

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 XI EMS System.
- II. Examples of use include but are not limited to:
 - A. Questions regarding usage and/or deviations in policies and procedures and/or standing medical orders
 - 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.

Copyright 2018 Region XI EMS Medical Directors Consortium

Written: 1988

Reviewed: 11/92; 11/2/95; 4/96; 8/96; 12/06; 5/11; 8/15; 8/17

Revised:

MDC Approval: 1988; 12/3/92; 11/2/95; 8/96; 12/4/07

IDPH Approval: 1988; 1/5/93; 9/17/96; 10/24/08

Implementation: 1/1/89; 9/1/93; 12/1/96; 1/1/10

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