Trauma PI Tracking Form

| **Demographics**  Date of report:  Date(s) of occurrence:  Medical record #: | | | **Source of Information**  Trauma program case finding  Staff complaint/concern  Rounds  PI committee  Registry  Patient/family  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Location of Issue**  EMS  ED  OR  Floor  Radiology  Lab  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- | --- | --- | --- | --- | --- | --- |
| **Complication, problem or complaint:** | | | | | | |
| **Goal(s):** | | | | | | |
| **Determination**  system-related  provider-related  disease-related  unable to determine | **Outcome**  expected outcome  unexpected outcome | | | **Preventability**  without opportunity for improvement  with opportunity for improvement | | |
| **Corrective action** | | | | | | |
| trend/track similar occurrences  education  guideline/protocol | | individual counseling  provider case review  multidisciplinary review | | | resource enhancement  privilege/credentialing review  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

| **Action Plan(s)/Activities (with dates):** | |
| --- | --- |
| **Measures/results (with dates):** | |
| **Loop closure (with date):** | |
| **Signature:** | **Date:** |
| **Signature:** | **Date:** |