Performance Improvement Form ~ Air Medical ~

Date:		=	Reporting Period	<u>Due Date</u>	
Name of Entity:			(Jan → Mar) (Apr → Jun) (Jul → Sep)	April 30 July 31 Oct 31	
Person			(Oct → Dec)	Jan 31	
Completing Report:					
Performance Improvement Criteria / Indicators					
1	Number of occurrences scene time greater than 20 minutes this quarter.				
2	Number of occurrences lift off time > 10 minutes from time mission accepted.				
	Explanation of above:				
3	Number of missed flights this quarter.				
Explanation of above:					
	L				
Specific Occurrence Report					
Age: Gender: Chart Identification #:					
Mechanism of Injury:					
Identified injuries and pertinent information:					
denotines injuries and perunent information.					
Patient Outcome:					
Provider Discussion:					
1 Tovider Discussion.					
Contributing Factors: Inadequate system guidelines/ protocols Multiple patients Extrication					
☐ Hospital Diversion ☐ Other:					
	Please do not fill in this section -	· For RA	C-K PI Committee	Review	
No Negative outcome Standard of Care Met? Yes / No					
Minor Negative Outcome RAC-K guidelines followed Minor deviation from RAC-K guidelines					
Significant system performance error Significant deviation from RAC-K guidelines Significant deviation form RAC-K					
performance quidelines					
Unable to determine Major deviation from RAC-K guidelines				uidelines	
Unable to determine					
Action Plan No action needed Hospital / EMS action plan requested					
No action needed Hospital / EMS action plan requested Review with hospital or EMS provider Refer to Texas DSHS					
Track and Trend Assign to workgroup					
Education Request closed Executive Committee review				e review	
RA	RAC-K guideline review Other:				

Please complete and return to: Matthew Berry

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