

STOMP PIT, up to 10 markers for each (max 100)

<b>Patient Name:</b>	<b>ID Number:</b>
<b>Patient MRN:</b>	<b>Hospital Stay (since 11/2013):</b>
<b>Physician Printed Name:</b>	<b>Hospital:</b>
<b>Physician Signature:</b>	<b>Service Date:</b>
<b>Nurse:</b>	<b>Service Time:</b>
<b>Other Caregivers:</b>	<b>Bed #:</b>

At Date & Time of Evaluation (Date/Time: / / )

**Best Care Process Score Targets: Refer to top 10 markers from STOMP PIT @ time of eval** **Score NA/?**

		Score	NA/?
1	Optimal patient and family engagement, involvement and care?		
2	Optimal patient care?		
3	All general prophylaxis options engaged?		
4	Organ specific prophylaxis and treatment for primary secondary and tertiary disease prevention?		
5	Documentation in EMR reflects the care provided? (add 10 markers)		
6	QIPI documents recorded and submitted? (add markers)		
7	Staffing adequate? (add delays & other markers for adequate staffing)		
8	Use of physician time: optimal? (add markers for time use 1=100% proper use, 0 = 0% (delays, etc) related to patient care)		
9	Surge capacity: Do we have adequate backup? (Physician, nurse, other)		
10	Overall process integration? (Timely, smooth, quiet, efficient, effective, teamwork)		

Score Total = Sum Max of 10.0

0 (MAX = 10)

(Nurse Reviewers)

**Best Care Outcome Score (Interval Score: Since Last Score)**

**Possible Score**

**Score Chosen**

Death caused by care= Sentinel Event	0	
Injury caused by care= Sentinel Event	1	
Death caused by failed prophylaxis	2	
Injury caused by failed prophylaxis	3	
Preventable complications of care not reversible	4	
Complications of care with residual deficits	5	
Delays With Increased Morbidity (Increased LOS/Vent Time/Etc)	6	
Complications of treatment with no residual deficits	7	
Outcome less than expected	8	
Outcome as expected	9	
Best possible outcome (better than expected)	10	

0 (MAX = 10)

(Physicians)

Best Process Score	0
Best Outcome Score	0
<b>B<sup>2</sup> SCORE (Score Total Sum of Process Scores x Best Care Outcome Score)</b>	<b>0</b>

(MAX = 100)

Comments: \_\_\_\_\_

**Verified & Certified**

Physician Signature: \_\_\_\_\_

Patient/MPOA Signature: \_\_\_\_\_

12/4/2013  
