

To : HT Wong (NC, Trauma Service)
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Location: LG-46

**Feedback to Trauma Service
Trauma Quality Improvement Program
Queen Mary Hospital**

<p><i>Case Information</i> Name AE No.: HN No.: Date of Attendance. Or patient's label</p>	<p><i>Provider Information (Optional)</i> Contact: Dept. Post Name</p>									
<p><i>Reason(s) for feedback</i></p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Under-triage</td><td><input type="checkbox"/> Over-triage</td><td><input type="checkbox"/> Equipment</td></tr><tr><td><input type="checkbox"/> Care process</td><td><input type="checkbox"/> Leadership</td><td><input type="checkbox"/> Team</td></tr><tr><td colspan="3"><input type="checkbox"/> Others, please specify:</td></tr></table>		<input type="checkbox"/> Under-triage	<input type="checkbox"/> Over-triage	<input type="checkbox"/> Equipment	<input type="checkbox"/> Care process	<input type="checkbox"/> Leadership	<input type="checkbox"/> Team	<input type="checkbox"/> Others, please specify:		
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<input type="checkbox"/> Care process	<input type="checkbox"/> Leadership	<input type="checkbox"/> Team								
<input type="checkbox"/> Others, please specify:										
<p>Concern / Compliment / Comment / Suggestions</p>										
<p><i>Proposed action(s) - by Members of Trauma Service Executive Committee</i></p> <table style="width: 100%;"><tr><td><input type="checkbox"/> None required</td></tr><tr><td><input type="checkbox"/> Refer to case doctor/personnel for further review on _____</td></tr><tr><td><input type="checkbox"/> Refer to related department for further review on _____</td></tr><tr><td><input type="checkbox"/> To be discussed in Audit/Executive meetings on _____</td></tr><tr><td><input type="checkbox"/> Other</td></tr></table>		<input type="checkbox"/> None required	<input type="checkbox"/> Refer to case doctor/personnel for further review on _____	<input type="checkbox"/> Refer to related department for further review on _____	<input type="checkbox"/> To be discussed in Audit/Executive meetings on _____	<input type="checkbox"/> Other				
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<input type="checkbox"/> Other										

Please return this form to Ms. HT Wong by fax or internal mail
Thank you for your valuable feedback.

To : Trauma Nurse Coordinator
Location: 瑪麗醫院急症室