Triad Regional Advisory Committee

System Quality/Performance Improvement Committee System Referral

Please FAX to Dianne Wheaton at 336-716-7188

Date of Referral: _____ Referred by: _____
Age: _____ M / F MOI: _____
Date of Injury: _____ Time of Injury: _____
Performance Standard: _____

Time	Assessment/ Activities/ Interventions

Findings: _____

Committee's Response	Standard of Practice	Contributing Factors	Plan
1. Delay in system, not negative outcome	1. RAC guidelines not followed, time delays appropriate	1. System inadequacy, access greater than 30 minutes	1. No further action
2. Delayed system response. Minor negative outcome	2. RAC guideline not followed, minor deviation,	2. Delayed dispatch	2. Reviewed with agency
3. Significant system error.	3. RAC guidelines not followed, significant error	3. Delayed EMS response	3. Track and trend
4. Major deviation from system response.	4. RAC guideline not followed, Significant error, delay in diagnosis or judgment interpretation, error in technique	4. Delayed or prolonged transport, excessive scene time	4. Educational need
		5. Communications problems • Dispatch • EMS • Helicopter • Hospital • Surgeon • OR	5. RAC guideline review
		6. Transfer problems • Delayed request • Delayed acceptance • Delayed transport	6. Provider action plan requested
		7. Trauma diversion	7. Refer to State
		8. Multiple casualties	8. PI work group assigned
		9. Services not available	9. Forward to Executive Committee for review
		10. Provider	

Date of Review: _____
Comments: _____

Confidential for Peer Review Purposes Only
Revised: May 2005

Case Discussion

Action Plan / Responsible Individual

Recorder: _____

Date: _____

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