Case Review & Performance Tracking Worksheet

Patient name: Susie Que	
Medical record #:2021- 34256	Arrival date: <u>6/4/2021</u>
Arrived By: □Private Vehicle ☑Ambulance Service:	Helping Hand EMS

Time Tracking

Pre-hospital	Time	Elapsed Time (in minutes)
EMS Dispatched	1225	
EMS En Route	1226	1
EMS Arrive Scene	1232	Ģ
EMS Leave Scene	1242	10

Patient Arrival Time: 13:00	Time	Elapsed Time (in minutes)
TTA Activated	1250	-10
ED Physician/Provider Called	1251	1
ED Physician/Provider Arrival	1305	5
Surgeon Called	NA	
Surgeon Arrived	NA	
Decision to Transfer	Not documented	
Transfer Ordered	1425	85
Transfer Accepted	1420	80
X-ray	none	
СТ	1340	40
Lab	1310	10
Imaging Report Received	1405 - CT	25
Transferred/Admitted	1500	120
Surgeon Consulted	NA	

Performance Measures

⊠TTA ⊠Transfer □Admit □De	eath	Yes	No	N/A
Emergency department provider off-site		Χ		
Emergency department provider off-site and arrived with patient's arrival 5 minutes	n 30 minutes of	Х		
Trauma team activation criteria met		Χ		
Trauma team criteria met and team activated		χ		
Transferred and physiological TTA criterion met Time Crite	erion Met 12:50	χ		
Transferred, physiological criterion met, and transportation 30 minutes of patient's arrival/time of discovery Time Or			Χ	
Sustained GCS ≤8			χ	
Sustained GCS ≤8 and airway successfully secured				χ
10.2 admitting conditions and admitted?			χ	
10.2 admitting condition, admitted and general surgeon a 18 hours Date/Time of Bedside Consult : Elapse	t bedside within			Х

Review of Care

Review care against industry standards such as ATLS, CALS, TNCC, and RTTDC.

Trauma Program Coordinator	 Issues Identified/Comments: (Clinical care, care process, timelines) Long ED LOS of TTA patient. Delay in transportation request in patient who met the physiological TTA criteria and immediate transfer criteria. Decision to transfer time not documented. Should CT have been completed here? VS should be documented every 15 minutes on TTA patients. No pain scale re-evaluation after meds given. Review of In-patient Care: N/A See Inpatient Care Review Form 			
	Signature: Mary Johnson, RN	Date: 6/10/21		
Trauma Medical Director	Issues Identified/Comments: (Clinical care, care process, timelines) — Determine reason for delays in transfer requests. — Should have done a CXR and FAST exam and transferred instead of waiting on CT. Follow-Up Needed: Follow up with Provider to determine why no CXR and why a CT was completed prior to transfer order on pt who met immediate transfer criteria. □ No Improvement Opportunities Identified □ Refer to Committee			
	Signature: Quincy Jones, WD	Date: 7/1/2021		

Investigative Notes (Follow-up activities not documented on a PI Tracking Worksheet)

	Discuss at Tertiary Case Review (see meeting minutes) Meeting Date: September 24, 2021		
	Follow-up Activities (w/ dates):		
	6/11/2021 Followed up with RN Smith, reminded about docu	imentation issues.	
	6/30/2021 ED Nurses meeting shared reminders for VS doc scale reassessments. (See meeting notes)	cumentation and pain	
	7/3/2021 TMD followed up with Dr. Frank by phone and lear realized the patient needed to be transferred but struggled receiving center requested CT scans prior to acceptance. Discimportance of quick chest Xray and options when getting puscenter. This should also be discussed by the committee.	with acceptance, cussed the	
Follow-up Activities	7/10/2021 TPM contacted the TPM at receiving center to request PI review of this case and feedback. Including follow request for CT prior to acceptance.		
dn-w	See PI Tracking Form(s) For:		
Follo	☐ Off Site ED provider response time > 30 minutes ☐ TTA criteria met, and team not activated ☐ Transferred, physiological criterion met, and transportation NOT ordered within		
	minutes of patient's arrival/time of discovery	TNOT Ordered within 30	
	Sustained GCS ≤8 and airway not successfully secured		
	10.2 admitting condition and general surgeon at bedside w	ithin 18 hours	
	Other:		
			
	No further action needed	Date:	
	Signature:		