

Trauma Quality Improvement Occurrence Tracking Form

Confidential: Peer Review Protected

Name:	Age:	Sex:
MRN:	TN:	
Admit date:	Attendings:	
Discharge/Death Date:	Autopsy:	Organs:

Type of Incident:	Date Identified:
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Diagnosis:

Clinical Summary:
Reviewed

Committee / Trauma Director's Review:
Trauma PIPS

Contributing Factors:	
<input type="checkbox"/> Delay in Diagnosis	<input type="checkbox"/> Patient Disease
<input type="checkbox"/> Error in Diagnosis	<input type="checkbox"/> System Inadequacy
<input type="checkbox"/> Error in Judgment	<input type="checkbox"/> Inadequate Protocol
<input type="checkbox"/> Error in Technique	<input type="checkbox"/> Other
<input type="checkbox"/> Transfer in from referring facility	<input type="checkbox"/> Transfer out from ProMedica Toledo/Toledo Children's
Corrective Action:	
<input type="checkbox"/> No Further Review	<input type="checkbox"/> Triage Committee
<input type="checkbox"/> Policy / Guideline / Protocol	<input type="checkbox"/> Trend
<input type="checkbox"/> Education	<input type="checkbox"/> Other:
<input type="checkbox"/> M & M Presentation long / short	

ACS - COT Judgment:	Anticipated Mortality WITH Opport Improve	Unanticipated Mortality WITH Opportunity for Improvement	Mortality without opport for improve
Issue:			
Death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit Filter Fallout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewing Physician Signature: _____

Date: _____