

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 Activation, Admission, Transfer, or Death

Trauma Registry #	ISS #	Yes	No	N/A	LOI	POM	CF/D	PIA	Legend
Pre-Hospital Performance Improvement Filters (Applicable for Ambulance Transports Only)									Yes = PI Filter Meets Criteria No = PI Filter Did Not Meet Criteria
<input type="checkbox"/> EMS Trip Ticket in Patient's chart *									Levels of Involvement (LOI) SR = System Related DR = Disease Related PR = Provider Related Preventability of Mortality (POM) UM = Unanticipated Mortality with OFI AM = Anticipated Mortality with OFI M = Mortality without OFI (Opportunity for Improvement) CD = Cannot be determined N/A = Not Applicable Contributing Factors/Determination (CF/D) 1. Delay in Diagnosis 6. Error in Technique 2. Error in Diagnosis 7. Equipment Issue 3. Error in Management 8. Triage Issue 4. Communication Issue 9. Scene Delay 5. Timeliness/Availability 10. Other: Performance Improvement Action (PIA) <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"/> Scene Time < 20 minutes									
<input type="checkbox"/> Appropriate Airway Maintenance *									
<input type="checkbox"/> Appropriate Spinal Immobilization (Backboard and C-Collar)*									
<input type="checkbox"/> Patient Met Physiological and/or Anatomical Absolute Criteria*									
<input type="checkbox"/> Trauma Team Requested by EMS *									
<input type="checkbox"/> Pre-Hospital Defined									
<input type="checkbox"/> Pre-Hospital Defined									
<input type="checkbox"/> Record on Performance Improvement tracking worksheet									
Hospital Performance Improvement Filters									
<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 < 3 hours									
<input type="checkbox"/> GCS < 8 and airway established									
<input type="checkbox"/> Complete V/S documentation including GCS (x2 minimum)									
<input type="checkbox"/> Required/appropriately sized equipment immediately available									
<input type="checkbox"/> Appropriate warming measures (blanket, warmed IV fluids, etc.)									
<input type="checkbox"/> Hospital Defined									
<input type="checkbox"/> Hospital Defined									
<input type="checkbox"/> Hospital Defined									
<input type="checkbox"/> Record on Performance Improvement tracking worksheet									
Performance Improvement Review Process:									
Initial Comments:									

Action Plan:

Loop Closure:

Trend Evaluation: Re-Evaluate in 3 months Re-Evaluate in 6 months Monitor until Resolved

Peer Reviewer: (Print Name) _____ **Date:** _____

Trauma Coordinator Signature: _____ **Date:** _____

Trauma Medical Director Signature: _____ **Date:** _____

PATIENT IDENTIFICATION *Transfer:* _____ **Admitr:** _____ **Expired:** _____ **Discharge:** _____