



Michigan Statewide Trauma System On-Site Focused Review Report

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:



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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:



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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