Top Reasons Why Hospital Fail

1. PI plan
   * Written plan with Indicators (EMS, ED, Inpatient)
   * Flow diagram PI process
   * Levels of Review (Primary, Secondary, Tertiary)

\*\*In depth review

\*\*Physician involvement with written documentation, dates and signatures

* + Written documentation

1. Inpatient PI plan- concurrent rounding /tracking
   * Documentation of concurrent review
2. Mortality Review
   * Trauma Mortality Review or incorporation of trauma with hospital review
3. Multi-Disciplinary Meetings ( Case review and Systems)
   * Minimal Quarterly
   * Membership
   * Minutes with case review documentation
4. Loop Closure-Documentation
5. ATLS
   * Surgeons (Level III)
   * Non-ABEM boarded Emergency Department MD
   * Trauma Medical Director
   * Level IV facilities can be current in CALS
6. Trauma Surgeon response time- meet 80% for highest level of activation
7. Activating the Trauma Team based on minimal criteria
   * MD discretion does not mean don’t activate
8. Trauma Registry Not Current
9. Inclusion of minimal ACS/ State activation criteria