

## Performance Improvement Form ~ First Responder ~

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 times patient determined to be dead upon arrival this quarter.	
2	Number of occurrences of prolonged wait times for EMS entity response to scene.	

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 from RAC-K guidelines <input type="checkbox"/> Major deviation from RAC-K guidelines <input type="checkbox"/> Unable to determine
<b>Action Plan</b> <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

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