Trauma Peer Review / Just Culture Pre-Review Confidential

Patient name:	Medical record number:
Physician involved:	Date of incident:
Admission diagnosis:	
Reason for review:	
Referred by:	
	CASE SUMMARY
1. What happened?	
2. What normally happens?	
3. What does the procedure require (if applica	able)?
	REVIEWER SUMMARY
4. Why did it happen? (individual choices that	: may have contributed)
5. How was the organization managing the ris	k? (system issues that may have contributed)
6. Recommend case brought to Trauma Peer F	Review? (If yes, reason why)
Trauma Peer Review Liaison (signature)	Date

Medical record number:	Departm	ent assigned:	Practitioner under review:	
PROFESSIONAL PRACTICE EVALUATION Guided by Just Culture Algorithm V3.2 Case description: Designation and recommended action: No practitioner issues identified No further action Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) No further action — trend Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) Collegal intervention. Department Chair/Vice Chair/Despine discussion with Practitioner Repetitive: Department Chair/Vice Chair/Despine discussion with Practitioner Repetitive: Department Chair/Vice Chair/Despine discussion with Practitioner Collegal intervention: Department in care) Collegal intervention: Department in care) Collegal intervention: Department Chair/Vice Chair/Despiner/PMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Despiner/PMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Vice Chair/Despiner/PMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Vice Chair/Despiner/PMA discussion with Practitioner Monitor performance: PPE for Professionalism (Cause) Performance improvement Plan (PIP): Department Chair/View A to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegal intervention: Department Chair/Viec Chair/Despinere/PMA discussion with Practitioner Monitor performance: PPE for Professionalism (Cause) Performance improvement Plan (PIP): Department Chair/View A to define specifics System (Applicable to all categories above) Performance improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) Performance improvement Plan (PIP): Department Chair/VPMA to define specifics	Medical record number:		Date of occurrence:	
Designation and recommended action: No practitioner issues identified • No further action • Informational letter (i.e., medical staff rules and regulations/policies/protocols) • Educational letter (i.e., opportunities for improvement in care) Human error (inadvertently doing other than what was intended: a slip, lapse, or mistake) • No further action — trend • Informational letter (i.e., medical staff rules and regulations/policies/protocols) • Educational letter (i.e., opportunities for improvement in care) • No further action — trend • Informational letter (i.e., opportunities for improvement in care) • Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner • Repetitive: Department Chair/Vice Chair/VPMA to determine action (see Repetitive section below) At-risk behavior (behavioral choice that increases risk where risk not recognized, or is mistakenly believed to be justified) referred to PRC (Professional Review Committee) • Educational letter (i.e., opportunities for improvement in care) • Collegial intervention: Department Chair/Vice Chair/PPMA to determine action (see Repetitive section below) Reckless behavior (behavioral choice to consciously disregard as usbatanil and unjustifiable risk) referred to PRC • Collegial intervention: Department Chair/Vice Chair/PPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC • Collegial intervention: Department Chair/Vice Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC • Collegial intervention: Department Chair/Vice Chair/VPMA to define specifics System (Applicable to all categories above) • Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) • PSOC referral • Lean Strategies, Clinical Excellence or Team X	Assigned	reviewer:		
Designation and recommended action: No practitioner issues identified • No further action • Informational letter (i.e., medical staff rules and regulations/policies/protocols) • Educational letter (i.e., opportunities for improvement in care) Human error (inadvertently doing other than what was intended: a slip, lapse, or mistake) • No further action — trend • Informational letter (i.e., medical staff rules and regulations/policies/protocols) • Educational letter (i.e., opportunities for improvement in care) • No further action — trend • Informational letter (i.e., opportunities for improvement in care) • Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner • Repetitive: Department Chair/Vice Chair/VPMA to determine action (see Repetitive section below) At-risk behavior (behavioral choice that increases risk where risk not recognized, or is mistakenly believed to be justified) referred to PRC (Professional Review Committee) • Educational letter (i.e., opportunities for improvement in care) • Collegial intervention: Department Chair/Vice Chair/PPMA to determine action (see Repetitive section below) Reckless behavior (behavioral choice to consciously disregard as usbatanil and unjustifiable risk) referred to PRC • Collegial intervention: Department Chair/Vice Chair/PPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC • Collegial intervention: Department Chair/Vice Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC • Collegial intervention: Department Chair/Vice Chair/VPMA to define specifics System (Applicable to all categories above) • Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) • PSOC referral • Lean Strategies, Clinical Excellence or Team X		DDC	DEESSIONAL PRACTICE EVALUATION	
Designation and recommended action: No practitioner issues identified No further action Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) Human error (inadvertently doing other than what was intended: a slip, lapse, or mistake) No further action — trend Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Debajnee discussion with Practitioner Repetitive: Department Chair/Vice Chair/Debajnee discussion with Practitioner Collegial intervention: Department Chair/Vice Chair/Debajnee discussion with Practitioner Collegial intervention: Department Chair/Vice Chair/Debajnee/VPMA discussion with Practitioner Monitor performance: PPBE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/Vice Chair/Debajnee/VPMA discussion with Practitioner Monitor performance: PPBE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/Vice Chair/Debajnee/VPMA discussion with Practitioner Monitor performance: PPBE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/Vice Chair/Debajnee/VPMA discussion with Practitioner Monitor performance: PPBE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/Vice Chair/Debajnee/VPMA discussion with Practitioner Monitor performance: PPBE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/Vice Chair/Debajnee/VPMA discussion with Practitioner Lean Strategies, Clinical Excellence or Team X				
No practitioner issues identified No further action — trend No further action — t	Case des	cription:		
No practitioner issues identified No further action — trend No further action — t				
No practitioner issues identified No further action — trend No further action — t				
No practitioner issues identified No further action — trend No further action — t				
No further action Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) Human error (inadvertently doing other than what was intended: a slip, lapse, or mistake) No further action — trend Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/Polations (behavioral choice that increases risk where risk not recognized, or is mistakenly believed to be justified) referred to PRC (Professional Review Committee) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:	Designati	on and recommended action:		
Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) Human error (inadvertently doing other than what was intended: a slip, lapse, or mistake) No further action — trend Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/Oresignee discussion with Practitioner Repetitive: Department Chair/Vice Chair/Oresignee/pyMA discussion with Practitioner Collegial intervention: Department Chair/Vice Chair/Oresignee/PyMA discussion with Practitioner Collegial intervention: Department Chair/Vice Chair/Designee/PyMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee/PyMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee/PyMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee/PyMA discussion with Practitioner Collegial intervention: Department Chair/Vice Chair/Designee/PyMA discussion with Practitioner Monitor performance: PPEF for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/PyMA discussion with Practitioner Monitor performance: PPEF for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSCC referral Lean Strategies, Clinical Excellence or Team X Comments:	No practi			
Educational letter (i.e., opportunities for improvement in care) Human error (inadvertently doing other than what was intended: a slip, lapse, or mistake) No further action — trend Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee/DPMA discussion with Practitioner Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Cice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/PDMA to determine action (see Repetitive section below) Reckless behavior (behavioral choice to consciously disregard a substantial and unjustifiable risk) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:			sules and regulations (nalisies (aretacals)	
Human error (inadvertently doing other than what was intended: a slip, lapse, or mistake) No further action — trend Informational letter (i.e., emedical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/DPMA to determine action (see Repetitive section below) At-risk behavior (behavioral choice that increases risk where risk not recognized, or is mistakenly believed to be justified) referred to PRC (Professional Review Committee) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Reckless behavior (behavioral choice to consciously disregard a substantial and unjustifiable risk) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X		•		
No further action — trend Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/VPMA to determine action (see Repetitive section below) At-risk behavior (behavioral choice that increases risk where risk not recognized, or is mistakenly believed to be justified) referred to PRC (Professional Review Committee) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Reckless behavior (behavioral choice to consciously disregard a substantial and unjustifiable risk) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X		Educational letter (i.e., opportunities to	Timprovement in care;	
 Informational letter (i.e., medical staff rules and regulations/policies/protocols) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X 	Human e	r ror (inadvertently doing other than what	t was intended: a slip, lapse, or mistake)	
Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/DPMA to determine action (see Repetitive section below) At-risk behavior (behavioral choice that increases risk where risk not recognized, or is mistakenly believed to be justified) referred to PRC (Professional Review Committee) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Reckless behavior (behavioral choice to consciously disregard a substantial and unjustifiable risk) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:				
Collegial intervention: Department Chair/Vice Chair/Designee discussion with Practitioner Repetitive: Department Chair/Vice Chair/PMA to determine action (see Repetitive section below) At-risk behavior (behavioral choice that increases risk where risk not recognized, or is mistakenly believed to be justified) referred to PRC (Professional Review Committee) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/VPMA to determine action (see Repetitive section below) Reckless behavior (behavioral choice to consciously disregard a substantial and unjustifiable risk) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:		•		
Repetitive: Department Chair/Vice Chair/VPMA to determine action (see Repetitive section below) At-risk behavior (behavioral choice that increases risk where risk not recognized, or is mistakenly believed to be justified) referred to PRC (Professional Review Committee) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/VPMA to determine action (see Repetitive section below) Reckless behavior (behavioral choice to consciously disregard a substantial and unjustifiable risk) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:				
(Professional Review Committee) Educational letter (i.e., opportunities for improvement in care) Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/VPMA to determine action (see Repetitive section below) Reckless behavior (behavioral choice to consciously disregard a substantial and unjustifiable risk) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X	-			
 Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Repetitive: Department Chair/Vice Chair/VPMA to determine action (see Repetitive section below) Reckless behavior (behavioral choice to consciously disregard a substantial and unjustifiable risk) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:			risk where risk not recognized, or is mistakenly believed to be justified) referred to PRC	
Reckless behavior (behavioral choice to consciously disregard a substantial and unjustifiable risk) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X	•	Educational letter (i.e., opportunities fo	or improvement in care)	
Reckless behavior (behavioral choice to consciously disregard a substantial and unjustifiable risk) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:		•		
 Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:	•	Repetitive: Department Chair/Vice Chai	ir/VPMA to determine action (see Repetitive section below)	
 Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:	Reckless	behavior (behavioral choice to conscious	ly disregard a substantial and unjustifiable risk) referred to PRC	
 Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:	•			
Repetitive behavior (repetitive errors or adverse event rate deemed unacceptable) referred to PRC Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:	•			
 Collegial intervention: Department Chair/Vice Chair/Designee/VPMA discussion with Practitioner Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:	_	Performance improvement Plan (PIP): L	Department Chair, VPMA to define specifics	
 Monitor performance: FPPE for Professionalism (Cause) Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:	Repetitiv	e behavior (repetitive errors or adverse e	event rate deemed unacceptable) referred to PRC	
 Performance Improvement Plan (PIP): Department Chair/VPMA to define specifics System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:	•			
System (Applicable to all categories above) PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:		•	· · · ·	
PSOC referral Lean Strategies, Clinical Excellence or Team X Comments:	_	remormance improvement rian (PIP). L	Department Chair/ VENIA to define specifics	
Lean Strategies, Clinical Excellence or Team X Comments:	System (A	applicable to all categories above)		
Comments:	•		· · · · · · · ·	
	•	Lean Strategies, Clinical Excellence or 16	eam X	
	6	1		
Signature Date	Commen	TS:		
Signature Date				
Signature Date				
Signature Date				
	Signature	<u> </u>	Date	