

# Trauma PI Tracking Form

Date project started: 1/2/2021

Date(s) of occurrence:

Medical record #:

See involved cases and data on attached spreadsheet.

**Complication, problem or complaint:**

Transport not ordered within 30 minutes when physiological TTA criteria Met.

**Planned Corrective Actions**

trend/track similar occurrences  
 education  
 guideline/policy

individual counseling  
 tertiary/committee review

resource enhancement  
 privilege/credentialing review  
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**Date - Action Plan(s)/Activities:**

1/2/2021

Initial plans:

- Follow up with ED provider when physiological criteria are met and transport is not ordered within 30 minutes.
- Review physiological TTA criteria with all ED providers at tertiary case review and Nurses at ED staff meeting.

1/7/2021

- Email sent to all provider and ER nurses re: Importance of recognizing patient who meet physiological TTA criteria and expediting transport request. (see attached email)

2/18/2021

- Provider tertiary case review meeting – case 9876454 discussed (See attached meeting minutes)

3/10/2021

- Met with IT to request fields be added to the EMR for Decision to Transfer and Transport Ordered.

4/1/2021

- EMR updates made. (See attached screenshot of additions.)

4/2/2021

- Email sent to all providers notifying them of EMR changes and encouraging documentation of decision to transfer time. (See attached email.)

5/16/2021

- Provider tertiary case review meeting – 1 case discussed 789654 (See attached meeting minutes)

5/23/21

- Provider case review meeting minutes sent to all ED providers and surgeons.

**Continued Action Plan(s)/Activities:**

6/1/2021

- Implements TTA packet to help with management of trauma patient reminders for transfer and admission. (See attached example documents.)

7/8/2021

- Posted stats in staff lounge on PI board ( see attached)

8/15/2021

- Provider tertiary case review meeting – 1 case discussed 456321(See attached meeting minutes)

See measures on Metric Surveillance Spreadsheet/Dashboard.

**TPM Signature:**

**Date:**

**TMD Signature:**

**Date:**