**Department of Health Services State of Wisconsin**

Division of Public Health

F-00602 (04/2025) Page 1 of 8

# Trauma Care Facility Final Report

Instructions:

Facility name:

Facility address:

Requested level: Choose an item. Date of review:

**Strengths:**

**Opportunities for improvement** *(each area of opportunity should be tied to a DHS 118 criteria and supported with a recommendation)***:**

**Growth potential** *(each area of growth potential should be tied to best practice and supported with a recommendation)***:**

**Potential criterion deficiencies**

Number of type 1:       Number of type 2:

Cite each potential criterion deficiency below and support with findings and/or data. Each CD must be listed with a recommendation for meeting criteria.

**Comments from reviewed facility:**

**Site reviewers:**

**Hospital attendance**

TPM:       TMD:       Administrator:

Others:

**Case review/case number:**       **Category:** Choose an item.  
Review of facts *(description of facility case presentation)*

**Demographics**

Age: Choose an item.  
Sex: Choose an item.

**EMS:**

**ED:**

Level of activation: Choose an item.

Injury severity score (if available):

**Inpatient stay**:

Admission service:

**Performance improvement** *(description of facility PI activities)*

Levels of review: Choose an item.

Issue found:

Plans and implementation summary:

Loop closure:

**Reviewer comments** *(reviewer comment of care and PI activities)***:**

**Case review/case number:**       **Category:** Choose an item.  
Review of facts *(description of facility case presentation)*

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Admission service:

**Performance improvement** *(description of facility PI activities)*

Levels of review: Choose an item.

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**Performance improvement** *(description of facility PI activities)*

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