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:** |