

<b>POLICY:</b>	<b>100.04 PATIENT CARE AND COMMENT FORM</b>		
<b>APPROVAL:</b>	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
<b>EFFECTIVE DATE: 2/15/2024</b>			<b>ORIGINAL EFFECTIVE DATE: 9/2022</b>
<b>DEPARTMENT SPECIFIC</b>		<b>EMERGENCY MEDICAL SERVICES</b>	

**I. Purpose:**

The Review and Comment Report is the designated form within the EMS System for initiating formal communication to the EMS Office regarding the events of a particular call or other interaction between System hospitals, providers and personnel. Formal communication regarding patient care or treatment issues will also be submitted to IDPH in accordance with IDPH rule 515.450

**II. Policy:**

**A. Guidelines for initiating a Review and Comment Report**

1. Review and Comment Report should be initiated for circumstances including, but not limited to, the following:
2. A deviation from Standing Medical Orders or other established standards of care by either a System hospital or on-scene medical personnel, especially those that may result in patient compromise.
3. To identify any element of an emergency or non-emergency response from the point of 9-1-1 access to final patient disposition which may have impacted the normal delivery of patient care services or routine on-scene call management.
4. To provide information to the EMS MD or EMS Manager about any occurrence or situation which is not patient related but involves any System Hospital, provider agency or EMS Personnel.
5. To highlight any outstanding ***positive or negative*** performances by a provider agency, EMS Personnel, System hospital employee, or any organization or member of an organization with EMS System affiliation.

**B. Review and Comment Procedure - General**

1. A report may be initiated by any System member according to the guidelines shown above.
2. Submission of a report should occur within 24 hours of any occurrence, or within a reasonable frame of time considering the date of occurrence or availability of documentation. Reports should include any appropriate documentation that provides support to the description or adds other facts not included.
3. Following review of the submitted report and documentation as well as conducting any necessary interviews, the System EMS MD and Coordinator/Manager will initiate the appropriate action and provide feedback to the individual originating the Review and Comment Report.

**C. Review and Comment – Patient Care and/or Treatment Related**

1. For the purposes of this Policy and IDPH Code 515.450, "complaint" means a report of an alleged violation of the EMS Act by any System Participants or EMS

Personnel covered under the EMS Act, or members of the public. Complaints shall be defined as problems related to the care and treatment of a patient.

2. A person who believes that the EMS Act may have been violated may submit a complaint by means of a telephone call, letter, fax, or in person. An oral complaint will be reduced to writing by IDPH or the System. The complainant is requested to supply the following information concerning the allegation:
  - i. Date and time or shift of occurrence;
  - ii. Names of the patient, EMS Personnel, entities, family members, and others involved;
  - iii. Relationship of the complainant to the patient or to the EMS Personnel;
  - iv. Condition and status of the patient;
  - v. Details of the situation; and
  - vi. The name of the facility where the patient was taken.
3. All complaints shall be submitted to IDPH's Central Complaint Registry or to the System EMS MD. Complaints received by the EMS MD shall be forwarded to IDPH's Central Complaint Registry within five working days after receipt of the complaint. The substance of the complaint shall be provided in writing to the EMS Personnel or provider agency no earlier than at the commencement of an on-site investigation.
4. IDPH and the EMS MD shall not disclose the name of the complainant unless the complainant consents in writing to the disclosure.
5. IDPH may conduct a joint investigation with the EMS MD or EMS Coordinator if a death or serious injury has occurred or there is imminent risk of death or serious injury, or if the complaint alleges action or conditions that could result in a denial, non-renewal, suspension, or revocation of licensure or designation. If the complaint alleges a violation by the EMS MD or EMS Coordinator, IDPH shall conduct the investigation. If the complaint alleges a violation that would not result in licensure or designation action, IDPH shall forward the complaint to the EMS MD for review and investigation. The EMS MD may request IDPH's assistance at any time during an investigation. In the case of a complaint between EMS Systems, IDPH will be involved as mediator or lead investigator.
6. The EMS MD shall forward the results of the investigation and any disciplinary action resulting from a complaint to IDPH. Documentation of the investigation shall be retained at the hospital in accordance with EMS System improvement policies and shall be available to IDPH upon request. The investigation file shall be considered privileged and confidential.
7. Based on the information submitted by the complainant and the results of the investigation, IDPH will determine whether the EMS Act is being or has been violated. IDPH will review and consider any information submitted by the EMS Personnel or provider agency in response to an investigation.
8. IDPH will have final authority in the disposition of a complaint. Complaints shall be classified as "violation", "no violation", or "undetermined".
9. IDPH will inform the complainant and the EMS Personnel or provider agency of the complaint results within 20 days after its determination. (i.e., whether the





Morris Hospital EMS System
150 W High St. Morris Il, 60450

Patient Care and Comment Form

People You Know.
Extraordinary Care.

Reason for Report

- ( ) Constructive ( ) Hospital Direction Related ( ) Other (Explained below)
( ) Complimentary ( ) Patient Related ( ) EMS Personnel Related

Occurrence Date: \_\_\_/\_\_\_/\_\_\_ Occurrence Time: \_\_\_\_\_ (24 clock) EMS Run #
\_\_\_\_\_

Name of Provider Agency:

Ambulance Crew

Members: \_\_\_\_\_

Hospital: \_\_\_\_\_ Nurse: \_\_\_\_\_

Physician (Hospital): \_\_\_\_\_ Other(s): \_\_\_\_\_

Description of Occurrence or Events (Use additional paper if necessary):

Person initiating report: \_\_\_\_\_ Date

Submitted: \_\_\_/\_\_\_/\_\_\_

Follow-up Report: (For Morris Hospital EMS Office use only)

Morris Hospital EMS Manager: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Morris Hospital EMS MD: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_