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|  | ***Bureau Of Emergency Medical Services & Trauma System***150 N. 18th Avenue, Suite 540, Phoenix, Arizona 85007-3248; 602-364-3150**APPLICATION FOR TRAUMA CENTER DESIGNATION** **BASED ON ARIZONA STATE STANDARDS CONDUCTED BY THE ARIZONA DEPARTMENT OF HEALTH**A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, Chapter 25 |
| **R9-25-1302** | **DESIGNATION ELIGIBILITY** |
| A level I, trauma center, level I pediatric trauma center, level II trauma center, level II pediatric trauma center, or level III trauma center is eligible for designation if the Health Care Institution (HCI) is either:* Licensed by the Arizona Department of Health “Department” under Arizona Administrative Code (A.A.C) Article 10 to operate as a hospital; or
* Operating under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation, and meets one of the requirements listed in section 1-1 of this application:

A hospital is eligible for designation as a level I trauma center, level I pediatric trauma center, level II trauma center, or level II pediatric trauma center based on Arizona State Trauma Center Standards specified in A.A.C. R9-25-1308, and Table 13.1 for the level sought if the hospital applies for verification from a National Verification Organization (NVO) and meets all applicable requirements in A.A.C. R9-25-1302(C).A hospital is eligible for level III trauma center designation based on the applicable Arizona State Trauma Center standards if the hospital is licensed by the Department under A.A.C. Article 10 to operate as a hospital or operating under federal or tribal law as an administrative unit of the U.S. government or sovereign tribal nation, submits an application for trauma center designation and is assessed by the Department. A health care organization is eligible for level IV trauma center designation if the HCI submits an application for trauma center designation based on the applicable Arizona State Trauma Center standards is assessed by the Department and is either:Licensed by the Department under 9 A.A.C. 10 to operate as a hospital; or* An outpatient treatment center authorized to provide emergency room services, as defined in A.A.C. R9-10-1001, according to A.A.C. R9-10-1019; or
* Operating as a hospital or an outpatient treatment center providing emergency services under federal or tribal law as an administrative unit of the U.S. government or sovereign tribal nation, and meets one of the requirements listed in section R9-25-1302(B).
 |
| **1-1** | **ELIGIBILITY FOR DESIGNATION BASED ON ARIZONA STATE STANDARDS** |

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| [ ]  Is applying for Level I, Level II trauma center designation has applied to a NVO for verification and was not issued verification at the level sought or; [ ]  Is applying for Level I or Level II pediatric trauma center designation has applied to a NVO for verification and was not issued verification at the level sought and;* Informs the Department, at least 30 calendar days before the dates the NVO will be on the premises of the HCI to assess for compliance with the NVO standards and:
* Invites the Department to review the facility and documentation of capabilities of the HCI during the NVO’s assessment.

[ ]  Is applying for Level III or Level IV trauma center designation based on meeting the applicable standards specified in R9-25-1308 and Table 13.1  |

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| **1-2** | **DESIGNATION RENEWAL** |
| An owner applying to renew designation shall submit an application to the Department at least 60 calendar days and no more than 90 calendar days before the expiration of the current designation. If an owner submits an application for renewal of designation according to R9-25-1303(A) before the expiration date of the current designation, the designation HCI remains in effect until the Department has determined whether or not to issue a renewal designation, or the application is withdrawn by the applicant.  |

**[ ]  INITIAL DESIGNATION** **[ ]  RENEWAL DESIGNATION**

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| **2-1** |  **HEALTH CARE INSTITUTION INFORMATION** |
| Name of HCI (HCI):       |
| Address:       |
| City:       | State:       | Zip Code:       |
| Main Telephone Number:      | HCI’s AZ License Number (if applicable):      |
| **2-2** | **U.S. GOVERNMENT AGENCY/SOVEREIGN TRIBAL NATION INFORMATION** (if applicable) |
| [ ]  Administrative Unit of the U.S. Government (*specify*): | **FOR OFFICIAL USE ONLY:** |
| [ ]  Administrative Unit of a Sovereign Tribal Nation (*specify*): |
| Address:       |
| City:       | County:       | State:       | Zip Code:        |
| Main Telephone Number:       |
| **Please attach documentation demonstrating the HCI is operating as a hospital or an outpatient treatment center providing emergency services under federal or tribal law as an administrative unit of the U.S government or a sovereign tribal nation.** |
| **2-3** | **OWNER INFORMATION** [***(as defined in R9-25-1301)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Owner's Name:       |
| Address:       |
| City:       | State:        | Zip Code:       |
| Telephone Number:      | Fax Number (if available):      | E-mail Address (if available):      |
| **2-4** | **OWNER’S STATUTORY AGENT INFORMATION *(or individual designated to accept services of process and subpoenas)*** |
| Agents Name:       | Agents Title:       |
| Address:       |
| City:       | State:       | Zip Code:       |
| Telephone Number:       | Fax Number (if available):       | E-mail Address:      |
| **2-5** | **CHIEF ADMINISTRATIVE OFFICER *(as defined in A.A.C. R9-10-101 for HCI)*** |
| Officer’s Name:       | Officer’s Title:       |
| Address:       |
| City:       | State:       | Zip Code:       |
| Telephone Number:      | Fax Number (if available):      | E-mail Address:      |
| **2-6** | **TRAUMA PROGRAM MANAGER** [***(as defined in R9-25-1303(A)(i))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Name of Trauma Program Manager ►       |
| E-Mail address: ►       | Phone #: ►       | Fax # *(if available):* ►      |
| **Please attach Trauma Program managers job description documentation** |
| **2-7** | **TRAUMA PROGRAM MEDICAL DIRECTOR** [***(as defined in R9-25-1303(A)(n))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Name of Trauma Medical Director, *(not required for level IV)* ►       |
| E-Mail address: ►       | Phone #: ►       | Fax # *(if available):* ►      |
| **Please attach documentation of Trauma Medical Director’s credentials as required in A.A.A.R9-25-1308(F)(4)&(10) (surgery board certification or eligibility and current trauma critical care course certification)** |
| **2-8** | **DESIGNATION INFORMATION** [***(as defined in R9-25-1303(A)(d)(e)(f)(g)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Designation Level for which applying:Level I [ ]  Level I Pediatric[ ]  Level II[ ]  Level II Pediatric [ ]  Level III  [ ] Level IV [ ]  |
| [ ]  Please provide date HCI will be ready for the Department’s assessment       |

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| **3-1** | **VERIFICATION INFORMATION** [***(as defined in R9-25-1303(A)(f)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| If applying for designation at a different level than verification has the HCI applied to a NVO?  Yes [ ]  No [ ]   |
| Name of NVO:       |
| Name of NVO representative:       |
| Telephone Number:      | E-mail Address (if available):      |
| R9-25-1302(C)(3) In order to be eligible for designation as Level I, Level I Pediatric, Level II, Level II Pediatric trauma center the Department must be invited to review the facility and documentation of the HCI’s capabilities during the NVO’s assessment. The date the NVO and the Department is to assess the HCI:      |
| The level of NVO verification held?Level I [ ]  Level I Pediatric[ ]  Level II[ ]  Level II Pediatric [ ]  Level III [ ] Level IV [ ]  |
| Effective date of NVO:       | Expiration Date of NVO:       |
| For HCI’s applying for initial designation, the date the HCI will begin providing trauma services:       |
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| **CLINICAL SERVICES** |
| **4.1** | **ESTABLISHED TRAUMA SERVICES** [***(as defined in A.A.C. R9-25-1307(C)(b) and Table 13.1)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Please check the services being provided or plans to provide as part of the trauma service in the space provide below: |
| TRAUMA SERVICES | PROVIDED | PLANS TO PROVIDE | ANTICIPATED IMPLEMATATION DATE |
| General Surgery *(Level I, Level II, Level III, required)* | [ ]  | [ ]  |       |
| Pediatric General Surgery *(P-Level I, P-Level II credentialed required)* | [ ]  | [ ]  |       |
| Orthopedic Surgery *(Level I, Level II, Level III, required)* | [ ]  | [ ]  |       |
| Pediatric Orthopedic Surgery *(P-Level I, P-Level II credentialed required)* | [ ]  | [ ]  |       |
| Neurosurgery *(Level I, Level II, required)* | [ ]  | [ ]  |       |
| Pediatric Neurosurgery *(P-Level I, P-Level II credentialed required)* | [ ]  | [ ]  |       |
| Anesthesia *(Level I, P-Level I, Level II, P-Level II, Level III required)* | [ ]  | [ ]  |       |
| Burn Care (as an organized service) | [ ]  | [ ]  |       |
| Acute Spinal Cord Management | [ ]  | [ ]  |       |
| Critical Care Medicine *(Level I, Level II required)* | [ ]  | [ ]  |       |
| Pediatric Critical Care Medicine *(P-Level I, P-Level II, required)* | [ ]  | [ ]  |       |
| Hand Surgery *(Level I, P-Level I, Level II, P-Level II,, required)* | [ ]  | [ ]  |       |
| Microvascular/Replant Surgery | [ ]  | [ ]  |       |
| Ophthalmic Surgery *(Level I, P-Level I, Level II, P-Level II, required)* | [ ]  | [ ]  |       |
| Plastic Surgery *(Level I, P-Level I, Level II, P-Level II, required)* | [ ]  | [ ]  |       |
| Thoracic Surgery *(Level I, P-Level I, Level II, P-Level II, required)* | [ ]  | [ ]  |       |
| Cardiac Surgery *(Level I, P-Level I, required)* | [ ]  | [ ]  |       |
| Obstetrics/Gynecologic Surgery *(Level I, P-Level I, required)* | [ ]  | [ ]  |       |
| Oral/Maxillofacial Surgery *(Level I, P-Level I, Level II, P-Level II, required)* | [ ]  | [ ]  |       |
| Acute Hemodialysis | [ ]  | [ ]  |       |
| **4-2** | **MULTIDISCIPLINARY PEER REVIEW COMMITTEE** [**(*as defined in R9-25-1307(C)(f))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) ***(not required for level IV)*** |
| Please provide the name and title of the following liaisons to the trauma service from each of the services listed as defined in A.A.C. [R9-25-1308 (H)(2)(a)](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf): |
| **Name** | **Title** |
| Emergency Medicine:       |       |
| Orthopedic Surgery:       |       |
| Neurosurgery:       |       |
| Anesthesiology:       |       |
| Critical Care:       |       |
| Radiology:       |       |
| **Multidisciplinary Peer Review Committee Optional Members** |
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| **4-3** | **MULTIDISCIPLINARY PEER REVIEW REQUIRED DOCUMENTATION** [***(as defined inR9-25-1307(C)(8))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| In the space provided below or provide in a separate attachment a copy of the HCI’s multidisciplinary peer review committee bylaws *(not required for level IV trauma centers)* Copy and paste your response here: ►       |
| **4-4** | **EMERGENCY DEPARTMENT DIRECTOR** [***(as defined in Table 13.1(D)(1)(a))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| ED Physician Director name *(not required for level IV trauma centers)* :       |
| Telephone Number:       | **Fax Number *(if available)*:**  | E-mail address:       |
| **4-5** | **INTENSIVE CARE UNIT (ICU) SURGICAL DIRECTOR** [***(as defined in Table 13.1(D)(4)(d))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| ICU Surgical Director or Co-Director *(not required for level IV trauma centers)*:  |
| Name:       |
| Telephone Number:       | Fax Number *(if available)*:       | E-mail address:       |
| **4-6** | **PEDIATRIC CREDENTIALED ICU SURGICAL DIRECTOR** [***(as defined in Table 13.1(D)(4)(f))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| ICU Surgical Director or Co-Director *(required for Ped level I and II TC)* |
| Name:       |
| Telephone Number:       | Fax Number *(if available)*:       | E-mail address:       |

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| **TRAUMA REGISTRY AND DATA COLLECTION** |
| **5-1** | **TRAUMA REGISTRY INITIAL DESIGNATION** [***(as defined in R9-25-1303(A)(1)(l))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| If applying for designation as a Level IV trauma center which of the following data sets will the HCI be submitting: Please check one of the following [ ]  Full data set [ ]  Reduced data set *(level IV only)* |
| If not already submitting trauma registry data to the Department, the time period for which the HCI plans to begin submitting trauma registry information:[ ]  January 1st,      , [ ]  April 1st,      , [ ]  July 1st,      , [ ]  October 1st,       |
| **5-2** | **CENTRALIZED REGISTRY SUBMISSION** [***(as defined in R9-25-1303(A)(1)(j))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Will the HCI’s trauma registry be part of a centralized trauma registry? Yes [ ]  No [ ]  |
| If yes, Please provide a description of the training provided to the trauma program manager to enable the trauma program to comply with R9-25-1308(D) (2) in the space provided below. Copy and paste your response here or provide it in a separate attachment: ►       |
| ***R9-25-1308(D)(2): Each trauma center contributing information to the centralized trauma registry is able to:***1. ***Access, edit, and update the information contributed by the trauma center to the centralized trauma registry; and***
2. ***Use the information contributed by the trauma center to the centralized trauma registry when complying with performance improvement process (PIP) requirements.***
 |
| **5-3** |  **REGISTRY QUALITY CONTROL** [**(*as defined in R9-25-1308(B)(6), R9-25-1309)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| In the space provided below or in a separate attachment, please provide policies and procedures which establishes, documents, and implements policies and procedures, that include:1. Ensuring that individuals responsible for collecting, entering, or reviewing information in the trauma registry have received training in gaining access to and retrieving information from, the trauma registry;
2. Collection of the required information about the patients specified in R9-25-1309(C)(1) receiving trauma care;
3. Submission to the Department of the information required in subsection R9-25-1309(C)(2);
4. Review of information in the trauma center’s trauma registry;

Copy and paste your response here or provide it in a separate attachment: ►       |
| **5-4** |  **REGISTRY PERSONNEL** [***(as defined in R9-25-1308(B)(2))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Registrar’s Name:       |
| Telephone Number:       | Fax Number *(if available)*:       | E-mail address:       |
| Registrar’s Name:       |
| Telephone Number:       | Fax Number *(if available)*:       | E-mail address:       |
| Registrar’s Name:       |
| Telephone Number:       | Fax Number *(if available)*:       | E-mail address:       |
| Registrar’s Name:       |
| Telephone Number:       | Fax Number *(if available)*:       | E-mail address:       |
| Copy and paste job descriptions for the HCI’s trauma registrar here: ►       |
| **5-5** |  **REGISTRY QUALIFICATIONS** [***(as defined in R9-25-1307(C)(9))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Please list the qualifications, skills, and knowledge required of the registry personnel:Copy and paste your response here or provide it in a separate attachment: ►       |
| Please describe the role each registry personnel plays in the PIP:Copy and paste your response here or provide it in a separate attachment: ►       |

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| **PERFORMANCE IMPROVEMENT PROCESS (PIP)** |
| **6-1** | **PIP MEMBERS** [***(as defined in R9-25-1308(B)(7))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| In the table below please provide personnel members with defined roles dedicated to the PIP activities for patients receiving trauma care  |
| **Name** | **Position** |
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| **6-2** | **PIP POLICIES AND PROCEDURES** [***(as defined in R9-25-1308(B)(7)(b))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| In the space provided below please provide the qualifications, skills, and knowledge required for each persons listed in 5-1.Copy and paste your response here: ►       |
| **6-3** | **PIP AUDIT PARAMETERS** [***(as defined in R9-25-1308(B)(7)(d)(e))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| In addition to the mandatory parameters listed below, please list the trauma care parameters to be reviewed as part of the PIP and the frequency each parameter will be reviewed: |
| Audit Parameter | Audit Frequency |
| Accuracy of trauma registry data  |       |
| Pre-hospital care in the field  |       |
| ED length of stay greater than two hours |       |
| Trauma team activation timely and appropriate |       |
| Trauma team missed activations |       |
| Surgeon response time |       |
| Nursing care documentation |       |
| Instances and reasons for trauma transfer |       |
| Instances and reasons for transfer to hospitals not trauma center designated |       |
| Trauma diversion *(Level I, P-Level I, Level II, P-Level II, required)* |       |
| Trauma related deaths |       |
| Pediatric trauma care, including pediatric-specific measures |       |
| Patient outcomes |       |
| Completeness and timeliness of trauma data submission |       |
|       |       |
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|       |       |
| **6-4** | **PIP POLICIES AND PROCEDURES ISSUE RESOLUTION** [***(as defined in R9-25-1308(7)(f))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| *\*The following set of questions should be a description of your PIP from your facilities PI Plan. Please include a copy of your PI Plan as an attachment.* |
| If an issue related to trauma care is identified please describe how a plan to address the issue is developed to reduce the chance of the issue recurring in the future: Copy and paste your response here: ►       |
| How is the plan documented:Copy and paste your response here: ►       |
| Describe the mechanism and criteria by which the plan is reviewed and approved:Copy and paste your response here: ►       |
| Describe how the plan is implemented and future recurrences are monitored:Copy and paste your response here: ►       |
| **6-5** | **MULTIDISCIPLINARY PEER REVIEW COMMITTEE** [***(as defined in R9-25-1308(7)(h))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Describe how the multidisciplinary peer review committee collaborates with, and how changes proposed by the PIP are reviewed by the trauma center’s quality management program; Copy and paste your response here: ►       |

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| **TRAUMA TEAM ACTIVATION** |
| **7-1** | **TRAUMA TEAM COMPOSITON** [***(as defined in R9-25-1307(C)(4) R9-25-1308(F)(2)(a)(b)(c))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Please provide policies and procedures for the trauma services which establishes and defines the trauma team composition, including qualifications, skills, knowledge and continuing education requirements for each team member: Copy and paste your response here or provide it in a separate attachment: ►       |
| **7-2** | **TRAUMA TEAM ROLES AND RESPONSIBILITES** [***(as defined in as defined in R9-25-1307(C)(4) R9-25-1308(F)(2)(d))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Define roles and responsibilities of each trauma team member:Copy and paste your response here or provide it in a separate attachment: ►       |
| **7-3** | **TRAUMA TEAM MEMBERS** [***(as defined in R9-25-1307(C)(11)R9-25-1308(F)(2)(d))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Please provide a list of trauma team members, titles, and roles in the space provided below or as a separate attachment. *\*This section requires actual team members names title and roles. Anyone listed in your activation policy with a roles and responsibility should be included in this list.* |
| **Name** | **Title** | **Team Role** |
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| **7-4** | **TRAUMA TEAM ACTIVATION CRITERIA** [***(as defined in as defined in R9-25-1307(C)(4) R9-25-1308(F)(2)(e))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Please provide the circumstances the trauma team is activated.Copy and paste your response here or provide it in a separate attachment: ►       |
| **7-5** | **TRAUMA TEAM ACTIVATION MECHANISM** [***(as defined in as defined in R9-25-1307(C)(4) R9-25-1308(F)(2)(f))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Please describe the activation mechanism *(who has the responsibility to activate and how the team is notified)*Copy and paste your response here or provide it in a separate attachment: ►        |

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| **PHYSICIAN CERTIFICATION DOCUMENTATION** |
| **8-1** | **TRAUMA SURGEON DOCUMENTION** [***(as defined in R9-25-1307(C)(12)(b) R9-25-1308(F)(10))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| PHYSICIAN NAME | GENERAL SURGERY BOARD CERTIFIED | GENERAL SURGERY BOARD ELIGIBILE | TRAUMA CRITICAL CARE COURSE COMPLETION DATE |
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| **8-2** | **EMERGENCY DEPARTMENT PHYSICIAN DOCUMENTION** [***(as defined in R9-25-1307(C)(12)(b)R9-25-1308(F)(10)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| PHYSICIAN NAME | EMERGENCY MEDICINE BOARD CERTIFIED | EMERGENCY MEDICINE BOARD ELIGIBILE | TRAUMA CRITICAL CARE COURSE COMPLETION DATE |
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| **8-3** | **EMERGENCY DEPARTMENT PRACTITIONER** [***(as defined in R9-25-1307(C)(12)(b)R9-25-1308(F)(10)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
|  NAME | REGISTERED NURSE PRACTITIONER | PHYSICIANS ASSISTANT | TRAUMA CRITICAL CARE COURSE COMPLETION DATE |
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| For the individuals listed above in 8-2 and 8-3, please **attach the following documentation if applicable**:1. Board certification or board eligibility,
2. Most recent certification in a trauma critical care course,
3. Pediatric-specific credentials if applying for pediatric designation, and
4. Other trauma-related training: and

If the trauma medical director is not a member of the trauma team, provide the applicable documentation required above.*\* Please Note: Documentation of these certifications is required in order for the application to be considered complete. We cannot accept spreadsheets as verification of board certifications or proof of ATLS status.* |

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| **SURGICAL CARE** |
| **9-1** | **SURGICAL TRAUMA CARE** [**(*as defined in R9-25-1308(F)(9)(a)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) ***(Not required for level IV trauma centers)***  |
| In the space provided below copy and paste or attach policies and procedures for ensuring the availability of an operating (OR) for trauma care:Copy and paste your response here or provide it in a separate attachment: ►       |
| **9-2** | **SURGICAL TRAUMA CARE TEAM** [***(as defined in R9-25-1308(F)(9)(b))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Policies and procedures that define the composition of surgical trauma care teamCopy and paste your response here or provide it in a separate attachment: ►        |
| **9-3** | **SURGICAL TRAUMA CARE TEAM QUALIFICATIONS** [***(as defined in R9-25-1308(F)(9)(c))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Policies and procedures that define the qualification, skills, and knowledge required of each personnel member of an OR surgical trauma care team.Copy and paste your response here or provide it in a separate attachment: ►       |
| **9-4** | **SURGICAL TRAUMA CARE TEAM ROLES AND RESPONSIBILITES** [***(as defined in R9-25-1308(F)(9)(d))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Policies and procedures that define the roles and responsibilities required of each personnel member of an OR surgical trauma care team. *\*If OR personnel respond to trauma activations and their roles and responsibilities are included in Section 7-3 you do not need a separate policy*Copy and paste your response here or provide it in a separate attachment: ►       |
| **9-5** | **SURGICAL TRAUMA CARE TEAM ACTIVATION** [***(as defined in R9-25-1308(E)(9)(e) and (f))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| If an OR team is not on the premises of the HCI 24/7, please provide policy and procedures that define what circumstances the OR team is notified to come to the trauma center and how the OR team is notified:Copy and paste your response here: ►       |

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| **EDUCATION, INJURY PREVENTION** |
| **10-1** | **EDUCATION** [***(as defined in R9-25-1307(C)(1)(h)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) ***(Initial designation))*** |
| For initial designation in the space provided below provide a description of the HCI’s plans to provide trauma specific education required of trauma team members:Copy and paste your response here: ►       |
| **10-2** | **CONTINUING EDUCATION** [***(as defined in R9-25-1307(C)(1)(i) (Renewal designation))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| For HCI’s renewing designation please provide a description of continuing education activities conducted during the term of designation in the space provided below:Copy and paste your response here: ►       |
| **10-3** | **NURSING EDUCATION** [***(as defined in R9-25-1307(C)(1)(l))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| In the space provided below please provide a description of the trauma-related training received by registered nurses in the ICU:Copy and paste your response here: ►       |
| **10-4** | **ICU NURSING EDUCATION** [***(as defined in Table 13.1(D)(4)(b))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| In the space provided below please provide a numeric estimate of ICU nurses with:* Credentialed training: ►
* On-the-job-training: ►
* Other training ►
* No trauma training ►
 |
| **10-5** | **PEDIATRIC NURSING EDUCATION** [***(as defined in Table 13.1(D)(4)(c))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| For level I and II pediatric trauma centers, in the space provided below please provide a description of the pediatric specific trauma-related training:Copy and paste your response here: ►       |
| **10-6** | **PEDIATRIC ICU NURSING EDUCATION** [***(as defined in Table 13.1(D)(4)(b))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| In the space provided below please provide a numeric estimate of ICU nurses with:* Credentialed training: ►
* On-the-job-training: ►
* Other training ►
* No trauma training ►
 |
| **10-7** | **EDUCATIONAL OUTREACH** [***(as defined in R9-25-1308(G)(4))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) ***(initial designation)) (not required for level IV)*** |
| In the space provided below please provide a description of the HCI’s educational outreach activities plans:Copy and paste your response here: ►       |
| **10-8** | **EDUCATIONAL OUTREACH** [***(as defined in R9-25-1308(G)(4)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) ***(Renewal designation)) (not required for level IV)*** |
| In the space provided below please provide a description of the HCI’s educational activities provided:Copy and paste your response here: ►       |
| **INJURY PREVENTION** |
| **10-9** | **INJURY PREVENTION COORDINATOR** [***(as defined in R9-25-1308(G)(5)(ii)(1))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) ***(not required for level IV))*** |
| Name of Injury prevention coordinator name ►       |
| E-Mail address: ►       | Phone #: ►       | Fax # *(if available):* ►      |
| In the space provided below please copy and paste or attach the job descriptions for the HCI’s injury prevention coordinators if applicable.Copy and paste your response here: ►       |
| **10-10** | **INJURY PREVENTION** [***(as defined in R9-25-1308(G)(5)(a)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) ***(Initial designation))*** |
| *\* If the responsibility of injury prevention activities falls to the TPM, please ensure it is reflected in the TPM’s job description in Section 2-6* |
| In the space provided below please provide a description of the HCI’s injury prevention plans:Copy and paste your response here: ►       |
| **10-11** | **INJURY PREVENTION** [***(as defined in R9-25-1308(G)(5)(a)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) ***(Renewal designation))*** |
| *\* If the responsibility of injury prevention activities falls to the TPM, please ensure it is reflected in the TPM’s job description in Section 2-6* |
| In the space provided below please provide a description of the HCI’s injury prevention activities provided:Copy and paste your response here: ►       |

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| **EMERGENCY MEDICAL SERVICES** |
| **11-1** | **EMERGENCY PROTOCOLS** [***(as defined in R9-25-1307(C)(7))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| In the space provided below or provide in a separate attachment a copy of the HCI’s clinical practice guidelines, describing the HCI’s capability to resuscitate, stabilize, and transfer pediatric patients:Copy and paste guidelines here: ►       |
| **11-2** | **GROUND AMBULANCE COMMUNICATION** [***(as defined in R9-25-1307(C)(1)(k))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Please provide a description of the methods by which trauma team personnel communicate with ground ambulance providers:Copy and paste your response here: ►       |
| **11-3** | **AIR AMBULANCE COMMUNICATION** [***(as defined in R9-25-1307(C)(1)(k))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Please provide a description of the methods by which trauma team personnel communicate with air ambulance providers:Copy and paste your response here: ►       |

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| **BLOOD PRODUCT AVAILABILITY** |
| **12-1** | **MASS TRANSFUSION PROTOCOL** [***(as defined in R9-25-1308(H)(4)(a))***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf) |
| Except for a Level IV trauma center in the space provide below or copy and paste or attach policies and procedures that ensure that a mass transfusion protocol has been established, documented and implemented:Copy and paste your response here: ►       |
| **12-2** | **QUICK BLOOD PRODUCT RELEASE** [***(as defined in R9-25-1308(H)(4)(b)***](https://www.azdhs.gov/documents/preparedness/emergency-medical-services-trauma-system/trauma/2018-statue-rules-trauma.pdf)  ***(Level IV))*** |
| For a level IV trauma center, in the space provide below copy and paste, or attach policies and procedures that ensure the expedited release of blood products during an event requiring multiple blood transfusions:Copy and paste your response here: ►       |

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| **ATTESTATION AND SIGNATURES** |
| **13-1** | **LICENSING DECISION *(as defined in §41-1030)*** |
| Pursuant to Arizona Revised Statute §41-1030:* An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact.  A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.
* This section may be enforced in a private civil action and relief may be awarded against the state.  The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.
* A state employee may not intentionally or knowingly violate this section.  A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.
* This section does not abrogate the immunity provided by section 12‑820.01 or 12‑820.02.
 |
| **13-2** | **OWNER ATTESTATION** |
| According to A.A.C. R9-25-102 Individual to Act for a person regulated under this chapter (Authorized by A.R.S § 36-2202)When a person regulated under this chapter is required by this chapter to provide information on or sign an application form or other document, the following individual shall satisfy the requirement on behalf of the person regulated under this Chapter: (1) If the person regulated under this chapter is an individual, the individual; or (2) If the person regulated under this chapter is a business organization, political subdivision, government agency, or  tribal government, the individual who the business organization, political subdivision, government agency, or tribal  government has designated to act on behalf of the business organization, political subdivision, government agency, or tribal government and who; a. Is a U.S. citizen or legal resident, and b. Has an Arizona address.  |
|  [ ]  **I attest that the owner of the HCI will prohibit the trauma medical director from serving as trauma medical director for another HCI.****[ ]  I attest that the owner of the HCI will prohibit a physician on-call for general surgery, neurosurgery, or**  **orthopedic surgery to be on-call or on back-up call list at another HCI.****[ ]  I attest that the owner knows all applicable requirements in A.R.S. Title 36, Chapter 21.1 and A.A.C. Title 9, Chapter 25, Article 13, and that the information provided in this application, including the information in the documents attached to this application for is accurate and complete.** **[ ]  I attest the owner will comply with all applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article****[ ]  I invite the Department to review my facility and documentation of my HCI’s capabilities.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature, Chief Administrative Officer Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Printed)  |