



Office of Community Health Systems
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360-236-2874

Trauma Designation Applications Instructions

Official Application

This is the official Adult and Pediatric Acute Trauma Service Designation Application for all facilities in the Washington State Emergency Medical Service and Trauma Care System. This is the only version the department will accept. The department has the authority to change the application at any time, and if relevant, will send the trauma program manager (TPM) a revised copy immediately. Changes to the application during the designation period will be avoided if possible. Rare exceptions may include information gaps, widely inconsistent responses, or frequently asked questions from facilities.

Application Schedule

The application submission due date for the facilities in each emergency medical service (EMS) and trauma care region, and the statewide area, is noted on the published designation schedule for trauma service and trauma rehabilitation designation. A copy of the schedule is on the department's [website](#). Facilities will have 90 days to submit the completed designation application. The schedule specifies all action steps needed to apply for trauma designation. Applicants are required to meet all deadlines. The process of trauma designation is detailed in Washington Administrative Code (WAC) at [WAC 246-976-580](#).

Withdrawing a Submitted Application

To withdraw a submitted application, send a written request to the department's trauma designation administrator (TDA) or trauma nurse consultant (TNC) any time before the application submission date. It must be signed by a person with signature authority. Facilities may re-submit a new application at any time up to the application due date for that region.

Completing the Application

Trauma Designation Application Workshop: The department conducts a trauma designation application workshop in each region early in the trauma designation cycle. All TPMs and their supervisors are urged to attend. Workshop content includes:

- Designation process and schedule
- Trauma service WAC standards
- Application requirements
- Formatting instructions
- Registry data for the application
- Definitions
- Site review preparations
- Resources available.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.

The workshop announcement will be sent to all TPMs. Or contact the Department of Health TDA or TNC for workshop details.

Read and adhere to instruction details carefully. This ensures all application requirements are complete, and supports efficiency by the department and site reviewers.

Omit the table of contents, instructions, Glossary and Exhibits sections, and intentionally blank pages from the submitted application.

Page numbers in the submitted application are essential for ease of review and security of the complete document. Once the application content is complete, be sure to add page numbers to the bottom right corner make review and referencing simple. Include all application sections so that the pagination is sequential throughout the entire application.

- 1) An application title page is required. A template is included in the application. Use heavy paper (a clear plastic cover is suggested also) and include:
 - Facility name
 - Facility town, state
 - Intended designation: Acute or rehabilitation, adult (general) and/or pediatric and level of designation applying for
 - Due date of the application
- 2) Application Sections:
 - a) Trauma Service Profile:
 - Pull this information from your facilities registry. Help in retrieving this information is available from our trauma registry administrator, Erika Stufflebeem (erika.stufflebeem@doh.wa.gov).
 - b) Administrative Assurances:
 - Must be signed by the facility representatives whose titles are listed on the form.
 - Original signatures are required on the department's copy of the submitted application.
 - Obtain signatures early to avoid issues with representatives being unavailable near the application submission date.
 - When the application is completed, obtain signatures from the chief nursing officer (CNO), TPM, and TMD indicating that the document has been reviewed.
 - c) Trauma Scope of Service:
 - WAC minimum standards for trauma designation are included as a reference in the Scope template.
 - Include items beyond WAC's minimum standards to demonstrate the facility capabilities which exceed the minimum requirements.
 - d) Trauma Care Standards Sections (e.g., 4. Trauma Service Administration and Leadership, 5. Trauma Quality Improvement Program, etc.)
 - These are the required WAC minimum standards of designated trauma services.
 - These trauma care standards can also be found at [WAC 246-976-700](#), and [WAC 246-976-800](#)
 - Each WAC requirement has a check box and is labeled as "Section Item."
- 3) Section Responses:
 - a) If currently meeting a standard, click to place an "X" in the Section Item box to confirm compliance. If not currently meeting a standard, leave the Section Item box empty. For each unmet standard, briefly explain the plan of action and expected compliance date on a separate page. A brief verbal update will be due at site review.

- b) All Section Item action plans and expected compliance dates have character (word) limits. Bullet format responses are preferred.
- 4) Additional Documents:
 - a) Facility documents are required to be added in several sections to support/confirm compliance.
 - b) All facility documents (policies, protocols, procedures, standards, plans, guidelines, etc.) must include documentation of Multidisciplinary Trauma Quality Improvement Committee (MTQIC) approval date.
 - c) Approval dates must be within the past three years, or as specified in the Section Item.
- 5) Education and Training Forms:
 - a) [WAC 246-976-580](#) specifies 90 percent of personnel must meet education and training standards. This standard allows for an influx of new personnel (i.e., up to 10 percent of staff members are allowed to be pending completion of education standards within 18 months of employment).
 - b) All applicable personnel must meet the standards.
 - c) List first and last name and other information as requested on the form.
- 6) Glossary
 - a) Contains acronyms, abbreviations, definitions as used in this application.
 - b) The Glossary Section should not be included in the submitted application.

Computer Form Instructions

This application is designed to be completed in a computerized form. There are several ways to navigate and enter information into the form.

- a. First, save a copy of the original application to a secure location on the computer network.
- b. Then, save each work session with the current date and time to guard against inadvertent loss.
- c. To navigate the application form areas, tab from one text box (gray field) to the next. Type response in the gray space provided; or
- d. Use the mouse cursor and click where information needs to be entered. The gray text boxes will only allow responses up to the preset character (word) limit.
- e. Check boxes: To fill in a check box, click on the box and an "X" will appear. Click a second time; the "X" will disappear.

Application Submission Instructions

Please submit the completed application via the Department of Health's hosted Box.com platform or an equivalent online platform approved by your facility's information technology department (i.e., SharePoint).

All communication regarding the application, the designation process, and any requests for additional materials should be directed to the department staff members listed below. Any oral communication not confirmed in writing is unofficial and not binding.

Tim Orcutt, MSN, RN

Trauma Nurse Advisor
tim.orcutt@doh.wa.gov
(360)628-0583

Mariah Conduff, MSW

Trauma Designation Program Administrator
mariah.conduff@doh.wa.gov
(564)669-1946

Confidential and Proprietary Content

The designation application is confidential until the contract between the facility and the department is signed by the Department of Health contracts officer. The application then becomes public record per Chapter 42.56 RCW. Portions of the application claimed exempt from disclosure under [RCW 42.56](#) must contain the word "Confidential" printed or stamped in the upper right-hand corner of each page to be considered for exemption.

The department considers the request for confidential status based on applicable laws. Claiming an entire application as confidential will not be honored. Responses to a request to view or copy an application are made in accordance with the department's public disclosure procedures. If anything is marked proprietary, it will not be made available until the facility has an opportunity to seek a court order preventing disclosure.

Site Review

Applicants for adult and/or pediatric level I, II, or III acute trauma service designation will have an on-site review. Site reviewers are contracted by the department as per [WAC 246-976-580](#). The site review team includes a surgeon and nurse who are clinical experts in trauma care. The team will review the application and conduct the facility site review evaluating the appropriateness and quality of the facility's trauma care in alignment with [WAC 246-976-700](#) trauma care standards. The site review team:

- Reviews the submitted application
- Attends a tour of the facility
- Verifies equipment
- Verifies physician and nurse education and training
- Interviews personnel
- Conducts a medical record review
- Reviews the trauma quality improvement program and documents
- Reviews protocols, policies, and guidelines
- Reviews other documents as requested

Using their expertise and findings from the site visit, reviewers provide feedback, and recognize best practices and areas identified for improvement. Initial findings are presented at the closing session at the end of the site visit day.

Facilities are notified of the site reviewers' names in advance of the site visit. The department's TNC or TDA must be notified within 10 days of receipt of this notification if there is objection to any team member.

Site Review Fee

Facilities applying for acute adult and/or pediatric level I, II, or III trauma service designation must submit a site review fee prior to the site review per [WAC 246-976-990](#). This fee covers the department's cost of conducting the site review. Notification of the fee amount is sent to the facility's trauma program manager by the department's credentialing unit immediately upon receipt of the facilities letter of intent to apply for designation. Submit the fee payment per the instructions on that credentialing department email.

Administrative Evaluation

Department staff members conduct an administrative evaluation of the written application for compliance with trauma care standards, completeness, and the relevance of supporting documentation.

Final Report

Facilities applying for acute adult and/or pediatric level I, II, or III trauma service designation will receive a written final report summarizing both the departments and site review team's evaluation within 120 days of the site review date. Level IV, V, and all rehab services will receive a final report no more than 60 days from the date of the designation decision announcement.

Department of Health Designation Decision-Making Process

Decisions are announced for each region on the date specified in the designation schedule posted on the department's [website](#).

Designation decisions are made by the department after all applications have been evaluated and required site reviews have been completed within a region. The department designates the most qualified facilities with the ability to provide trauma care based on quality of performance in relation to the following:

- Submitted application, documents, data and other information verifying compliance
- Compliance with trauma standards
- Site review team recommendations
- Trauma patient outcomes
- Compliance with the trauma designation contract with the department if previously designated. This includes submission of final report requirements, maintaining compliance with WAC designation standards, trauma registry record submissions, participation in regional QI meetings, notifying the department of trauma service changes, and effective quality improvements
- Alignment with EMS/trauma council regional and state plans
- Impact of designation on the Washington State trauma system
- Regional patient volumes
- Number, level, and geographical distribution of trauma designated services

Trauma System History and Department of Health Authority

In 1990, the Washington State Legislature passed [RCW 70.168](#), the Statewide Emergency Medical Services (EMS) and Trauma Care System Act. This act directed the Department of Health to develop and maintain a comprehensive EMS and trauma care system. This system spanned the care continuum from injury prevention, emergency medical services, acute trauma care, through trauma rehabilitation.

The trauma designation process rule, [WAC 246-976-580](#), directs the department to evaluate facilities applying to participate in the state trauma system as adult and/or pediatric trauma centers.

Min/Max Numbers and Levels

Washington State is divided into eight EMS and trauma care regions. A state map that shows each region is on the department's [website](#). Each region's EMS and trauma care council recommends the minimum/maximum (min/max) numbers and levels of trauma services needed within a region. This document can be obtained by contacting the TDA.

A facility may apply for trauma service designation or change its existing designation at any time if the regional min/max numbers reflect an opening.

Competitive Designation Application

Competition for trauma designation exists when the number of facilities applying for the same level of designation exceeds the maximum number allowed in the region per the regional and state plans. When competition exists and the department's evaluation of each applicant produces equal results, the department will award designation to the facility that will optimally benefit the trauma system.

Unsuccessful applicants will receive an accounting from the department regarding procedures and criteria used in the decision-making process.

Trauma Service Standards

Current Washington State trauma service standards, [WAC 246-976-700](#), became effective on 01-03-2019. Any other versions of WAC prior to this date are nullified. All facilities applying for trauma designation must meet these trauma service standards to participate in the trauma system. This application was developed using these standards.

Provisional Designations

To ensure availability of trauma care in a particular region of the state, the department may provisionally designate a facility not able to fully meet all applicable trauma service standards.

A provisional designation is valid for a maximum of two years. See [WAC 246-976-580](#) for details.

To Appeal a Denial Decision

Facilities not awarded a trauma service designation will receive written notice. Facility administration has 28 days from receipt of the denial letter to appeal the decision and to request an adjudicative proceeding, per the Administrative Procedure Act, [RCW 34.05](#) and [WAC 246-10](#).

Designation Contract

A successful facility applicant must enter into a contractual agreement with the department to provide trauma services. The contract designation period is three years. Once awarded trauma service designation, the facility must adhere to the contract requirements. Any significant changes to the trauma service must be communicated to the department within 10 days of the change. This includes turnover in any of the administrative positions, e.g. trauma medical director, trauma program director, trauma registrar, facility administrator, facility name, address, and interruption in any required resource (e.g., loss of surgical capability).

Non-Endorsement

Trauma designation by the department neither endorses nor suggests a facility is the best or only trauma service. No reference to the department or the state in any literature, promotional material, brochures, sales presentation, or other like materials can be made without the express written consent of the department.

Glossary of Terms

Term	Explanation
# of OR's	Total number of operating rooms available for care, generally.
# of OR's for trauma	Total number of ORs available for trauma care (may be the same as above, but some ORs may not be appropriate for trauma care)
# Staffed ED beds	Number of emergency department beds available for patient care, generally.
# Staffed ED beds for trauma	Number of ED beds staffed and available for trauma care (may be the same, but some rooms may not be appropriate for trauma care)
Admitted	A patient who has in-patient status in a hospital
Adult patient	Age 15 years or greater, meeting Inclusion criteria
Avg (average) ISS	Obtained by dividing the sum of patient ISSs by the total number of patients included.
Avg ED LOS (hrs)	Obtained by dividing the sum of all trauma patients' ED length of stay by the total number of trauma patients included.
Avg hrs/month dedicated to trauma duties	Number of hours generally worked in a month's time that is focused on trauma responsibilities. May exceed 40 hours per seven days.
B/C	"Board certified" or "board-certified" means that a physician has been certified by the appropriate specialty board recognized by the American Board of Medical Specialties. For the purposes of this document, references to "board certified" include physicians who are board qualified.
B/Q	Board-qualified means physicians who have graduated less than five years previously from a residency program accredited for the appropriate specialty by the accreditation council for graduate medical education. See also B/C.
Board-certified	See B/C above.
Board-qualified	See B/Q above.
CCU	Critical care unit. May include coronary care unit, cardiac care unit, intensive care unit, intermediate care unit, as defined by facility.
Characters, characters with spaces	<p>There is a limit of spaces, letters, numbers, symbols for fill-in items in the application.</p> <p>Word 2010: To determine the number of characters with spaces, in Word 2010, first write the response in a new Word document, then click on File, Info. In the far-right hand column, click on the tiny arrow next to Properties. Then click on Advanced Properties, Statistics. Statistic Name is Characters (with spaces).</p> <p>Word 2007: To determine the number of characters with spaces, in Word 2007, first write the response in a new Word document, then click on the multi-color Windows button in the upper left-hand corner of the screen. Click on Prepare, then Properties. In the far-left upper corner, click on the tiny arrow next to Document Properties. Click on Advanced Properties, then Statistics. Statistic Name is Characters (with spaces).</p>

Chief Nursing Officer	Director of nursing, nurse executive or director of patient care services in a trauma facility.
Died, patients who	Patients who arrived in the ED with signs of life (vital signs present, on-going CPR or resuscitative efforts) who ultimately expired. Or patients who expire during their initial inpatient stay for a traumatic injury for which they meet the inclusion criteria.
ED LOS	Time the patient was in the emergency department from entry to disposition out of the ED to discharge home, transfer out of facility, or transport to another care unit in the hospital.
EMS	Emergency medical services. Certified prehospital care providers that use specially equipped motor vehicles to transport patients.
EMS agencies that deliver trauma patients	Certified prehospital care providers that use specially equipped motor vehicles to transport patients.
EMS/TC Region	There are 8 EMS and Trauma Care regions in Washington.
Floor	Non-critical care patient care unit, e.g., medical, surgical, or pediatric nursing care unit..
FTE	Full-time equivalent is a position that works 40 hours in seven days.
FTTA	See full trauma team activation
Full trauma team activation percentage of	The total number of FTTAs that met the inclusion criteria divided by the total number of patients who met inclusion criteria multiplied by 100.
Full trauma team activation	FTTA. An extraordinary ED response to emergent needs of some trauma patients requires prompt response by a general surgeon to the ED. The facility derives the FTTA criteria, and other team membership.
Full trauma team activations, number of	Total number of patients who met the inclusion criteria and received a FTTA.
Inclusion criteria	Document that defines injured cases that are required to be entered into the Washington State Trauma Registry
Modified trauma team activation	MTTAs. An extraordinary ED response to emergent needs of some trauma patients requires prompt response by in-house providers. The facility derives the MTTA criteria and team membership.
Modified trauma team activations, number	The total number of MTTAs that met the inclusion criteria divided by the total number of patients who met Inclusion criteria multiplied by 100.
Modified trauma team activations, percentage of	The total number of MTTAs who met the inclusion criteria divided by the total number of patients who met Inclusion criteria multiplied by 100.
MTTA	See modified trauma team activations
ORs	Operating rooms
Patient catchment area (sq. miles)	A facility's approximation of the area (square miles) from which the majority of its patients arrive, either from being brought by EMS or privately owned vehicle.
Patients admitted from ED to acute care:	Patients moved from the ED to any bed in the hospital (including observation and short stay units)
Patients who died	See "died, patients who"
Pediatric patients	All patients age 0-14 years meeting the inclusion criteria for entry into the trauma registry

PER	Pediatric education requirement. Number of education hours focused on pediatric trauma care. See WAC 246-976-700 (27) .
Physicians on medical staff:	Any physician with privileges to work in the facility.
TDA	Trauma designation administrator at the Department of Health.
TNC	Trauma nurse consultant at the Department of Health.
TMD	Trauma medical director at the trauma designated facility.
TPM	Trauma program manager at the trauma designated facility.
Transferred-in trauma patients	Patients transferred either to the emergency department, or to an inpatient unit, directly from another acute care hospital, by emergency medical service ambulance.
Transferred-out trauma patients	Patients transferred from the facility to another acute care hospital, either to/from the ED or an inpatient unit, by EMS
Trauma patient	Only trauma or injured patients meeting inclusion criteria.
Trauma patients transferred-in	See "transferred-in"
Trauma patients transferred-out	See "transferred-out"
Trauma registry inclusion criteria: Link, algorithm	Trauma registry inclusion criteria: http://www.doh.wa.gov/Portals/1/Documents/Pubs/530113.pdf
Trauma Service Profile	Provides demographic, volume, and general resource information
TTA	Trauma team activation, an extraordinary ED response to emergent needs of some trauma patients. Facility derives criteria and team membership.