

Incident Documentation

Mancahca Fire/Rescue
Travis County Emergency Services District #5



How important is proper documentation

- The report of an incident will be THE document referenced as to the facts and details of that event.
- The key to avoiding civil liability is good documentation.
- They are our memory of “Threshold Events”. These are events that have a high degree of potential to cross the threshold of a lawyer’s door
- We are often witnesses to criminal events that we may be called upon to testify later
- Documentation should be completed soon after the incident (within 24 hours) so details are not forgotten

Medical Reporting

**But data such as vitals, treatments, drugs, etc. in the proper data fields - not just in the narrative*

Reporting should include all data gathered during the incident

- Your observations on arrival
- The chief complaint
- A complete history of the events leading to the chief complaint
- Detailed assessment of the patient
- Complete set of initial vital signs
- Details of abnormal findings
- Explanation of any significant changes
- Ongoing monitoring of abnormal findings
- All treatments provided or attempted
- Document who provided/attempted the treatment
- Time treatment was administered
- The results of treatments given (whether the patient got better, worse, or stayed the same)
- The re-assessment of vital signs (also recorded in the proper PCR field)*
- Include an explanation of why any action indicated by COGs did NOT occur
- Describe circumstances and findings of any complex or out-of-the ordinary situations directly related to the medical care of the patient

Medical Reporting

- The responder that is the lead medical provider should be the member that completes the patient care report. Other personnel may (and should) assist on scene with data collection and note taking, but the lead provider should insure the data is complete and be responsible for writing the narrative.
- The officer is responsible to review the report and ensure it is properly completed.
- MFR is responsible for completing a report any time we make contact with a patient. Just because EMS takes over care, that does not relieve us from documenting our interaction with the patient. Each agency involved is responsible for their own report. We do not have to document what EMS did, but we do need to document anything we assisted EMS with.
- We are NOT in the business of “just check enough boxes to lock the report”. If you have information from an incident that applies to an “optional” field then it is no longer optional for the integrity of the report - include that information in the report!

Narrative Styles

Writing the narrative is the biggest challenge for most personnel. There are different styles and approaches that can be used, but the key is to be complete, be clear, and be factual.

You should be writing the report from the perspective that you are painting a picture of the event to someone who wasn't there but needs to understand what transpired.

Narrative Styles

Chronological - This is a popular style that describes the events of the incident in the order in which they happened.

SOAP:

Subjective: What is told to you

Objective: Information you know as fact
Data you gather
Your initial impression of scene and patient
Your assessment findings (positive and negative)

Assessment: Your clinical impression
What you believe is the cause of the complaint/illness
Often this is the COG your using for treatment

Plan: What you did and the response to your interventions
This should be organized and in chronological order
Final disposition of the patient



In a nutshell, so much of what you do you do so well. These are generalities, but I believe them to be accurate. On the other hand, there is the issue of Report Writing. How can I put this gently to you? Your Reports Suck!!!!

This is Gordon Graham.

He is a 33 year veteran of law enforcement, an attorney, an expert in risk management, and cofounder of FirefighterCloseCalls.com

He has presented on many topics in public safety that address the mitigation of risk in our work (and as you can tell from above he can be quite outspoken).

Amongst these risks is our risk to liability and one area of liability that we should be concerned with is our documentation skills.

Graham's Rules for Improving Incident Documentation (GRIID)

GRIID is Gordon Graham's 10 rules that will help report writers produce quality reports that provide accurate, complete documentation and reduce the member's individual and organizational exposure to liability.

Graham's Rules for Improving Incident Documentation (GRIID)

GRIID 1

Incident Documentation is an essential component of your job. If you can't write, you are in the wrong line of work.

It comes with the job. We do not accept the position of firefighter or medic in our organization "conditionally". We don't say, yes I'll go on this collision call, but I'm not going to push a broom, I only pour the absorbent. That would be absurd and a sign of a person that doesn't belong in our line of work. Well, reports are as much of the incident as driving the rig, holding c-spine, working the nozzle, and picking up to returning to service.

If writing is your weak area, ask for help, have good report writers review your work, PRACTICE.

Graham's Rules for Improving Incident Documentation (GRIID)

GRIID 2

Take timely notes during incidents

Get the pertinent facts while still on scene. Incorporate your notes into your final report. Notes can be discarded once this is done.

GRIID 3

Remember why documentation is essential and what it will be used for. Don't write reports *for* anybody, write reports that are factual in nature

The majority of our reports are geared toward documenting our response, observations, actions, and omissions at incidents. Remember that the report may be reviewed years after the event and it will be the best documentation of what occurred.*

Lawyers are taught to not attack facts, but rather attack the deliverer of the facts (you) or the method of delivery (the report).

Graham's Rules for Improving Incident Documentation (GRIID)

GRIID 4

Before you put pencil to paper, think.

Most of our reports are "high frequency" reports (we do that type of report often and get good at it with practice)

Special care should be given to the high-risk / low-frequency events (the big incidents). These include fatalities, major injuries, mass casualties, multiple alarms, mutual aid incidents...

ASK FOR HELP if your not sure what to do

Outline the narrative before committing it to paper or screen. Have a plan. Following the chronological flow of the incident is a common approach. Medical narratives have formats such as SOAP that can guide the author in organizing their thoughts.

Use the active voice in the narrative to help the reader better understand what was going on.

<http://grammar.quickanddirtytips.com/active-voice-versus-passive-voice.aspx>

In an active sentence, the subject is doing the action. A very straightforward example is the sentence "Steve loves Amy." Steve is the subject, and he is doing the action: he loves Amy, the object. Another example is the title of the Marvin Gaye song I Heard It through the Grapevine. I is the subject, the one who is doing the action. I is hearing it, the object of the sentence. In passive voice the target of the action gets promoted to the subject position. Instead of saying, "Steve loves Amy," I would say, "Amy is loved by Steve." The subject of the sentence becomes Amy, but she isn't doing anything. Rather, she is just the recipient of Steve's love. The focus of the sentence has changed from Steve to Amy. If you wanted to make the title of the Marvin Gaye song passive, you would say It Was Heard by Me through the Grapevine, not such a catchy title anymore.

Active voice emphasizes the one doing the action. The "who" in the narrative is often lost in the passive voice

Graham's Rules for Improving Incident Documentation (GRIID)

GRIID 5

Remember the importance of clarity.

Don't write like you talk. We talk much faster than we write. Use simple words over more complicated terms. If you don't know what a word means - don't use it. Avoid slang, jargon, and abbreviations whenever possible (remember the potential audience).

A report lacks clarity if two people read it and come to two different interpretations of what occurred.

Graham's Rules for Improving Incident Documentation (GRIID)

GRIID 6

Don't forget the 5 W's and the 2 H's

- *Who was involved*
- *What happened*
 - *DOCUMENT WHAT DIDN'T HAPPEN AS WELL AS WHAT DID HAPPEN (deviation from policy, omissions, actions not performed due to timing or staffing)*
 - *Document how the incident was reported versus what was found on arrival*
 - *Also document how the scene was left on our departure*
 - *Note any advice, information, warnings that we issued/gave to persons at the incident*
- *Why were we there / why did we do what we did / why did something happen*
- *When did it happen*
- *Where did all this happen*
- *How did it happen (if you know)*
- *How Many*

Graham's Rules for Improving Incident Documentation (GRIID)

GRIID 7

Remember the importance of accuracy.

- *Minor errors in documentation can be interpreted as incompetence or even dishonesty.*
- *Assume everything you write will be reviewed by someone that doesn't like you and is trying to point out all your errors.*
- *Once it's written / submitted - it cannot be changed without a lot of explanation.*

GRIID 8

Always proofread your documentation.

- *This is MORE than clicking SPELL CHECK. Read it. Does it make sense to someone that wasn't there? Is it professional, does it have good grammar?*
- *Poor grammar or improper punctuation can change the meaning of a report.*
- *If you are not a good judge of your writing quality, have someone else look it over*
- *Supervisors SHOULD be reviewing reports and providing feedback. It comes with the job.*

Graham's Rules for Improving Incident Documentation (GRIID)

GRIID 9

Be accurate, and if you're right, don't change it.

Changing a report to reflect a preferred style or format is acceptable as long as it does not alter the facts of the report. Never make changes that you believe to be inaccurate, incorrect or outright misstatement of facts.

GRIID 10

Learn from your experiences

Learn through practice, review, and peer input.

Read other people's reports.

Learn from your mistakes.

You are what you write.

If it wasn't written - it didn't happen.

You're memory is only as good as your documentation.