Each case review will be documented on this form and reviewed by the Trauma Peer Review Committee.

Trauma Peer Review

Name:
DOB:
MRN:

PIPS:
Admit:
Discharge:
ISS

Physician:
Patient Location:

Mechanism	
Health History	
Pre-Arrival	
Trauma Center ED	
Injuries	
Inpatient	
Autopsy/GOL	
Death Nomenclature	Recommend: Mortality with opportunity; __Mortality without opportunity; __Mortality with Regio Regional Opportunity
PI Comments/Questions	

Reviewed for:
____ Mortality
____ Complication
____ Delay
____ Documentation
____ STAT OR
____Screening event
____Delayed Consult of Subspecialty
____Communication Issue
____Medical Decision Making/Clinical Judgment
____Behavioral

LEVEL of HARM

__No Harm
__No Detectable Harm
__Near Miss with Potential for Harm
__Mild Level of Harm
__Moderate Level of Harm
__Severe Level of Harm
__Death

DISCUSSION:

OPPORTUNITY FOR IMPROVEMENT

Statement of Confidentiality: Records, data, and knowledge including minutes collected for and by individuals and committees, or committees assigned peer review functions are confidential, are not public records and are not available for court subpoena in accordance with MCL 333.20175, 333.21513, 333.21515, 331.531, 331.532, and 331.533

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Corrective Action:

___No further action needed
___Resource enhancement ___Guideline/protocol development
___Periodic Review
__ Operations Committee
__ Pre-Hospital PI Committee
__ Regional PI Committee
__Other

Follow up:

___Send letter appropriate care, no need for follow up ___Send letter, response requested
___Education needed for non-physician staff – assign to: _____
___Other:
___Hospital Quality Committee Review Comments:

Name of Team Members conducting review: Trauma Peer Review Committee

Review Date:

Trauma Medical Director Summary:

_____ _____

Trauma Medical Director Signature Date

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