

Trauma Hospital Portal Instructions for Hospital Users

The <u>Trauma Hospital Portal</u> is an online tool that hospitals use to submit forms, such as applications for trauma hospital designation, and look up designation and contact information. Each hospital will determine which members of its staff shall have access to the Portal, though access should be limited to a few people since all users are able to modify the application.

A user can only view the forms and applications for which they have been granted access. If a user has program responsibilities for more than one hospital, they may access all of those forms and applications using the same account.

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Accounts

A new account can be created by the new user, or a new account can be created by an existing user on the new user's behalf. MDH staff often create accounts on behalf of new users. Trauma program managers may also create accounts on behalf of other users in their hospital.

If a user account has been created by someone other than that user, the user need only establish a password to gain access to the portal. However, they are not required to establish a password or access the portal.

In addition to applying for designation, the Trauma Hospital Portal is used to maintain role and contact information of your hospital's trauma program leaders. Therefore, the hospital administrator, trauma medical director, co-medical director, trauma program manager/coordinator, and lead registrar should all have an account in the portal. They do not require a password unless they intend to access to the portal. But the account serves as the mechanism by which their role and contact information is maintained.

The following information is needed to establish an account:

- First Name
- Last Name
- Hospital Affiliation(s)
- Role (e.g., TPM, CEO, etc.)
- Email
- Work Phone



Create an Account

To create a new account for yourself or someone else:

- 1. Navigate to the Portal: <u>https://traumaapplication.mn.gov/</u>.
- 2. Select *Create Account*.

MINNESOTA STATEWIDE TRAUMA	SYSTEM Designation Portal				
Account Login	Welcome to the Minnesota Statewide Trauma System Designation Portal!				
Q, Lookup					
	This portal provides access to information about Minnesota trauma system hospitals and forms used by hospitals to: • Apply for designation as a trauma hospital • Update hospital leaders and contact information				
	Select Lookup from the left navigation menu to look-up hospitals' trauma designation status.				
	Users must have an account in order to access forms, but no account is needed to look-up information about trauma system hospitals.				
	Minnesota Statewide Trauma System Website				
	<u>Map of Trauma Hospitals</u>				
	Download Hospital Contacts (CSV)				
	[Portal User Manual]				
	RETURNING USERS				
	Enter your username and password below. Select the Forgot Username or Forgot Password? links below to retrieve a forgotten username or password.				
	NEW USERS				
	Create an account by selecting Create Account below. Do not create a new account if you already have an account. Instead, use the Forgot Username or Forgot Password? links below to retrieve your account information.				
	For assistance, contact trauma system staff at 651-201-4147 or health.trauma@state.mn.us.				
	Login				
	Username				
	Password				
	Forgot U				
	Logi Create Account				



3. Complete the form and select *Save*.

MINNESOTA STATEWIDE TRAUMA	Trauma Hospital Designation Application Portal
Account Login	Create Your Account
Q Lookup	Complete the required fields below to create an account. Since this information is classified as public data, consider providing only a professional email address and phone numbers rather than personal ones.
	Required fields are indicated by a red asterisk *. Other fields are optional.
	Account Demographics
	"First Name:
	"Last Name:
	Not Collected:
	*Hospital Affiliation:
	*Role:
	Contact Information
	"Email:
	Work Phone:
	Cell Phone:
	Save Cancel

If the email address is already in use, an account already exists. In that case, there is no need to create another account. Use the *Forgot Password?* link on the main login page to establish a password and complete account setup. If you are creating the account for another user who requires access, instruct them to do the same. You can check to see if that person has been associated with your hospital. See <u>View Hospital Information</u>.

Usernames are automatically generated following this convention: First letter of the first name followed by the entire last name. For example, *Jenny Smith* is *jsmith*. Usernames are not case sensitive.

MDH staff will associate the account holder with the hospital identified on the form, at which time the account holder will be notified by email that the hospital's portal is accessible. This can take a day or two.

Log-in to an Existing Account

- 1. Navigate to the portal: <u>https://traumaapplication.mn.gov/</u>.
- 2. Enter your username and password.



Usernames are automatically generated following this convention: First letter of the first name followed by the entire last name. For example, *Jenny Smith* is *jsmith*. Usernames are not case sensitive.

3. Select Login.

STATEWIDE TRAUM	A SYSTEM Designation Portal
Account Login	Welcome to the Minnesota Statewide Trauma System Designation Portal!
< Lookup	This portal provides access to information about Minnesota trauma system hospitals and forms used by hospitals to: Apply for designation as a trauma hospital Update hospital leaders and contact information
	Select Lookup from the left navigation menu to look-up hospitals' trauma designation status.
	Users must have an account in order to access forms, but no account is needed to look-up information about trauma system hospitals.
	Minnesota Statewide Trauma System Website
	Map of Trauma Hospitals
	Download Hospital Contacts (CSV)
	[Portal User Manual]
	RETURNING USERS
	Enter your username and password below. Select the Forgot Username or Forgot Password? links below to retrieve a forgotten username or password.
	NEW USERS
	Create an account by selecting Create Account below. Do not create a new account if you already have an account. Instead, use the Forgot Username or Forgot Password? links below to retrieve your account information.
	For assistance, contact trauma system staff at 651-201-4147 or health.trauma@state.mn.us.
	Login Username
	Password
	Login Create Account
	Login Username Password Forgot Username or Forgot Password? Login Create Account

If you have an account but no password, select the *Forgot Password*? link beneath the login fields to establish your password.

Select the *Forgot Username* or *Forgot Password*? links beneath the login fields to retrieve a forgotten username or password.



4. From the login landing page, you can update your email address and phone number. Contact MDH staff to change your name.

MINNESOTA STATEWIDE TRAUMA S	YSTEM	Designation Portal	
Þ			
My Account Profile	Test, TPM ()		Welcome, TPM Test Logout
Applications	My Profile		
Q Lookup	Update your information as i Otherwise, navigate using th	needed. Click Save at the bottom of the page when finished. e menu to the left.	
	Demographics		
	Account Demographi	75	
	* First Name:	TPM	
	* Last Name:	Test	
	Suffix:		
	Not Collected:	- Show SSN	
	Contact Information		
	* Email:	health.trauma@state.mn.us	
	* Primary Work Phone:	651 - 201 - 4147 Dereferred	
	Cell Phone:	- Preferred	* required
	Save Reset Passwer	ord + Back	



Reset a Password or Un-suspend an account

An account password expires after 90 days. An account is suspended when more than three invalid password attempts are made.

1. Un-suspend an account or reset a password by selecting the *Forgot Password*? link beneath the login fields.

Username
Password Show Password

2. Complete the required fields and select *Reset Password*.

🛔 Account Login	Forgot Password
Q Lookup	Complete the required fields to reset your password.
	"Username:
	*Email:
	*Last Name:
	Reset Password Back

3. An email will be sent with instructions for resetting your password.

Account Login	Instructions to reset your password have been sent to the entered email address.
Q Lookup	Welcome to the

If you prefer to retain your password for a suspended account, contact MDH trauma system staff to have your account un-suspended without changing your password.



Manage Applications

1. To begin a new application for designation, resume working on an existing application, or update leaders and contact information, navigate to *Applications*.

My Account		Welcome, TPM Test Logout
Profile	Test, TPM ()	
Applications		
* Hospitals	My Profile	
Q Lookup	Update your information as Otherwise, navigate using t	needed. Click <i>Save</i> at the bottom of the page when finished. the menu to the left.
	Demographics	
	Account Demographics	
	* First Name: T	PM
	* Last Name: T	est
	Suffix:	
	Social Security Number:	- Show SSN
	Contact Information	
	* Email: h	ealth.trauma@state.mn.us
	* Primary Work Phone: 6	51 - 201 - 4147 Dereferred

2. If you have access to more than one hospital's application, select the desired hospital from the dropdown list.

* My Assault	Welcome, TPM T	est Logout
My Account	Available Applications	
Applications	Click Apply New payt to one of the options below to begin an application for the bosnital or to undate personnel information	20
Continue	Select Continue from the left navigation menu to resume working on an existing application.	<i>ч</i> т.
╈ Hospitals		
Q Lookup	Service Applications	
	Filter By Service: Test Hospital (None)	
	Test Hospital Saint Paul, Minnesota 55101 Level 4 Issued: 10/19/2021 Expires: 10/19/2024	
	Applications	Action
	Level 3 Trauma Designation Application Select this application to apply or re-apply for designation as a Level 3 Trauma Hospital.	Apply Now
	Level 4 Trauma Designation Application Select this application to apply or re-apply for designation as a Level 4 Trauma Hospital.	Apply Now
	Update Trauma Hospital Personnel Use this form to update the hospital and trauma program leaders, their roles and contact information.	Apply Now



Apply or Re-Apply for Trauma Hospital Designation

1. To apply or re-apply for designation as a Level 3 or Level 4 Trauma Hospital, select the *Apply Now* button associated with the desired application.

MINNESO STATEWIDE TRAU	TA Trauma Hospital Designation Application Portal
•	Welcome, TPM Test Log
My Account	Available Applications
Applications	Click Apply New part to one of the options below to havin an application for the boshital or to undate personnel information
Continue	Select Continue from the left navigation menu to resume working on an existing application.
Hospitals	
Lookup	Service Applications
	Filter By Service: Test Hospital (None)
	Test Hospital Saint Paul, Minnesota 55101 Level 4 - Issued: 10/19/2021 Expires: 10/19/2024
	Level 3 Trauma Designation Application Select this application to apply or re-apply for designation as a Level 3 Trauma Hospital.
	Level 4 Trauma Designation Application Apply No Select this application to apply or re-apply for designation as a Level 4 Trauma Hospital. Apply No
	Update Trauma Hospital Personnel Use this form to update the hospital and trauma program leaders, their roles and contact information. Apply Nov

2. To resume work on an existing application, select *Continue* from the left navigation menu.

MINNESOTA STATEWIDE TRAUMA	SYSTEM	Trauma Hos	pital Desigi	nation Application Portal	
My Account					Welcome, TPM Test Logo
	Continue My Applications				
Continue 1	Click <i>Continue</i> to continue working Select the <i>PDF</i> icon to view a prev	g on an application viously completed a	or form that is in application or for	-progress. n.	
₩ Hospitals	Submitted applications will not app	pear in the list until	they have been	reviewed by trauma system staff.	
그 Lookup	Q (TEAR)				
	✓ Level 4 Trauma Designation Application - (Test Hospital)				
	Status: Application In Progress Number: Level(s): Forms: 0 of 1 completed			Initiated On: Nov 16, 2021 Issue Date: Expiration Date:	
	Forms				
	Form	Requested	Completed	Action	
	Level 4 Trauma Hospital Designation Application	Nov 16, 2021		Continue	



3. Select *Continue* to resume working on the desired application.

My Account					Welcome, TPM Test Logo
	Continue My Appl	cations			
Applications	Click Continue to continue	ue working on an application	n or form that is in-pro	gress.	
Continue 1	Select the PDF icon to v	iew a previously completed	application or form.		
✤ Hospitals	Submitted applications v	vill not appear in the list unti	il they have been revie	wed by trauma system staff.	
Q Lookup					
	❤ Level 4 Trauma Des	ignation Application - (Test He	ospital)		
	Status: Application In	n Progress	Init	iated On: Nov 16, 2021	
	Number:		lss	ue Date:	
	Level(s): Forms: 0 of 1 comple	eted	Ex	piration Date:	
	Forms				
	Form	Requested	Completed	Action	
	Level 4 Trauma Hospital [Application	Designation Nov 16, 2021		Continue	
			I	Records 1-1 of 1 FirstPreviousNex	xtLastPage 1 ❤ Per Page 10 ❤

Designation Application Form

1. Tabs separate sections of the designation application.

My Account	
Applications	
Continue 1	Hospital Profile Organizational Information Leadership Trauma Team Activation EMS Clinical Resources Staff Training F

Required questions are identified with a red asterisk *. Address all required questions in each section before submitting the application from the final tab. You may complete the questions in any order.

2. Select *Save and Continue* at the bottom of each page to save changes before navigating away from a tab.



You may complete the questions in any order. However, you will have to select *Save and Continue* at the bottom of the page to activate a tab. Once a tab is active, you can navigate by clicking between the tabs.

Information will not be saved when clicking between tabs.





3. To upload documents, select Choose File...

Choose File No	ile chosen
	Max File Size: 23000KB
.BMP,.doc	c,.docx,.htm,.jpeg,.jpg,.msg,.pdf,.pjpeg,.png,.ppt,.pptx,.rtf,.rtx,.tif,.txt,.xls,.xlsx
🗔 Save 🔀 Can	cel

...and navigate to the file location on your computer. Select the file and click Open.

Open					×
← → ~ ↑ 🕹 > Computer Name: H12-1920319 > Downloads		~	ō 🔎	Search Downloads	
Organize 🔻 New folder					•
▲ Name	Date modified	Туре	Size		
Documents * Carrier tris year (1)	8/12/2021 8:57 AM	Adobe Acrobat D	140 KB		
 Pictures Trauma Syster * traumasysten * JPC Notice * JPC Notice * OneDrive - Persor Computer Name: 3D Objects Desktop Pocuments 					
File name:);*.d	loc;*.do ∨ Cancel

The file name appears.

Choose File ortho_conditions.pdf			
Save Cancel			

Select Save.

Choose File ortho_conditions.pdf	
Max File Size: 23000KB	
BMP, doc, docx, htm, jpeg, jpg, msg, pdf, pjpeg, png, ppt, pptx, rtf, rtx, tif, txt, xls, xlsx	

Documents can be uploaded in any format.

An uploaded document can be overwritten by uploading a new document in its place.



4. Some file upload fields allow multiple documents to be uploaded. These fields are identified by an *Add Another* button. After uploading and saving the first document, select *Add Another* and upload the next document.

b description (RN and LPN) for the emergency department nurses that indicates the ob-	expecation for trauma traini
bb Description.txt	
e	e

Select Upload File. Locate the next document on your computer and upload it.

Type a description of the document in the *Name* field.

Opload File	I PN Job Description.txt				
Name					
Emergency De	partment LPN Job Description	on			
Select Decum	ant Tuno				
Select Docume	лттуре				

Select *Done* to add the document to the list.

When uploading multiple documents, a list of the documents appears above the field.

Emergency Department Nurse Job Description
G Emergency Department RN Job Description: RN Job Description.txt
G Emergency Department LPN Job Description: LPN Job Description.txt
+ Add Another



mergency Departm	ent RN Job Description: RN Job Description.txt	
add another		
Add Another		
Jpload a copy of e aining.	each job description (RN and LPN) for the emergency department nurses that indicates the expecation	for trauma
Upload File	LPN Job Description.txt	
*Name		
Emergency Dep	partment LPN Job Description	
Document Type		
Emergency Dep	partment Nurse Job Description	

To remove a document from the list, select the edit icon \square and select *Remove*.

5. The last section on each tab provides an opportunity to upload additional supporting documents that you would like to include to supplement your application. Upload as many as you like or skip the section entirely.

ad additonal documents supp	orting the Hospital Profile section of this application.	
Upload File		
ime		
ocument Type		
Sclost Desument Type		

6. The final tab will display a *Submit* button instead of a *Save and Continue* button.





7. Selecting *Submit* will identify any required questions that have yet to be addressed. Click on the incomplete questions to link to that tab.



You will receive email confirmation upon successful submission. Once submitted, the application will no longer be accessible to you until MDH staff have reviewed it. Contact staff if you require access to your application during this time.



Complete Additional Application Forms

After submitting a designation application, additional forms will become available during the ensuing designation process. These forms are used to submit such things as copies of training certificates and cases for review ahead of the site visit.

1. To locate these additional forms, navigate to the *Applications* tab and select *Review*.

& My Account	
Applications	Available Applications
Continue 1	Click Apply Now next to one of the options below to begin an application for the hospital or to update personnel information.
Review 2	Select <i>Continue</i> or <i>Review</i> from the left navigation menu to resume working on an existing application.
# Hospitals	Hospitals Applications
Inspections	Filter By Hospitals: Test Hospital (None)
Q Lookup	
	Test Hospital Saint Paul, Minnesota 55101 Level 3 Issued: 06/01/2022 Expires: 05/31/2025
	Applications

2. Additional forms can be selected below the application.

My Account					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Review Applications				
Applications					
Continue 1	Select Continue to continue working	on an application or form	that is in-progress bu	t can not be found under Review	Ι.
Review 2	Submitted applications will not appea	r in the list until they hav	e been reviewed by tra	auma system staff.	
Hospitals	Select Application Status	~		٩	CLEAR
Inspections	✓ Level 4 Trauma Designation				
Lookup	Hospitals: Test Hospital			tisted On: Sep 20, 2023	
Lookup	Status: Application Submitted, Number: Level(s): Forms: 0 of 4 completed	Pending Review	Ini Ise Ex	sue Date: piration Date:	
LUURAP	Status: Application Submitted, Number: Level(s): Forms: 0 of 4 completed Level 4 Remote Visit Forms Form	Pending Review	Ini Iss Ex Completed	Action	
Luonap	Status: Application Submitted, Number: Level(s): Forms: 0 of 4 completed Level 4 Remote Visit Forms Form Level 4 Site Visit Cases	Pending Review Requested Sep 20, 2023	Ini Is: Ex Completed	Action	
Lookup	Status: Application Submitted, Number: Level(s): Forms: 0 of 4 completed Level 4 Remote Visit Forms Form Level 4 Site Visit Cases Level 4 Equipment Checklist and Attestation	Pending Review Requested Sep 20, 2023 Sep 20, 2023	Ini Is: Ex	Action Action Continue Start	
Lookup	Status: Application Submitted, Number: Level(s): Forms: 0 of 4 completed Level 4 Remote Visit Forms Form Level 4 Site Visit Cases Level 4 Equipment Checklist and Attestation Additional Forms	Pending Review Requested Sep 20, 2023 Sep 20, 2023	ini Is: Ex Completed	Action Action Continue Start	
Lucrup	Status: Application Submitted, Number: Level(s): Forms: 0 of 4 completed Level 4 Remote Visit Forms Form Level 4 Site Visit Cases Level 4 Equipment Checklist and Attestation Additional Forms Form	Pending Review Requested Sep 20, 2023 Sep 20, 2023 Requested	Completed	Action Action Action Action Action Action Action	
Loordp	Status: Application Submitted, Number: Level(s): Forms: 0 of 4 completed Level 4 Remote Visit Forms Form Level 4 Site Visit Cases Level 4 Equipment Checklist and Attestation Additional Forms Form Level 4 Tertiary Review and PI Cas List	Pending Review Requested Sep 20, 2023 Sep 20, 2023 Requested e Sep 20, 2023	Completed	Action Action Action Action Action Action Action Action Action	



Update Leaders, Contact Information

Use the *Update Trauma Hospital Personnel* form to add, edit, and delete the names and contact information of the hospital administrator, trauma medical director, co-medical director, trauma program manager, lead registrar, and any other hospital leader you feel is important to list.

Before any leader can be listed, they must first have an account on the Portal. See <u>Create an</u> <u>Account</u> for instructions on creating accounts. Another user can create an account for the leader; they needn't complete setup of their account by establishing a password unless they intend to access the information in the Portal. Establishing an account simply serves as the mechanism by which their role and contact information is maintained.

1. To update trauma hospital leaders and contact information, select the *Apply Now* button next to the *Update Trauma Hospital Personnel* form from the *Applications* section main menu.

MINNESOTA STATEWIDE TRAUMA	Trauma Hospital Designation Application Portal
• • •	Welcome, TPM Test Logout
My Account	Available Applications
Applications	Click Apply Now next to one of the options below to begin an application for the hospital or to update personnel information.
Continue	Select <i>Continue</i> from the left navigation menu to resume working on an existing application.
✤ Hospitals	
Q Lookup	Service Applications
	Filter By Service: Test Hospital (None)
	Test Hospital
	Saint Paul, Minnesota 55101 Level 4 Issued: 10/19/2021 Expires: 10/19/2024
	Applications Action
	Level 3 Trauma Designation Application Select this analization to apply for designation as a Level 3 Trauma Hospital Apply Now
	Select ans application to apply or reapply for reagination as a Level or natina nospital.
	Select this application application Apply for designation as a Level 4 Trauma Hospital Apply Now
	Update Trauma Hospital Personnel Apply Now
	Use this form to update the hospital and trauma program leaders, their roles and contact information.
	Records 1-3 of 3



2. A list of the current hospital leaders of record will display.

rauma Hospital Leadership	
Leaders	
The Hospital Administrator, Trauma I listed below. Add or edit as necessary.	Medical Director, Co-Medical Director, Trauma Program Manager/Coordinator and Registrar of record are
Select a person to remove that person Select Add Another to add a new per they can be added to a Position.)	on from a Position or to change that person's Position. son to a Position. (People must have an account on the Trauma Hospital Designation Application Portal before
Select a person to remove that person Select Add Another to add a new per they can be added to a Position.)	on from a Position or to change that person's Position. rson to a Position. (People must have an account on the Trauma Hospital Designation Application Portal before Position
Select a person to remove that person Select Add Another to add a new per they can be added to a Position.) Name John Test (none)	on from a Position or to change that person's Position. rson to a Position. (People must have an account on the <i>Trauma Hospital Designation Application Portal</i> before Position Co-Medical Director/Advisor
Select a person to remove that person Select Add Another to add a new per they can be added to a Position.) Name John Test (none) Sally Test (none)	on from a Position or to change that person's Position. rson to a Position. (People must have an account on the <i>Trauma Hospital Designation Application Portal</i> before Position Co-Medical Director/Advisor Hospital Administrator
Select a person to remove that person Select Add Another to add a new per they can be added to a Position.) Name John Test (none) Sally Test (none) TMD Test (none)	from a Position or to change that person's Position. roon to a Position. (People must have an account on the <i>Trauma Hospital Designation Application Portal</i> before Position Co-Medical Director/Advisor Hospital Administrator Trauma Medical Director
Select a person to remove that person Select Add Another to add a new per they can be added to a Position.) Name 3 John Test (none) 3 Sally Test (none) 3 TMD Test (none) 3 TPM Test (none)	from a Position or to change that person's Position. roon to a Position. (People must have an account on the <i>Trauma Hospital Designation Application Portal</i> before Position Co-Medical Director/Advisor Hospital Administrator Trauma Medical Director Trauma Program Manager/Coordinator

Add a New Leader

1. To add a new leader, select *Add Another*.

Trauma Hospital Leadership	
Trauma Hospital Leadership	
✓ Leaders	
The Hospital Administrator, Trauma listed below. Add or edit as necessary.	Medical Director, Co-Medical Director, Trauma Program Manager/Coordinator and Registrar of record are
Select a person to remove that person Select Add Another to add a new per they can be added to a Position.)	on from a Position or to change that person's Position. rson to a Position. (People must have an account on the Trauma Hospital Designation Application Portal before
Vame	Position Co Modical Director/Advisor
Colly Test (none)	
Sally Test (none)	
TRNA Test (none)	
PM lest (none)	
+Add Another	



2. In the *Name* field, begin typing the first and/or last name of the person you would like to add. A list of possible matches will display. Select the desired name and assign the person to a position. Then select *Done*.

The person you would like to add must first have an account on the Portal before adding them as a leader. See <u>*Create an Account*</u>.

O Name	Position
🗹 John Test (none)	Co-Medical Director/Advisor
CEO Test (none)	Hospital Administrator
🖸 Sally Test (none)	Hospital Administrator
G TMD Test (none)	Trauma Medical Director
C TPM Test (none)	Trauma Program Manager/Coordinator
Registrar Test (none)	Trauma Registrar
C 🔮	
+ Add Another	
*Name	
Find	
Position	
Co Medical Director/Advisor	
Hospital Administrator	
Nursing Administrator	
□Trauma Medical Director	
Trauma Registrar	
Done Kemove	



Remove a Leader

1. To remove an existing hospital leader, select the edit icon next to the person you wish to remove, then select *Remove*.

Name	Position
🗹 John Test (none)	Co-Medical Director/Advisor
CEO Test (none)	Hospital Administrator
🗹 ally Test (none)	Hospital Administrator
C MD Test (none)	Trauma Medical Director
G TPM Test (none)	Trauma Program Manager/Coordinator
Registrar Test (none)	Trauma Registrar
Add Another	
Name	
CEO Test (none)	
Position	
Co-Medical Director/Advisor	
Hospital Administrator	
Nursing Administrator	
Trauma Medical Director	
Trauma Program Manager/Coordinator	
Trauma Registrar	
Dore Remove	



Edit an Existing Leader or Position

1. To edit an existing hospital leader, select the edit icon C next to the person you wish to edit. Edit the name and/or checkboxes, then select *Done*.

O Name	Position
🗹 John Test (none)	Co-Medical Director/Advisor
Sally Test	Hospital Administrator
G MD Test (none)	Trauma Medical Director
E PM Test (none)	Trauma Program Manager/Coordinator
🗹 Registrar Test (none)	Trauma Registrar
Add Another	
Sally Test	
Position	
Co-Medical Director/Advisor	
Hospital Administrator	
Nursing Administrator	
Trauma Medical Director	
Trauma Program Manager/Coordinator	
□Trauma Registrar	
Done Remove	



Upload a Document Securely

Use the *Secure Document Upload* feature to securely transfer any document—including those containing sensitive or private health information—to MDH trauma system staff.

Documents can be uploaded in any format.

An uploaded document can be overwritten by uploading a new document in its place.

1. To upload a document, select the *Apply Now* button next to the *Secure Document Upload* form from the *Applications* section main menu.

8 Mu Annount	Welcome, NewUser Test Logout
My Account	Available Applications
Applications	Click Apply New part to one of the options below to begin an application for the boshital or to undate personnal information
Continue	Select Continue from the left navigation menu to resume working on an existing application.
✤ Hospitals	Service Applications
Q Lookup	
	Test Hospital Saint Paul, Minnesota 55101 Level 4 Issued: 01/01/2022 Expires: 01/01/2025
	Applications Action
	Level 3 Trauma Designation Apply Now Select this application to apply or re-apply for designation as a Level 3 Trauma Hospital. Apply Now
	Level 4 Trauma Designation Select this application to apply or re-apply for designation as a Level 4 Trauma Hospital. Apply Now
	Update Trauma Hospital Personnel Use this form to update the hospital and trauma program leaders, their roles and contact information. Apply Now
	Secure Document Upload Use this utility to securely upload a document for trauma system staff. Apply Now

2. Select Upload File.

 Upload File 	LPN Job Description.txt
*Name	
Emergency Der	and the state of the Description
	anment LPN Job Description
Document Type	
Document Type Select Docume	Int Type
Document Type Select Docume	nt Type
Document Type Select Docume	Int Type

3. Select Choose File...





...and navigate to the file location on your computer. Select the file and click Open.

Open				×
\leftarrow \rightarrow \checkmark \uparrow \blacklozenge > Computer Name: H12-1920319 > Downloa	ads	~ 3	シーク Search Dowr	nloads
Organize 👻 New folder				- 🔳 🔞
✓ ≱ Quick access	Date modified	Туре	Size	
Documents *	8/12/2021 8:57 AM	Adobe Acrobat D	140 KB]
■ Pictures * Trauma Syste * traumasysten * JPC Notice *				
Oreative Cloud Fil OneDrive - Persor				
 ✓ Computer Name: > 3D Objects > Desktop > Documents 				
			Open	v;*.doc;*.do ∨ Cancel

The file name appears.

Choose File ortho_conditions.pdf	
.BMP,.doc,.docx,.htm,.jpeg,.jpg,.msg	ile Size: 23000KB j.pdf,.pjpeg,.png,.ppt,.pptx,.rtf,.rtx,.tif,.txt,.xls,.xlsx
Save Cancel	

Select Save.

Choose File ortho_conditions.pdf	
Max File Size: 23000KB	
BMP,.doc,.docx,.htm,.jpeg,.jpg,.msg,.pdf,.pjpeg,.png,.ppt,.pptx,.rtf,.rtx,.tif,.txt,.xls,.xlsx	
Save Cancel	



4. Type a description of the document in the *Name* field and select *Done*.

Upload File	LPN Job Description.txt	
*Name		
Emergency De	epartment LPN Job Description	
Document Type	2	
Select Docum	, nent Type	

5. To upload additional documents, select *Add Another* and upload the next document.

Upload a copy of	each job description (RN and LPN) for the emergency department nurses that indicates the expecation for trauma training
Opload File	RN Job Description.txt
*Name	
Document Type	
Select Docume	ent Type
Remove	
+ Add Another	

When uploading multiple documents, a list of the documents appears above the field.





6. To remove a document from the list, select the edit icon \square and select *Remove*.

Emergency Departm	ent RN Job Description: RN Job Description.txt	
Emergency Departm	ient LPN Job Description: LPN Job Description.txt	
Add Another		
*		£ 4
training.	sach job description (KN and LPN) for the emergency department nurses that indicates the expecation	for trauma
(1) Upload File	LPN Job Description.txt	
*Name		
Emergency Dep	partment LPN Job Description	
Document Type		
Emergency De	partment Nurse Job Description	
Don Remo	ove l	

7. When finished, select *Submit*.



Request a TraumaMan Mannequin Reservation

Only users with specific permissions will see the TraumaMan Mannequin Reservation Request form.

1. After logging in, navigate to Applications.

MINNESOTA STATEWIDE TRAUMA	A SYSTEM	Desig	nation Portal	
				Welcome, ATLS Test Logout
Profile	My Account			
R Applications	For more detail about any item, click	the links on this page or in the left me	enu.	
* Hospitals	ATLS Test Number: Issued:		No forms pending	
Q Lookup	Expiration:			



2. Select Apply Now next to the *TraumaMan Mannequin Reservation Request* application.

• Mu Annound	Welcome,	ATLS Test Logout
My Account	Available Applications	
Applications	Click Apply Now payt to one of the options below to begin an application for the bosnital or to undate personnel information	
Continue	Select Continue from the left navigation menu to resume working on an existing application.	
✤ Hospitals	Service Applications	
Q Lookup		
	Test Hospital Saint Paul, Minnesota 55101 Level 4 Issued: 01/01/2022 Expires: 01/01/2025	
	Applications	Action
	Trauma Mannequin Reservation Request Use this form to request a reservation for a TraumaMan mannequin.	Apply Now
	Secure Document Upload Use this utility to securely upload a document for trauma system staff.	Apply Now

3. Enter the request details, shipping information (if applicable), and select *Submit*.

Trauma Manneguin Reservation Request

auma Mannequin Reserv	ration Request	
Facility		
Facility Name:	Test Hospital	
Course Informatio	on	
*Course Dates From:	mm/dd/yyyy	Today
*То:	mm/dd/yyyy	Today
*This course is:	Open to the public	
	○ Closed course	
*Number of Mannequins Needed:	2	
 Shipping 		
*Shipping Option:	🔿 Ship	
	O Pick-up at MDH	
✔ Comments		
Notes:		
V Submit		

STATEWIDE TRAUMA SYSTEM

4. To continue an incomplete reservation request or view the status of a submitted request, select *Continue* under *Applications*.

å My Account				Welcome, TPM Test	t Logout
	Continue My Application	IS			
Continue	Click <i>Continue</i> to continue working of Select the <i>PDF</i> icon to view a previou	n an application or for usly completed applica	m that is in-progress. ation or form.		
₩ Hospitals	Submitted applications will not appea	ar in the list until they h	nave been reviewed by tra	uma system staff.	
Inspections		Q (111	AR)		
Q Lookup	Q Lookup Trauma Manneguin Reservation Request - (Test Hospital)				
	Status: Mannequins Shipped/ Number:	Status: Mannequins Shipped/Picked up Initiated On: Jul 21, 2022 Number: Issue Date:			
	Forms: 0 of 1 completed		EX	filation date. 301 21, 2022	
	Forms				
	Form	Requested	Completed	Action	
	Trauma Mannequin Reservation Request	Jul 21, 2022	Jul 21, 2022	View PDF	
			F	Records 1-1 of 1 First Previous Next Last Page 1 V Per Page	10 🗸



View Hospital Information

1. To view information about your hospital(s), navigate to *Hospitals*.

MINNESOTA STATEWIDE TRAUMA SYS	STEM	Designation Portal
Þ		
My Account Profile	Test, TPM ()	Welcome, TPM Test Logout
Applications # Hospitals Q Lookup	My Profile Update your information as r Otherwise, navigate using th	needed. Click Save at the bottom of the page when finished. ie menu to the left.
	Demographics	ns.
	* First Name: * Last Name: Suffix: Not Collected: Contact Information	TPM Test
	* Email: * Primary Work Phone: Cell Phone:	health.trauma@state.mn.us 651 - 201 - 4147 Preferred - - - Preferred * required
	B Save Reset Passwo	ord + Back

2. The hospital(s) to which you have been assigned access are listed. The role(s) to which have you have been assigned are indicated by the color-coded icon **2**.

Select the hospital to view a	dditional information.				
0	GO CLEAR				
Hospitals 🔺	Service Permit Level	Address	City	County	Phone
Test Hospital 🚨			Saint Paul	Ramsey	
z-ImageTrend Test 🎴		123 Fake St	Minneapolis	Hennepin	
		Record	ls 1-2 of 2 First Previ	ous Next Last P	er Page 10



Select the hospital to view demographic information about the hospital.

All Service					
Select the hospital to view a	additional information.				
0	GO CLEAR				
Hospitals 🔺	Service Permit Level	Address	City	County	Phone
Test Hospital 🚨			Saint Paul	Ramsey	
z-ImageTrend Test 🚨		123 Fake St	Minneapolis	Hennepin	
		Recor	ds 1-2 of 2 First Previous	Next Last	Per Page 10 🗸
Test Hospital				_	
Saint Paul, Minne	sota 55101			+	Back To Hospitals
Level 4 Issued:	10/19/2021 Expires: 10/19/2024				
Hospitals Details					
Demographics Or	ganization Staff				
'	I				
Details 💿					
Name:	Test Hospital				
Active:	Yes				
Daylight Savings Time Use:	Yes				
Time Zone:	GMT-6:00 Central Time				
Address:					
City:	Saint Paul				
County:	Ramsey				
State:	Minnesota				
Postal Code:	55101				
Country:	United States				
Certifications					
Internal ID:					
Level(s):	Level 4				
Status:	Designated				
Issue Date:	10/19/2021				
Expiration Date:	10/19/2024				
State ID:					



Navigate to *Staff* to view information about the account holders who have access to the hospital's portal.

Demographics Or	ganization
Service Staff	
ATLS Coordinator:	Test, ATLS Home Phone: (No home phone number listed for the contact) Work Phone: (No work phone number listed for the contact) Cell Phone: (No cell phone number listed for the contact) Email: (No email address listed for the contact)
Co-Medical Director/Advisor:	Test, John Home Phone: (No home phone number listed for the contact) Work Phone: (No work phone number listed for the contact) Cell Phone: (No cell phone number listed for the contact) Email: (No email address listed for the contact)
Hospital Administrator:	Test, Sally Home Phone: (No home phone number listed for the contact) Work Phone: (No work phone number listed for the contact) Cell Phone: (No cell phone number listed for the contact) Email: Ihansen@imagetrend.com
Trauma Medical Director:	Test, TMD Home Phone: 651-201-4147 Work Phone: (No work phone number listed for the contact) Cell Phone: (No cell phone number listed for the contact) Email: (No email address listed for the contact)
Trauma Program Manager/Coordinator:	Test, TPM Home Phone: (No home phone number listed for the contact) Work Phone: 651-201-4147 Cell Phone: (No cell phone number listed for the contact) Email: health.trauma@state.mn.us
Trauma Registrar:	Test, Registrar Home Phone: (No home phone number listed for the contact) Work Phone: (No work phone number listed for the contact) Cell Phone: (No cell phone number listed for the contact) Email: (No email address listed for the contact)

View Clinician Roster

The current roster of physicians, surgeons, advance practice providers, and nurses that are uploaded while completing an application for designation can be viewed at any time. There is no need to update this roster between designation applications.

1. To view the current Clinician Roster, navigate to Clinicians.

My Account		Welcome, TPM Test Logout
Applications	Test Hospital Saint Paul, Minnesota 55101 Level 4 Issued: 10/19/2021 Expires: 10/19/2024	 Back To Hospitals
# Hospitals Details	Hospitals Details	
Personnel Clinicians		
Q Lookup	Demographics Staff	
	Details 🚳	
	Name: Test Hospital	



2. The current list is displayed. Navigate to another page or change the number of results displayed from the menu at the bottom of the page.

P Applications								
Hospitals	Test Hos Saint Paul, N	pital IN 55101						
Details Personnel Clinicians	A B C	DE	FGH QC	I J	K L M N O P	Q R S T U V W	X Y Z Į	MLL
Lookup	First Name	Last Name	Role	Course	Successful Completion Date	Date of Current Board Certification	Centifying Board	Re
Þ	Rotor	Rocket	Physician	CALS	03/01/2021	02/15/2022	American Board of Family Medicine	Re
	Rep.	1000	Physician Assistant	CALS	03/01/2020	12/31/2021	Other	Car
	Build	Receive.	Physician	ATLS	10/10/2017		None	Car
	Residence Automatics	line -	Nurse Practitioner	CALS	07/01/2018	06/24/2023	Other	Re
	Esser	And a	Physician Assistant	ATLS	12/07/2022	12/31/2022	Other	
	Passedo	404	Physician	ATLS	10/07/2021	12/31/2021	American Board of Internal Medicine	
	Gasheyh	1.0	Physician	CALS	03/01/2021	02/15/2022	American Board of Family Medicine	Re
	Gilartum	1000	Physician Assistant	ATLS	06/08/2018	12/31/2021	Other	Reg
	1000	Maillar	RN	TNCC				
	and the second s	1000	DN	TNOC	11/10/2009			



Lookup Hospitals

Designation and demographic information about any hospital can be viewed without an account. You need not be logged into the system to look-up another hospital.

1. To view information about a hospital, navigate to *Lookup*.

MINNESO STATEWIDE TRAU	TA Designation Portal
Account Login	Welcome to the Minnesota Statewide Trauma System Designation Portal!
	This portal provides access to information about Minnesota trauma system hospitals and forms used by hospitals to: • Apply for designation as a trauma hospital • Update hospital leaders and contact information
	Select Lookup from the left navigation menu to look-up hospitals' trauma designation status.
	Users must have an account in order to access forms, but no account is needed to look-up information about trauma system hospitals.
	Minnesota Statewide Trauma System Website
	Map of Trauma Hospitals
	Download Hospital Contacts (CSV)
	[Portal User Manual]
	RETURNING USERS Enter your username and password below. Select the Forgot Username or Forgot Password? links below to retrieve a forgotten username or password.

2. Enter filter criteria and click Search.

Public Lookup	
Enter criteria to search for hos	spitals or select Search to return all hospitals.
Туре:	Hospitals ~
Trauma Hospital Designation Level:	Select Trauma Hospital Designation Level
Name:	
City:	
County:	
Search	



3. A list of hospitals is returned. Navigate to another page or change the number of results displayed from the menu at the bottom of the page.

er criteria to search for hospitals or select Sea	arch to return all hospitals.		
Trauma Hospital Select Trauma Hospital	Hospital Designation Level		~
Name:			
City:			
County:			
Search Clear Search Results			
Search Clear Search Results	Trauma Hospital Designation Le	evel City	
Search Clear Search Results Vame	Trauma Hospital Designation Le	evel City Minneapolis	
Search Clear Search Results Vame Abbott Northwestern Hospital Abbott Northwestern WestHealth	Trauma Hospital Designation Le Level 3 Undesignated	evel City Minneapolis Plymouth	
Search Clear Search Results Varre Abbott Northwestern Hospital Abbott Northwestern WestHealth Albany Area Hospital	Trauma Hospital Designation Le Level 3 Undesignated None	evel City Minneapolis Plymouth Albany	
Search Clear Search Results Vame Abbott Northwestern Hospital Abbott Northwestern WestHealth Albany Area Hospital Alomere Health	Trauma Hospital Designation Le Level 3 Undesignated None Level 3	evel City Minneapolis Plymouth Albany Alexandria	
Search Clear Search Results Vame Abbott Northwestern Hospital Abbott Northwestern WestHealth Albany Area Hospital Alomere Health Altru Health System	Trauma Hospital Designation Le Level 3 Undesignated None Level 3 None	evel City Minneapolis Plymouth Albany Alexandria Grand Forks	
Search Clear Search Results Name Abbott Northwestern Hospital Abbott Northwestern WestHealth Abbott Northwestern WestHealth Albany Area Hospital Alomere Health Altru Health System Appleton Area Health Services	Trauma Hospital Designation Le Level 3 Undesignated None Level 3 None Undesignated	evel City Minneapolis Plymouth Albany Alexandria Grand Forks Appleton	
Search Clear Search Results Name Abbott Northwestern Hospital Abbott Northwestern WestHealth Albany Area Hospital Alomere Health Altru Health System Appleton Area Health Services Avera Marshall Regional Medical Center	Trauma Hospital Designation Le Level 3 Undesignated None Level 3 None Undesignated Level 3	evel City Minneapolis Plymouth Albany Alexandria Grand Forks Appleton Marshall	
Search Clear Search Results Varre Abbott Northwestern Hospital Abbott Northwestern WestHealth Albany Area Hospital Alomere Health Altru Health System Appleton Area Health Services Avera Marshall Regional Medical Center Avera McKennan Hospital	Trauma Hospital Designation Le Level 3 Undesignated None Level 3 None Undesignated Level 3 None	evel City Minneapolis Plymouth Albany Alexandria Grand Forks Appleton Marshall Sioux Falls	
Search Clear Search Results Varie Abbott Northwestern Hospital Abbott Northwestern WestHealth Albany Area Hospital Alomere Health Altru Health System Appleton Area Health Services Avera Marshall Regional Medical Center Avera McKennan Hospital Avera Tyler	Trauma Hospital Designation Le Level 3 Undesignated None Level 3 None Undesignated Level 3 None Level 4	evel City Minneapolis Plymouth Albany Alexandria Grand Forks Appleton Marshall Sioux Falls Tyler	

4. Select a hospital for more information.

Agencies Lookup Detail	
Hospitals: Test Hospital	
Address: None	Trauma Hospital Designation Level: Level 4
City: Saint Paul	Status: Designated
County: Ramsey	Designation Expiration: 10/19/2024
• Back	

To obtain the information in this document in a different format, contact the Statewide Trauma System at 651-201-4147.

