

# Application for Waiver to Admit Trauma Patients when Arrival at Definitive Care is > 120 Minutes

Section 15.3 of the Level 3 Trauma Hospital Designation Criteria and Section 10.3 of the Level 4 Trauma Hospital Designation Criteria specify that trauma patients may be “...admitted only if, in the event of deterioration, emergent transfer would result in the patient arriving at the definitive care facility within 120 minutes from the time deterioration is discovered.” Hospitals unable to meet this criterion due to their geographic distance from a definitive care hospital should apply for a waiver.

## Facility Information

Hospital Name	
Trauma Program Manager Name	
Phone	
E-Mail	
Trauma Medical Director Name	
E-Mail	

Please contact the trauma system with questions about this form:

[health.trauma@state.mn.us](mailto:health.trauma@state.mn.us)

651-201-4147

APPLICATION FOR WAIVER TO ADMIT TRAUMA PATIENTS WHEN ARRIVAL AT  
DEFINITIVE CARE IS > 120 MINUTES

## Application

1. List the Level 1, 2 and 3 Trauma Hospitals to which you could transfer an admitted trauma patient in the event of deterioration. For each, estimate the time it would take under normal conditions for the patient to arrive at that hospital from the time the patients' deteriorating condition is discovered.

2. List the EMS agencies that typically transfer trauma patients from your hospital. Indicate whether the agency provides aeromedical, ground ALS and/or ground BLS service.

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3. List the types of trauma patients/conditions that may be admitted to observe for deterioration. For each, indicate the tertiary hospital(s) to which the patient may be transferred.

4. Please explain the specific request. Address the normal conditions or circumstances that prevent the patient from arriving at the tertiary hospital within 120 minutes.

5. The hospital's trauma admission and trauma transfer policies will support this application. Please check one:

The current admission and transfer policies are attached.

The admission and transfer policies submitted as part of the most recent application for designation are current.

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6. Attach a report of the number and types of trauma patients both admitted and transferred from a recent 12 month period.<sup>1</sup>

7. Provide any additional information that supports the application.

## Signature

CEO

Date

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Send this form to the Minnesota Statewide Trauma System:

By US Mail:  
MDH/ORHPC  
PO Box 64882  
St. Paul, MN 55164-0882

Email:  
health.trauma@state.mn.us

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<sup>1</sup> A standard trauma registry report can satisfy this request if the hospital's trauma registry is current.

1. Log in to MNTrauma and select the Report Writer.
2. Select to the *Facility* folder.
3. Select and run the report titled, "2018 ED Disposition for Diagnosis Categories."