by both the regulatory body and the employer.
- b.) Make appropriately detailed, accurate, legible, and clear entries in the patient/client health record (e.g., initial assessments, informed consent, status, interventions and responses, and follow-up /discharge plans).
- c.) Include the date, time, and their identifiable signature (e.g., hand-written, electronic) with protected professional title/professional designation on all documentation in the patient/client health record.
- g.) Comply with legislative, regulatory, and employer requirements related to record retention and disposal.

Always make time for charting! Not only is it best practice and helps with patient safety, but in this situation, it could have helped provide clarity to what exactly happened during Bill's conversation with the Patient's POA and family. Documenting as soon as possible, in the context of an investigation, is seen as being contemporaneous to the event. It can be relied on to be a more accurate representation of interventions and conversations than someone's recollection of that same event a half year later. A part of effective communication with patients and their families is to document the conversations, especially when consent to specific types of treatment is given. Remember, don't just document interventions, the CRTO reminds you that all patient contact should be documented. If you didn't document it, as far as we know, it didn't happen!

RESOURCES

[CRTO Standards of Practice](#)