



## State of Nebraska Trauma Consultation/Designation Evaluation Form

<b>Hospital</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>
<b>Your Name</b>	<input type="text"/>	<b>Review Date</b>	<input type="text"/>
<b>Title</b>	<input type="text"/>		

### Administrative Process

	1-Poor	2=Fair	3=Satisfactory	4=Good	5=Excellent
Ease of Scheduling Visit	<input type="checkbox"/>				
Ease of Completing Pre-Review Questionnaire	<input type="checkbox"/>				
Information Provided Prior to Visit by EMS/Trauma Office	<input type="checkbox"/>				
Information Provided Prior to Visit by Regional TNC	<input type="checkbox"/>				
Overall Ease of Communication with Lead Reviewer	<input type="checkbox"/>				

Comments:

### Site Visit

	1-Poor	2=Fair	3=Satisfactory	4=Good	5=Excellent
Professionalism of Reviewers	<input type="checkbox"/>				
Impartiality of Reviewers	<input type="checkbox"/>				
Helpfulness of comments by Reviewers	<input type="checkbox"/>				
Criteria Deficiencies were Clearly Identified	<input type="checkbox"/>				
Recommendations were Clearly Explained	<input type="checkbox"/>				
Questions Clearly Answered	<input type="checkbox"/>				
Overall Satisfaction with Review Team	<input type="checkbox"/>				
Overall Satisfaction with Site Visit	<input type="checkbox"/>				

Comments:

**Written Report**

1-Poor    2=Fair    3=Satisfactory    4=Good    5=Excellent

Report was Factual	<input type="checkbox"/>				
Report was Thorough	<input type="checkbox"/>				
Report was Clearly Written	<input type="checkbox"/>				
Report was Timely	<input type="checkbox"/>				
Questions Clearly Answered	<input type="checkbox"/>				

Comments:

**Additional Comments:**

**Submit to:**    Sherri Wren  
Trauma Program Manager  
Nebraska Dept. of Health & Human Services  
EMS/Trauma Program  
301 Centennial Mall South  
P.O. Box 95026  
Lincoln, NE 68509-5026  
[Sherri.Wren@Nebraska.gov](mailto:Sherri.Wren@Nebraska.gov)