

Trauma Medical Director: SURGEON PERFORMANCE SUMMARY REPORT

PHYSICIAN NAME: _____ TIME PERIOD: _____

PERFORMANCE CRITERIA	Threshold	1st Qtr	2 nd Qtr	3rd Qtr	4th Qtr	YTD
ATTENDANCE						
Peer Review (M&M)						
Trauma Council (operation, system)						
Trauma Related CME						
Internal Education Credits Earned						
Total Continuing Education credits						
Total # Trauma Patients						
# Admissions						
# Admits Direct to ICU						
# Direct to OR						
Total # Operative Procedures						
# ISS 15 - 24						
# ISS ≥ 25						
Total # Deaths						
Total # DOAs						
% Mortality (excluding DOAs)						
Highest Activations						
# Highest Activation Response w/i 15 min						
Avg. Time in Trauma Bay for Highest Activation						
# Lower (secondary) Activation Responses met						
Performance Issue						

Review W/TMD = list date and any specific performance issues discussed including cases from M&M with provider OFI

Trauma Services

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General Surgeon Evaluation

Surgeon: _____ Date: _____

Admissions: _____ Level 1: _____ Delayed Response: _____ Quality

Issues: YES (attached) NO

TMD Comments:

Surgeon Feedback:

TMD Signature: _____