

**Trauma Performance Improvement Tracking Form**

\*\*\*\*Privileged Peer Review Information. Confidential and Not Subject to Discovery\*\*\*\*

**Complete form for any case involving Trauma Registry Inclusion, Trauma Team Activation, Admission, Transfer, or Death**

Trauma Registry #					Admit Date:			Legend
Pre-Hospital Performance Improvement Filters (Applicable for Ambulance Transports Only)	Yes	No	N/A	LOI	POM	CF/D	PIA	
<input type="checkbox"/> EMS Trip Ticket in Patient's chart *								Yes = PI Filter Meets Criteria No = PI Filter Did Not Meet Criteria
<input type="checkbox"/> Scene Time < 20 Minutes								
<input type="checkbox"/> Appropriate Airway Maintenance *								<b>Levels of Involvement (LOI)</b> SR = System Related DR = Disease Related PR = Provider Related
<input type="checkbox"/> Appropriate Spinal Immobilization (Backboard and Collar) *								
<input type="checkbox"/> Patient Met Physiological and/or Anatomical Absolute Criteria *								
<input type="checkbox"/> Trauma Team Requested by EMS *								<b>Preventability of Mortality (POM)</b> UM = Unanticipated Mortality with OFI AM = Anticipated Mortality with OFI M = Mortality without OFI CD = Cannot be determined N/A = Not Applicable
<input type="checkbox"/> Pre-Hospital Defined								
<input type="checkbox"/> Pre-Hospital Defined								
* Record on Performance Improvement tracking worksheet								<b>Contributing Factors/Determination (CF/D)</b> 1. Delay in Diagnosis      6. Error in Technique 2. Error in Diagnosis      7. Equipment Issue 3. Error in Management    8. Triage Issue 4. Communications Issue    9. Scene Delay 5. Timeliness/Availability 10. Other:
<b>Hospital Performance Improvement Filters</b>								
<input type="checkbox"/> Patient Met Physiological and/or Anatomical Absolute Criteria *								
<input type="checkbox"/> Trauma Team Activated by ER Staff *								
<input type="checkbox"/> Trauma Team response times < defined criteria (30 minutes)								
<input type="checkbox"/> Patient Transferred with ER LOS < 2 hours								
<input type="checkbox"/> GCS < 8 and airway established								
<input type="checkbox"/> Complete VS documentation including GCS (x2 minimum)								
<input type="checkbox"/> Required/appropriately sized equipment immediately available								
<input type="checkbox"/> Appropriate warming measures (blankets, warmed IV Fluids)								
<input type="checkbox"/> Hospital Defined								<b>Performance Improvement Actions (PIA)</b> <input type="checkbox"/> None Required <input type="checkbox"/> Trend <input type="checkbox"/> Guideline or Protocol <input type="checkbox"/> Letter with F/U Required <input type="checkbox"/> Education-Specify: <input type="checkbox"/> Counseling <input type="checkbox"/> M&M Peer Review <input type="checkbox"/> Resource Enhancement <input type="checkbox"/> Process Improvement <input type="checkbox"/> Other
<input type="checkbox"/> Hospital Defined								
<input type="checkbox"/> Hospital Defined								
* Record on Performance Improvement tracking worksheet								
<b>Performance Improvement Review Process:</b>								
<b>Initial Comments:</b>								
<b>Action Plan:</b>								
<b>Loop Closure:</b>								
<b>Trend Evaluation:</b> <input type="checkbox"/> Re-Evaluate in 3 months <input type="checkbox"/> Re-Evaluate in 6 months <input type="checkbox"/> Monitor until Resolved								
<b>Trauma Coordinator Signature:</b>							<b>Date:</b>	
<b>Trauma Medical Director Signature:</b>							<b>Date:</b>	