

# Trauma Medical Director: SURGEON PERFORMANCE SUMMARY REPORT

PHYSICIAN NAME: \_\_\_\_\_ TIME PERIOD: \_\_\_\_\_

PERFORMANCE CRITERIA	Threshold	1st Qtr	2 <sup>nd</sup> Qtr	3rd Qtr	4th Qtr	YTD
<b>ATTENDANCE</b>						
Peer Review (M&M)						
Trauma Council (operation, system)						
<b>Trauma Related CME</b>						
<b>Internal Education Credits Earned</b>						
<b>Total Continuing Education credits</b>						
<b>Total # Trauma Patients</b>						
# Admissions						
# Admits Direct to ICU						
# Direct to OR						
<b>Total # Operative Procedures</b>						
# ISS 15 - 24						
# ISS ≥ 25						
<b>Total # Deaths</b>						
Total # DOAs						
<b>% Mortality (excluding DOAs)</b>						
<b>Highest Activations</b>						
<b># Highest Activation Response w/i 30 min</b>						
<b>Avg. Time in Trauma Bay for Highest Activation</b>						
<b># Lower (secondary) Activation Responses within 6 hours</b>						
<b>Performance Issue</b>						

Review W/TMD = list date and any specific performance issues discussed including cases from M&M with provider OFI

# Trauma Services

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## General Surgeon Evaluation

Surgeon: \_\_\_\_\_ Date: \_\_\_\_\_

Admissions: \_\_\_\_\_ Level 1: \_\_\_\_\_ Delayed Response: \_\_\_\_\_ Quality

Issues: YES (attached) NO

### TMD Comments:

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### Surgeon Feedback:

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TMD Signature: \_\_\_\_\_