|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name/Age: |  | Admit Date: |  |
| MRN/Acct. # |  | **Activation Class:** |  |
| ED Provider: |  | **Admitting Service & Consults:** |  |
| ISS/NFTI+: |  | **Disposition Location/ LOS:** |  |
| Mechanism of Injury: |  | **Discharge Date:** |  |
| Site: |  | **Outcome:** |  |
| Diagnosis: |  | | |
| PMH: |  | | |
| Procedures: |  | | |

**PI INDICATORS FOR FURTHER REVIEW FOUND:**

* GCS <8 w/o airway
* ISS greater than 15/ NFTI +
* Adherence to practice management guidelines
* > 3hr ED to ED Transfers
* Pediatric Trauma (<14) AGE: (Use Pediatric Comprehensive Template for review)
* Trauma Class 1
* Antibiotic given in > 1 hour for open fractures
* Hospitalist admission/transfer without surgical consult (general, ortho, neuro)
* Unanticipated upgrade to ICU or required transfer to higher level of care from inpatient
* Unplanned visit to operating room
* Unplanned intubation
* Missed injuries
* NTDS Complications
* Hospital readmit within 30 days of discharge
* **Deaths (including Hospice)**: DOA ED ICU Floor

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Signature:** | *Kelly Faymoville* RN, Trauma PI Coordinator | **Date:** |  | / |  | / | 2025 |

**1st Level Review (Trauma PI Coordinator or Trauma Program Coordinator)**

**EMS AUDIT FOR REVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **EMS AUDIT FOR REVIEW** | YES | NO | Comments |
| Trauma Initiated Off of EMS Radio Report | X |  |  |
| C-collar |  |  |  |
| Death |  | X |  |
| Vital Signs (w/GCS) | X |  |  |
| Radio Report Appropriate | X |  |  |
| Sent to EMS Medical Director for Review |  | X |  |

|  |  |
| --- | --- |
| ED Provider |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ED Timeline---** | **Time** |  |  |
| Arrival to ED: |  |  |  |
| Activation initiated: |  |  |  |
| GCS | EMS- | 1st ED- | Dispo- |
| Blood Pressure | EMS- | 1st ED- | Dispo- |
| Heart Rate | EMS- | 1st ED- | Dispo- |
| Pulse Ox | EMS- | 1st ED- | Dispo- |
|  | **Ordered** | **Obtained** | **Resulted/Given** |
| Xray Chest/ Pelvis |  |  |  |
| CT-head/c-spine |  |  |  |
| CT-Abd/Pelvis |  |  |  |
| Pain medication |  |  |  |
| Antibiotic given for open fracture/surgery |  |  |  |

**NFTI-** Patients with at least 1 criterion should be considered candidates for full trauma activation.

|  |  |
| --- | --- |
| Blood transfusion within 4 hours of arrival |  |
| Dispo from ED to OR within 90 min of arrival |  |
| Dispo from ED to IR |  |
| Dispo from ED to ICU AND ICU length of stay at least 3 days |  |
| Require mechanical ventilation during the first 3 days, excluding anesthesia |  |
| Death within 60 hours of arrival |  |
| NFTI |  |

**NELSON- Tool for evaluation of Non-trauma Service Admissions**

|  |  |  |
| --- | --- | --- |
| Age >65 years |  |  |
| 3 or more comorbidities |  |  |
| IIS >10 |  |  |
| MOI GLF |  |  |
| No ICU Admission |  | Score 7 appropriate for Hospitalist Admit |
| No need for surgical intervention |  | 4-5 need more review |
| No Blood Products |  | <3 Surgery admit |
| Total |  |  |

|  |  |
| --- | --- |
| Admission --- |  |
| Incentive Spirometry |  |
| VTE (SCD’s) |  |
| VTE (Meds) |  |

|  |  |
| --- | --- |
| Progress Note: |  |
| Progress Note: |  |
|  |  |
|  |  |

**NOTES:**

*Kelly Faymoville* RN, Trauma PI Coordinator

|  |  |  |
| --- | --- | --- |
| **Coordinator Recommendation:** | Further investigation by: |  |
|  | Forward to Trauma Medical Director | |
|  | Other: | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**End of 1st Level Review**

**2nd Level Review** (Trauma Medical Director/Reviewing Provider) Not Recommended

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Today’s Date:** |  | / |  | / |  |  | **Person(s) Completing Review:** |  |

* Standard of care met without opportunity for improvement
* Standard of care met with opportunity for improvement
* Standard of care was not met
* Exception care was rendered

**-OR-**

|  |  |  |
| --- | --- | --- |
| **TMD Recommendation:** | Further investigation by: |  |
|  | Implement Action (attach PDSA report) | |
|  | Forward to Trauma Pee Review Committee/Physician | |
|  | Other: | |

**End of 3rd Level Review**

**3rd Level Review (**Tertiary – Peer Review Committee) Not Recommended

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Today’s Date:** |  | / |  | / |  |  | **Person(s) Completing Review:** |  |

**JUDGEMENT**

* Standard of care met without opportunity for improvement
* Standard of care met with opportunity for improvement
* Standard of care was not met
* Exception care was rendered

|  |  |  |  |
| --- | --- | --- | --- |
| **Determination:** |  | **Corrective Action:** | |
| •System Related |  | •Unnecessary | •Peer Review Presentation |
| •Disease Related |  | •Trend | •Resource Enhancement |
| •Provider Related |  | •Education | •Process Improvement Team |
| •Cannot be Determined |  | •Guideline/Protocol | •Privilege/Credentialing Action |
|  |  | •Counseling | •Other: |
|  |  |  |  |

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**Loop Closure**

Future similar patients are less likely to have this problem because (action completed)\_\_\_\_\_\_\_\_\_\_\_\_\_, (parameters)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We accomplished this through:

**Designation and recommended action:**  (Guided by Just Culture Algorithm TM V3.2)

**No practitioner issues identified**

* No further action
* Informational letter (i.e., medical staff rules and regulations/policies/protocols)
* Educational letter (i.e., opportunities for improvement in care)

**Human error** (inadvertently doing other than what was intended: a slip, lapse, or mistake)

* No further action — trend
* Informational letter (i.e., medical staff rules and regulations/policies/protocols)
* Educational letter (i.e., opportunities for improvement in care)
* Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner
* Repetitive: Department Chair/Vice Chair/VPMA to determine action (see Repetitive section below)

**At-risk behavior** (behavioral choice that increases risk where risk not recognized, or is mistakenly believed to be justified) **referred to PRC** (Professional Review Committee)

* Educational letter (i.e., opportunities for improvement in care)
* Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner
* Repetitive: Department Chair/Vice Chair/VPMA to determine action (see Repetitive section below)

**Reckless behavior** (behavioral choice to consciously disregard a substantial and unjustifiable risk) **referred to PRC**

* Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner
* Monitor performance: FPPE for Professionalism (Cause)
* Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics

**Repetitive behavior** (repetitive errors or adverse event rate deemed unacceptable) **referred to PRC**

* Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner
* Monitor performance: FPPE for Professionalism (Cause)
* Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics

**System** (Applicable to all categories above)

* PSOC referral
* Lean Strategies, Clinical Excellence or Team X

|  |  |  |
| --- | --- | --- |
| PDSA Report | Periodic Monitoring | See Attached Report(s) |
| Acceptable Level of Change Documented | Continuous Monitoring | No Opportunities Found |

**IF DEATH:**

* Unanticipated Mortality with OFI
* Mortality with OFI
* Mortality without OFI

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Signature:** |  |  | **Date:** |  | / |  | / |  |

|  |  |  |
| --- | --- | --- |
|  | Trauma Program Coordinator |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Signature:** |  |  | **Date:** |  | / |  | / |  |

|  |  |  |
| --- | --- | --- |
|  | Trauma Medical Director |  |

*All records, data, and information collected and then maintained for trauma care quality/performance improvement are to be used strictly for peer/professional review as defined by WI Stat 146.38 and 146.56.  Data, records and knowledge, including minutes, collected for or by individuals to committees assigned peer quality review functions are confidential in accordance with DHS 118.10 and WI Stats 146.38 and 146.56.*