

Havasu Regional Medical Center Trauma Performance Improvement Tracking

Date: _____	MRN: _____	Patient Name: _____
Source/Identified by: <input type="checkbox"/> TMD <input type="checkbox"/> TPM <input type="checkbox"/> Rounds <input type="checkbox"/> Chart Review <input type="checkbox"/> Other		
■ Performance Improvement Indicator:		

Details/Further Explanation:

Contributing Factors:

- System Related _____
- Disease Related or Condition
- Unable to Determine
- Provider Related: Name: _____
 - Diagnosis Error Technique Error Judgment Error Other:

Judgment:

- Mortality without Opportunity for Improvement
- Anticipated Mortality with Opportunity for Improvement
- Mortality with Opportunity for Improvement

Determination:

- NA = No Errors
- Care Appropriate
- Care Inappropriate

Corrective Strategy/Action Plan:

- | | |
|---|--------------|
| <input type="checkbox"/> None/No further action necessary | Other: _____ |
| <input type="checkbox"/> Track and Trend | _____ |
| <input type="checkbox"/> Provider Education | _____ |
| <input type="checkbox"/> Recommend P&P revision | _____ |
| <input type="checkbox"/> Recommend System Modification | _____ |
| <input type="checkbox"/> Provider/Employee counseled | _____ |
| <input type="checkbox"/> Refer to PEER Review | _____ |

Comments/Follow up/Resolution:

Status:

- | | | |
|--|--|-------------|
| <input type="checkbox"/> Closed, no further action | <input type="checkbox"/> Referred to: _____ | Date: _____ |
| Rank: <input type="checkbox"/> MO=No Issue | <input type="checkbox"/> M1= Minor Opportunity for Improvement | |
| <input type="checkbox"/> M2=Moderate Opportunity for Improvement | <input type="checkbox"/> M3= Significant Opportunity for Improvement | |

Trauma Program Manager: _____ Date: _____

Trauma Medical Director: _____ Date: _____