

## Trauma Performance Improvement Program Case Review Request

This email and documentation contained herein are being completed pursuant to the Trauma Committee's Peer Review Policy. The provider completing this form is doing so as an agent of the committee for the purpose of review by the committee to assist in the improvement of health care. It is intended that this form, documentation, minutes reflecting any discussion, records of investigation, inquiry, proceeding or conclusions by this committee (or an agent of this committee) will be privileged to the fullest extent under Wisconsin Statute Sections 146.37 and 147.38, any amendments thereto, and all applicable federal law regarding peer review.

To:

Date:

The following case was identified for review based on criteria established by the Trauma Performance Improvement Program System(PIPS). Please review this case and provide to the PIPS your assessment, conclusions, and recommendations(which can be copied and pasted into body of an email). Your response should be documented in an email. Please complete all sections to help prioritize opportunities for improvement and return the form within **10 days**. Questions can be directed to the Trauma Director or Trauma Nursing Director.

Email forward within 10 days to:

Trauma Nursing Director

Thank you in advance for your time and input.  
Trauma Director

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Patient Name

MRN#

Event date

Attending MD:

**Trauma Specific Events**

Reviewer Assessment and Conclusion:

Reviewer Recommendations:

Actions Taken by Reviewer:

Reviewer Electronic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following documentation was undertaken pursuant to this committee's Peer Review Policy. It is intended that minutes reflecting any of these discussions, records of investigation, inquiry, proceeding or conclusion by this committee will be privileged to the fullest extent under Wisconsin Statute Sections 146.37 and 147.38, any amendments thereto, and all applicable federal law.