



Office of Community Health Systems  
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## **Trauma Designation Applications Instructions**

Read these application instructions thoroughly from top to bottom to get the big picture, then return to read top to bottom in detail.

### **Official Application**

This is the official Trauma Rehabilitation Service Designation Application for facilities in all of the emergency medical service and trauma care regions, prepared by the Washington State Department of Health. This is the only version that will be accepted by the department. The department has the authority to change the application at any time, and if relevant, will send the 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 is noted on the published Trauma Service and Trauma Rehabilitation Designation schedule. A copy of the schedule is on the department's [website](#). Facilities will have at least 90 days to submit the completed designation application. The schedule specifies all action steps needed to apply for trauma designation. A copy is distributed to all applicants. Applicants are required to meet all deadlines. The process of trauma rehabilitation 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.

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](mailto:doh.information@doh.wa.gov).

## **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 trauma program managers (TPM) 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.

The workshop announcement will be sent to all trauma program managers. Or, contact the Department of Health trauma designation administrator or trauma nurse consultant for workshop details.

Send questions (email or phone) about the application or instructions to the trauma designation administrator or trauma nurse consultant early in the application completion period.

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 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. 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 Rehabilitation Service Profile:
    - This gives DOH the basic information needed about your trauma rehab service.
  - 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 facility administrator, the trauma rehabilitation medical director, and the trauma rehabilitation nurse manager indicating that the document has been reviewed.
- c) Trauma Rehabilitation Scope of Service:
- WAC minimum standards for trauma rehabilitation designation are included as a reference in the Scope template.
  - Items beyond WAC’s minimum standards are requested by the department to demonstrate the facility capabilities that exceed the minimum requirements.
- d) Trauma Rehabilitation Care Standards Sections (e.g., 4. Trauma Rehabilitation Service Administration and Leadership, 5. Trauma Rehabilitation Quality Improvement Program, etc.)
- These are the required WAC minimum standards of designated trauma rehabilitation services.
  - These trauma care standards are also at [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 on a separate page the plan of action and expected compliance date. 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 or confirm compliance.
- b) All facility documents (policies, protocols, procedures, standards, plans, guidelines, etc.) must include documentation of Interdisciplinary Trauma Quality Improvement Team approval date.
- c) Approval dates must be within the last 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 should not be included in the submitted application.

## **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. In the forms, 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 allow responses only 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](mailto:tim.orcutt@doh.wa.gov)

(360)628-0583

### **Mariah Conduff, MSW**

Trauma Designation Program Administrator

[mariah.conduff@doh.wa.gov](mailto: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 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 for 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.

## **Potential Site Review**

Although a site review is not required for a trauma rehabilitation service, the department, per RCW 70.168.090 and WAC 246-976, may conduct an onsite review at any time. The department may not charge a fee if it chooses to conduct a site review at your facility. However, if you request a site review, DOH can charge a fee to cover the costs, per WAC 246-976-990.

- Attends a tour of the facility
- Verifies equipment
- Verifies physician and nurse education and training
- Interviews personnel
- Conducts medical record review
- Reviews quality improvement documents
- 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 receiving a site review are notified of the site reviewers’ names in advance of the site visit. The department’s TDA or TNC must be notified within 10 days of receipt of this notification if there is objection to any team member.

## **Administrative Evaluation**

Department staff members conduct an administrative evaluation of the written application for compliance with trauma rehabilitation care standards, [WAC 246-976-800](#), completeness, and the relevance of supporting documentation for the facility’s level of designation.

## **Final Report**

Facilities applying for adult and/or pediatric level I, II, or III trauma rehabilitation 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.

## **Department of Health Designation Decision-Making Process**

Decisions are announced for each region on the date specified in the Trauma Service and Trauma Rehabilitation Designation Schedule, located 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 rehabilitation standards
- Site review team recommendations (when applicable)
- Trauma rehabilitation patient outcomes
- Compliance with the trauma rehabilitation designation contract with the department if previously designated. This includes submission of final report requirements, maintaining compliance with WAC designation standards, participation in regional QI meetings, notifying the department of trauma rehabilitation service changes, and effective quality improvements.
- Alignment with EMS-trauma council regional and state plans
- Effect 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 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 current minimum/maximum numbers can be obtained by contacting the designation administrator.

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 rehabilitation 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 Rehabilitation Service Standards**

Current Washington State trauma service standards, [WAC 246-976-800](#), became effective on December 17, 2009. 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](#). Adjudication instructions will be provided.

## **Designation Contract**

A successful facility applicant must enter into a contractual agreement with the department to provide trauma rehabilitation services. The contract designation period is three years. Once awarded trauma rehabilitation service designation, the facility must adhere to the contract requirements. Any significant changes to the trauma rehabilitation 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 bed capability).

## **Non-Endorsement**

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

## Glossary of Terms

<b>Term</b>	<b>Explanation</b>
Admitted	A patient who has in-patient status in a hospital
Adult patient	Age 15 years or greater, meeting inclusion criteria
Average hours/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.
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.
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.



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EMS/TC Region	There are eight EMS and trauma care regions in Washington State.
Inclusion Criteria	Document that defines injured cases that are required to be entered into the Washington State Trauma Registry
Patient catchment area (square miles)	A facility's approximation of the area (square miles) from which the majority of its patients arrive, from being either brought by EMS or privately owned vehicle.
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
Physicians on medical staff:	Any physician with privileges to work in the facility.
Trauma patient	Only trauma or injured patients meeting inclusion criteria.
Trauma registry inclusion criteria: Link, algorithm	Trauma registry inclusion criteria: <a href="http://www.doh.wa.gov/Portals/1/Documents/Pubs/530113.pdf">http://www.doh.wa.gov/Portals/1/Documents/Pubs/530113.pdf</a>
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.
Ward	Non-critical care patient care unit, e.g., medical, surgical, or pediatric nursing care unit.