Trauma Service
Ongoing Professional Practice Evaluation (OPPE)

Practitioner: _____ **Review Period:** _____

Trauma Response:

Level I Trauma Activations during the review period = (≤ 10 minutes of patient arrival)

#of activations: _____ #timely responses: _____ = _____%

Level II Trauma Activations during review period= (≤ 30 minutes of patient arrival)

#of activations: _____ #responses < 10 minutes: _____ = _____%

Level III Trauma Activations during review period

#of activations: _____ #responses < 30 minutes: _____ = _____%

Activations: Average Patient:

Average LOS _____ Average patient ISS _____

Meeting Attendance:

Trauma Operations/Performance Improvement Committee: ____%

Continuing Medical Education Requirements: **Note**: CME for Verification Period

CME Total: 2021_____ 2022_____ 2023_____

Meets Does Not Meet

ATLS Expiration Date: _____

Hospital OPPE:

Hospital Review Period: _____ Date of Review: _____

Operative cases: Total all services_____ Total trauma_____

Reviewed by TMD:_____ Date_____

Concerns/Comments:_____

_____

_____

Recommendation(s):

- ☐ Continue without recommendations
- ☐ Continue with recommendations
  FPPE: _____
  Complete _____ number of trauma CME hours
- ☐ Not recommended for Trauma Call Panel

TMD: _____ Practitioner _____

Date _____ Date _____