

**PRIVILEGED AND CONFIDENTIAL**

**HEARTLAND PERFORMANCE IMPROVEMENT TRACKING FORM**

**DEMOGRAPHICS**

**SOURCE OF INFORMATION**

**REASON FOR REVIEW**

Date of report:	<input type="checkbox"/> Trauma Program Manger	<input type="checkbox"/> Orange Alert
Date of service:	<input type="checkbox"/> Physician	<input type="checkbox"/> Missed Orange Alert
Trauma #:	<input type="checkbox"/> Case Management	<input type="checkbox"/> Missed Trauma Consult
ISS:	<input type="checkbox"/> Medical Record	<input type="checkbox"/> No TS on case
MR#	<input type="checkbox"/> Risk Management	<input type="checkbox"/> Death
FIN#	<input type="checkbox"/> Nursing	<input type="checkbox"/> Transfer Out
ED Provider:	<input type="checkbox"/> Conference	<input type="checkbox"/> In ED >6 hrs prior to transfer
Time of arrival:	<input type="checkbox"/> Registry	<input type="checkbox"/> Complication: _____
Trauma Surgeon:	<input type="checkbox"/> Other _____	_____
Arrival Time:		<input type="checkbox"/> Other: _____
Anesthesia:	Vital Signs: _____	
Arrival Time:	_____	
Unit: ED	GCS score: _____	
Patient name:	Supp. O2: Y N	
	SaO2: _____	

**Complication, Occurrence, Problem, or Complaint:**

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<b>STANDARDS OF CARE</b>	<b>PREVENTABILITY</b>	<b>CORRECTIVE ACTION (s)</b>
<input type="checkbox"/> 1= Routine, acceptable care provided	<input type="checkbox"/> Unanticipated w/opportunity for improvement	<input type="checkbox"/> Unnecessary
<input type="checkbox"/> 2= Acceptable care, minor deviation from practice guidelines	<input type="checkbox"/> Anticipated w/opportunity for improvement	<input type="checkbox"/> Trend
<input type="checkbox"/> 3= Questionable care, practice guidelines not followed	<input type="checkbox"/> Event/mortality w/o opportunity for improvement	<input type="checkbox"/> Education
<input type="checkbox"/> 4= Unacceptable care, inconsistent with practice guidelines/standards of care		<input type="checkbox"/> Guideline/Protocol
		<input type="checkbox"/> Counseling
		<input type="checkbox"/> Peer Review Presentation
		<input type="checkbox"/> Process Improvement Team
		<input type="checkbox"/> Privilege/Credentialing Action
		<input type="checkbox"/> Other: _____

Comments:

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**COMPLICATIONS**

Grade 1-Alteration from course, non life-threatening

Grade 2-Potentially life threatening, no residual disability, requires/required invasive procedure

Grade 3-Residual disability, organ resection, persistence of life threatening condition exists

Grade 4- Death

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Heartland Health Trauma Services Not a Permanent Part of the Medical Record**