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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-00602A (01/2023) | **STATE OF WISCONSIN** |
| **TRAUMA CARE FACILITY****IN PERSON FOCUSED VISIT FINAL REPORT** |
| **Facility Name** | **Facility Address** | **Requested Level** | **Date of Review** |
|       |       |  |       |
| **Criterion Deficiency with Corrective Action**Criteria Deficiency:      Corrective Action:       |
| **Criterion Deficiency with Corrective Action**Criteria Deficiency:      Corrective Action:       |
| **Criterion Deficiency with Corrective Action**Criteria Deficiency:      Corrective Action:       |
| **Strengths** |
|       |
| **Opportunities for Improvement** |
|       |
| **Additional Reviewer Comments***(Include any potential criterion deficiencies)* |
|       |
| **Comments from Reviewed Facility**      |
| **Site Reviewers** |       |
|       |
| **Hospital Attendance** | TPM:      TMD:      Administrator:      Others:       |
| **Case Review/Case Number:**       **Category:**       |
| **Review of Facts** |
| **EMS:**       |
| **ED:**      Level of Activation:      Injury Severity Score (if available):       |
| **Inpatient Stay:**      Admission Service:       |
| **Performance Improvement** |
| **Levels of Review:**       |
| **Issue Found:**       |
| **Plans and Implementation Summary:**       |
| **Loop Closure:**       |
| **Reviewer Comments** |
|       |
| **Case Review/Case Number:**       **Category:**       |
| **Review of Facts** |
| **EMS:**       |
| **ED:**      Level of Activation:      Injury Severity Score (if available):       |
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| **Levels of Review:**       |
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| **ED:**      Level of Activation:      Injury Severity Score (if available):       |
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| **Loop Closure:**       |
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| **Performance Improvement** |
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| **Plans and Implementation Summary:**       |
| **Loop Closure:**       |
| **Reviewer Comments** |
|       |