

Designation Review Prep

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COLORADO
Department of Public
Health & Environment

**Organizational
Profile**

**Chart Pull/
Weekly Check-
ins**

**'Required for
Review'**

**Online
Application/
Notifications**

**ImageTrend
App Reports**



REQUEST

Designation letter of intent form allows you to request your review date.

Department staff will discuss and confirm date requested as available.

Requests sent earlier than 12-months in advance may not be confirmed.

APPLY

2-part application - online and narrative requirements.

Keep it concise and be succinct.

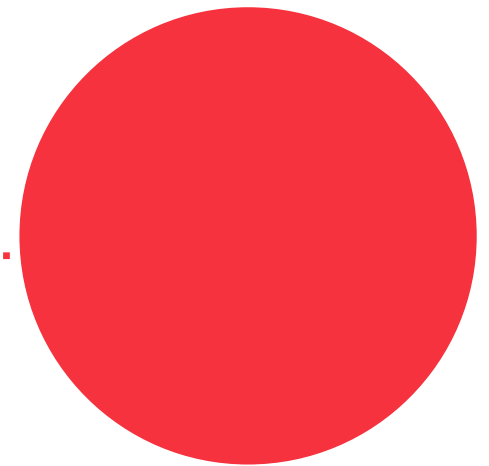
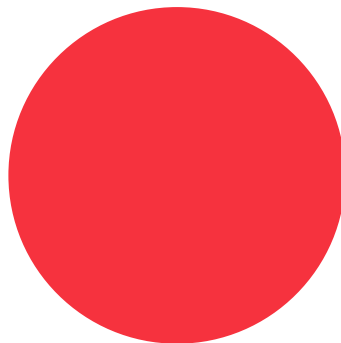
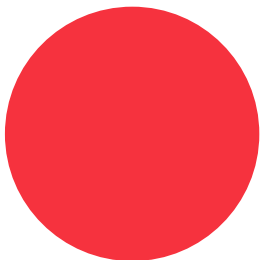
Both parts of the application are due to the department 4-weeks prior to the confirmed designation review date.

REVIEW

Team members present in person when applicable.

Review team will ask questions, take a tour, and review charts in discussion to identify any areas of opportunity.

Reviewer findings will be reported at exit session.





Organizational Profile



Coems.info

Trauma

Trauma designation process

Organizational profile

All trauma facilities must submit an updated profile at least once a year. **Before your designation application can be started, the organizational profile must be updated by your profile gatekeeper.** Starting on July 1, 2024, the profile will require the Trauma Program Leadership role to be added as a facility contact. If your organization does not have a profile gatekeeper, a person must be designated in this role. The designated gatekeeper must follow the instructions found on our [organizational profiles page](#).

Steps to apply for designation

This process should be started at least six months before your next proposed trauma review.

1. Update the required profile in OATH. See the guidance above.

- Organizational profiles are the departments required communication contact standard.
- Posted publically on website for statewide trauma program communication.
- Department staff does not have authorization to change facility's contacts.



OATH Account

Online Application Tracking HUB -

- Establish an OATH account.

<https://colorado.emsbridge.com/licensure/public/colorado/portal#/login>

- Click 'Create Account'
- Complete *fields only:
 - First Name, Last Name
 - SSN# as '999-99-9999'
 - Birth Date
 - Address information for facility
 - Work email and primary phone
 - Create own Username

*This system is used for EMS licensure -
DO NOT enter your personal information.

- If OATH account is to be Gatekeeper,
email Lisa with your Username.
- Follow instructions and respond to any
auto-generated system emails.
*Check junk or spam... 'noreply'



OATH Role Reminders

Gatekeeper -

- Requires an OATH account.
- Responsible for maintaining the Organizational Profile with updates, when changes or annually.

Trauma Program Leadership -

- Require an OATH account.
- Responsible for overall program leadership and access to designation application.

Data Administrator -

- Requires an OATH account.
- Responsible for ensuring data compliance and communication with state.

Trauma Staff, Trauma Medical Director, CEO.

- Free text roles meant to ensure open department communication with the program.

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Online Application/ Notifications



Application Access

Trauma Program Leadership - will receive Designation application access 12-months prior to the facility designation expiration date.

- Please review the designation schedule as Proposed Review date and Expiration date may not align.
- Designation letter of intent is due at least 6- months prior to expiration date.
- Letter of intent should indicate a proposed review date, Tu/We/Th.
- You may download the designation narrative application any time, and request access to the online application as needed.
- The department may deny or delay requests made too far in advance.

OATH Notifications

OATH system is programmed to auto-send notifications.

Please follow instructions or advisement in all system emails.

Auto emails will indicate application 'received' and 'accepted'.

CDPHE Trauma Section

Email

noreply@imagetrend.com

[Trauma Designation] [REDACTED] Hospital - Trauma Facility Level III Designation Application Received



noreply@imagetrend.com via state.co.us

t [REDACTED]

Dear [REDACTED]

The department has received the Level III trauma facility designation application you submitted for [REDACTED] Hospital - Trauma Facility [REDACTED]

Please allow 10 days for processing. The department will reach out for additional information if needed. Please view our [Trauma Designation Process website](#) for more information.

If you have any questions, please contact the Trauma Section at cdphe_hfemsd_traumadesignation@state.co.us.

Sincerely,

CDPHE Trauma Section

Emergency Medical and Trauma Services

4300 Cherry Creek Drive South, Denver, CO 80246

cdphe_hfemsd_traumadesignation@state.co.us | www.coems.info

What to note -

- Email indicates application has been received.
- Allows 10 days for processing - We will contact you if any aspect of the application is downloading incorrectly, attachments do not open, or other technical issues.



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CDPHE Trauma Section Email noreply@imagetrend.com

[Trauma Designation] Level IV Trauma Facility Designation Application Accepted for [REDACTED]

External Trauma Designation emails x



noreply@imagetrend.com via state.co.us

to [REDACTED]

Dear [REDACTED]

The department has accepted the Level IV trauma facility designation application you submitted for [REDACTED] - Trauma Facility.

Please view our [Trauma Designation Process website](#) for more information.

If you have any questions, please contact the Trauma Section at cdphe_hfemsd_traumadesignation@state.co.us.

Sincerely,

CDPHE Trauma Section
Emergency Medical and Trauma Services
4300 Cherry Creek Drive South, Denver, CO 80246
cdphe_hfemsd_traumadesignation@state.co.us | www.coems.info

What to note -

- Email indicates application has been accepted.
- Department does not need anything additional, all documents received, no changes need to be made to application content.



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Chart Pull/ Weekly check- ins



Chart Pull Spreadsheet

State Designation Facilities - need to prepare a basic list of all eligible cases within the reporting period:

- Spreadsheet will be emailed to TPL 8-weeks prior to the confirmed review date.
- Facilities given 2-weeks to fill out details for each eligible case and return spreadsheet to department.
- Reviewers will begin chart selection.
- Department will return access to spreadsheet with reviewer selection.
- Identified charts will be prepared for each reviewer, labeled by category, and made accessible in determined sharepoint.

CDPHE Trauma Section Pre-Review Documents Chart Pull Spreadsheet

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Deaths (ALL)													
2	If medical records overlap into other categories, DO NOT duplicate the medical record. Place the medical record in the category deemed most appropriate. For example, if the medical record													
3	resulted in a mortality, the best category would be death.													
4	State Trauma Registry Number	MRN	Trauma Center Arrival Date	Age	Sex	Mechanism of Injury	Diagnoses	ISS	LOS	Radiology (Y/N)	OR (Y/N)	PI Review (Y/N)	Issues Identified	Mortality determination
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- Category tabs along bottom according to designation level
- Data sections in columns - Trauma Number should be state format - LICNUM_YMMM_XXXX
- Be brief, but enough information to get a basic picture of patient situation.

Weekly Check-ins

- **Level I/II/III (ACS combined)**
 - One state only meeting 4-weeks prior to scheduled review dates.
 - State observer must be included in ACS pre-meetings or communications.
 - Meant to discuss review and any questions regarding state criteria.
- **Level II-V (State only)**
 - Four state meetings each week prior to schedule review day.
 - Meant to discuss timelines, review day schedule, and any questions about review.
 - May include any personnel desired.
- **Check-ins are casual**
 - Are not part of the review or designation scoring.
 - Do not require executive leadership.
 - Are a safe space to ask questions and alleviate pre-review anxiety.

What we discuss?

Week 1 - file sharing methods, charts, presentations, review day agenda, application submission, questions.

Week 2 - Questions, share drive needs and 'Go Live' date, chart preparations, discuss best practices, more questions.

Week 3 - Questions, share drive due, methods access, discuss review team arrival (location/parking/food).

Week 4 - Questions, last minute challenges (weather/staffing/technology), anything other needs.



Required for Review



Reviewer Must-see

- **3 required presentations**
 - Facility Introduction.
 - Quality Improvement program.
 - Injury Prevention/Education.
- **Additional Policies**
 - Not already included in application.
 - Includes guidelines, protocols, capabilities used to support program.
 - May include shared program policies.
- **Medical Records**
 - Sorted into physician sections, identified by categories.
 - Do not need extensive documents, key information to tell patient story.
 - Include any PI documentation completed on this encounter
- **Physician schedules/CME**
 - On call services, specialties
 - Board certifications and/or ATLS
- **Performance Improvement**
 - Agendas, attendance, and minutes.

Introduction Presentation

Introduce staff.

**Introduce location,
catchment area, and
neighborhood demographics.**

**Discuss any OFI from
previous review.**

**Share any goals or initiatives
within review cycle for
program advancement.**



QI/PI Presentation

Discuss structure and support for PI program.

Describe the PI plan/process, audit filters, and levels of review.

Describe committees format, functions, frequency, and attendance.

Discuss accountability - reporting trends, audit tracking and/or projects, action plans or change agents, nursing care issues, and loop closure.



Injury/Education Presentation

Discuss top mechanisms of injury.

Introduce data analysis in injury prevention planning.

Describe collaboration in regional, state, and/or national programs.

Identify most recent outreach activities for public and professional development.

Describe resource allocation for injury prevention and educational activities.



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Application Reports

Report Writer

CO State Application -

pre-built reports are available in ImageTrend to correspond with Statistical Information:

- Group reports available by stat section.
- Corresponds to designation level.
- Based on data reported and available in state ImageTrend Patient Registry database.
- Use of Report Writer is not required, applicant may use own registry reports.

ImageTrend Patient Registry

Report Writer

Shared Reports

The screenshot displays the ImageTrend Patient Registry interface. At the top, the navigation bar includes 'Dashboard', 'Incidents', 'Report Writer' (circled in red), 'Data Exchange', 'Community', and 'Tools'. Below the navigation bar, there is a 'Create a Report' button and a 'Shared Reports' section (circled in red). The 'Shared Reports' section lists various reports, with 'CO - LI-III - Trauma Transfers' highlighted by a red arrow. The main content area shows the 'Create a Transactional Report' form for 'CO - LI-III - Trauma Transfers'. The form includes filter options for 'ED Admission Date' (is between) and 'Facility Name' (is equal to), and a 'Generate Report' button.

- Log in to ImageTrend Patient Registry... navigate to Report Writer
- Go to 'Shared Reports' - open 'CO State Application' - Click on desired report.
- Click 'Generate Report' - enter reporting period and select Facility Name → Generate Report again.



THANKS!

[More questions?](#)

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