MDHHS
Michigan Department of Health & Human Services

Michigan Criteria for Trauma Facility Designation

The Michigan Trauma Administrative Rules acknowledges that certain criteria are integral to the establishment and continued development of a regionalized, coordinated and accountable trauma system in the state. Data, performance improvement and injury prevention are considered fundamental trauma facility functions. These same criteria are also fundamental to establishing and maintaining a trauma system as is the need to provide support to community trauma facilities (Level III) and trauma support facilities (Level IV) so that an integrated all inclusive trauma system can be maintained. These criteria have been identified as critical in nature and the failure of the healthcare facility to meet these criteria is considered a Michigan critical deficiency (MI-CD). A Michigan critical deficiency shall result in the healthcare facility not being recommended for designation and recommendations will be made for remediation.

The Michigan Administrative Rule 325.130 Rule (6) a-d states "The department shall designate the existing trauma resources of all participating healthcare facilities in the state based on the following categories:

- Comply with data submission requirements in R 325.133 and R 325.134
- Develop and submit a performance improvement plan based on standards that are incorporated by reference in these rules, pursuant to R 325.133 and R 325.134
- Participate in coordinating and implementing regional injury prevention plans
- Level I and Level II only: Provide staff assistance to the department in the designation and verification process of community trauma facilities (Level III) and trauma support facilities (Level IV).

I. Data Collection and Submission

Collection and submission of trauma patient data into the State Trauma Registry is a foundational component of all local, regional, and statewide trauma systems performance improvement and patient safety initiatives.

A. All healthcare facilities with an emergency center shall participate in data submission. Administrative Rule 325.133

MI-CD 1-1: Failure of the healthcare facility to participate in the submission of data on patients who meet trauma inclusion criteria as defined in this section shall be considered a critical deficiency.

B. Data is collected on all trauma patients who meet inclusion criteria as defined in the most current version of the American College of Surgeons National Trauma Data Bank "National Trauma Data Standard: Data Dictionary". This document may be found online at: http://www.ntdsdictionary.org/dataElements/datasetDictionary.html.

C. All data which meets inclusion criteria as described above is submitted electronically into the State Trauma Registry (ImageTrend®). Ref: Administrative Rule 325.134 (2) (a).

ImageTrend® is the State sponsored software program approved for use as the statewide trauma registry. Other nationally recognized trauma software registries may be used by the healthcare facility for data warehousing. However, all trauma data must be uploaded to the State Trauma Registry (ImageTrend®). This process is outlined in the document "State Trauma Registry (ImageTrend®) Access" found on the MDCH Trauma Section website.

1) Twelve (12) months of data must be submitted into the State Trauma Registry prior to applying for designation as a Michigan trauma facility for the first time. The healthcare facility may determine the twelve (12) month time frame but it must start no earlier than fifteen (15) months from the date of application for ACS verified facilities or scheduled site review for facilities seeking in-state verification.

MI-CD 1-2: Failure of the healthcare facility to submit data into the State Trauma Registry as described in C.1. above shall be considered a critical deficiency.

2) To maintain designation as a Michigan trauma facility, data is to be submitted electronically into the State Trauma Registry (ImageTrend®) quarterly by the following dates: March 15, June 15, September 15, December 15.

MI-CD 1-3: Failure of the healthcare facility to continue to submit data into the State Trauma Registry on a regular basis after submission of the initial twelve (12) months of data shall be considered a critical deficiency.

D. Each healthcare facility is required to designate a person responsible for trauma registry activities. This person should have the minimal training necessary to maintain the registry. This need not be a dedicated position.

MI-CD 1-4: Failure of the healthcare facility to designate a person responsible for trauma registry activities shall be considered a critical deficiency.

II. Performance Improvement Plan

Performance improvement is integral in ensuring a highly functioning trauma program and a statewide trauma system. The Michigan Administrative Rules reflect this emphasis on continually evaluating performance as does the American College of Surgeons Committee on Trauma (ACS-COT). Healthcare facilities seeking designation as a Michigan trauma facility must do so in accordance with the following expectations:

A. Demonstrate participation in the regional trauma network performance improvement as described in the Regional Trauma Network work plan. Minimally, this includes demonstrating that the healthcare facility is participating in regional data collection (audit filters), analysis and sharing. A brief description of planned or ongoing participation in the Regional Trauma Network performance improvement initiatives must be submitted with the designation application.

B. **Healthcare facilities seeking in-state verification as a Level III trauma facility** must meet performance improvement criteria for Level III referenced by Rule 325.135 and outlined in the American College of Surgeons Committee on Trauma "Resources for the Optimal Care of the Injured Patient 2014" in a written plan.

C. **Healthcare facilities seeking in-state verification as a Level IV trauma facility** shall develop a performance improvement plan based on standards that are incorporated by reference to Rule 325.135 and the American College of Surgeons Committee on Trauma "Resources for the Optimal Care of the Injured Patient 2014". The standards include:

1) A written performance improvement plan, which addresses the following:

   a. A process of event identification and levels of review which result in the development of corrective action plans, methods of monitoring, re-evaluation, risk stratified benchmarking must be present and this process must be reviewed and updated annually.

   b. Problem resolution, outcome improvements and assurance of safety (loop closure) must be readily identifiable through methods of monitoring, re-evaluation, benchmarking and documentation.

   c. All criteria for trauma team activation have been determined by the trauma program and evaluated on an ongoing basis in the PI process.

   d. Audit Filters - the PI program identifies and reviews documents, findings, and corrective action on the following five (5) audit filters which must be addressed in the PRQ:
      - Any system and process issues
      - Trauma deaths in house or in emergency department
      - Any clinical care issues, including identifying and treatment of immediate life threatening injuries
      - Any issues regarding transfer decision
      - Trauma team activation times to trauma activation

2) A policy in place to review issues that revolve predominately around (1) system and process issues such as documentation and communication; (2) clinical care including identification and treatment of immediate life threatening injuries (ATLS); and (3) transfer decisions.

MI-CD 2-1: Failure to participate in the Regional Trauma Networks performance improvement work plan and initiatives outlined in the brief description submitted with the designation application shall be considered a critical deficiency.

MI-CD 2-2: Failure of a facility requesting Level III in-state verification to provide a written performance improvement plan which meets performance improvement criteria from the state of Michigan and the American College of Surgeons shall be considered a critical deficiency.

MI-CD 2-3: Failure of a facility requesting Level IV in-state verification to provide a written performance improvement plan which meets state of Michigan and American College of Surgeons criteria as outlined in section C shall be considered a critical deficiency.

III. Injury Prevention

All healthcare facilities seeking designation by the State of Michigan as a trauma facility are expected to demonstrate the following:

A. Participate in coordinating and implementing Regional Trauma Network injury prevention work plans and initiatives.

MI-CD 3-1: Failure of the healthcare facility to participate in the Regional Trauma Network Injury Prevention work plan and initiatives outlined in the brief description submitted in the designation application is considered a critical deficiency.

IV. Staff Support

This section applies to ACS verified Level I and Level II trauma facilities only.

A. Provide staff assistance to the Department in the designation and verification process of community trauma facilities and trauma support facilities contingent upon sufficient funding being appropriated. To meet this expectation the ACS verified Level I and II must:

1) Submit the names of two staff members from their facility to the in-state review team pool. Candidates must be practicing in trauma and/or emergency care at an ACS verified Level I or Level II trauma facility. They are currently involved in trauma facility performance improvement activities. Candidates have successfully completed Advanced Trauma Life Support or Advanced Trauma Care for Nurses and participated in a site review by ACS. Candidates are willing to attend an MDHHS site reviewer orientation.

2) Hospitals must submit (at least) one (1) physician, either a surgeon or an emergency physician and (at least) one (1) trauma nurse manager/coordinator, or one (1) trauma quality improvement RN, or one (1) mid-level provider (physician assistant, nurse practitioner, advanced practice nurse with trauma experience.

3) Candidates chosen from the pool commit to one review cycle (3 year) and each candidate agrees to train as a verification site reviewer and commit to one visit per year.

MI-CD 4-1: Failure of the healthcare facility to provide candidates as described in this section for the purpose of serving as site reviewers shall be considered a critical deficiency.

Level	Criterion	Type
Data – Rule 325.133 and 325.134		
I, II, III, IV	Submit data on patients who meet trauma inclusion criteria as defined in the most current version of the American College of Surgeons National Trauma Data Bank, "National Trauma Data Standard: Data Dictionary" (http://www.ntdsdictionary.org/dataElements/datasetDictionary.html). (MI-CD 1-1)	I
I, II, III, IV	Submit twelve (12) months of data into the State Trauma Registry prior to applying for designation as a Michigan trauma facility. The healthcare facility may determine the twelve (12) month time frame, but it must start no earlier than fifteen (15) months from the date of application. (MI-CD 1-2)	I
I, II, III, IV	Continue to submit data into the State Trauma Registry after submission of the initial twelve (12) months of data. Data should be submitted quarterly.	I
I, II, III, IV	Identify a trained staff member responsible for data collection. (MI-CD 1-4)	I
Performance Improvement – Rule 325.135		
I, II, III, IV	All Michigan trauma facilities must participate in regional performance improvement as described in the Regional Trauma Networks work plan (www.michigan.gov/traumasystem) (MI-CD 2-1)	I
III	In-state verified Level III trauma facilities must meet performance improvement criteria outlined by the state of Michigan and ACS. (MI-CD 2-2)	I
IV	Have a written Performance Improvement plan. (MI-CD 2-3)	
IV	The process of event identification and levels of review must result in the development of corrective action plans, and methods of monitoring, re-evaluation, and risk stratified benchmarking must be present this process must be reviewed and updated annually. (MI-CD 2-3)	I
IV	Problem resolution, outcome improvements and assurance of safety (loop closure) must be readily identifiable through methods of monitoring, re-evaluation, benchmarking and documentation. (MI-CD 2-3)	I
IV	A policy in place to review issues that revolve predominately around (1) system and process issues such as documentation and communication; (2) clinical care including identification and treatment of immediate life threatening injuries (ATLS); and (3) transfer decisions. (MI-CD 2-3)	I
IV	All criteria for trauma team activation have been determined by the trauma program and evaluated on an ongoing basis in the PI process. (MI-CD 2-3)	I
IV	The PI program identifies, reviews and documents findings and corrective action on the following audit filters: (MI-CD 2-3) • Any system and process issues • Trauma deaths in house or in emergency department • Any clinical care issues, including identifying and treatment of immediate life threatening injuries • Any issues regarding transfer decisions • Trauma team activation times to trauma activation	I
Injury Prevention – Rule 325.130		
I, II, III, IV	Provide a brief description on how the facility is participating in the Regional Trauma Network injury prevention work plan (www.michigan.gov/traumasystem) (MI-CD 3-1)	I
Staff Assistance – Rule 325.130		
I, II	Submit the name of (at least) one (1) physician, either a surgeon or an emergency physician and (at least) one (1) trauma nurse manager/coordinator, or one (1) trauma quality improvement RN, or (1) mid-level provider (physician assistant, nurse practitioner, advanced practice nurse) with trauma experience to serve as site reviewers for potential Michigan Level III or Level IV trauma facilities. A minimum of two (2) candidates must be submitted. The commitment time period will span a three (3) year cycle with one (1) site visit per year. (MI-CD 4-1)	I

Michigan Criteria

Frequently Asked Questions

DATA:

1.) **How do I submit data into the state trauma registry?**
Access www.michigan.gov/traumasystem; search under Trauma Registry to find instructions for data imports from either NTDB or a facilities program. All Image Trend users must be assigned user names, password and privileges before this can occur. Contact MDHHS to obtain this information.
2.) **Where can I find information on the National Trauma Data Bank Data?**
Access this information at http://www.ntdsdictionary.org/dataElements/datasetDictionary.html
3.) **Can I use another software system to collect trauma data?**
Yes, other software systems can be used, however all data must be submitted into Image Trend quarterly for designation.
4.) **Should only complete cases be entered into the registry?**
The ACS requires that trauma registries for Level I, II, and III facilities be concurrent, at a minimum, 80 percent of cases must be entered within 60 days of discharge. Cases not complete from the prior quarter may be entered at the next quarter.
5.) **Do Level IV facilities need to have a dedicated trauma data entry person?**
No it is expected that with limited resources this is not always feasible. However every effort must be made to ensure someone in every facility is trained to ensure trauma data is entered into the registry in an accurate, timely fashion.
6.) **While I am waiting for designation, do I need to continue to submit data?**
Yes, you should submit data quarterly after the initial 12 month data submission on the following dates: March 15, June 15, September 15, and December 15.
7.) **How do I know which patients to add to the registry?**
See http://www.ntdsdictionary.org/dataElements/documents/2014NTDSDataDictionary.pdf; flow sheet on page 10.

PERFORMANCE IMPROVEMENT:

1.) **How do I demonstrate participation in Regional Trauma Network performance improvement work plan and initiatives?**
Some examples of participation include: accessing the Regional Trauma Network work plan at www.michigan.gov/traumasystem under Regional Trauma Network and volunteering to work on the SMART objectives each region is developing to address region specific performance improvement. Participating in training or education designed to address a regional performance improvement initiative, participation in the Regional Professional Standards Review Organization, actively engaged in the collection of quality regional data, benchmarking, and report writing. Implementing initiatives in your facility that address system performance for example; expedited transfers, limited ED stays, and others.

2.) **I'm planning to become a Level IV facility and I don't have all the elements of a PI program will I not be designated?**
You must have a written PI plan that covers all the elements listed on the Michigan Criteria Quick Reference Guide to be considered for verification and designation.

INJURY PREVENTION:

1.) **How do I demonstrate participation in Regional Trauma injury prevention?**
Some examples of regional injury prevention participation include: accessing the Regional Trauma Network work plan at www.michigan.gov/traumasystem under Regional Trauma Network and volunteering to work on the SMART objectives each region is developing to address region specific injury prevention, collaborating with regional partners on injury prevention initiatives, using regional injury data to prioritize injury initiatives and evaluate project outcomes.
2.) **The application for designation says to send in a brief description of injury prevention initiatives how long is brief?**
Brief is considered 250 characters or less.

STAFF SUPPORT:

1.) **Does my facility have to submit two names and what if they are the same credential level i.e. two physician assistants?**
Yes, two names must be submitted and the candidates should include one physician, either a surgeon or an emergency physician and at least one trauma nurse manager/coordinator, or one trauma quality improvement RN, or one mid-level provider (physician assistant, nurse practitioner, advanced practice nurse) with trauma experience. The Administrative Rules are clear about supporting the verification and designation of Level III and Level IV facilities. An effective review team should have a well-rounded skill set and the ability to review, guide and direct the facility under review so that they understand the gaps strengths and needs of their program. It is acknowledged that this program is new and once executed the team composition will be reviewed.
2.) **What role do I have as a possible Level III or Level IV facility in this process?**
Just like the ACS process you are responsible for program development, data collection and submission and completing the PRQ. In addition, ensure staff is actively engaged in the site review process.