

HOTRAC Regional Pediatric Performance Improvement Indicators

Review all children from gestational age of 20 weeks to under 18 years old transferred, submersion, TBI, SPI, or death.

Facility Name: _____ Name of person completing form: _____

MR #/Chart #: _____ Admit date: _____ Discharge date: _____

Race/Ethnicity: Caucasian (non-Hispanic) Hispanic African American American Indian Asian Native Pacific Islander

Patient Age: _____ Date of Birth: _____ Male Female Neonate Infant Child

Chief Complaint/MOI/
Patient Diagnosis/ Injuries: _____

Mode of Arrival (If ED visit): POV Ground _____ Air _____ Inpatient Emergency Department

****ALL "YES" RESULTS ARE INDICATORS AND REQUIRE REVIEW**

Performance Improvement FILTER	YES	NO	COMMENTS
IF APPLICABLE, was CPS notified? <input type="checkbox"/> Yes <input type="checkbox"/> No			
1. Was patient transferred to a facility outside of TSA-M?			If so, Why? _____ Where? _____
2. Was disposition of patient affected by transportation issues?			If so, how? _____
3. Was patient diverted by or difficulty transferring to a higher level of care?			If so, Why? _____ Where? _____
4. Was patient a submersion?			
5. Was patient a Traumatic Brain Injury (TBI) or Spinal Cord Injury (SCI)?			
6. Was patient transferred INTO your facility from OUTSIDE of TSA M?			If so, Why? _____ Where? _____
7. Did patient die?			
8. Other issues or concerns.			

Mode of Departure: POV Ground _____ Air _____

Clinical Reviewer signature: _____