

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 7272018  
 Name of Entity: FISHER COUNTY HOSPITAL  
 Person Completing Report: TAMMY HAMILTON,RN

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	0
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	2
5	Number of trauma transfer denials this quarter. (Transfers out)	0
6	Number of trauma admits (> 24 hours) to your facility this quarter.	0
7	Number of trauma admissions with ISS > 9 this quarter.	0
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: July 27, 2018  
 Name of Entity: Hendrick Medical Center  
 Person Completing Report: Lacy Milford

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	1
2	Diversion: > # of diversion occurrences this quarter. > Total # of hours on diversion this quarter.	
		6 (trauma only, multiple diverts for ICU/MedSurg/Tele)
		29
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	5
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	19
5	Number of trauma transfer denials this quarter. (Transfers out)	0
6	Number of trauma admits (> 24 hours) to your facility this quarter.	245
7	Number of trauma admissions with ISS > 9 this quarter.	62
8a	Number of trauma related deaths at your facility this quarter.	15
8b	Number of non-preventable trauma deaths this quarter.	6
8c	Number of potentially preventable trauma deaths this quarter.	0 (Please note M&M currently completed through May)
8d	Number of preventable trauma deaths this quarter.	2
9	Number of trauma patients admitted to your ICU this quarter.	29

Specific Occurrence Report		
Age: 16	Gender: Male	Chart Identification #: 1432651
Mechanism of Injury: GSW		
Identified injuries and pertinent information: right femoral vein complete transection, right femoral artery tangential injury		
Patient Outcome: transferred to UMC no followup as of yet		
Provider Discussion: consider transport to Level 1 facility from scene to prevent double transfers		
Contributing Factors: Inadequate system guidelines/ protocols		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	
<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____	

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 07/27/2018  
 Name of Entity: Comanche County Medical Center  
 Person Completing Report: Kimberly Boyd, RN

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	15
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	16
5	Number of trauma transfer denials this quarter. (Transfers out)	0
6	Number of trauma admits (> 24 hours) to your facility this quarter.	2
7	Number of trauma admissions with ISS > 9 this quarter.	0
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 07/25/18  
 Name of Entity: Comanche County Medical Center  
 Person Completing Report: Kimberly Boyd RN

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	8
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	4
5	Number of trauma transfer denials this quarter. (Transfers out)	0
6	Number of trauma admits (> 24 hours) to your facility this quarter.	0
7	Number of trauma admissions with ISS > 9 this quarter.	0
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section - For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	
<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____	

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 07/24/2018  
 Name of Entity: Brownwood Regional Medical Center  
 Person Completing Report: Ethel Cumpton RN Trauma Coordinator

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	0
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	8
5	Number of trauma transfer denials this quarter. (Transfers out)	0
6	Number of trauma admits (> 24 hours) to your facility this quarter.	59
7	Number of trauma admissions with ISS > 9 this quarter.	0
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	3

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 07/20/2018  
 Name of Entity: Eastland Memorial Hospital  
 Person Completing Report: Laura Kay Pfeifer

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	3
2	Diversion: > # of diversion occurrences this quarter. > Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	0
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	17
5	Number of trauma transfer denials this quarter. (Transfers out)	0
6	Number of trauma admits (> 24 hours) to your facility this quarter.	8
7	Number of trauma admissions with ISS > 9 this quarter.	7
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 07/20/2018  
 Name of Entity: Rolling Plains Memorial Hospital  
 Person Completing Report: Stephanie Lebowitz

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	4
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	3
5	Number of trauma transfer denials this quarter. (Transfers out)	1
6	Number of trauma admits (> 24 hours) to your facility this quarter.	5
7	Number of trauma admissions with ISS > 9 this quarter.	6
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	2

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	
<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____	

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 07/19/18  
 Name of Entity: Stonewall Memorial Hospital  
 Person Completing Report: C. Criswell, RN

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	1- CT maintenance
	➤ Total # of hours on diversion this quarter.	4
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	0
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	3
5	Number of trauma transfer denials this quarter. (Transfers out)	0
6	Number of trauma admits (> 24 hours) to your facility this quarter.	1
7	Number of trauma admissions with ISS > 9 this quarter.	1
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section - For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_



Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

<u>Reporting Period</u>	<u>Due Date</u>
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 7/17/18  
 Name of Entity: Stephens Memorial Hospital  
 Person Completing Report: Holly Hare RN Trauma Coordinator

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	4
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	9
5	Number of trauma transfer denials this quarter. (Transfers out)	2
6	Number of trauma admits (> 24 hours) to your facility this quarter.	4
7	Number of trauma admissions with ISS > 9 this quarter.	1
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 7.13.18  
 Name of Entity: Abilene Regional Medical Center  
 Person Completing Report: Melinda Dean

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	1
2	Diversion: > # of diversion occurrences this quarter. > Total # of hours on diversion this quarter.	51 60.210000000000001
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	10
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	20
5	Number of trauma transfer denials this quarter. (Transfers out)	2
6	Number of trauma admits (> 24 hours) to your facility this quarter.	23
7	Number of trauma admissions with ISS > 9 this quarter.	1
8a	Number of trauma related deaths at your facility this quarter.	1
8b	Number of non-preventable trauma deaths this quarter.	1
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	1

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section - For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	
<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____	

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: July 12, 2018  
 Name of Entity: Haskell Memorial Hospital  
 Person Completing Report: Teri Turner, CNO

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion: > # of diversion occurrences this quarter. > Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	3
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	10
5	Number of trauma transfer denials this quarter. (Transfers out)	1
6	Number of trauma admits (> 24 hours) to your facility this quarter.	0
7	Number of trauma admissions with ISS > 9 this quarter.	1
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 07/10/2018  
 Name of Entity: Throckmorton County Memorial Hospital  
 Person Completing Report: Kinsi Voss RN CNO

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	0
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	2
5	Number of trauma transfer denials this quarter. (Transfers out)	0
6	Number of trauma admits (> 24 hours) to your facility this quarter.	0
7	Number of trauma admissions with ISS > 9 this quarter.	0
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	
<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____	

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 7/9/2018  
 Name of Entity: Knox County Hospital District  
 Person Completing Report: Sheila Kuehler

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	0
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	0
5	Number of trauma transfer denials this quarter. (Transfers out)	1
6	Number of trauma admits (> 24 hours) to your facility this quarter.	0
7	Number of trauma admissions with ISS > 9 this quarter.	0
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 07/06/2018  
 Name of Entity: Hamlin Memorial hospital  
 Person Completing Report: Melissa Lee

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	1
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	1
5	Number of trauma transfer denials this quarter. (Transfers out)	0
6	Number of trauma admits (> 24 hours) to your facility this quarter.	0
7	Number of trauma admissions with ISS > 9 this quarter.	0
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age: 0	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 07/04/2018  
 Name of Entity: Coleman County Medical Center  
 Person Completing Report: Chancy Pickett RN

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	2
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	12
5	Number of trauma transfer denials this quarter. (Transfers out)	1
6	Number of trauma admits (> 24 hours) to your facility this quarter.	0
7	Number of trauma admissions with ISS > 9 this quarter.	0
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age: 68	Gender:	Chart Identification #: 303730
Mechanism of Injury: fall		
Identified injuries and pertinent information: L hip fracture		
Patient Outcome: Transferred to Shannon-discharged to nursing home		
Provider Discussion: Too much time spent with trying to get pt transferred. Do not understand why a doctor did not accept patient		
Contributing Factors: Inadequate system guidelines/ protocols		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	
<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____	

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_

Big Country Regional Advisory Council TSA-D  
**Performance Improvement Form**  
 ~ Hospital ~

Reporting Period	Due Date
___ (Jan → Mar)	April 30
___ (Apr → Jun)	July 31
___ (Jul → Sep)	Oct 31
___ (Oct → Dec)	Jan 31

Date: 7/1/18  
 Name of Entity: Mitchell County Hospital  
 Person Completing Report: C Hale RN CEN

Performance Improvement Criteria / Indicators		
1	Number of trauma related pediatric resuscitations.	0
2	Diversion:	
	➤ # of diversion occurrences this quarter.	0
	➤ Total # of hours on diversion this quarter.	0
3	Number of patients that met the RAC-D definition of "Major Trauma" that were transferred to hospitals outside of RAC-D this quarter.	5
4	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	0
5	Number of trauma transfer denials this quarter. (Transfers out)	0
6	Number of trauma admits (> 24 hours) to your facility this quarter.	2
7	Number of trauma admissions with ISS > 9 this quarter.	0
8a	Number of trauma related deaths at your facility this quarter.	0
8b	Number of non-preventable trauma deaths this quarter.	0
8c	Number of potentially preventable trauma deaths this quarter.	0
8d	Number of preventable trauma deaths this quarter.	0
9	Number of trauma patients admitted to your ICU this quarter.	0

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors:		

Please do not fill in this section – For RAC-D PI Committee Review	
<input type="checkbox"/> No negative outcome <input type="checkbox"/> Minor Negative outcome <input type="checkbox"/> Significant system performance error <input type="checkbox"/> Major deviation from desired system performance <input type="checkbox"/> Unable to determine	Standard of Care Met? Yes / No <input type="checkbox"/> RAC-D guidelines followed <input type="checkbox"/> Minor deviation from RAC-D guidelines <input type="checkbox"/> Significant deviation form RAC-D guidelines <input type="checkbox"/> Major deviation from RAC-D guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <input type="checkbox"/> No action needed <input type="checkbox"/> Review with hospital or EMS provider <input type="checkbox"/> Track and Trend <input type="checkbox"/> Education <input type="checkbox"/> RAC-D guideline review	<input type="checkbox"/> Hospital / EMS action plan requested <input type="checkbox"/> Refer to Texas DSHS <input type="checkbox"/> Assign to workgroup <input type="checkbox"/> Request closed Executive Committee review <input type="checkbox"/> Other: _____

Reviewed by Performance Improvement Committee on \_\_\_\_\_

Signed Committee Chair: \_\_\_\_\_