|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-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): | | | | |
| **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): | | | | |
| **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): | | | | |
| **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): | | | | |
| **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): | | | | |
| **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): | | | | |
| **Inpatient Stay:**  Admission Service: | | | | |
| **Performance Improvement** | | | | |
| **Levels of Review:** | | | | |
| **Issue Found:** | | | | |
| **Plans and Implementation Summary:** | | | | |
| **Loop Closure:** | | | | |
| **Reviewer Comments** | | | | |
|  | | | | |