



# Application for Designation, In-State Verified Level IV Trauma Facility

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*This packet contains instructions and forms required to submit an application to the Michigan Department of Health and Human Services to be designated as a Michigan Trauma Facility.*

## Introduction

This application packet should be utilized by those healthcare facilities requesting designation as an In-State verified Level IV trauma facility and are **not verified by the American College of Surgeons (ACS)**. The packet contains instructions for filling out the two-page *Application for Designation, In-State Verified Level IV Trauma Facility* form and guidance on developing supporting documents.

## Instructions for Completing the Application Form

The following is meant to provide guidance in filling out the application form. A check mark on the application form indicates the item has been completed and/or acknowledged.

### Designation Level IV

Date of application should be the date the application packet is submitted to Michigan Department of Health and Human Services (MDHHS).

### PRQ

The Michigan Pre-Review Questionnaire (PRQ) must be completed and accompany this form (**Label as Attachment A**). Refer to the website, [www.michigan.gov/traumasystem](http://www.michigan.gov/traumasystem), to access the PRQ form.

### Data

A functioning trauma system requires data collection. To address this requirement, a Michigan trauma facility must do all of the following:

- Utilize National Trauma Data Bank elements and definitions as the minimum set (as defined in the current edition of the National Trauma Registry Data Dictionary - <http://www.ntdsdictionary.org/>).
- Submit current data into the state trauma registry (ImageTrend - <https://www.miemis.org/patientregistry/>). Current data is defined as data within 12-15 months of application date that has been collected as a functioning trauma facility.
- Identify a staff member responsible for data collection.
- Submit data quarterly to the state trauma registry.

### Performance Improvement (PI)

Performance improvement is integral to effective trauma care. To address this requirement, a trauma facility must do all of the following:

- Contact your Regional Trauma Coordinator to obtain a template to provide a brief description of how your trauma facility assists the Regional Trauma Network in meeting the performance improvement SMART objectives (**Label as Attachment B**). To access the Regional Trauma Coordinator contact information, visit [www.michigan.gov/traumasystem](http://www.michigan.gov/traumasystem) and click on 'Contacts'.
- Attest that the PI program meets performance improvement criteria from the state of Michigan.

### Regional Injury Prevention

Regional injury prevention is a foundational component of a functioning trauma system. To address this requirement, a Michigan trauma facility must do the following:

- Contact your Regional Trauma Coordinator to obtain a template to provide a brief description of how your trauma facility assists the Regional Trauma Network in meeting the injury prevention SMART objectives (**Label as Attachment C**).

## Submission of Application Packet

The application form must be filled out completely and **signed** by the healthcare facility's Chief Executive Officer and Trauma Medical Director. Incomplete forms or documentation will be returned. The application is not complete unless the following is submitted and labeled as described below with the application:

- *Attachment A* – Completed Michigan Pre-Review Questionnaire (PRQ)
- *Attachment B* – Brief description on how your facility assists or plans to assist the region in meeting the SMART objectives for regional performance improvement.
- *Attachment C* – Brief description on how your facility assists or plans to assist the region in meeting the SMART objectives for regional injury prevention.

The application packet can be submitted electronically. **Note**, put "Trauma Facility Designation Application" in the subject line and email to:

[traumadesignationcoordinator@michigan.gov](mailto:traumadesignationcoordinator@michigan.gov)

Alternatively, hard copies of the forms may be mailed to:

Michigan Department of Health and Human Services  
EMS and Trauma Division  
Attn: Trauma Designation Coordinator  
PO Box 30207  
Lansing, MI 48909

Once the packet is received by the State Trauma Designation Coordinator, the contact person listed in the application will receive electronic confirmation of receipt.

*MDHHS makes the final decision on designation. MDHHS reserves the right to revoke or suspend the designation determination at any time if warranted.*

## Application for Designation, In-State Verified Level IV Trauma Facility

**This application must be complete and submitted with supporting documents to be considered for review.**

In accordance with the requirements of the Michigan Department of Health and Human Services, EMS and Trauma Services Section Statewide Trauma Plan (By authority conferred on the department of community health by sections 9227 and 20910 of 1978 PA 368, MCL 333.9227 and 333.20910; 2004 PA 580, 2004 PA 581, 2004 PA 582 and executive Reorganization Order Nos.1996-1 and 2003-1, MCL 333.2097a, 333.20908, 333.10910, 330.3101 and 445.2011.)	<b>DESIGNATION LEVEL IV</b>  Date of Application: ____/____/____	
<b>DEMOGRAPHICS</b>		
<b>HEALTHCARE FACILITY (HOSPITAL) INFORMATION</b>		
Hospital Name		
Address:		
<b>STAFF INFORMATION - Please use names as they appear on official correspondence and business contact information.</b>		
Chief Executive Officer (Name and Title)	Trauma Medical Director:	
Email Address:	Email Address:	
Phone:	Phone:	
Trauma Program Manager/Nurse Coordinator (Name and Title)	Physician Director of Emergency Medicine (Name and Title)	
Email Address:	Email Address:	
Phone:	Phone:	
Contact Person (if different from TPM/TNC)	Data Collection Staff (Name and Title)	
Email Address:	Email Address:	
Phone:	Phone:	
<b>RESOURCE INFORMATION</b>		
Number of ED Annual Visits:	Number of Trauma Activations:	
12 Month Date Range for Above ____/____/____ TO ____/____/____		
24 Hour CT Capability (Yes/No):	Operating Rooms (Number):	Inpatient Rehab Beds (Number):
ED Physicians (Number on Call Panel):	Surgeons (Number on Call Panel):	Advanced Practice Providers (Number who treat trauma patients):
Anesthesiologists (Number on Call Panel):	CRNAs:	
<b>PRE REVIEW QUESTIONNAIRE (PRQ) - A check mark indicates the following has been completed.</b>		
<input type="checkbox"/> Completed Michigan PRQ attached ( <b>Label as Attachment A</b> ).		

<b>MICHIGAN DESIGNATION CRITERIA</b>	
<b>DATA - A check mark indicates the following has been completed.</b>	
___ 12 months of current NTDB elements must be entered in to the state traum registry (ImageTrend). Current data is defined as data within 12-15 months of application date that has been collected as a functioning trauma facility.	
___ Staff member responsible for data collection has been identified.	
___ The trauma facility acknowledges that to maintain designation status, data must be submitted quarterly to the state trauma registry.	
<b>PERFORMANCE IMPROVEMENT (PI) - A check mark indicates the following has been completed and/or acknowledged.</b>	
___ Attach a brief description of how your trauma facility assists (or plans to assist) the Regional Trauma Network in meeting SMART objectives for Regional Performance Improvement for adult and pediatric quality indicators ( <b>Label as Attachment B</b> ).	
___ The trauma facility attests a PI program has been developed that meets performance improvement criteria from the state of Michigan and ACS.	
<b>REGIONAL INJURY PREVENTION - A check mark indicates the following has been completed.</b>	
___ Attach a brief description of how your trauma facility assists (or plans to assist) the Regional Trauma Network in meeting injury prevention indicator SMART objectives ( <b>Label as Attachment C</b> ).	
<b>Certification and Assurances</b>	
The undersigned hereby certify that the information provided in this application for trauma facility Designation is true and accurate. This hospital agrees to meet the Michigan criteria for designation as outlined in relevant Administrative Rules. This hospital agrees to allow the Regional Trauma Coordinator assigned to the region to participate in the review process. This hospital commits to participation in the Michigan trauma system; a regionalized, coordinated and accountable system of trauma care by maintaining the standards outlined by the Administrative Rules.	
CEO (PRINT NAME):	CEO Signature:
Trauma Medical Director (PRINT NAME):	Trauma Medical Director Signature:
Date:	