

## Trauma Death Quality Improvement Reporting Form

This is a **privileged** and **confidential** document. The contents shall not be disclosed to any person, agency or entity not directly associated with hospital peer review or the TRAC quality improvement process. The Trauma System Act (Ark. Code Ann., Section 20-13-819 et seq) authorizes this process. Violations of privacy and security requirements may lead to civil and criminal penalties pursuant to state and federal laws and regulations.

TRAC Critical Event Clinical Indicators:				Findings at Referring Trauma Center		
				Determination:	Preventability:	CF/J:
<input type="checkbox"/> <b>Trauma Death</b>						
<b>Determination:</b> ISR = Internal (Hospital)System Related ESR=External System Related DR = Disease Related PR = Provider Related	<b>Death Preventability:</b> UM = Unanticipated Mortality with OFI AM = Anticipated Mortality with OFI M = Mortality without OFI CD = Cannot be determined	<b>Contributing Factors/Judgment:</b> 1. Delay in Diagnosis      6. Error in Technique 2. Error in Diagnosis      7. Equipment Issue 3. Error in Management    8. Triage Issue 4. Communication Issue    9. Other: _____ 5. Timeliness/Availability		<b>Opportunity for Improvement:</b> <b>YES / NO</b>		
<b>Trauma Band #</b>	<b>Trauma Reg. #</b>	<b>Age:</b>	<b>ISS:</b>	<b>Month of patient death:</b>	<b>Reporting Trauma Center (receiving):</b>	
<b>Transferring Trauma Center (If transferred):</b>	<b>Contact person:</b>	<b>Phone #:</b>	<b>Email:</b>			
<b>Case Summary:</b>						
<b>Hospital QI Findings:</b>						
<b>System Partners Involved: please note all hospital, EMS and ATCC personnel involved with case</b>	<b>Contact person</b>	<b>Phone Number</b>	<b>Email</b>	<b>Aware of Case (Y/N)</b>		

**Attach other pertinent information to this form for TRAC review**

