**Region 8 Performance Improvement Tracking Tool**

**Summary of PI Data Point or Event:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Level of Review** |  | **Initial Referral Date** | **Date of review** | **EVENT RESOLUTION Date** |
| 1st Level (Trauma Coordinator / RPSRO Chair)  | [ ]  |   |  | Final outcome |
| 2nd Level (RPRSO) | [ ]  |  |  |   |

**SOURCE:**

Name of Referral Person:

Contact Information:

Hospital Involved:

Pre-Hospital Agency Involved:

Source Outside of Region:

Regions Involved:

Contact Person from Outside Region:

Contact Information:

**REFER TO/RESPONSIBLE:** [ ]  RTN Chair [ ]  MCA Medical Director [ ]  Facility of Origin [ ]  Other (specify):

**DATE REFERRED BACK TO RESPONSIBLE PARTY: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRAUMA PI FILTERS**

[ ] System and/or Process Issue

[ ] Bypass or Diversion Issue

[ ] Trauma Death

[ ] Trauma Admission

[ ] Trauma Activation

[ ] Transfer

[ ] Other

**ACTION PLAN / CORRECTIVE STRATEGY**

[ ] None / No further action necessary [ ]  Education

[ ] Study (evidence based / review of literature) [ ]  Track & trend (*Duration*: \_\_\_\_\_\_\_\_\_\_)

[ ] Guideline / Protocol (New or Change) [ ]  Letter

[ ] Other

**DATE PI FINDING REPORTED TO RTN: \_\_\_\_\_\_\_\_\_\_\_\_\_ PI PROJECT APPROVED:** [ ]  Yes [ ]  No

|  |
| --- |
| **Event Resolution Tracking** |
| **Date** | **Activity** |
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**STATUS**: [ ] Closed, no further action [ ]  Pending:

**PI REVIEW LOOP CLOSED:**

Regional Trauma Coordinator Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RPRSO Chair: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_