



**State of Hawaii
Department of Health
Emergency Medical Services and Injury Prevention System Branch
Manoa–Kahala, Oahu**

State Trauma Program Coordinator

\$88,656 – \$110,088 annually, commensurate w/ training and experience

Assists the Emergency Medical Services and Injury Prevention System Branch Manager in all aspects of planning for, and operating a comprehensive statewide trauma system. Administrative responsibilities include trauma registry, verification and re-verification of trauma centers, regulation, contracts, education programs, and support of the State Trauma Advisory Committee and Regional Trauma Committees.

Minimum Qualification Requirements

EDUCATION: Graduation from an accredited school of nursing. Masters of Science in Nursing, and Certification in Nursing Administration, Critical Care, Emergency Nursing, or Rehabilitative Nursing are preferred.

EXPERIENCE: Five (5) years of progressive experience in program management, three (3) years of which should be in trauma program management.

LICENSE: Valid Hawaii registered nurse license, and valid driver's license.

Applicants must have excellent time management, organization, writing, speaking and listening skills. Applicants must also be able to work flexible hours that may occasionally include evenings and weekends, and must be able to travel statewide.

Who May Apply

Citizens, permanent resident aliens, or nationals of the United States; and non-citizens with unrestricted employment authorization from the U.S. Immigration & Naturalization Service.

How to Apply

Complete the attached **application** and submit with your **resume or curriculum vitae**, via postal mail or e-mail, to:

Department of Health
Emergency Medical Services and Injury Prevention System Branch
Leahi Hospital, Trotter Basement
3675 Kilauea Avenue
Honolulu, HI 96816
Attn: Dr. Linda Rosen, EMS Program Manager
or
linda.rosen@doh.hawaii.gov

Recruitment is continuous until needs are met.

Other Information

For additional information, you may call 808-733-9210,
or e-mail linda.rosen@doh.hawaii.gov.

STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE APPOINTMENT

DEPARTMENT OF HEALTH

Emergency Medical Svcs & Injury Prevention System Br

3675 Kilauea Ave, Trotter Basement

Honolulu, Hawaii 96816



**FOR OFFICIAL USE ONLY
DEPARTMENTAL PERSONNEL
STAFF TO SELECT CATEGORY.**

- Exempt
- Other: (state below)

RECEIVED DATE/TIME STAMP

GENERAL INSTRUCTIONS TO APPLICANT: Please type or print legibly in ink.

The information you provide will be used to determine whether you qualify for the job for which you are applying.

- This application form is to be used for non civil service positions.
- Before applying, read the job requirements described in the job announcement carefully to determine if you qualify for the job.
- Any additional required forms described in the job announcement can be obtained from this office.
- Answer the questions completely and accurately. Your application may be rejected if it is incomplete or you may be disqualified or dismissed from employment if you provide false information.
- You must notify this office in writing of any changes to your name, address, telephone number or availability information.
- We will not be responsible for any mail or correspondence which does not reach you.
- Your application and supporting documents are confidential and become our property. Please keep copies for your own record.
- The information you submit on this form may be verified.
- The information on pages 1 and 2 will not be released to persons involved in the appointment process.

The State of Hawai'i is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

1. _____
JOB TITLE APPLYING FOR

2. _____
RECRUITMENT NUMBER or POSITION NUMBER

3. NAME: _____
Last First Middle

**OTHER NAMES
USED OR
FORMER**

4. LAST NAME: _____

**MAILING
5. ADDRESS:** _____
P.O. Box or Street Address

6. _____
City State Zip Code

**E-MAIL
7. ADDRESS:** _____

**PHONE
8. NUMBER:** _____
Home Other

9. CITIZENSHIP STATUS. The requirement for Citizenship must be met at the time of application. Place a checkmark in the appropriate block:

- A. Citizen of the U.S.
- B. National of the U.S. (includes persons born in American Samoa, includes Swain's Island.)
- C. Permanent Resident Alien of the U.S.
- D. Other Non citizen authorized under federal law to work in the U.S.

If you selected "Other-Non-Citizen" in Question #9D, do you have an Employment Authorization Document (EAD) or other documentation allowing you to work in the U.S. without restrictions and/or employer sponsorship?

- Yes No

Please explain your "Yes" or "No" answer. _____

10. NOTICE OF "AT WILL" EMPLOYMENT

The job you are applying for is temporary in nature. Therefore, if appointed to the position, your employment will be considered to be "At Will," which means that you may be discharged from your employment at the prerogative of your department head or designee at any time.

CERTIFICATE OF APPLICANT

I have been informed and understand that this application is for consideration of a job that is temporary in duration, has limited or no benefits, and employment if offered is only on an "At Will" basis. A new application is to be submitted for each consideration. I hereby certify that all statements in this application are true and correct to the best of my knowledge, and I agree and understand that any misstatements of material facts herein may cause forfeiture of all rights to any employment in the service of the State of Hawai'i. I have read the terms or conditions stated on this application and understand that there may be additional employment-related tests as required.

_____ Date

_____ Original Signature of Applicant

STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE POSITIONS

The information on pages 1 and 2 will not be released to persons involved in the appointment process.

Information requested in items 11 through 18 is needed to make determinations on your suitability for employment. Convictions, dismissals from employment or dishonorable separations from military service do not automatically disqualify you from employment. The circumstances of each individual case will be evaluated against the requirements of the position for which you have applied, to determine suitability for employment.

11. DISMISSALS FROM EMPLOYMENT AND/OR DISHONORABLE SEPARATIONS FROM MILITARY SERVICE

Within the past five years, were you:

A) Fired, terminated for cause, dismissed, discharged or asked to resign from employment? YES NO

B) Separated from military service under conditions other than honorable? YES NO

(If you answer "Yes" to question 11A or 11B, please indicate in item #12 below, the date and reasons for your dismissal from employment or separation from military service. For dismissals from employment, provide also the name and address of the employer.)

12.

13. CONVICTION OF A VIOLATION OF LAW

A) Have you been convicted of a violation of law? YES NO

Report state, federal, military, international and other convictions. Convictions of felony and misdemeanor offenses (including petty misdemeanor, DUI, contempt of court, etc.) must be reported.

NOTE: In answering this question, you need NOT report the following:

- (1) Arrests not followed by convictions;
- (2) Convictions which were annulled or expunged;
- (3) Offenses for which you were tried as a minor or juvenile;
- (4) Convictions of offenses punishable by fine only. (You must report any conviction that **could have** resulted in a jail sentence even if your sentence was only a fine. If you are in doubt, please answer "YES" and explain in item #14 below.)
- (5) Convictions of a misdemeanor in which the period of 20 years has elapsed since the date the sentence was fulfilled and during which elapsed time there has not been any subsequent arrest or conviction.

B) Within the past three years, have you been convicted of any offense related to controlled substances? YES NO

C) Have you ever been convicted of any act, attempt, or conspiracy to overthrow the State or federal government by force or violence? YES NO

(If you answer "Yes" to question 13A, 13B, or 13C, indicate in item #14 below, the dates, nature and circumstances of the conviction; the sentence imposed and its current status; and any other relevant information you wish to provide.)

14.

15. SUSPENSION OR REVOCATION OF LICENSE

Was your license or certification to practice in a regulated profession (for example, physician, engineer, nurse, plumber, etc.) ever suspended or revoked? YES NO

(If you answer "Yes," please indicate in item #16 below, the type of license; the date; the state; the specific board or organization that suspended or revoked your license; the circumstances of the suspension or revocation; and any other relevant information you wish to provide.)

16.

17. SETTLEMENTS OR AGREEMENTS

Have you accepted a settlement, a cash buyout such as through the State's Separation Incentive Program, or, are you subject to any restriction limiting or precluding you from seeking or securing employment with the State of Hawaii? YES NO

(If you answer "Yes," to question 17, please explain in detail in item #18 below the reason and date of your settlement or restriction from applying with the State of Hawaii.)

18.

**EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAII APPLICATION FOR NON-CIVIL SERVICE POSITIONS
DEPARTMENT OF HEALTH**

FOR OFFICIAL USE ONLY
PERSONNEL OFFICE TO
SELECT CATEGORY.
 Exempt
 Other: (state below)

1. JOB TITLE APPLYING FOR: _____
2. RECRUITMENT NUMBER or POSITION NUMBER: _____

The information you provide will be used to determine whether you meet public employment requirements and the minimum qualification requirements in the Class Specifications. As required by federal and/or state laws, we do not discriminate on the basis of age, sex (including gender identity or expression), religion, race, color, ancestry, national origin, disability, marital status, veteran's status, sexual orientation, arrest and court record, citizenship, genetic information or any other protected characteristic. The State of Hawaii is an equal opportunity employer and complies with applicable state and federal laws relating to employment practices.

3. NAME: _____
Last First Middle
4. OTHER NAMES USED OR FORMER LAST NAME: _____
MAILING
5. ADDRESS: _____
P.O. Box or Street Address
6. _____
City State Zip Code
7. E-MAIL ADDRESS: _____
8. PHONE NO.: _____
Home Other

9. EDUCATION HISTORY: When verification is required, the documentation must be submitted at the time of the application. If not, you may not receive credit for the training and/or your application may be considered incomplete and rejected. The information you provide in this section will be used strictly in the evaluation of your qualifications for the position(s) for which you are applying. The information you submit on this form may be verified.

DO NOT WRITE IN THIS SPACE

A. NAME AND LOCATION (city and state) of last grade school attended: (elementary, intermediate or high school) _____
Did you graduate? Yes: ___ No: ___ If no, what grade level did you complete? ___
Did you receive a GED? Yes: ___ No: ___

B. TRAINING: In service training, business, trade, armed forces, college or university, graduate of professional schools.

NAME & ADDRESS	Course or Major Field of Study	Number of Credits or Hours Completed		Kind of Degree, Diploma or Certificate Received
		Semester	Quarter	

10. LICENSES, CERTIFICATES, OTHER QUALIFICATIONS
A. DRIVER'S LICENSE: DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes: ___ No: ___
DRIVER'S LICENSE # _____ State: _____ Class/Type: _____ Expiration Date: _____
If the job requires a valid driver's license, please submit a clear photocopy of both sides of your driver's license with application.
B. OTHER LICENSES OR CERTIFICATES: Please indicate the kind, registration number, and the State or other licensing authority. *If proof of evidence is required, please submit a photocopy or present for verification.*

C. KNOWLEDGE OF LANGUAGE OTHER THAN ENGLISH: List the language and check the appropriate block(s). Some positions require the ability to speak, read, and/or write in a language other than English.

LANGUAGE	SPEAK	READ	WRITE

D. SPECIAL QUALIFICATIONS: Include membership in professional or scientific societies, honors, awards, fellowships, publications (list but do not submit unless requested), etc.

EDUCATION AND EMPLOYMENT HISTORY
STATE OF HAWAI'I APPLICATION FOR NON-CIVIL SERVICE POSITIONS

11. EXPERIENCE: Please type or print legibly in ink. Begin with your present or last employment/training and work backwards. Describe all employment/training, including military service and volunteer work. Use separate blocks if your duties and responsibilities changed while working for the same employer. To receive full credit for your experience, describe in detail the tasks you were assigned. If you supervised others, explain your duties as a supervisor and indicate the number and job duties of employees you supervised. If more space is needed provide the information on a blank sheet titled "Experience" and attach it to this form. Information you submit on this form may be verified. **Do not submit a resume in place of completing this page. Please complete this section even if you are attaching a resume or other documents.**

Your Present or Last Position	Employer Address Name and Title of Your Supervisor Your Title Duties and Responsibilities	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____
	Employer Address Name and Title of Your Supervisor Your Title Duties and Responsibilities	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____
	Employer Address Name and Title of Your Supervisor Your Title Duties and Responsibilities	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____
	Employer Address Name and Title of Your Supervisor Your Title Duties and Responsibilities	From: _____ Month _____ Year _____ To: _____ Month _____ Year _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Volunteer Average hours worked per week _____ Starting Salary \$ _____ Per _____ Ending Salary \$ _____ Per _____ Reason(s) for leaving _____

TITLE: State Trauma Program Coordinator
EFF DATE: 10/2/08

POSITION DESCRIPTION

I. IDENTIFYING INFORMATION

Position Number: 119163
Department: Health
Administration: Health Resources
Branch: Emergency Medical Services and Injury Prevention System
Geographic Location: Manoa to Kahala

II. INTRODUCTION

The functions of the Emergency Medical Services and Injury Prevention System Branch (EMSIPSB) as set forth in Hawaii Revised Statutes 321-221, include responsibility for the “arrangement of personnel, facilities, and equipment for the effective and coordinated delivery of health care services under emergency conditions.” Through the passage of Act 305/SLH 2006 establishing the Trauma System Special Fund, the Department was directed to reduce trauma-related deaths, injuries, and permanent long-term disability through the implementation and management of a Comprehensive Statewide Trauma System (CSTS). Funding for the establishment and maintenance of the CSTS is provided through Act 102/SLH 2007, Act 231/SLH 2008, and Act 158/SLH 2008.

The Trauma Program Coordinator position for the CSTS is primarily tasked with optimizing medical and surgical treatment for all seriously injured individuals in the State of Hawaii. This position has the authority to identify problems, collaboratively develop and implement solutions, and communicate directly with hospital administration and health care providers across the State to improve patient treatment and outcomes.

This position will plan for successive levels of hospital trauma capabilities throughout the State and serve as a resource for hospitals in developing them. It will define the levels, write rules, and develop procedures for designation and periodic re-verification of hospitals as trauma centers. Responsibilities for setting standards extend across the full spectrum of trauma care including ambulance, emergency department, surgical, specialty, and intensive care hospital services as well as rehabilitative services for those who do not fully recover. The position will provide expert consultation to assure that the statewide trauma registry is accurate, timely, and appropriately utilized to drive improvements in trauma care at the hospital, county, and state levels. Administrative responsibilities are legislation, regulation, finances, planning, and evaluation, as well as support of the Statewide Trauma Advisory Committee and Regional Trauma Committees.

III. MAJOR DUTIES AND RESPONSIBILITIES

A. Administration 40%

1. Develops the statewide trauma plan which describes in detail the mission, vision, goals, and objectives of the CSTS, revising and expanding as necessary.
2. Defines the criteria and requirements for all four levels of State trauma center designation including the nursing, physician, and support services necessary.
3. Writes administrative rules for the clinical aspects of the CSTS specifically those related to State trauma center designation and funding.
4. Develops recommendations and monitors expenditures from the Trauma System Special Fund.
5. Reviews legislative initiatives and prepares briefs and testimony for matters related to the CSTS.
6. Prepares yearly reports on the CSTS for the Legislature and additional reports as required.
7. Maintains effective relationships with agencies, organizations, community members, and other stakeholders in the CSTS.
8. Prepares grant applications in response to funding opportunities applicable to development of the CSTS.
9. Through hospital consultation, community and professional meetings, and legislative testimony, communicates the Department's vision and plans for the CSTS at all levels in the community.

B. Operations 30%

1. Establishes priorities for the implementation of the CSTS, including goals for hospital participation.
2. Develops and initiates application and verification processes for all levels of hospital trauma center designation, including providing resource documents.
3. Serves as an expert resource for the clinical practice of trauma nursing care and hospital trauma service administration by providing consultative services for hospitals developing and improving trauma programs.
4. Conducts site visits for the purpose of verification and re-verification of

trauma centers.

5. Guides and directs trauma nurse program managers in participating hospitals in the identification and resolution of complex quality improvement issues.
6. Coordinates local, State, and Federal resources which contribute to the CSTS.
7. Collaborates with hospitals and community agencies in the development and implementation of policies and procedures for trauma-related programs such as disaster management and organ donation.

C. Trauma Registry Administration **15%**

1. Develops policies and procedures for a statewide trauma registry to include minimum data sets, audit filters, and a data dictionary.
2. Utilizes principles of data management and experience in abstraction of trauma records to provide leadership and guidance to participating hospitals in the collection, analysis, and reporting of trauma data.
3. Ensures coding and scoring accuracy and develops processes for validation of data accuracy with each trauma nurse coordinator at designated trauma centers.
4. Ensures that all activities related to the CSTS respect and maintain patient privacy rules and data security standards.
5. Designs reports, answers queries, and helps to facilitate trauma research.

D. Education **10%**

1. Plans, develops, and implements professional education programs in trauma care for physicians, nurses, and pre-hospital care providers through video conferences, classroom presentations, and skills practicum.
2. Develops and implements education programs for injury scaling and scoring through classroom presentations and web-based learning.
3. Provides for intra-facility and regional professional staff training and development to maintain an adequate workforce for the CSTS.
4. Collaborates with the Injury Prevention and Control Program to provide hospital staff training in the development of injury prevention activities for communities served by the participating trauma centers.

- E. Other related duties as assigned. 5%**

IV. CONTROLS EXERCISED OVER THE WORK

A. Supervisor:

Position No.: 37779

Class Title: Emergency Medical Services Program Manager, MD/DO

B. Nature of Supervisory Control Exercised Over the Work

1. Instructions Provided

Instructions include general guidance and direction to specify priorities and the specific outcomes expected. The incumbent is expected to develop, implement, and evaluate the section's goals, objectives, policies and procedures, guidelines, and initiatives independently.

2. Assistance Provided

All aspects of the duties and responsibilities of this position should be accomplished independently. The incumbent should use initiative in seeking assistance on questions regarding policy.

3. Review of Work

The supervisor of this position is responsible to ensure that all goals, objectives, initiatives, and planned outcomes are met.

C. Nature of Available Guidelines Controlling the Work.

1. Policy and Procedural Guides Available

Resources for Optimal Care of the Injured Patient 2006, American College of Surgeons; HRSA Model Trauma System Planning and Evaluation tool; Hawaii Comprehensive Statewide Trauma Plan (in development); Hawaii Revised Statutes, Chapter 321-xxx (in development).

2. Use of Guidelines

This position is expected to know and apply all provisions contained in the referenced materials.

V. REQUIRED LICENSES, CERTIFICATES, ETC.

Valid, current State of Hawaii licensure as a Registered Nurse.

Valid Type 3 Driver's License.

VI. RECOMMENDED QUALIFICATIONS

A. Knowledge

Knowledge of the practice of clinical trauma patient care and trauma programs management at the hospital and regional level are essential. Knowledge of all privacy issues including but not limited to, Health Insurance Portability and Accountability Act (HIPAA) and Peer Review criteria, as well as broad knowledge of the emergency medical services system and analytic measures useful in evaluating the quality of trauma care are also required. Maintains knowledge of national standards of trauma care such as those promulgated by the American College of Surgeons.

B. Skills/Abilities

1. Clinical skills in the nursing care of trauma patients.
2. Demonstrated ability to design, organize, and lead hospital trauma programs.
3. Proficiency in trauma registry activities including abstraction of medical records and use of trauma registry data for multi-disciplinary quality improvement activities.
4. Able to communicate well with individuals at all levels, both orally and in writing.
5. Demonstrated management, leadership, and decision-making skills.

C. Education

1. Graduated from an accredited school of nursing.
2. Masters of Science in Nursing preferred.
3. Certification in Nursing Administration, Critical Care, Emergency Nursing, or Rehabilitative Nursing preferred.

D. Experience

Five (5) years of progressive experience in program management, three (3) years of which should be in trauma program management.

E. Working Conditions

Works flexible hours that may include evenings and weekends as determined by the Branch Chief.

Up to 50% travel on Oahu and inter-island may be required.

VII. TOOLS, EQUIPMENT & MACHINES

Computer skills and experience is required.