

Big Country Regional Advisory Council TSA-D
Performance Improvement Form
 ~ Air Medical ~

Date: _____

Name of Entity: _____

Person
Completing Report: _____

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

Performance Improvement Criteria / Indicators	
1	Number of occurrences scene time greater than 20 minutes this quarter.
2	Number of occurrences lift off time > 10 minutes from time mission accepted.
	Explanation of above:
3	Number of missed flights this quarter.
	Explanation of above:

Specific Occurrence Report		
Age:	Gender:	Chart Identification #:
Mechanism of Injury:		
Identified injuries and pertinent information:		
Patient Outcome:		
Provider Discussion:		
Contributing Factors: <input type="checkbox"/> Inadequate system guidelines/ protocols <input type="checkbox"/> Multiple patients <input type="checkbox"/> Extrication <input type="checkbox"/> Hospital Diversion <input type="checkbox"/> Other: _____		

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

Please complete and return to:

Marlee Puckett

FAX: 877-412-3701

E-mail: Marlee_puckett@yahoo.com