

Instructions for All Trauma Deaths and the Trauma Death Reporting Form

Steps:

1. All trauma deaths* should go through the respective hospital's Quality Improvement (QI) committee prior to being submitted to the ADH.
2. After the hospital's review, the Death Quality Improvement Form from the state should be completed and submitted to the hospital's state Trauma Nurse Coordinator (TNC) to be reviewed by Dr. Todd Maxson and the TNC.
 - this form should summarize the critical information that is contained on your hospital peer review document.
 - on the line marked *Trauma Death*; you should indicate your institution's Determination, Death Preventability, Contributing Factors/Judgment (s) that were identified. The key (Determination, Death Preventability, Contributing Factors/Judgment) below this line will provide you with codes to use.
 - 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 is included in the state Key Components document.
 - *Hospital QI Findings* should be used to list any opportunities for improvement (OFI) that were identified during your peer review 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.
3. All trauma deaths from Jan 1- Mar 31, 2013 should be submitted to your state TNC by July 1, 2013. Later deaths may be submitted to your state TNC as they complete your QI process within the hospital.
4. If for some reason, the trauma death QI review is not complete by July 1, 2013 for deaths occurring from Jan 1- Mar 31, 2013, send those in as soon as the hospital QI process is complete. If a hospital completes the Death form prior to due dates, it may be turned in early.
5. These forms will be reviewed by Dr. Maxson and the hospitals' state TNC. They will determine if additional review or information is required. The submitting hospitals may be asked to forward more information or to participate in a review of the case at their TRAC's QI meeting or the state's QI subcommittee meeting.

*A trauma death is being defined as any patient that arrives at the hospital that meets the following criteria: is treated at the scene and dies, dies enroute, arrives to the hospital pulseless (whether CPR is in progress or not), or dies while admitted to the hospital (this does not include transfers to hospice or long term care) that has received a trauma band and is in the Arkansas trauma system.