

Northwest Community EMS System			POLICY MANUAL
Policy Title: <b>GRIEVANCE RECOURSE STEP 1: Request for Clarification (RFC);</b> complaint investigation			No. G - 1
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- I. **Definition:** "Complaint" "means a report of an alleged violation of the Act or this Part by any System Participants or providers covered under the Act, or members of the public. Complaints shall be defined as problems related to the care and treatment of a patient" (Amended at 42 Ill. Reg. 17632, effective September 20, 2018).

II. **PURPOSE**

- A. A standardized mechanism to request clarification, report an occurrence, or report a complaint is intended to reduce morbidity and mortality and to improve the quality of patient care. All Request for Clarification (RFC) activities and complaint investigation files fall under the auspices of continuous quality improvement and are thus protected under the Medical Studies Act [735 ILCS 5/8-2101].
- B. While this policy provides a means for System members to report an occurrence, seek clarification, or report a complaint and for System representatives to document the results of their investigation and to report recommendations, it **is not** intended to replace face-to-face communication and the immediate resolution of a conflict.

III. **Initiate a Request for Clarification or file a complaint if one of the following occurs:**

- A. One party believes that a discrepancy exists between EMS standards of practice and EMS practitioner actions and/or OLMC orders. Either party may request a review of the run events for clarification as to compliance with standards.
- B. Interference at the scene hampered EMS personnel in the performance of their duties.
- C. A patient injury was sustained after the establishment of an EMS-patient relationship either during the course of treatment at the scene or during transport. If this injury was caused by a medical device malfunction, see Policy M-8 for further instructions.
- D. An EMS team member was injured during the course of treatment at the scene or during transport. If this injury was caused by a medical device malfunction, see Policy M-8 for further instructions.
- E. There is a question of missing valuables.
- F. There is an indication of impaired behavior exhibited by EMS personnel. See Policy I-4.
- G. The quality or nature of radio/phone communication is questioned.
- H. An incident adversely affects or threatens to affect patient, personnel, or public relations.
- I. There are multiple sustained complaints relative to non-compliance with standards.

IV. **Initiating an RFC**

- A. Consider if the incident also falls under the Reportable Incidents policy (R-7) If so, immediately report by telephone to the EMS MD or his designee to
  - 1. avert an anticipated adverse outcome or occurrence.
  - 2. reduce or eliminate an impairment of services.
  - 3. reduce or eliminate a delay of service.
- B. RFCs shall be initiated by the person(s) seeking review of an incident or clarification in writing.
- C. The G-1 RFC/Complaint Investigation Form should be forwarded within 24 hours of the occurrence to the Hospital EMS Coordinator (EMSC) at the System Hospital receiving the patient or to the System member's designated hospital EMSC or Educator if the patient was transported to a non-System hospital or if the occurrence is not patient-related. A copy should be kept at the initiating person's Agency, hospital, etc.
- D. Upon receipt of an RFC or complaint, the EMSC/educator will conduct an investigation, obtain all records and/or data necessary to evaluate the situation and communicate their findings/ recommendations to the person(s) originating the RFC or complaint within five business days. EMSCs/educators may choose to use the attached G-1 RFC/Complaint Investigation Form.

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**E. Complaint investigation:**

1. **Gather the facts.** Talk with all involved parties and get their statements. If there are witnesses to an occurrence, record their names and affiliations.
2. Consult documents, laws, rules, and policies that define standards of care, expected behaviors, and codes of conduct.
3. **Consider the nature of the infraction:**
  - a. **Duty to avoid causing an unjustifiable risk or harm:** "Don't do" allegation. Did the behavior cause a substantial and unjustifiable risk of harm for the safety of others?
  - b. **Duty to follow procedural rule(s):** Was the act or omission not aligned with program values or standards? Did the individual believe their act or omission was justified or insignificant?
  - c. **Duty to produce an outcome:** "What to do" allegation ("Expected behavior and by when" violation)
4. Consider: Was the duty known to the individual? Was it possible to produce the duty?
5. **Mitigating circumstances:** Factors relating to an allegation that do not bear on the question of culpability but are considered when determining the outcome and recommended actions. Was the alleged behavior culturally normalized (normalization of deviance)? Did the social benefit exceed the risk? Was there an explainable cause?
6. **Conduct a meeting** with the involved parties in a private space with program representative(s) and witnesses.
7. **Documentation:** All G-1 RFC/Complaint Investigation Form shall be documented completely. DO NOT record any assumptions or opinions. Include only direct observations and substantiated facts as outlined on the form.

**F. Possible outcome recommendation of the investigation**

1. **Non-sustained/no action:** Evidence was insufficient to prove or disprove the complaint or allegation.
2. **Sustained:** Complaint or allegation was supported by sufficient evidence to justify disciplinary action. Determine if human error, at-risk behavior, or reckless behavior with or without willful defiance.
3. **Unfounded/not involved:** means the facts did not support the complaint or allegation (e.g., the complained-of conduct did not occur) or the individual was not involved in the incident (specify which one).
4. **Exonerated:** Means the complained-of conduct occurred, but the actions were deemed proper, within guidelines, or had mitigating circumstances that vacate disciplinary action.

**G. Make a nature of error determination**

1. **Human error:** Unintentional mistake; requires remediation
2. **At-risk behavior:** Behaviors that individuals engage in, knowing on some level that it could risk safety. Requires corrective coaching.
3. **Reckless behavior/willful defiance:** conscious disregard for a substantial and unjustifiable risk. Disciplinary action warranted.

**H. If sustained, recommend possible consequences/disciplinary action**

1. **Verbal warning** and remediation plan
2. **Written warning** with corrective coaching/action plan: If the violation would not warrant immediate suspension, the EMSC/educator will work with the involved parties to design a corrective action plan that will require ongoing assessment and monitoring of behavior/performance.
3. **Final written warning** with a corrective action plan as above that may include restriction of practice and/or suspension recommended to IDPH, and with the caveat that serious consequences to

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licensure/practice will result if prohibited behaviors are repeated.

4. Recommendation to take **action on the individual's EMS license**

- I. **Form processing:** A copy of the completed G-1 RFC/Complaint Investigation Form along with blinded copies of the ePCR and Communication Log (if patient-related) is to be sent to the EMS Administrative Director. A record of RFCs/QI reviews/complaints and their dispositions or recommendations shall be kept at the Resource Hospital EMS office. If the report sustains a complaint against any System member, a copy of the completed investigation form shall also be forwarded to the EMSC/educator who holds that individual's active EMS file.

V. **Reporting a complaint to IDPH**

- A. A person who believes that the Act or this Part 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 the Department. The complainant is requested to supply the following information concerning the allegation:
1. Date and time or shift of occurrence;
  2. Names of the patient, EMS personnel, entities, and other persons involved;
  3. Relationship of the complainant to the patient or to the provider;
  4. Condition and status of the patient;
  5. Details of the situation; and
  6. The name of the facility where the patient was taken.
- B. All complaints shall be submitted to the Department's Central Complaint Registry or to the EMS MD. **Complaint registry hotline: 1-800-252-4343.** The substance of the complaint shall be provided in writing to the System participant or provider no earlier than at the commencement of an on-site investigation pursuant to subsection (e).
- C. The Department and the EMS MD or Trauma Center MD shall not disclose the name of the complainant unless the complainant consents in writing to the disclosure.
- D. The Department may conduct a joint investigation with the EMS MD, EMS Coordinator or Trauma Center MD 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, EMS Coordinator, or Trauma Center MD, the Department shall conduct the investigation. If the complaint alleges a violation that would not result in licensure or designation action, the Department shall forward the complaint to the EMS MD or Trauma Center MD for review and investigation. The EMS MD or Trauma Center MD may request the Department's assistance at any time during an investigation. In the case of a complaint between EMS Systems, the Department will be involved as mediator or lead investigator.
- E. The EMS MD or Trauma Center Director shall forward the results of the investigation and any disciplinary action resulting from a complaint to the Department. Documentation of the investigation shall be retained at the hospital in accordance with the Resource Hospital record retention policy and shall be available to the Department upon request. The investigation file shall be considered privileged and confidential in accordance with the Medical Studies Act [735 ILCS 5/8-2101].
- F. Based on the information submitted by the complainant and the results of the investigation conducted in accordance with subsection (e), the Department will determine whether the Act or this Part is being or has been violated. The Department will review and consider any information submitted by the System participant or provider in response to an investigation.
- G. The Department will have final authority in the disposition of a complaint. Complaints shall be classified as valid, invalid, or undetermined.
- H. The Department will inform the complainant and the System Participant or provider of the complaint results (i.e., whether the complaint was found to be a valid, invalid, or undetermined) within 20 days after its

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determination.

- I. The EMS System shall have a policy in place requiring compliance with this Section.
- J. An EMS System participant or provider who is dissatisfied with the determination or investigation by the Department may request reconsideration by the Department within seven business days of the determination.
- K. The investigative files of the EMS System and the Department shall be privileged and confidential in accordance with the Medical Studies Act [735 ILCS 5/8-2101], except that the Department and the involved EMS System may share information. The Department's final determination shall be public information subject to FOIA. (Source: Amended at 42 Ill. Reg. 17632, effective September 20, 2018)
- L. The EMS MD shall be responsible for developing or approving a system form and submitting the following to the Department on a monthly basis:
  - 1. Number of EMS patient care complaints including a brief synopsis of the issue;
  - 2. Outcome of the system investigation; and
  - 3. Names and license of the EMS personnel involved for sustained allegations. (515.330 EMS System Program Plan EMERGENCY rules 12-27-21)
- VI. For repeated occurrences, a meeting will be requested with the parties involved, the Provider EMS Coordinator or nurse manager, and the hospital EMS Coordinator/educator for re-education.
- VII. All participants are entitled to full due process according to the grievance policies G-1 through G-3.

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