

TRAUMA DEATH QUALITY IMPROVEMENT 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.

		Findings at Reporting Facility					
		Death Classification:	Death Determination:	Preventability:	CF/J:		
Trauma Death (A trauma death is being defined as any patient that 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.)							
Death Classification: ISR = Internal (Hospital)System Related ESR=External System Related DR = Disease Related PR = Provider Related	Death Determination: UM = Unanticipated Mortality with OFI AM = Anticipated Mortality with OFI M = Mortality without OFI CD = Cannot be determined	Contributing Factors/Judgment: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> 1. Delay in Diagnosis 2. Delay in Decision to Transfer 3. Delay in Acceptance of Transfer/Urgent Transfer 4. Delay in Communication with ATCC 5. Delay in Contacting EMS 6. Delay in Executing Transfer by EMS 7. Error in Diagnosis 8. Error in Judgment 9. Error in Technique 10. Error in Management </td> <td style="width: 50%; vertical-align: top;"> 11. Communication Issue 12. Equipment Issue 13. Triage Issue 14. Failure of Scene EMS to Contact ATCC 15. Incorrect Recommendation by ATCC 16. Transport Availability Issue 17. Service not allowed to Intubate 18. Other </td> </tr> </table>				1. Delay in Diagnosis 2. Delay in Decision to Transfer 3. Delay in Acceptance of Transfer/Urgent Transfer 4. Delay in Communication with ATCC 5. Delay in Contacting EMS 6. Delay in Executing Transfer by EMS 7. Error in Diagnosis 8. Error in Judgment 9. Error in Technique 10. Error in Management	11. Communication Issue 12. Equipment Issue 13. Triage Issue 14. Failure of Scene EMS to Contact ATCC 15. Incorrect Recommendation by ATCC 16. Transport Availability Issue 17. Service not allowed to Intubate 18. Other
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Opportunity for Improvement: <input type="checkbox"/> Yes <input type="checkbox"/> No	Preventability: FP=Frankly preventable PP=Possibly preventable NPA=Non-preventable care appropriate NPO=Non-preventable OFI NPC=Non-preventable no care						
Trauma Band #:	Trauma Registry #:	Age:	ISS:	TRAC:(circle all that apply) AV NE NC NW SE SW CA	Date of Patient Death:		
Reporting Facility and Designation Level:	Transferring Facility and Designation Level:	Contact person:	Phone #:	Email:			
Transferring Facility made aware of Pt Death by receiving facility? Y/N	Date Transferring Facility Made Aware of Pt Death:				<i>*Transferring Facilities must also submit a death form after the receiving facility notifies them of patient death*</i>		
Case Summary: (Attach other pertinent information to this form for TRAC MD and TRAC QI Chair review)							
Hospital QI Findings with OFI's: (Attach meeting minutes or summary)							
Hospital Trauma Medical Director Signature/ Date : _____							

System Partners Involved: please note all hospital, EMS and ATCC personnel involved with case	Contact person:	Phone #:	Email:	Aware of Case (Y/N)

Date sent to TRAC QI Chair: _____ **Date received by TRAC QI Chair:** _____

TRAC QI Chair/ TRAC MD Summary:

TRAC Medical Director: _____
Date: _____

TRAC QI Chair: _____
Date: _____

Opportunity for Improvement:

<input type="checkbox"/> Referral to Regional QI for focused review Date referred:	<input type="checkbox"/> Trend	<input type="checkbox"/> Hospital FYI Letter
<input type="checkbox"/> No Action required Date comments sent back to facility:	<input type="checkbox"/> Refer to State QI	<input type="checkbox"/> Additional Information Required

TRAC QI Subcommittee summary of deliberation:

TRAC MD:	Date of TRAC QI Subcommittee meeting:
Quality Improvement Actions (s):	Date Completed:
<input type="checkbox"/> None Required	
<input type="checkbox"/> Trend	
<input type="checkbox"/> Guideline or Protocol	
<input type="checkbox"/> Letter with Corrective Action Plan Required	
<input type="checkbox"/> Education-Specify:	
<input type="checkbox"/> Enhanced Resources, Facilities, Communication	
<input type="checkbox"/> FYI Letter	
<input type="checkbox"/> Referral for M&M Peer Review/Operational Committee Presentation	
<input type="checkbox"/> Referral to ATCC _____	
<input type="checkbox"/> Referral to TAC State QI Committee	
Re-Evaluation Dates:	
Loop Closure Date:	
	Trend Evaluation: <input type="checkbox"/> Re-evaluate in 3 months <input type="checkbox"/> Re-evaluate in 6 months <input type="checkbox"/> Monitor until resolved
	<i>*TRAC QI Chair or TRAC QI Secretary should send the state trauma nurse coordinators all closed death cases*</i>

Trauma band# _____ **Received by ADH Section** _____

State TMD Comments:

STMD: _____ **Date:** _____