



### Trauma Peer Review Action Plan

Demographics	Source of Information	Location of Issue
Date of report:  FIN #:	<input type="checkbox"/> Trauma program coordinator <input type="checkbox"/> Nurse manager <input type="checkbox"/> Staff nurse <input type="checkbox"/> Provider <input type="checkbox"/> Patient relations <input type="checkbox"/> Multi-disciplinary conference <input type="checkbox"/> Registry <input type="checkbox"/> QA/QI chart audit <input type="checkbox"/>	<input type="checkbox"/> EMS <input type="checkbox"/> ED <input type="checkbox"/> Floor <input type="checkbox"/> Radiology <input type="checkbox"/> Lab <input type="checkbox"/>
<b>Complication, problem or complaint:</b>		
<b>Reviewed by:</b>		
<b>Date of review:</b>		
<b>Determination:</b> <input type="checkbox"/> system-related <input type="checkbox"/> disease-related <input type="checkbox"/> provider-related <input type="checkbox"/> unable to determine	<b>Preventability:</b> <input type="checkbox"/> non-preventable <input type="checkbox"/> potentially preventable <input type="checkbox"/> preventable <input type="checkbox"/> unable to determine	
<b>Corrective action:</b> <input type="checkbox"/> not necessary <input type="checkbox"/> trend/track similar occurrences <input type="checkbox"/> education	<input type="checkbox"/> guideline/protocol <input type="checkbox"/> counseling <input type="checkbox"/> peer review	<input type="checkbox"/> resource enhancement <input type="checkbox"/> privilege/credentialing review <input type="checkbox"/>
<b>Action Plan:</b>		
<b>Follow up/Loop Closure:</b>		
<b>Signature:</b>	<b>Closure Date:</b>	