Traumatic Amputation QUERI Workshop
Pre Meeting Written Assignment

Comorbidities, Complications and Psychosocial Issues Associated with Traumatic Amputation

Please answer the following questions and bring your completed worksheet to the workshop on May 19th. Bulleted responses are fine. These worksheets will be used to stimulate discussion in the working groups. Thank you.

1. What are the key clinical practice issues related to traumatic amputation-associated comorbidities, complications, and psychosocial problems? (Please see QUERI Step 1.)

2. Please list any evidence-based clinical practice guidelines or clinical recommendations, systematic reviews (meta-analyses) or key clinical research findings related to traumatic amputation-associated comorbidities, complications and psychosocial issues. (Please see QUERI Step 2.)

3. Briefly outline key quality gaps you are aware of in VA related to traumatic amputation-associated comorbidities, complications and psychosocial issues. (Please see QUERI Step 3.)

4. Please list any preliminary thoughts regarding quality improvement programs or strategies you would recommend be developed to improve the quality of care for traumatic amputation-associated comorbidities, complications and psychosocial issues in VA. (Please see QUERI Steps 4/5/6.)

5. Please list any additional data, methods, measures or other research tools or resources needed to productively study and improve VA care for traumatic amputation-associated comorbidities, complications and psychosocial issues. (Please see QUERI Step M.)

6. Please list any basic science or clinical science research (e.g., clinical trials) or health services studies (e.g., outcome studies) you believe are needed to produce better evidence and evidence-based guidance relevant to care for traumatic amputation-associated comorbidities, complications and psychosocial issues in VA. (Please see QUERI Step C.)

Please print your name on this form in case we need to follow up with you after the workshop to clarify your comments. Thank you.

Name: _____