

Trauma Services

Date:

To:

Dear,

As we are all aware, an important part of patient care, particularly for a Trauma Center, is the continuous process of Performance Improvement and Patient Safety.

During our weekly review of audit filters, we identified the attached case as having an issue related to:

Enclosed is a Trauma Quality Improvement form, which identifies the issue.

Please review and return your confidential response within 7 days by fax to (409) 899-7862. If you have questions or need to review specific records, please contact me at 409 899 7863 to make arrangements to review the documentation.

We appreciate your prompt attention and assistance in the matter and your contribution to our efforts to maintain Trauma Center designation.

“In accordance with Section 161 et seq., Health and Safety Code, all proceedings and records of the committee are privileged and confidential.”

CONFIDENTIAL

**Prepared at the request of the Performance Improvement, Risk Management
and Safety Committee**

Trauma Quality Issue Form

Date:

Pt:

AE#

Admit Date:

Physician:

Case Summary:

Issue:

How was patient care impacted? Please describe: _____

How would you classify this issue: System _____ Practice _____ Recurring _____

Provide recommendations for corrective action(s): _____

Signature: _____

Date Sent: _____

Date Returned: _____

RETURN COMPLETED FORM TO TRAUMA SERVICES, FAX 409 899 7863.