

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

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

<b>Performance Improvement Criteria / Indicators</b>		
1	Number of trauma-related patients pronounced dead on scene this quarter.	
2	Number of occurrences of prolonged wait times for EMS provider response to scene this quarter.	

<b>Specific Occurrence Report</b>		
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: _____		

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

Please complete and return to:

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