

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

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 trauma related pediatric resuscitations.	
2	Diversion: > # of diversion occurrences this quarter. > Total # of hours on diversion this quarter.	
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	Trauma patient transferred for higher level of care > 2 hours after arrival this quarter.	
5	Number of trauma transfer denials this quarter. (Transfers out)	
6	Number of trauma admits (> 24 hours) to your facility this quarter.	
7	Number of trauma admissions with ISS > 9 this quarter.	
8a	Number of trauma related deaths at your facility this quarter.	
8b	Number of non-preventable trauma deaths this quarter.	
8c	Number of potentially preventable trauma deaths this quarter.	
8d	Number of preventable trauma deaths this quarter.	
9	Number of trauma patients admitted to your ICU this quarter.	

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	
<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
Action Plan <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: _____	

Please complete and return to: Marlee Puckett
 Fax# 877-412-3701
 Marlee_Puckett@yahoo.com