

MORTALITY REPORT

TRAUMA PROGRAM – Performance Improvement & Patient Safety (PIPS)

1. Description:

Pt Name: _____ Gender: Male Female

Acct #: _____ Age: _____ Initial GCS in ED: _____

ED Arrival Date: _____ ED Disposition: ICU PCU Floor OR
 Morgue Transfer Home/ Jail

Hosp Discharge Date: _____ ISS: _____ NISS: _____

Trauma Activation Level: Alpha Bravo Trauma Consult None

Mechanism of injury: MVC MCC MPC ORV Pedal-cyclist Machine
 Fall High Fall (>6 ft) GSW Stabbing Other Assault Sports
 Other: _____

Diagnoses:

1.)	2.)
3.)	4.)
5.)	6.)

Operations:

1.)	2.)
3.)	4.)
5.)	6.)

Disposition on Mortality:

2.	<i>New Nomenclature (per ACS-COT)</i>	<i>Old Nomenclature</i>
<input type="checkbox"/>	Unanticipated MORTALITY with opportunity for improvement	Preventable
<input type="checkbox"/>	Anticipated MORTALITY with opportunity for improvement	Possibly-Preventable
<input type="checkbox"/>	MORTALITY without opportunity for improvement	Non-Preventable

3. CONTRIBUTING FACTORS		Comments
<input type="checkbox"/>	Delay in Diagnosis	
<input type="checkbox"/>	Error in Diagnosis	
<input type="checkbox"/>	Error in Judgment or Interpretation	
<input type="checkbox"/>	Error in Technique	
<input type="checkbox"/>	Deviation from Protocol or Guideline	
<input type="checkbox"/>	Inadequate Protocol	
<input type="checkbox"/>	System Factor	
<input type="checkbox"/>	Other Factor	
<input type="checkbox"/>	Patient Disease	
<input type="checkbox"/>	Care Appropriate	
<input type="checkbox"/>	Care Not Appropriate	

4. ACTION/ FOLLOW-UP/ LOOP CLOSURE	
Action Recommended:	Loop Closure Completed:
<input type="checkbox"/> None required	
<input type="checkbox"/> Individual counseling	
<input type="checkbox"/> Education/ Training	
<input type="checkbox"/> Case Presentation	
<input type="checkbox"/> Guideline/Protocol development	
<input type="checkbox"/> Update/Change/ Acquire new equipment	
<input type="checkbox"/> Evaluate staffing/FTE's	
<input type="checkbox"/> Forward to Quality Management Committee (QMC)	
<input type="checkbox"/> Forward to Other Dept./Individual for review	
<input type="checkbox"/> Track/Trend	
<input type="checkbox"/> Other (Specify):	

Reviewer's initials _____ Date: _____

Reviewer's Name (PRINT) : _____

Thank you for taking the time to review this case and for assisting the Trauma Program with Trauma Performance Improvement efforts.