TRAUMA CRITICAL EVENT QUALITY IMPROVEMENT FORM

This is a **privileged** and **confidential** document. The contents shall not be disclosed to any person, agency or entity not directly associated with hospital peer review or the TRAC quality improvement process. The Trauma System Act (Ark. Code Ann., Section 20-13-819 et seq) authorizes this process. Violations of privacy and security requirements may lead to civil and criminal penalties pursuant to state and federal laws and regulations.

Critical Event Clinical Indicators: [check applicable category]	**Findings at Reporting Facility**		
	Determination:	**Preventability:**	**CF/J:**
❑ **Trauma patients with ISS > 15 and ED length of stay > 2 hours for patients transferred out-- as reported by sending trauma center….(receiving trauma centers will send follow-up (f/u) letters back to transferring centers which have transferred patients with these criteria. Centers receiving these f/u letters will submit the case with their investigation to their TRAC)**			
❑ **Lack of Top Tier Trauma Team activation for all patients with initial ED BP< 90 (age appropriate)**			
❑ **All requests for urgent trauma transfer out of ED (reported by transferring center)**			
❑ **First ED GCS of < 9 without intubation in the field**			
❑ **First ED GCS of < 9 without intubation within 30 minutes of arrival to the ED**			
❑ **Trauma Death (send copy of this form to your state TNC after hospital QI)**			
❑ **Other:**			

Determination:
ISR = Internal (Hospital)System Related
ESR=External System Related
DR = Disease Related
PR = Provider Related

Opportunity for Improvement:
❑ **Yes** ❑ **No**

Preventability:
A = Appropriate without OFI
AC = Appropriate Care with OFI
IC = Inappropriate Care with OFI
UM = Unanticipated Mortality with OFI
AM = Anticipated Mortality with OFI
M = Mortality without OFI
CD = Cannot be determined

Contributing Factors/Judgment:
1. Delay in Diagnosis
2. Delay in Decision to Transfer
3. Delay in Acceptance of Transfer/Urgent Transfer
4. Delay in Communication with ATCC
5. Delay in Contacting EMS
6. Delay in Executing Transfer by EMS
7. Error in Diagnosis
8. Error in Judgment
9. Error in Technique
10. Error in Management
11. Communication Issue
12. Equipment Issue
13. Triage Issue
14. Failure of Scene EMS to Contact ATCC
15. Incorrect Recommendation by ATCC
16. Transport Availability Issue
17. Service not allowed to Intubate
18. Other

Trauma Band #:	**Trauma Registry. #:**	**Age:**	**ISS:**	**TRAC:(circle all that apply)** **AV NE NC NW SE SW CA**	**Month of patient death/occurrence:**

Reporting Facility and Designation Level:	**Transferring Facility and Designation Level:**	**Contact person:**	**Phone #:**	**Email:**

Case Summary: (Attach other pertinent information to this form for TRAC MD and TRAC QI Chair review)

Hospital QI Findings with OFI's:

Hospital Trauma Medical Director Signature/ Date :_____

System Partners Involved: please note all hospital, EMS and ATCC personnel involved with case	Contact person:	Phone #:	Email:	Aware of Case (Y/N)

Date sent to TRAC QI Chair:_____ Date received by TRAC QI Chair: _____

TRAC QI Chair/ TRAC MD Summary:

TRAC Medical Director:_____ TRAC QI Chair:_____
Date:_____ Date:_____

Opportunity for Improvement:

❑ Referral to Regional QI for focused review **Date referred:**	❑ Trend	❑ Hospital FYI Letter
❑ No Action required **Date comments sent back to facility:**	❑ Refer to State QI	❑ Additional Information Required

TRAC QI Subcommittee summary of deliberation:

TRAC MD: **Date of TRAC QI Subcommittee meeting:**

Quality Improvement Actions (s):	**Date Completed:**	
❑ None Required		**Trend Evaluation:**
❑ Trend		❑ Re-evaluate in 3 months
❑ Guideline or Protocol		❑ Re-evaluate in 6 months
❑ Letter with Corrective Action Plan Required		❑ Monitor until resolved
❑ Education-Specify:		
❑ Enhanced Resources, Facilities, Communication		
❑ FYI Letter		
❑ Referral for M&M Peer Review/Operational Committee Presentation		
❑ Referral to ATCC _____		
❑ Referral to TAC State TRAC / QI Subcommittee		
Re-Evaluation Dates: **Loop Closure Date:**		

Trauma band#_____ Received by ADH Section_____