



## Michigan Statewide Trauma System Site Review Report

The Michigan Department of Health and Human Services recognizes that a site review is integral to the categorization of trauma resources a facility has garnered to address quality care for the injured. Confirmation of a robust, functioning trauma program will assist in determining destination decisions and will provide a methodology to consistently measure trauma care (levels) and benchmark care regionally and nationally. The site review and findings are foundational to determining if a facility has the resources to provide trauma care at a pre-determined level.

The site review report must provide objective documentation that addresses the regulatory role of the visit ensuring that minimum requirements have been met and if not, provide careful descriptions of weakness and deficiencies as well as strengths.

The site review and the site report should also be considered a teaching tool with clear, unambiguous suggestions for process and performance improvement that acknowledges where a facility is and how it may reach the goal of an efficient, effective trauma program. Advice and sharing recommendations during the visit is appropriate. There should be a clear distinction between recommendations and criteria that must be met. Liberal use of the opportunities for improvement will help facilities focus on goals and strategies to continue to develop their trauma program.

The medical record review of the report will involve case summaries. Case summary reports should be de-identified by avoiding identifiers such as medical record number, age, name of receiving facility, or any other information that might identify the case. Only include gender, description of age (young/elderly) and a summary of pertinent information.

The reviewers will collaborate on a report draft before leaving the review site. The lead author will be responsible for reviewing, revising and completing a final report for submission to the Designation/Verification Coordinator. Verification/Designation decisions will be predicated on this documentation as well as the need for a focused review. Future site visits will use the findings of the report to track and monitor progress and the resolution of deficiencies.

The in-state site review teams were chosen from the state's leading experts in the field. The site review is an important opportunity to demonstrate good teaching principles, and share in the passion of providing excellent care to the injured.



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Use this template to complete the final site review report. Type the information into each section. See *Sample Final Report* for detailed instructions on how to complete the template. The electronic version of this document, along with the *Sample Final Report* can be found online at [www.michigan.gov/traumasystem](http://www.michigan.gov/traumasystem).

**Hospital:**

**Date of Site Visit:**

**Designation Level:**

**Date of Report:**

**Reviewers:**

## **Introductory Comments**

## **Trauma Program Overview**

**Deficiencies** *Cite each deficiency and support with findings/data (i.e. CD 5-15, Type II)*



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## **Strengths**

**Areas of Opportunity** *(each area of opportunity should match a recommendation)*



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**Recommendations** (each recommendation should match an area of opportunity)

## Site Tour

**Department-Specific Equipment:**

Is required equipment present for all ages?

Specify missing equipment:

Comments:



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## **Case Summaries**

### **Trauma Deaths**

*(Please format each **Trauma Death** case summary as follows):*

**Date of Service:**

**Admission Service (if applicable):**

**Level of Activation:**

**Injury Severity Score (if available):**

**ICU Patient: Yes No**

**Case Summary:**

**PI Findings (clinical, system or process):**

**Reviewer Comments**

### **Trauma Transfers**

*(Please format each **Trauma Transfer** case summary as follows):*

**Date of Service:**

**Admission Service (if applicable):**

**Level of Activation:**

**Injury Severity Score (if available):**

**ICU Patient: Yes No**

**Case Summary:**

**PI Findings (clinical, system or process):**

**Reviewer Comments:**





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### Closing Comments

Number of Type I Deficiencies:

Number of Type II Deficiencies:

*By signing this report, I certify that I have reviewed the facility's PRQ and verification/designation criteria.*

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*Lead Author Signature*