Use this template to complete the final on-site focused review report. Type the information into each section.

Hospital:

Date of Original Site Visit:

Date of On-Site Focused Review Visit:

Designation Level:

Date of Report:

Reviewers:

Corrective Actions
Note identified deficiency(ies) from original site visit and document how the facility has taken corrective actions. (Please format each deficiency as follows):

Deficiency:

Corrective Action(s):

Reviewer Comments/Recommendations:
Michigan Statewide Trauma System
On-Site Focused Review Report

Case Summaries

Category: ______________________
(Please format 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 (levels of review, issues, plans & implementation, loop closure):

Reviewer Comments:

Category: ______________________
(Please format 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 (levels of review, issues, plans & implementation, loop closure):

Reviewer Comments:
The page contains a template for a Michigan Statewide Trauma System On-Site Focused Review Report. The template includes sections for Category, Date of Service, Admission Service (if applicable), Level of Activation, Injury Severity Score (if available), ICU Patient Yes / No, Case Summary, PI Findings, and Reviewer Comments. Each section is designed to capture specific data and comments related to trauma reviews.
Closing Comments

Areas of Opportunity: OPTIONAL
(Note discussion related to areas of opportunity.)

By signing this report, I certify that I have reviewed the facility’s PRQ, original site visit report, and verification/designation criteria.

____________________________________
Lead Author Signature