QI Tracking Tool

Your Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Categories of Connections | | | |
| A)  Aging Resource Center Referral | B)  Beamed the Hub GENE to bedside | C)  Called geriatrics on-call | D)  Discussed patient’s goals for care |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Connection  Category | Need(s) of patient/care partner. | What went well? | What could be improved? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |