MDHHS Michigan Department of Health & Human Services | Bureau of Emergency Preparedness, EMS and Systems of Care

Bureau of Emergency Preparedness, EMS & Systems of Care Division of EMS & Systems of Care Policies & Procedures		Systems of Care 900-17
Subject: Non-designated trauma facility status		
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Approved by:		**Date:** 6/20/2023

PURPOSE:

The purpose of this policy is to describe the status of non-designated trauma facilities in Michigan.

POLICY:

The verification/designation process in Michigan is designed to assist in categorizing resources to ensure the right patient gets the right resources at the right time. Michigan has been designating trauma facilities since 2016. Acute care facilities in Michigan who have either (1) not met verification criteria and therefore not been designated by the state after the full process has been completed including a focused visit or a designation appeal or (2) who have chosen not to be a trauma facility **are considered non-designated**:

1) Non-designated status commences on the date noted on determination letter sent (email and USPS) by the state Verification/Designation Coordinator. This includes facilities not successfully verified by either the American College of Surgeons-Committee on Trauma or facilities that have participated in the state verification process.
2) Facilities that have not participated in the designation process (submitted a request for verification) and do not intend to be a verified and designated trauma facility will be considered non-designated.
3) Data is not required to be submitted to the state trauma registry by the non-designated trauma facilities after the date on the determination letter.
    a. Data entered prior to the designation determination letter may be used for state and regional reports, or for approved data requests.
    b. Any data entered after the determination date may not be included in data submission reports or other data reports/displays.
    c. Facilities that resume trauma program building with the intention of being a verified/designated trauma facility must notify the Verification/Designation Coordinator and the State Trauma Database Manager and submit 12 months of data no older than 15 months from the date of the application they plan to submit.
    d. Facilities will be identified in the Patient Registry by status: (1) In-process for those facilities who desire and are in the process of planning for an in-state or ACS verification (2) Designated (3) Or the designation status in the registry software will be (blank/not filled in) to identify either a loss of designation or no intention of being a trauma facility.

4) The Regional Inventory Report for the RPSRO will note any/all non-designated facilities in the region. Data reports, graphs, trending etc. may not include non-designated facilities data (beginning with the determination date). Data on the percent of non-participating facilities regionwide and the impact of incidents may be collected and displayed.
5) The Adult and Pediatric Field Triage protocol decisions will reflect the determination.
6) Non-designated facilities may attend regional meetings, they may not vote during any proceeding or hold any office.