

Trauma Performance Improvement Program Case Review Request

This form 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. Please review this case and provide to the PI program your assessment, conclusions, and recommendations. Your response should be documented on the back of this form. **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.

Return this form with enclosed confidential envelope via interoffice mail within 10 days to:

Thank you in advance for your time and input.

MRN#

Attending MD:

Admission Date:

Source of review:

- Audit Filter/Adverse Outcome
- Trauma M&M Conference
- Trauma Resuscitation Conference
- Other

Trauma Specific Events

Trauma Registry #

1. Patient Outcome	2. Care Processes
Was there Mortality? () Yes () No	Judgment:

<p>If Yes, Was it <input type="checkbox"/> Non Preventable? <input type="checkbox"/> Potentially Preventable? <input type="checkbox"/> Preventable?</p> <p>Was there Morbidity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Was it <input type="checkbox"/> Non Preventable? <input type="checkbox"/> Potentially Preventable? <input type="checkbox"/> Preventable?</p> <p>If Mortality/Morbidity, contributing factors were: <input type="checkbox"/> Patient Disease, Injury Severity <input type="checkbox"/> Error/Delay in Diagnosis <input type="checkbox"/> Error/Delay in Intervention <input type="checkbox"/> Error in Judgment, Interpretation, or Decision making <input type="checkbox"/> Inadequate Protocol/Policy <input type="checkbox"/> Non-Compliance with established Protocol/Policy <input type="checkbox"/> Other System Error/Delay</p>	<p><input type="checkbox"/> No Clinical Issue Identified <input type="checkbox"/> Documentation Deficiency <input type="checkbox"/> System Resource Identified</p> <p>_____</p> <p><input type="checkbox"/> Potential Clinical Quality Issue Identified <input type="checkbox"/> Acceptable: Clinical practice not necessarily routine, but not totally unexpected. <input type="checkbox"/> Acceptable with Reservation: Clinical practice unexpected – reviewer uncomfortable? <input type="checkbox"/> Unacceptable: Clinical practice very unexpected</p> <p><input type="checkbox"/> Other</p>
--	--

Reviewer Assessment and Conclusion:

Reviewer Recommendations:

Actions Taken by Reviewer:

Reviewer 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.

MC#

Trauma #

Trauma Director Comments/Action: (Must check one)

- None
- Case Discussion – Committee
- New Measure Development
- Individual Follow-up
 - Interview/Counseling
 - Letter
 - Education Opportunity
 - Refer for Documentation Issues
- Initiate System Improvement/Trauma Team Issue
- Referral to Another Department for Review

Comments:

Trauma Director 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.