

TRAUMA

PERFORMANCE IMPROVEMENT TRACKING FORM

Demographics	Source of Information	Location of issues
Patient Initials	<input type="checkbox"/> Trauma nurse Coordinator	<input type="checkbox"/> Prehospital
Date of occurrence	<input type="checkbox"/> Nurse management	<input type="checkbox"/> Resuscitation
Date of Report	<input type="checkbox"/> Case manager	<input type="checkbox"/> Imaging
Medical Record #	<input type="checkbox"/> PI coordinator	<input type="checkbox"/> Lab
Trauma Registry #	<input type="checkbox"/> Patient relations	<input type="checkbox"/> OR
Trauma # 98/	<input type="checkbox"/> Rounds	<input type="checkbox"/> PACU
Floor –	<input type="checkbox"/> Conference	<input type="checkbox"/> ICU
	<input type="checkbox"/> Registry	<input type="checkbox"/> Floor
	<input type="checkbox"/> Trauma Turn Over Rounds	<input type="checkbox"/> Rehab
	<input type="checkbox"/> Other	<input type="checkbox"/> Others

Complication, occurrence, problem, or complaint:

Reported to:

Reviewed by:

Determination:

Preventability:

Corrective Action(s)

Evidence Binder _____

system-related

nonpreventable

unnecessary

peer review presentation

disease-related

potentially preventable

trend

resource enhancement

provider related team

preventable

education

process improvement

cannot be determined

cannot be determined

guideline/protocol

privilege/credentialing action

counseling

other _____

Suspense dates for comments within 48 hrs.

Signature _____ **Date** _____