



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:

Application Due Date: December 20, 2024



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# **Trauma Service Designation Application**

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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.

## 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:

- 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.
- All Section Item action plans and expected compliance dates have character (word) limits. Bullet format responses are preferred.

4) Additional Documents:

- Facility documents are required to be added in several sections to support or confirm compliance.
- All facility documents (policies, protocols, procedures, standards, plans, guidelines, etc.) must include documentation of Interdisciplinary Trauma Quality Improvement Team approval date.
- Approval dates must be within the last three years, or as specified in the Section Item.

5) Education and Training Forms:

- [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).
- All applicable personnel must meet the standards.
- List first and last name and other information as requested on the form.

6) Glossary

- Contains acronyms, abbreviations, definitions as used in this application
- The glossary 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.

- First, save a copy of the original application to a secure location on the computer network.
- Then, save each work session with the current date and time to guard against inadvertent loss.
- In the forms, tab from one text box (gray field) to the next. Type response in the gray space provided; or
- 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.

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## Section 1: Trauma Rehabilitation Service Profile

This content provides reviewers with demographic, volume, and resource information about the facility, trauma program, and community.

| Demographic Information:                                                       |                                                                            |                                                                                                                                                                                                          |                  |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Facility Name:                                                                 |                                                                            | EMS/TC Region:                                                                                                                                                                                           |                  |
| Mailing Address:                                                               |                                                                            | City:                                                                                                                                                                                                    | ZIP Code:        |
| Physical Address:                                                              |                                                                            | City:                                                                                                                                                                                                    | State: ZIP Code: |
| Facility Phone:                                                                |                                                                            | County:                                                                                                                                                                                                  |                  |
| Ownership:<br><input type="checkbox"/> Public <input type="checkbox"/> Private | <input type="checkbox"/> For profit<br><input type="checkbox"/> Non-profit | <input type="checkbox"/> Rural <input type="checkbox"/> Urban <input type="checkbox"/> Suburban<br>There are no required criteria for rural, urban, or, suburban. Facility is welcome to self-determine. |                  |
| Personnel Information:                                                         |                                                                            |                                                                                                                                                                                                          |                  |
| Hospital Administrator/CEO:                                                    |                                                                            | Hospital Title:                                                                                                                                                                                          |                  |
| Phone:                                                                         |                                                                            | Email (required):                                                                                                                                                                                        |                  |
| Trauma Rehabilitation Medical Director:                                        |                                                                            | Hospital Title:                                                                                                                                                                                          |                  |
| Phone:                                                                         |                                                                            | Email (required):                                                                                                                                                                                        |                  |
| Trauma Rehabilitation Program Manager:                                         |                                                                            | Hospital Title:                                                                                                                                                                                          |                  |
| Phone:                                                                         |                                                                            | Email (required):                                                                                                                                                                                        |                  |
| Trauma Rehab Data Specialist/Registrar:                                        |                                                                            | Hospital Title:                                                                                                                                                                                          |                  |
| Phone:                                                                         |                                                                            | Email (required):                                                                                                                                                                                        |                  |
| Chief Nursing Officer:                                                         |                                                                            | Hospital Title:                                                                                                                                                                                          |                  |
| Phone:                                                                         |                                                                            | Email (required):                                                                                                                                                                                        |                  |
| FTE, Hours Dedicated to Trauma Duties:                                         |                                                                            |                                                                                                                                                                                                          |                  |

## Section 2: 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 |                                        |      |

## **Trauma Designation Application Review by Facility Leadership**

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

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|                                               |       |      |
|-----------------------------------------------|-------|------|
| Chief Nursing Officer (or executive delegate) | Title | Date |
|-----------------------------------------------|-------|------|

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|                                        |      |
|----------------------------------------|------|
| Trauma Rehabilitation Medical Director | Date |
|----------------------------------------|------|

---

|                                              |      |
|----------------------------------------------|------|
| Trauma Rehabilitation Nurse Manager/Director | Date |
|----------------------------------------------|------|

## Section 3: 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): \_\_\_\_\_

**Section Item 11:** CARF/Other Specialty Areas of Accreditation *(Please complete the following to better convey the specialty services provided and accredited through CARF. These are not requirements).*

CARF Medical Programs:

- ☐ Comprehensive Integrated Inpatient Rehabilitation
- ☐ Outpatient Medical Rehabilitation
- ☐ Home and Community Services
- ☐ Residential Rehabilitation
- ☐ Vocational Services
- ☐ Interdisciplinary Pain Rehabilitation
- ☐ Occupational Rehabilitation
- ☐ Case Management
- ☐ Pediatric Specialty
- ☐ Amputation Specialty
- ☐ Brain Injury Specialty \*
- ☐ Spinal Cord Specialty \*
- ☐ Stroke Specialty

CARF Other Specialty Programs:

- ☐ Behavioral Health programs
- ☐ Child and Youth Services
- ☐ Opioid Treatment Program

Other Programs:

- ☐ Burn Care Verification (ACS or ABA)

☐ Other (describe in comment box below)

Comment Box: (Please free text any specialty areas not listed above).



## Section 4: 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.

**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.)

## **Section 5: 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?

## Section 6: Trauma Rehabilitation Resources and Capabilities

This section demonstrates compliance with [WAC 246-976-800](#) requirements for trauma rehabilitation resources and capabilities.

**Section Item 1:** ☐ Provide a peer group for persons with similar disabilities.

**Section Item 2:** Provide these trauma rehabilitation services with providers who are licensed, registered, certified, or degreed and are available to provide treatment as defined in the patient's rehabilitation plan:

- ☐ Occupational therapy;
- ☐ Physical therapy;
- ☐ Speech/language pathology;
- ☐ Social services;
- ☐ Nutritional counseling;
- ☐ Clinical psychological services, including testing and counseling;
- ☐ Neuropsychological services.

**Section Item 3:** Provide these health personnel and consultative services in-house or on-call 24 hours every day:

- ☐ A pharmacist with immediate access to pharmaceuticals, patient medical records and pharmacy data bases.
- ☐ Respiratory care practitioners.
- ☐ Pastoral or spiritual care.
- ☐ A radiologist.

Pediatric Designation Only:

- ☐ A pediatrician.

**Section Item 4:** Provide the following services in-house or through affiliation or consultative arrangements with providers who are licensed, registered, certified, or degreed:

- ☐ Anesthesiology (anesthesiologist or CRNA);
- ☐ Audiology;
- ☐ Communication augmentation;
- ☐ Dentistry;
- ☐ Diagnostic imaging, including:
  - Computerized tomography;
  - Magnetic resonance imaging;
  - Nuclear medicine; and
  - Radiology;
- ☐ Educational program appropriate to the disability and developmental level of the pediatric or adolescent patient, to include educational screening, instruction, and discharge planning coordinated with the receiving school district;

- ☐ Electrophysiologic testing, including:
  - Electroencephalography;
  - Electromyography; and
  - Evoked potentials;
- ☐ Laboratory services;
- ☐ Orthotics;
- ☐ Prosthetics;
- ☐ Rehabilitation engineering for device development and adaptations;
- ☐ Substance abuse counseling;
- ☐ Therapeutic recreation;
- ☐ Vocational rehabilitation;
- ☐ Urodynamic testing.

Level I Pediatrics Only:

- ☐ Pediatric therapeutic recreation specialist or child life specialist;

Adult designation Only:

- ☐ Driver evaluation and training;

## Section 7: 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.

**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.

### 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:** List a minimum of three injury prevention education activities planned for the future:

| IP Activity | Target Audience | List any Partners | Mechanism of Injury targeted |
|-------------|-----------------|-------------------|------------------------------|
|             |                 |                   |                              |
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## Glossary of Terms

| Term                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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.                                                                   |
| 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:<br><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.                                                                            |