**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_