

Tidewater Regional Trauma Triage Quality Improvement Referral

Purpose: The purpose of this referral is to improve the quality and efficiency of trauma care in the Tidewater region. This form is intended for positive and negative comments regarding incidents in the Tidewater region. The intent of this form is to identify "system" issues. Information obtained will be used by the Trauma Triage Quality Improvement Committee to identify and offer solutions to improve the trauma system as a whole, with the ultimate goal being improved patient care. All information obtained through this process will remain confidential.

Your Name: _____ Your Agency: _____

Agency/Facility Targeted for QI*: _____

*EMS Incident #: _____ *Patient Record # _____

Receiving Hospital/s: _____ Date of Hosp. Adm.: _____

Injury/Diagnosis: _____ Date/Time of Events: _____

Patient Name: _____ Age: _____

Patient SSN: _____ Patient DOB: _____

Purpose of the referral:

Patient Care

Equipment Issue

Destination/Diversion

Other

Description of Events:

Pursuant to sections § 8.01-581.16, 8.01-581.17, 32.1-116.2, of the Virginia Codes, data or information in the possession of or transmitted to the Commissioner, the Advisory Board, or any committee acting on behalf of the Advisory Board, any hospital or prehospital care provider, or any other person shall be privileged and shall not be disclosed or obtained by legal discovery proceedings, unless a circuit court, after a hearing and for good cause shown arising from extraordinary circumstances, orders disclosure of such data.

Fax this form to (757) 963-2325 The original must be sent via U. S. Mail to 6353 Center Drive Suite 101 Norfolk, VA 23502 or destroyed.

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For QI Committee Use:

Date received: _____ Action taken: _____

Approved: November 27, 2001

Revised: October 1, 2002, May 18, 2006