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:** |