Trauma PI Tracking Form

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| --- | --- | --- | --- |
| Date project started:  Date(s) of occurrence:  Medical record #:  See involved cases and data on attached spreadsheet. | | | |
| **Complication, problem, or complaint:** | | | |
| **Planned Corrective Actions** | | | |
| trend/track similar occurrences  education  guideline/policy | individual counseling  tertiary/committee review | | resource enhancement  privilege/credentialing review  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Action Plan(s)/Activity w/ dates:**  **Action Plan(s)/Activity w/ dates:**  See measures on Performance Metric Surveillance Tracking Form/Dashboard. | | | |
| **TPM Signature:** | | **Date:** | |
| **TMD Signature:** | | **Date:** | |