



Office of Community Health Systems
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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: Submit 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.)

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 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: Submit 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: Insert 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: List 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?