



EMS Office | Medical Program Director

EMS REQUEST FOR REVIEW OR RECOGNITION

This form must be used, to request any local Yakima County Prehospital QI/QA Committee to review or recognize an incident. Fill in all information as completely as possible. When sending in requests attach MIR(s)/PCR(s), and/or patient outcome report from hospital (if possible).

INCIDENT INFORMATION

| | | | |
|--------------------------------------|------------------------|--------------------------|------------------|
| LOCATION (STREET & APARTMENT NUMBER) | DATE | TIME OF TRANSPORT | TYPE OF INCIDENT |
| LOCATION (CITY, STATE & ZIP) | TYPE OF ILLNESS/INJURY | | |
| FIRE DEPARTMENT/DISTRICT | UNIT NUMBER | MIR NUMBER | MIR Attached? |
| TRANSPORTING AMBULANCE | UNIT NUMBER | MIR NUMBER | MIR Attached? |
| HOSPITAL TRANSPORTED TO | CONTACT INFORMATION | Medical Record Attached? | |

PATIENT INFORMATION

| | | | | |
|---|---------------------------------------|-----|---------------|---|
| NAME (FIRST, MIDDLE, LAST) | SEX | AGE | DATE OF BIRTH | PHONE NUMBER (INCLUDE AREA CODE) () - |
| PERMANENT ADDRESS (STREET & APARTMENT NUMBER) | PERMANENT ADDRESS (CITY, STATE & ZIP) | | | |
| REASON FOR REQUEST (i.e. patient care issue, transport decision concern, etc.): | | | | |

Will this be:

| Type of QI/QA | |
|----------------------------------|--|
| YC Prehospital QI/QA Call Review | Requesting Agency Internal QI/QA Call Review |
| | |

Requested By:

Signature

Print Name Here

Date

Only EMS Office Use Below This Line

What type of records?

| Hospital | | | | | | Ambulance/Fire | Dispatch |
|-------------------------|----------------|---------------------|-----------------------|----------|--------|--|--------------------------|
| Complete Medical Record | Summary Report | Patient Disposition | Emergency Room Report | Pictures | X-Rays | Patient Care Report or Medical Incident Report | SunCom 911/Dispatch Tape |
| | | | | | | | |

Signature of EMS Office Representative

Print Name Here

Date

RCW 70.168.090 (3) Data elements related to the identification of individual patient's, provider's and facility's care outcomes shall be confidential, shall be exempt from RCW 42.56.030 through 42.56.570 and *42.17.350 through 42.17.450, and shall not be subject to discovery by subpoena or admissible as evidence. (4) Patient care quality assurance proceedings, records, and reports developed pursuant to this section are confidential, exempt from chapter 42.56 RCW, and are not subject to discovery by subpoena or admissible as evidence. In any civil action, except, after in camera review, pursuant to a court order which provides for the protection of sensitive information of interested parties including the department: (a) In actions arising out of the department's designation of a hospital or health care facility pursuant to RCW 70.168.070; and in addition WAC 246-976-920 – Medical Program Director (3) The certified MPD must: (h) Periodically audit the medical care performance of EMS certified personnel; WAC 246-976-330(3) Ambulance and aid services – Record Requirements (3) Licensed services must make all patient care records available for inspection and duplication upon request of the county MPD or the department.