Office of Community Health Systems
P.O. Box 47853
Olympia, WA 98504-7853
360-236-2874

# Trauma Rehabilitation Service Designation Application

Facility Name:

City, State:

Designation Level:

DOH 530-276 September 2025

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# Administrative Assurances

This section represents commitment throughout the facility and staff.

We the undersigned recognize that the truthfulness of, and the compliance with, the facts affirmed here are conditions to the award of a contract for trauma rehabilitation service designation with the Washington State Department of Health. We make the following administrative assurances:

1) We support our facility's participation and role in the statewide trauma system.
2) We approve and fully support our application for, and maintenance of, trauma rehabilitation service designation.
3) We understand that the submission of this application does not obligate the department to designate or contract with our facility.
4) We understand that a designation resulting from this application is applicable only to the one facility located at the address provided in this application.
5) We will not hold the department responsible for any omissions, errors, or misrepresentations in our designation application.
6) Our trauma rehabilitation service designation application is accurate and true. If, for any reason, what we have presented in this application changes over the new three-year designation period, resulting in no longer meeting a standard, we will communicate the change to the department in writing within 10 days of our being made aware of the issue/change, per our contract with the department.
7) We understand that the department will not reimburse us for any costs we incur in the preparation of our application, and once submitted, the application becomes the property of the department. We therefore claim no proprietary rights to the ideas, writings, or other materials within our application.
8) If designated, we will comply with all rules in chapter 246-976 Washington Administrative Code (WAC), any requirements in our designation final report, and our contract with the department, and any contract amendment—including the general terms, conditions, and statement of work.
9) We ensure the commitment of our facility's financial, human, and physical resources to treat all trauma rehabilitation patients at the level of designation approved and awarded by the department.
10) We are committed to professional outreach and education to health care providers giving care to our trauma patients.

| | | | |
|---|---|---|---|
| Chair of Governing Entity (Board) | Date | Trauma Rehabilitation Medical Director | Date |
| Hospital Chief Executive Officer | Date | Trauma Rehabilitation Nurse Manager | Date |
| Chief Nursing Officer | Date | | |

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.

# Trauma Designation Application Review by Facility Leadership

I acknowledge the review of this application for trauma rehabilitation designation.

| | | |
|---|---|---|
| Chief Nursing Officer (or executive delegate) | Title | Date |
| Trauma Rehabilitation Medical Director | | Date |
| Trauma Rehabilitation Nurse Manager/Director | | Date |

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# Trauma Rehabilitation Scope of Service

The intent is to present an overall picture of consistent resources and capabilities available for trauma rehabilitation care, and compliance with WAC standards. The facility is requested to include related capabilities beyond the WAC requirements available for trauma patient care to contribute to the statewide composition.

Standard:
A designated trauma rehabilitation service must:
Be a licensed hospital as defined in chapter 246-320 WAC that treats pediatric, adolescent, and adult patients in inpatient and outpatient settings regardless of disability, level of severity or complexity within the facility's capability, and as specified in the facility's admission criteria.

**Section Item 1:**

Adult Level I:

☐ Yes ☐ No Does the trauma rehabilitation service treat adult and adolescent trauma patients in inpatient and outpatient regardless of disability or level of severity or complexity.

Adult Level II Only:

☐ Yes ☐ No The trauma rehabilitation service treats adult and adolescent trauma patients in inpatient and outpatient settings with disabilities or level of severity or complexity within the facility's capability, and as specified in the facility's admission criteria.

Pediatric Designation Only:

☐ Yes ☐ No Does the trauma rehabilitation service treat pediatric and adolescent patients in inpatient and outpatient settings regardless of disability or level of severity or complexity.

**Section Item 2:** If Item 1 is no, explain (limit response to 200 characters): _____.

**Section Item 3:** ☐ Yes ☐ No For adolescent patients (about 12 to 18 years of age), does the trauma rehabilitation service consider whether physical development, educational goals, pre-injury learning, or developmental status, social or family needs, and other factors indicate treatment in an adult or pediatric rehabilitation service.

**Section Item 4:** If Item 3 is no, explain (limit response to 200 characters): _____.

**Section Item 5:** ☐ Yes ☐ No Does the trauma rehabilitation service house patients on a designated rehabilitation nursing unit.

Pediatric Designation Only:

☐ Yes ☐ No Does the trauma rehabilitation service house patients in a designated pediatric area, providing an environment appropriate to the age and development status of the patient.

**Section Item 6:** If Item 5 is no, explain (limit response to 200 characters): _____.

**Section Item 7:** ☐ Yes ☐ No Does the trauma rehabilitation service have a physiatrist in-house or on-call 24 hours every day and responsible for the day-to-day clinical management and the treatment plan of trauma patients.

**Section Item 8:** If Item 7 is no, explain (limit response to 200 characters): _____.

**Section Item 9:** Does the trauma rehabilitation service provide rehabilitation nursing personnel 24 hours every day, with:

☐ Yes ☐ No The initial care plan and weekly update reviewed and approved by a CRRN.

☐ Yes ☐ No A minimum of 6 clinical nursing care hours, per patient day, for each trauma patient.

Level I Adult/Pediatric Only:

☐ Yes ☐ No At least one CRRN on duty, each day and evening shift, when a trauma patient is present.

Level II Adult Only:

☐ Yes ☐ No At least one CRRN on duty, one shift each day, when a trauma patient is present.

**Section Item 10:** If any part of Item 9 is no, explain (limit response to 200 characters): _____

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# Trauma Rehabilitation Service Administration and Leadership

This section demonstrates compliance with WAC 246-976-800 requirements for trauma program organization, direction, leadership, and education of leaders. Check all that apply.

**Section Item 1:** ☐ Have and retain full accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) for inpatient medical rehabilitation programs.

Pediatric Designation Only:

☐ Have and retain full accreditation by the Commission on Accreditation of Rehabilitation Facilities (CARF) for pediatric inpatient medical rehabilitation programs.

**Section Item 2:** ☐ A trauma rehabilitation medical director responsible for the organization and direction of the trauma rehabilitation service, who:

- ☐ Is a physiatrist.
- ☐ Is responsible for the organization and direction of the trauma rehabilitation service.
- ☐ Participates in the trauma rehabilitation service's quality improvement program.

**Section Item 3:** ☐ Management and supervision by a registered nurse.

**Section Item 4:** ☐ Participate in the Washington state trauma registry as defined in WAC 246-976-430.

## Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

**Response Item 1:** Upload your current adult and/or pediatric CARF accreditation report, any follow-up requirements, and your responses to those requirements.

(If your CARF accreditation(s) expires during your three-year trauma rehabilitation service designation period, you will need to submit your new accreditation report(s) and related documentation to DOH.)

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# Trauma Rehabilitation Quality Improvement Program

The purpose of this section is to demonstrate the trauma facility's approach to the rigorous and continuous improvement of its system of trauma rehabilitation care. Quality Improvement (QI) includes documentation of the evaluation of care quality, the identification of areas for improvement, and efficient correction to achieve the best possible outcomes for patients.

A quality improvement program that reflects and demonstrates a process for continuous quality improvement in the delivery of trauma rehabilitation care, with:

**Section Item 1:** ☐ An organizational structure and plan that facilitates the process of quality improvement and identifies the authority to change policies, procedures, and protocols that address the care of the trauma patient.

**Section Item 2:** ☐ Representation and participation by the interdisciplinary trauma rehabilitation team.

**Section Item 3:** ☐ A process for communicating and coordinating with referring trauma care providers as needed.

**Section Item 4:** ☐ Development of outcome standards.

**Section Item 5:** ☐ A process for monitoring compliance with or adherence to the outcome standards.

**Section Item 6:** ☐ A process of internal peer review to evaluate specific cases or problems.

**Section Item 7:** ☐ A process for implementing corrective action to address problems or deficiencies.

**Section Item 8:** ☐ A process to analyze and evaluate the effect of corrective action.

**Section Item 9:** ☐ Have a process to ensure the confidentiality of patient and provider information, in accordance with RCW 70.41.200 and RCW 70.168.090.

**Section Item 10:** ☐ Participation in the regional quality improvement program as defined in WAC 246-976-910.

## Respond to the following items:

Insert required documents in the following pages. Label each with the corresponding Section number and Item number.

**Response Item 1:** Upload the most recent trauma rehabilitation QI program plan with date of interdisciplinary trauma rehabilitation team approval. The plan must demonstrate process and flow, and can be easily applied to issue, action, and resolution.

**Response Item 2:** Upload a clearly labeled summary of your quality improvement review of a significant trauma rehab patient-related issue that was addressed through your trauma rehabilitation quality improvement (QI) program in the past two years. The case must be real, not hypothetical. Remove all patient and practitioner identifiers. Provide any auditing and tracking documents used. Include the analysis and results of your QI review, which should have at a minimum (check the boxes below to indicate each is included):

- ☐ Issue identification
- ☐ Discussion and conclusions
- ☐ Action plans: Goals, audit filter or quality indicator developed, steps to goal
- ☐ Implementation details of action plan
- ☐ Evaluation and measurement results
- ☐ Adjustments or re-evaluation
- ☐ Issue resolution (loop closure, the positive outcome of QI efforts from MTQIC minutes).

**Response Item 3:** Upload all regional QI meetings for the most recent year—indicate the TRMD and/or TRNM attendance.

**Response Item 4:** List how the trauma rehabilitation service participates in regional QI meetings (check all that apply):

- ☐ Share findings from the facility trauma rehabilitation program's QI processes to benefit regional partners
- ☐ Contribute to problem-solving of regional system issues
- ☐ Use state or regional trauma rehabilitation data to drive regional QI priorities
- ☐ Other; explain; limit response to 750 characters. _____

**Response Item 5:** ☐ Yes ☐ No Does the trauma service provide feedback to referring (sending) facilities?

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# Outreach, Injury Prevention, and Education

The intention of this section is to demonstrate compliance with WAC WAC 246-976-800 regarding outreach, injury prevention, and education. **Instructions:** If currently meeting a standard, 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. All section item action plans and expected compliance dates have a limit of 200 characters with spaces (see glossary). Bullet format responses are preferred. Upload the explanation page in the supporting documents section of the application.

**Section Item 1:** ☐ An orientation and training program for all levels of rehabilitation nursing personnel.

**Section Item 2:** ☐ Have an outreach program regarding trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas.

**Section Item 3:** ☐ A formal program of continuing trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals:

- ☐ Allied health care professional
- ☐ Community physicians
- ☐ Nurses
- ☐ Prehospital personnel
- ☐ Staff physicians

Level I Adult Designation Only:

**Section Item 4:** ☐ Serve as a regional referral center for patients in their geographical area needing only level II or III rehabilitative care.

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# Trauma Rehab Designation Supplemental Application Response Item Upload Checklist

This is a list of the Response Items that must be included with the application. The document must be labeled with the naming convention below. Insert the properly named document into the appropriate section of the application.

**Example of naming convention (response item title underscore trauma rehab center name)-**

**Trauma Rehab QI program plan_Good Samaritan Rehab**

## Trauma Rehabilitation Service Administration and Leadership

- ☐ Current adult and/or pediatric CARF report

## Trauma Rehabilitation Quality Improvement Program

- ☐ Trauma Rehab QI program plan
- ☐ QI Review summary
- ☐ Regional QI meetings with attendance
- ☐ Reversal of Anticoagulants in Traumatic Brain Injury Patients
- ☐ Massive Transfusion