



**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
EMERGENCY MEDICAL SERVICES PROGRAM  
APPLICATION FOR TRAUMA CENTER REVIEW AND DESIGNATION**

In accordance with the requirements of the Nebraska Statewide Trauma System Act ( <u>Neb. Rev. Stat. §§ 71-8201 – 71-8253</u> and the Nebraska Statewide Trauma System Regulations (185 NAC) application is hereby made for review and designation as a trauma center.	<b>DESIGNATION LEVEL REQUESTED (√)</b> Basic <input type="checkbox"/> General <input type="checkbox"/> Advanced <input type="checkbox"/> Comprehensive <input type="checkbox"/> Renewal <input type="checkbox"/>
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**HOSPITAL INFORMATION – Section A**

Name of Hospital (Name to Appear on Designation Certificate)	Telephone Number
Address (Street and Number)	(City) (Zip)

**PROFESSIONAL INFORMATION – Section B**

Chief Executive Officer	Chairman/President of Board of Trustees
Physician in Charge of Trauma Care	Trauma Program Manager
Director of Emergency Medicine	Contact Person and Phone Number

**RESOURCE INFORMATION – Section C**

1. E.D. Trauma Admissions	2. E.D. Trauma Admissions Transferred to Another Hospital	3. C.T. Scan Capability	4. Hospital Beds
5. Operating Rooms	6. ICU/CCU Beds	7. Surgeons	8. ED Physicians
9. Anesthesiologists	10. CRNAS		

**CERTIFICATION – Section D**

DATE OF APPLICATION	SIGNATURE OF HOSPITAL CHIEF EXECUTIVE OFFICER
SIGNATURE OF TRAUMA DIRECTOR OR CHIEF OF STAFF	

## **Instructions for Completion of Application For Trauma Center Review and Designation Renewal.**

Section A-D describes how to complete the attached application form for trauma center review and designation or consultation. Please do not leave any boxes blank (unless you are applying for consultation at this time). Boxes left blank on the application form will be interpreted as an incomplete application. If a box does not apply, please indicate "None".

### **Designation Level Requested**

#### **Designation**

Indicate whether the hospital is applying for designation as a Basic, General, Advanced or Comprehensive Level Trauma Center.

#### **Renewal**

Indicate designation renewal.

## **HOSPITAL INFORMATION - SECTION A**

#### **Name of Hospital**

Type the name of the hospital as it should appear on the designation certificate.

#### **Telephone Number**

Type the telephone number including area code for the administrative offices of the hospital.

#### **Address**

Type the street address of the hospital, including city and zip.

## **PROFESSIONAL INFORMATION - SECTION B**

#### **Chief Executive Officer**

Type the name of the Chief Executive Officer (Corporate CEO).

#### **Chairman/President of Board of Trustees**

Type the name of the Chief Officer of the Hospital Board of Directors.

#### **Physician in Charge**

Type the name of the Trauma Medical Director, including MD or DO.

#### **Trauma Program Manager**

Type the name of the Trauma Program Manager or nurse who fulfills those duties.

**Director of Emergency Medicine**

Type the name of the physician director of the emergency department, including MD or DO.

**Contact Person and Phone Number**

Provide the name and phone number of the person to contact for questions about the application.

**RESOURCE INFORMATION – SECTION C****1. E.D. Trauma Admissions**

Indicate the *approximate* number of E.D. admits for any injury admissions seen in the hospital emergency department for the twelve months immediately preceding the month of application. Include all injuries for the estimate.

**2. E.D. Trauma Admissions Transferred to Another Hospital**

Indicate number of E.D. admits seen in the hospital emergency department for the twelve months immediately preceding the month of application that were transferred to another hospital. Include all transfer injuries for the estimate.

**3. C.T. Scan Capability**

If the hospital has an in-house C.T. Scanner that is staffed by in-house personnel 24-hours per day, everyday, indicate FULL as the level of capability.

If the hospital has an off-campus C.T. Scanner, or one that is not staffed by in-house personnel 24- hours per day, everyday, indicate PARTIAL as the level of capability.

If the hospital has no C.T. Scanner, indicate NONE as the capability.

**4. Hospital Beds**

Indicate the total number of hospital beds at the hospital.

**5. Operating Rooms**

Indicate the total number of operating rooms that are used for *trauma* patients at the hospital.

**6. ICU/CCU Beds**

Indicate the total number of intensive care beds available for *trauma* patients at the hospital.

**7. Surgeons**

Indicate the total number of general surgeons that take general surgery call at the hospital.

**8. ED Physicians**

Indicate the total number of physicians participating in Emergency Department care at the hospital.

**9. Anesthesiologists**

Indicate the total number of anesthesiologists that take anesthesia call at the hospital.

**10. CRNA's**

Indicate the total number of Certified Registered Nurse Anesthetists that take CRNA call at the hospital.

**CERTIFICATION – SECTION D**

Indicate date and year the application is submitted.

Submit signatures as indicated on the application.

**Mail or Fax Application to:**

Sherri Wren, Trauma Program Manager  
EMS Trauma Program  
P.O. Box 95026  
Lincoln, NE 68509-5026  
Fax: (402) 471-1890

## **Nebraska Statewide Trauma System Designation Renewal – Additional Application Instructions**

Enclosed is an application form to request state designation renewal as one of the four trauma center levels appropriate to your hospital: a basic, general, advanced or comprehensive trauma center.

To reapply for state designation you simply need to fill out the application form and submit it along with your American College of Surgeon's verification certificate to the EMS/Trauma Program (address listed in the cover letter). There is no charge to the hospital for applying for designation renewal based on reverification of the American College of Surgeons.

### **Please Complete the Following:**

#### **Apply for Designation Renewal**

In the upper right hand corner of the application mark the level of designation requested and renewal. Complete sections A, B and C of the application and obtain appropriate signatures.