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| **MRN:**       **Trauma Registry#:**       **ISS:** | |
| **CASE INFORMATION** | |
| **Injury Date:**       **Date of Death:** | **Trauma Activation Level**  Level I (Red)  Level II (Yellow)  Level III (Green/GERI)  NO ACTIVATION  **Mode of Arrival**  Self  EMS |
| **Mechanism of Injury:**  **Probability of Survival:**  Low  Moderate  High |
| **Pre-hospital Information:**  N/A  **EMS Time on Scene:**  **GCS:**  **VS:**  **Pulsara Notification:**  Yes  No | |
| **ED Diagnosis:**  **Disposition/Hospital Course:**  Admission  Transfer  Deceased in ED  **ED LOS:** | **Admission Service:**  N/A  ICU  Med/Surg  **Admission Team:**  Trauma  Hospitalist  Other Specialty: |
| **Transfer Service:**  N/A  **Transfer Location:**  **Accepting Provider:**  **Specialty:**  **Transfer by:**  ALS/CC Ground:  Flight: |
| **Cause of Death:** | |
| **Co-Morbidities:** | |

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| **TRAUMA MORTALITY REVIEW AUDIT** | |
| 1. **The patient’s death was deemed:**   Preventable  Potentially Preventable  Non Preventable   1. **Are there any quality concerns that may have contributed to the patient’s death?**   No  Yes\*  \*If yes, please explain: | 1. **Are there any quality concerns and/or utilization issues that did not directly contribute to the patient’s demise?**   No  Yes\*  \*If yes, please explain: |
| **Corrective Actions** | **Follow-up/Closure** |
| **No Action Needed; Standards Met**  Focus Audit Trend Identified:  Yes  No  Discuss/Coach       Date:  Letter sent to       Date:  Referred- Trauma Peer Review Committee  Midas Entry Needed/Completed Date: | **No Follow-up Needed; Care not affected**  Discussion/Verbal Reply Sufficient Date:  Education Needed/\*Completed \*Date:  Response Requested from  Follow-up with Trauma Committee  Other |
| **Comments**:  None | |
| **Verification:**  Trauma Peer Review Date:        N/A  **Case Closure Date**: | |
| **Trauma Medical Director Signature: Date:** | |
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