

Trauma Performance Improvement Event Review

Date of report:

Medical record No:

Admit Date:

Time:

Mechanism of Injury

Level of Activation:

Service:

Patient Name:

Age:

Gender

Injuries

Event:

Other Pertinent Information:

Physician:

Report Completed by:

Impact (✓)

- | | | |
|--|---|---|
| <p>Physical</p> <input type="checkbox"/> No harm <input type="checkbox"/> Potential for harm <input type="checkbox"/> Minimal temporary harm <input type="checkbox"/> Minimal permanent harm <input type="checkbox"/> Moderate temporary harm <input type="checkbox"/> Moderate permanent harm <input type="checkbox"/> Severe temporary harm <input type="checkbox"/> Severe permanent harm <input type="checkbox"/> Death | <p>Psychological</p> <input type="checkbox"/> No harm <input type="checkbox"/> Minimal temporary harm <input type="checkbox"/> Minimal permanent harm <input type="checkbox"/> Moderate temporary harm <input type="checkbox"/> Moderate permanent harm <input type="checkbox"/> Severe temporary harm <input type="checkbox"/> Severe permanent harm <input type="checkbox"/> Profound mental harm | <p>Legal</p> <input type="checkbox"/> Legal department contacted <input type="checkbox"/> Complaint registered w/Patient Affairs <input type="checkbox"/> Potential legal risk <p>Socioeconomic</p> <input type="checkbox"/> Delayed disposition <input type="checkbox"/> Unnecessary hospital admission <input type="checkbox"/> Unnecessary EMS/Air transport <input type="checkbox"/> Unnecessary treatment <input type="checkbox"/> Behavioral issue |
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Impact (✓)

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| <p>Communication</p> <input type="checkbox"/> Inaccurate or incomplete information <input type="checkbox"/> Questionable advice or interpretation <input type="checkbox"/> Questionable consent process <input type="checkbox"/> Questionable disclosure process <input type="checkbox"/> Questionable documentation <p>Clinical Performance</p> <p>Pre-Interventional:</p> <input type="checkbox"/> Correct diagnosis, questionable intervention <input type="checkbox"/> Inaccurate diagnosis <input type="checkbox"/> Incomplete diagnosis | <p>Patient Management</p> <input type="checkbox"/> Delegation of care or tasks <input type="checkbox"/> Patient follow-up <input type="checkbox"/> Consultation or referral <input type="checkbox"/> Resource utilization <p>Interventional:</p> <input type="checkbox"/> Correct procedure with complications <input type="checkbox"/> Correct procedure, incorrectly performed <input type="checkbox"/> Correct procedure but untimely <input type="checkbox"/> Omission of essential procedure <input type="checkbox"/> Procedure Contraindicated <input type="checkbox"/> Procedure not indicated | <p>Post-Interventional:</p> <input type="checkbox"/> Unexpected outcome <input type="checkbox"/> Inadequate post procedural instructions <input type="checkbox"/> Inadequate home-going instructions |
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Domain (✓)

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| <p>Setting</p> <input type="checkbox"/> Scene <input type="checkbox"/> Transport <input type="checkbox"/> Transferring Facility <input type="checkbox"/> ED <input type="checkbox"/> Radiology <input type="checkbox"/> IR <input type="checkbox"/> OR <input type="checkbox"/> PACU <input type="checkbox"/> ICU <input type="checkbox"/> Step Down <input type="checkbox"/> Floor <input type="checkbox"/> Clinic | <p>Phase</p> <input type="checkbox"/> Pre-hospital/Transfer Transport <input type="checkbox"/> Resuscitation <input type="checkbox"/> Acute Care <input type="checkbox"/> Operative <input type="checkbox"/> Critical Care <input type="checkbox"/> General Unit/Stabilization <input type="checkbox"/> Discharge Planning <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Follow Up Care | <p>Time</p> <input type="checkbox"/> Weekday <input type="checkbox"/> Weekend <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Shift change <input type="checkbox"/> Mass Casualty /Multiple Casualty Event <input type="checkbox"/> Holiday <input type="checkbox"/> Mass Gathering Event |
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Domain (✓) - continued

- | | | | |
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| <p>Staff</p> <p>Providers:</p> <input type="checkbox"/> Trauma Surgeon <input type="checkbox"/> Fellow <input type="checkbox"/> Resident <input type="checkbox"/> Advanced Practice Provider <input type="checkbox"/> EM Physician <input type="checkbox"/> ICU Physician <input type="checkbox"/> Anesthesia <input type="checkbox"/> Neurosurgery <input type="checkbox"/> Radiology <input type="checkbox"/> Orthopedics <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Transferring Provider <input type="checkbox"/> Receiving Provider <input type="checkbox"/> Other | <p>Nurses:</p> <input type="checkbox"/> Flight Team <input type="checkbox"/> ER RN <input type="checkbox"/> Radiology RN <input type="checkbox"/> IR RN <input type="checkbox"/> OR RN <input type="checkbox"/> ICU RN <input type="checkbox"/> General Unit RN | <p>Therapists:</p> <input type="checkbox"/> Physical therapist <input type="checkbox"/> Occupational therapist <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> CT Tech <input type="checkbox"/> IR Tech <input type="checkbox"/> Radiology Tech <input type="checkbox"/> Blood Bank Tech | <p>Others:</p> <input type="checkbox"/> Pharmacist <input type="checkbox"/> X-ray technician <input type="checkbox"/> Lab <input type="checkbox"/> Transfusion <input type="checkbox"/> Transport Team |
|--|--|--|---|

System Factors (✓)

Trauma Performance Improvement Event Review

- Electronic Medical Record - Documentation
- Registration
- Medication Event
- Resource availability/Utilization
- Equipment Issues
- Patient safety goal compliance
- Inadequate/absent policy or practice management guidelin
- Diversion

- Incorrect service/consultation
- Incorrect transfer team
- Surgeon not available to speak with Referring physician
- Trauma Team Activation:**
 - Short notification
 - Page confusing
 - Incomplete page

Referral Process:

- Delayed activation
- Wrong Level of Activation
- Missed Activation

Human Factors (✓)

Provider/Practitioner factors:

- Provider/Practitioner skill based
- Provider / Practitioner rule based
- Provider / Practitioner knowledge based
- Provider / Practitioner protocol compliance
- Provider / Practitioner unclassifiable
- Provider / Practitioner regulatory compliance
- Fatigue
- Negligence
- Recklessness

Patient Factors:

- Uncooperative/non-compliance
- Left against medical advice
- Left without being seen
- Left before treatment completed
- Family issues
- Pre-existing disease
- Injury Severity
- Progression of injury
- Homeless

Determination:

- Mortality with Opportunity for Improvement
- Mortality without Opportunity for Improvement
- Missed injury
- Delay in Diagnosis
- Incorrect Diagnosis
- Technical error
- System issue
- Inadequate Protocol Development
- Communication issue
- Other Identified Component-Specify _____
- Coordination of care issue
- Lack of Capacity or Resources

Mitigation/Prevention Plan:

- Periodic Reporting
- Develop Best Practice Guideline
- Education
- Counseling
- PIPS Work group
- Hospital /System PI work group
- Peer Review
- Regional System PI Referral
- Department Referral
- System Committee Referral

Case Discussion:

Individual's Present for discussion:

Event Resolution:

- Moved to Trauma Operations Committee for Actions / Follow up

Signature: _____ Date: __/__/____

Event Timeline Review

Time: Event:

