

Performance Improvement Form ~ Hospital ~

Date: _____

Name of Entity: _____

Person
Completing Report: _____

Reporting Period	Due Date
___ (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: <ul style="list-style-type: none"> ➢ # of diversion occurrences this quarter. ➢ Total # of hours on diversion this quarter.
3	Number of patients that met the RAC-K definition of "Major Trauma" that were transferred to hospitals outside of RAC-K 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-K 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-K guidelines followed <input type="checkbox"/> Minor deviation from RAC-K guidelines <input type="checkbox"/> Significant deviation form RAC-K guidelines <input type="checkbox"/> Major deviation from RAC-K 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-K 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:

Matthew Berry

FAX: 325-481-8407

E-mail: MatthewBerry@ShannonHealth.org

Concho Valley Regional Advisory Council TSA-K