

Instructions for Critical Event Reporting Forms

Steps:

1. Start collection of clinical indicators on July 1, 2013. For any cases that meet the four criteria on the Critical Event Reporting Form (Excel spreadsheet format-- and below in Item #4), then follow the steps below:
2. Occurrences should be reviewed by the hospital's Quality Improvement (QI) committee, first.
3. After hospital review, the Critical Event Report (excludes Trauma Deaths) form will be submitted to each hospital's respective TRAC QI chairman.
4. Four quality triggers that should be submitted are:
 - **Trauma patients with ISS > 15 and ED length of stay > 2 hours for patients transferred out.** Receiving facilities will screen for patients triggering this event by meeting these criteria. The receiving facility will then provide feedback (verbal or written) to the initial (sending) facility. It will then be the initial facility's responsibility to investigate and submit the findings in a summarized form to your TRAC QI Chair. Example: Hospital A transfers a patient to Hospital B. Hospital B notes that the patient triggers this quality measure by meeting these criteria. Hospital B will notify Hospital A that this transfer triggered this quality measure. Hospital B will investigate potential causes of the delay and areas of OFI identified. A summary of Hospital A's findings will be submitted to the TRAC QI Chair on the TRAC Critical Event Quality Improvement Reporting Form.
 - **Lack of Top Tier Trauma Team activation for all patients with initial ED BP < 90/age > 15:** Each facility will be responsible for submitting a summary for each instance to the TRAC QI Chair on the TRAC Critical Event Quality Improvement Reporting Form.
 - **All requests for urgent trauma transfer out of ED** (reported by transferring center). If you have a patient that meets urgent transfer criteria and utilizes ATCC procedure for getting a prompt ambulance, you will submit a summary for each instance to the TRAC QI Chair on the TRAC Critical Event Quality Improvement Reporting Form.
 - **First ED GCS of < 9 without intubation**, either in-field or within 30 minutes of arrival at ED: Each facility will be responsible for submitting a summary for each instance to the TRAC QI Chair on the TRAC Critical Event Quality Improvement Reporting Form.
5. Filling out the TRAC Critical Event Quality Improvement Reporting Form (Excel Format)
 - This form should summarize the critical information that is contained on your hospital peer review document.
 - Under the *TRAC Critical Event Clinical Indicators*, mark the appropriate indicator and complete the columns to the left of the item by using the **Determination, Preventability, and Contributing Factors/ Judgment** key codes. Note that this one column will not apply to the **All requests for urgent trauma transfer out of ED** quality trigger.

- The section immediately following the key (Trauma Band #, Trauma Reg. #, etc) provides identifiers for the case as well as contact information for the person submitting the report.
- The **Case Summary** section should be used to provide a brief synopsis of the case with key factors listed. Recommended information to be comprised in this section is included in the **Key Components** document from the ADH.
- **Areas of concern** should be used to list any opportunities for improvement that were identified during your hospital's QI process.
- If the case involved multiple agencies and you contacted them to deal with system issues, please list their name/agency/contact information in the space provided.