

HOTRAC Regional Trauma Performance Improvement Indicators (ALL trauma admits/observations, transfers, & deaths)

Facility: _____

Name of person completing form: _____

Chart Number: _____

Admit date: _____ Discharge date: _____

Patient Age: _____ Male Female

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

MOI: _____

Patient Injuries/Illness: _____

CPS/APS Notified? Yes No

SANE? Yes No

Mode of Arrival: Ground: _____ Air: _____ POV Other: _____

PERFORMANCE IMPROVEMENT FILTER	YES	NO	N/A	COMMENTS
1. Was trauma patient admitted to a Level IV or non-designated facility? If so, what was the trauma level? <input type="checkbox"/> Category A <input type="checkbox"/> Category B				
2. Was time to transfer the Trauma Alert A trauma patient greater than 1 hour from referring hospital to appropriate designated trauma facility?				
3. Was time to transfer the Trauma Alert B trauma patient greater than 2 hours from referring hospital to appropriate designated trauma facility?				
4. Was tourniquet or hemostatic gauze utilized in pre-hospital setting?				
5. Was trauma patient greater than sixty-four (64) years taken by EMS to <input type="checkbox"/> Level IV <input type="checkbox"/> Non-designated facility?				
6. Was trauma patient transferred to a non-designated facility? If so, what was the trauma level? <input type="checkbox"/> Category A <input type="checkbox"/> Category B				
7. Was patient transferred acutely to a facility outside of TSA-M? <input type="checkbox"/> under 18 y/o <input type="checkbox"/> over 18 y/o				Where? _____ Why? _____
8. Was readmission unplanned?				
9. Was this patient transferred from another facility to your facility and then transferred from yours to another facility (double transfer)?				
10. Was disposition of trauma patient affected by local EMS transportation?				
11. Did patient die?				
12. Other issues for review.				

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

Physician reviewer signature: _____

Trauma Program Manager signature: _____

Issue: _____ Date: _____ Committee: _____ Determination: _____

Conclusion: _____ Preventability: _____ Corrective Strategy: _____ Closed: Yes No

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Conclusion: _____ Preventability: _____ Corrective Strategy: _____ Closed: Yes No

Issue: _____ Date: _____ Committee: _____ Determination: _____

Conclusion: _____ Preventability: _____ Corrective Strategy: _____ Closed: Yes No

KEYS:

Committee Review: Secondary Review (2°) M&M Trauma & ED (TED) HOTRAC Physician Advisory (HPA)

Determination: APP – Appropriate Care DR – Disease Related PR – Provider Related SR – System Related UN – Unable to Determine

Contributing Factors for Provider Related: DD – Delay in Diagnosis ED – Error Diagnosis
EJ – Error in Judgment ET – Error in Technique

Preventability: NP – Non Preventable PP – Potentially Preventable PRV – Preventable

Nomenclature for Deaths: UM – Unanticipated mortality with opportunity for improvement
MI – Mortality without opportunity for improvement
AM – Anticipated mortality with opportunity for improvement

Corrective Strategies:

None Trend ER Enhanced Resources Letter to _____
Education Counseling PI Team Refer to _____
Practice Guideline/Protocol Discussion with _____ Other _____