

Trauma Daily Complication List
 _____/16 through _____/16
M&M / /2016

Date/ Presenter	Patient Name/MRN	ISSUE	DISCUSSION	Recommendation/ Action	STATUS
ICU FLOOR ER			Event <input type="checkbox"/> Anticipated <input type="checkbox"/> Unanticipated <input type="checkbox"/> with opportunity for improvement <input type="checkbox"/> no opportunity for improvement		<input type="checkbox"/> Morning Report <input type="checkbox"/> CMT <input type="checkbox"/> M&M <input type="checkbox"/> Multi D TMD _____ Closed _____
ICU FLOOR ER			Event <input type="checkbox"/> Anticipated <input type="checkbox"/> Unanticipated <input type="checkbox"/> with opportunity for improvement <input type="checkbox"/> no opportunity for improvement		<input type="checkbox"/> Morning Report <input type="checkbox"/> CMT <input type="checkbox"/> M&M <input type="checkbox"/> Multi D TMD _____ Closed _____
ICU - FLOOR ER			Event <input type="checkbox"/> Anticipated <input type="checkbox"/> Unanticipated <input type="checkbox"/> with opportunity for improvement <input type="checkbox"/> no opportunity for improvement		<input type="checkbox"/> Morning Report <input type="checkbox"/> CMT <input type="checkbox"/> M&M <input type="checkbox"/> Multi D TMD _____ Closed _____
ICU FLOOR ER			Event <input type="checkbox"/> Anticipated <input type="checkbox"/> Unanticipated <input type="checkbox"/> with opportunity for improvement <input type="checkbox"/> no opportunity for improvement		<input type="checkbox"/> Morning Report <input type="checkbox"/> CMT <input type="checkbox"/> M&M <input type="checkbox"/> Multi D TMD _____ Closed _____
ICU FLOOR ER			Event <input type="checkbox"/> Anticipated <input type="checkbox"/> Unanticipated <input type="checkbox"/> with opportunity for improvement <input type="checkbox"/> no opportunity for improvement		<input type="checkbox"/> Morning Report <input type="checkbox"/> CMT <input type="checkbox"/> M&M <input type="checkbox"/> Multi D TMD _____ Closed _____

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