

GIMC Trauma PIPS Review

THIS FORM IS CONFIDENTIAL AND IS INTENDED FOR QUALITY AND PEER REVIEW PURPOSES ONLY

| | | | | | |
|--------------|--|------------------------|--|---------------|-------|
| Name: | | Register #: | | ISS #: | |
| MR #: | | Date of Service | | COVID: | + / - |

| System Related | Patient Care Related | Mortality was: |
|---|--|--|
| <input type="checkbox"/> Trauma related death <input type="checkbox"/> Transfer _____ <input type="checkbox"/> Requested Review <input type="checkbox"/> Other _____ | <input type="checkbox"/> Delay in disposition <input type="checkbox"/> Inadequate documentation <input type="checkbox"/> Delay or failed trauma activation <input type="checkbox"/> Other | <input type="checkbox"/> Mortality without opportunity for improvement (non-preventable) <input type="checkbox"/> Anticipated mortality with opportunity for improvement (potentially preventable) <input type="checkbox"/> Unanticipated mortality with opportunity for improvement (preventable) |

| | |
|-------------------|---|
| Patient Synopsis: | ED Provider(s): |
| | TRAUMA STAT: YES / NO |
| | CONSULT: YES / NO Consult Provider(s): |

| | |
|--|----------------|
| | |
| | ED LOS: |

TRANSFER NOTES: REQUESTED: _____ **ATTACHED:** _____ **STATUS:** _____

| Conclusion | Action | Person Responsible | Date Complete |
|--|---|--------------------|---------------|
| <input type="checkbox"/> No system or patient care problem | None | | |
| <input type="checkbox"/> Trend/Track | TPC add to trend database | | |
| <input type="checkbox"/> More information needed | Request Information | | |
| <input type="checkbox"/> Problem Identified: | <input type="checkbox"/> Unnecessary <input type="checkbox"/> Trend <input type="checkbox"/> Education <input type="checkbox"/> Counseling <input type="checkbox"/> Peer Review | | |
| <input type="checkbox"/> Other: | | | |

Trauma Medical Director/Date

Trauma Program Coordinator/Date