REQUEST FOR CLARIFICATION

I. A Request for Clarification (RFC) is to be used for the purpose of improving communication and understanding between the participants of the Region 11 EMS System.

II. Examples of use include, but are not limited to:

   A. Questions regarding usage and/or deviations in protocols and policies.

   B. Questionable orders communicated from Resource/Associate Hospital to EMS personnel.

   C. Anticipation of misunderstanding relative to patient care, e.g., personality conflicts, etc.

   D. Patient care and/or services above and beyond the call of duty provided by EMS personnel.

III. The Request for Clarification Form should be copied and readily used by participants of the system. It should be accessible at the Resource/Associate Hospital EMS offices and participating hospital emergency departments.

IV. Upon completion of the form a copy should be maintained by the author and the original forwarded to the Resource Hospital EMS office. This form is part of the quality control process and is protected under the Medical Studies Act.
REQUEST FOR CLARIFICATION FORM

(This is a confidential quality improvement document. Do not copy or make reference to its completion in the medical record/patient care report/journal.)

Date & Time of Occurrence:____________________________________________________

Ambulance Service/Unit:_______________________________________________________
____________________________________________________________________________

Event or Run #:____________________________________________________
____________________________________________________________________________

Hospital Log#:_______________________________________________________________

Patient Name: _______________________________________________________________

EMS Personnel Name:___________________________________________________________
____________________________________________________________________________

Summary of Events: ___________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature(s) of Person(s) Initiating Report: ______________________________________
____________________________________________________________________________
____________________________________________________________________________

Report Submitted To:__________________________________________________________
____________________________________________________________________________

FOLLOW UP REPORT (FOR RESOURCE HOSPITAL USE ONLY): ______________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

EMS System Coordinator:_______________________________________________________

EMS Medical Director:_________________________________________________________

CONFIDENTIAL