



Application for American College of Surgeons (ACS) Verified Trauma Facility Designation, Level I, II, and III

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 hospitals that are currently **verified** by the American College of Surgeons as a trauma facility. The packet contains instructions for filling out the two-page *Application for American College of Surgeons (ACS) Verified Trauma Facility Designation, Level I, II, and III* form and guidance on developing supporting documents.

Facilities that are not currently verified by the ACS should not use this form.

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 Requested

This section requires only one answer per line. Those facilities that are verified as both an adult and pediatric center must submit a separate application for each. Date of application should be the date the application packet is submitted to Michigan Department of Health and Human Services (MDHHS). ***Current American College of Surgeons verification letter must be attached to the application (Label as Attachment A).***

Data

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

- Utilize national data elements and definitions used 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.mi-emsis.org/patientregistry/>). Current data is defined as data within 12-15 months of application date.
- 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 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 performance improvement SMART objectives (**Label as Attachment B**). To access the Regional Trauma Coordinator contact information, visit www.michigan.gov/traumasystem and click on 'Contacts'.

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**).

Staff Assistance (Pertains to Level I and Level II only)

Michigan Level I and Level II trauma facilities are required to submit applications to MDHHS of two potential candidates for the site review team. Qualified candidates should meet the following criteria:

- Practicing in trauma and/or emergency care at an American College of Surgeons (ACS) verified Level I or II trauma facility
- Currently involved in trauma facility performance improvement activities
- Successful completion of Advanced Trauma Life Support (ATLS) or Advanced Trauma Care for Nurses (ATCN)
- Willing to attend a Michigan Department of Health and Human Services developed site reviewer orientation

Each facility must 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 one (1) mid-level provider (physician assistant, nurse practitioner, advanced practice nurse) with trauma experience.

Complete and attach the Trauma Facility Site Reviewer Candidate Applications (Attachment D). Submit one per candidate.

Submission of Application Packet

The application form must be filled out completely and **signed** by the healthcare facility's Chief Executive Officer and the Trauma Medical Director. Complete each section of the application and ensure all attachments are included and labeled appropriately. 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* – Copy of current American College of Surgeons verification letter
- *Attachment B* – Brief description on how your hospital 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.
- *Attachment D* – Trauma Facility Site Reviewer Candidate applications (**submit one for each candidate**).

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

traumadesignationcoordinator@michigan.gov

Alternatively, a hard copy of the application packet can be mailed to:

Michigan Department of Health and Human Services
EMS and Trauma Division
Attn: Trauma Verification/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.



**Michigan Department of Health and Human Services
Division of EMS and Trauma**

**Application for American College of Surgeons (ACS)
Verified Trauma Facility Designation, Level I, II, and III**

Must be ACS Verified to use this form

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.)	DESIGNATION LEVEL REQUESTED (Check one per line)		
	Adult <input type="checkbox"/>	Pediatric <input type="checkbox"/>	Separate applications must be submitted for Adult and Pediatric
	Level I <input type="checkbox"/>	Level II <input type="checkbox"/>	Level III <input type="checkbox"/>
	Date of Application: ____/____/____		

DEMOGRAPHICS

Hospital Name: _____

Address: _____

STAFF INFORMATION - Please use names as they appear on official correspondence and business contact information

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:
Email Address:	Email Address:
Phone:	Phone:
Contact Person (if different from TPM/TNC):	Trauma Registrar Contact:
Email Address:	Email Address:
Phone:	Phone:

RESOURCE INFORMATION

Number of ED Annual Visits:	Number of Trauma Activations:	
12 Month Date Range for Above ____/____/____ TO ____/____/____		
OR Rooms (Number):	Inpatient Rehab Beds (Number):	Trauma Surgeons (Number on Panel):
ED Physicians (Number who treat trauma patients):	Neurosurgeons (Number on Call Panel):	Orthopedists (Number on Call Panel):
Anesthesiologists (Number on staff):	Advanced Practice Providers (Number on Call Panel):	Hand Surgeons (Number on staff):
Plastic Surgeons (Number on staff):		

ACS Verification Letter - A check mark indicates the following has been completed.

ACS Verification Letter attached (Label as Attachment A).

MICHIGAN DESIGNATION CRITERIA

DATA - A check mark indicates the following has been completed and/or acknowledged.

Submit current data into the state trauma registry (ImageTrend). Current data is defined as data within 12-15 months of application date.

The trauma facility acknowledges that to maintain designation status, data must be submitted quarterly to the state trauma registry.

PERFORMANCE IMPROVEMENT (PI) - A check mark indicates the following has been completed and/or acknowledged.

Attach a brief description on 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 (Label as Attachment B).

REGIONAL INJURY PREVENTION - A check mark indicates the following has been completed.

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 (Label as Attachment C).

THIS SECTIONS PERTAINS TO LEVEL I AND II ONLY - STAFF ASSISTANCE - A check mark indicates the following has been completed.

Attach the Trauma Facility Site Reviewer application (Attachment D). Submit one per candidate. Qualified candidates should meet the following criteria:

- Clinically practicing in trauma and/or emergency care at an American College of Surgeons (ACS) verified Level I or II trauma facility
- Currently involved in trauma facility performance improvement activities
- Successful completion of Advanced Trauma Life Support (ATLS) or Advanced Trauma Care for Nurses (ATCN)
- Participated in a site review by ACS
- Willing to attend a Michigan Department of Health and Human Services developed site reviewer orientation

Each facility must 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 one (1) mid-level provider (physician assistant, nurse practitioner, advanced practice nurse) with trauma experience.

Certification and Assurances

The undersigned hereby certify that the information provided in this application for trauma facility designation is true and accurate. This healthcare facility has been verified by American College of Surgeons Committee on Trauma (ACS-COT) and agrees to meet the Michigan criteria for designation as outlined in relevant Administrative Rules. This healthcare facility agrees to allow the Regional Trauma Coordinator assigned to the region to participate in the review process. This healthcare facility commits to participation in the Michigan trauma system; a regionalized, coordinated and accountable system of trauma care by maintaining the standards outlined by the ACS-COT and the Administrative Rules.

CEO (PRINT NAME):

CEO Signature:

Trauma Medical Director (PRINT NAME):

Trauma Medical Director Signature:

Date: