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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-00602D (02/2023) | **STATE OF WISCONSIN** |
| **TRAUMA CARE FACILITY****QUALITY REVIEW REPORT** |

| **Facility Name** | **Requested Level** | **Date of Quality Review** | **Date of Original Review** |
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|       |  |       |       |
| **Criterion Deficiency**Criteria Deficiency:      [ ]  Findings concurrent [ ]  Recommend revisionDiscussion included       |
| **Criterion Deficiency**Criteria Deficiency:      [ ]  Findings concurrent [ ]  Recommend revisionDiscussion included       |
| **Criterion Deficiency**Criteria Deficiency:      [ ]  Findings concurrent [ ]  Recommend revisionDiscussion included       |
| **Additional Facility Comments** |
|       |
| **Additional Reviewer Comments** |
|       |
| **Facility Attendance** |       |
| **Site Reviewer and DHS Staff Attendance** |       |
|       |