

**TEXAS "J" RAC PI COMMITTEE
HOSPITAL DATA FORM**

Texas § 773.095, Records and Proceedings Confidential: (a) The proceedings records of organized committees of hospitals, medical societies, emergency medical services providers, emergency medical services and trauma care systems, or first responder organizations relating to the review, evaluation, or improvement of an emergency medical services provider, a first responder organization, an emergency medical services and trauma care system, or emergency medical services personnel are confidential and not subject to disclosure by court subpoena or otherwise.
(b) The records and proceedings may be used by the committee and the committee members only in the exercise of proper committee functions.

Name of Hospital: _____ County: _____
 Year: _____ Quarterly Report for (please check):
 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
 Sept. thru Nov. Dec. thru Feb. March thru May June thru August

Patient Gender: M F Patient age: _____
 Date / Time Admitted to ER: _____ Date of Discharge from ER: _____
 Date / Time of Hospital Admission: _____
 Date of Discharge from Hospital: _____

MECHANISM OF INJURY (check all appropriate areas):
 GSW Stab wound Assault Fall: height _____ ft.
 Burn Intentional Self-Inflicted Injury Crush
 MCC Bicycle Helmet _____ Y _____ N
 Farm/Ranch Industrial Sports
 Auto / Pedestrian on foot Auto / Pedestrian on bicycle Off-road vehicle
 Motor Vehicle Crash: Other: _____
 Rollover Head-On T-Bone Rear Impact
 Restrained Unrestrained Ejected Child Restraint Device

MODE OF ARRIVAL:
 EMS or Private Ambulance Service Private Vehicle Police / Sheriff
 Helicopter Fixed Wing Unknown

OUTCOME:
 Alive Dead Death Occurred In: ER OR ICU Nursing Unit

REQUIRED DATA:
 Run Sheet Received: Yes No N/A
 Trauma Team Activated: Yes No N/A
 Initial GCS: _____ Initial RTS: _____
 + ETOH lab result + Toxicology Screen
 Operative Procedure: Yes No

DISPOSITION:
 Home Nursing Home Inpatient Rehab Hospital: _____
 Other: _____

Acute Care:
 _____ Suspected Stroke
 _____ Cincinnati Prehospital Stroke Scale: _____ Positive _____ Negative
 _____ Suspected MI: _____ STEMI Protocol Activations

TRANSFER DATA:
 Transfer In Date / Time: _____ from outside of region
 Transfer Out Date / Time: _____ Stroke Destination: _____ to outside of region
 Length of Stay in Hospital prior to transfer: _____ days/hrs/min. (Including Observations)
 Air Transport (Name): _____
 Ground Transport (Name): _____
 Reason for Inability to Transport: _____

HOSPITAL PI REVIEW; VARIANCES: Refer to State Audit Filters for Your Appropriate Level; PERFORMANCE IMPROVEMENT OPPORTUNITY & HOSPITAL COMMUNICATION CONCERNS:

