

# Alberta Aids to Daily Living

## Bulletin #134

### Interim oximetry reports

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Some respiratory stakeholders are experiencing difficulties in providing oximeter printouts due to a lack of oximeter printers. Oximeter printouts are required to confirm eligibility for Alberta Aids to Daily Living (AADL) oxygen funding.

#### Interim measures

Effective April 8, 2022 AADL will accept handwritten oximetry forms when an oximeter printer is unavailable for the following authorizations only:

- RH1,
- RE2,
- RH5 (when an arterial blood gas has been done for authorization submission)
- RH6 (New),
- RH6 (Ext), and
- EOT (Ext).

This exceptional documentation allowance is temporary and will be re-evaluated after six months. It has been granted to provide time for stakeholders to seek solutions to providing an oximetry printout.

If your organization currently has the ability to provide an oximeter printout (via a PC-based program), please continue to provide these reports.

Respiratory stakeholders who require a form to submit handwritten oximetry may use the Generic Pulse Oximetry Report form attached to this bulletin. Stakeholders using a similar document may continue to use and submit their own version.

#### More information

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# Generic Pulse Oximetry Report

Protected A (when completed)

Alberta Aids to Daily Living (AADL)

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21 and 22 of the *Health Information Act*, sections 33 and 34 of the *Freedom of Information and Protection of Privacy Act (FOIP)* and the *Alberta Aids to Daily Living Extended Health Benefits Regulations* for the purpose of providing and determining eligibility for health services. If you have any questions about how your personal information is handled, you may contact the Alberta Aids to Daily Living Program at TELUS House, 13th Floor, 10020 – 100 Street NW, Edmonton, Alberta T5J 0N3 Telephone: 780-427-0731 Fax: 780-422-0968.

Client Name (Last, First): \_\_\_\_\_ PHN: \_\_\_\_\_

Birthdate (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Oximetry Date (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Oximeter Model: \_\_\_\_\_

Time	SpO2	Heart Rate	Comments/ At Rest/On Exertion/On or Off Oxygen
0:00			
0:30			
1:00			
1:30			
2:00			
2:30			
3:00			
3:30			
4:00			
4:30			
5:00			
5:30			
6:00			

Client Name (Last, First): \_\_\_\_\_ PHN: \_\_\_\_\_

Additional Information:


*I declare that all information documented on this form is accurate, true and collected in accordance with all relevant bylaws of the College and Association of Respiratory Therapists of Alberta, standards of practice and code of ethics of the profession, the Respiratory Therapists Profession Regulation, the Health Professions Act and all legislation pertaining to registered respiratory therapists in Alberta, such as the Freedom of Information and Protection of Privacy Act, the Personal Information Protection Act, the Health Information Act and the Occupational Health and Safety Act.*

Clinician Name (Last, First): \_\_\_\_\_ CARTA Number: \_\_\_\_\_

Signature: \_\_\_\_\_