**Appendix A: CY 2016 Georgia Trauma Center Readiness Costs Survey**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trauma Center Name:**  |   |  |  |  | **CFO Name** (print) |   |
| **Survey Completed by:**  |   |  |  |  |  |  |  |
| **Phone Number:** |   |  |  |  | **CFO Signature** |   |
| **Email Address:** |  |  |  |  |  |  |  |
| **Trauma Med Dir (TMD)** |   |  |  |  | **Total # records that met STATE REGISTRY criteria for calendar year 2016** |   |
|  |  |  |  |  |  |  |  |
| **TMD Signature** |   |  |  |  |  |  |  |
| ***All hospital data will be kept confidential and will be reported only on a consolidated basis that precludes the disclosure of individual hospital information.***  |
|  |  |  |  |  |  |  |  |  |  |  |
| **LINE ITEM** |  **LEVEL** | **SURVEY INSTRUCTIONS** |  |  | **AMOUNT** |
| **Criteria by Trauma Center Designation Level Based on standards from 2014 ACS Optimal Care of the Trauma Patient** | Respond to items ONLY if applies to your Trauma Level. | **Follow Instructions for cost calculation for each item below.** | **Salary (if applicable)** | **Benefits (if applicable)** | **Total Actual Costs CY2016** |
|  |  |  |   |   |   |   |  |  |  |  |
| **ADMINISTRATIVE** |  |  |  |  |  |  |  |  |  |  |
|  Senior Administrator Support | **1** | **2** | **3** | **4** | % of time focused on trauma by main senior administrator involved in trauma X salary and benefits |   |   |  $ -  |
|  Program Administrator: Trauma Director  | **1** | **2** | **3** | **4** | Salary & benefits X % of time on trauma (if position has other duties) |   |   |  $ -  |
|  Trauma Program Manager | **1** | **2** | **3** | **4** | Salary & benefits X % of time on trauma (if position has other duties) |   |   |  $ -  |
|  Trauma Coordinator | **1** | **2** | **3** | **4** | Salary & benefits X % of time on trauma (if position has other duties) |   |   |  $ -  |
|  Participation costs for state, regional and national activities | **1** | **2** | **3** | **4** | Trauma program administrator travel costs to meetings (exclude CME only travel expenses) |   |   |  $ -  |
| **Trauma Center Staff Support**Divide the total number of records submitted to the state (STATE = Y) by 333. This is the estimated FTE's needed. Use this 'facility multiplier number' to multiply X average salary + benefits. | If any of the following positions generate reimbursement or supported by grants, use net hospital costs X time spent on trauma to calculate costs. |
| If position employed by trauma program or other department which focuses trauma responsibility on few staff, use salary & benefits less revenue and grant support for costs. |
| If employed by another department which spreads trauma responsibility among most staff, use portion of trauma pt admits out of total admits X department salary costs. |
|  Education/Outreach Coordinator | **1** | **2** | **3** |  |   |   |   |  $ -  |
|  Case Management, Discharge Planning,  and Social Services  | **1** | **2** | **3** |   | Facility multiplier X average salary and benefits |   |   |  $ -  |
|  Physical Therapy | **1** | **2** | **3** |   | Facility multiplier X average salary and benefits |   |   |  $ -  |
|  Occupational Therapy | **1** | **2** | **3** |   | Facility multiplier X average salary and benefits |   |   |  $ -  |
|  Speech Therapy | **1** | **2** | **3** |   | Facility multiplier X average salary and benefits |   |   |  $ -  |
|  Injury Prevention Coordinator | **1** | **2** | **3** |   | Salary & benefits X % of time on trauma (if position has other duties & minus grant support if applies) |   |   |  $ -  |
|  Research Coordinator | **1** | **2** | **3** |   | Salary & benefits X % of time on trauma (if position has other duties & minus grant support if applies) |   |   |  $ -  |
|  PI Coordinator | **1** | **2** | **3** |   | Salary & benefits X % of time on trauma (if position has other duties & minus grant support if applies) |   |   |  $ -  |
|  Trauma Registrar  If CONTRACT used, how paid?  \_\_\_ per record \_\_\_ by the hour | **1** | **2** | **3** |   | **EMPLOYED:** Salaries & benefits X % of time on trauma (Limit of 1 FTE dedicated to registry per 500 patients annually). |   |   |  $ -  |
|  |  |  |   | **CONTRACT:**  |   |   |   |
|  Trauma Program Secretary | **1** | **2** | **3** |   | Salary & benefits X % of time on trauma (if position has other duties) |   |   |  $ -  |
|  Trauma Medical Director (stipend for TMD role, IF paid above & beyond salary OR FTE carve-out) | **1** | **2** | **3** |   | Board-certified surgeon with specialty interest in trauma care.  |   |   |  $ -  |
|  Participation costs for national, state and regional activities. | **1** | **2** | **3** |   | TMD travel costs to meetings (do not include CME only meetings). |   |   |  $ -  |
|  ED Liaison | **1** | **2** | **3** |   | Administrative stipend if contracted, or if employed, salary & benefits X % of time spent on trauma center administrative functions. Must participate actively with trauma service with documented CME and PI.  |   |   |  $ -  |
|  ICU Surgical Liaison | **1** | **2** | **3** |   |   |   |  $ -  |
|  Orthopedic Liaison | **1** | **2** | **3** |   |   |   |  $ -  |
|  Neurosurgeon Liaison | **1** | **2** | **3** |   |   |   |  $ -  |
|  Registry Hardware and Software | **1** | **2** | **3** | **4** | Cost for registry hardware, software and maintenance fees. Use full costs; do not reduce by state grant amount. |   |   |  $ -  |
|  Screening, brief intervention and referral for treatment (SBIRT) | **1** | **2** | **3** | **4** | Costs associated with delivering SBIRT for (+) trauma screened patient meeting ACS SBIRT criteria. If unknown, leave blank. |   |   |  $ -  |
|  Thromboelastography (TEG) (if applies) | **1** | **2** | **3** | **4** | Costs associated with TEG for trauma patients |   |   |  $ -  |
| **CLINICAL – MEDICAL STAFF**Includes costs of maintaining trauma physician support for your trauma center other than the costs of admin functions addressed above. **Do not include** amounts specifically paid to trauma physicians for care of uninsured trauma patients in the amounts for each specialty; you will be asked for a total amount of such pay at the end of this section. | If you pay specialty a stipend exclusively for trauma call, enter the full amount. For trauma surgeons only, you do NOT have to split on-call pay for trauma and emergent general surgery.  |
| For other specialties: If you pay a stipend to a specialty that is for both trauma and ED call, estimate the portion attributable to trauma care.  |
| If you employ your physicians, determine net cost (salary + benefits – pro fee reimbursement) and estimate portion attributable to trauma. |
| If you are supported by a faculty practice arrangement, take portion of trauma admissions to overall admissions and apply to overall hospital subsidy provided to faculty practice structures,  |
| **OR** |
| Total number of physicians by specialty and apply AAMC salary database (at 50% of range) for SE region, add estimated benefits, subtract estimated pro fee reimbursement, and then apply portion of trauma admissions to overall admissions to arrive at net cost for specialty support. |
| **Trauma/Surgical Sub-Specialists:** |
|  Trauma Surgery | **1** | **2** | **3** | **4** | See above. |   |   |  $ -  |
|  Trauma Physician Extender | **1** | **2** | **3** | **4** | See above. |   |   |  $ -  |
|  Orthopedics | **1** | **2** | **3** |   | See above. |   |   |  $ -  |
|  Neurosurgery | **1** | **2** | **3** |   | See above. |   |   |  $ -  |
|  Anesthesia | **1** | **2** | **3** |   | See above.  |   |   |  $ -  |
|  Hand | **1** | **2** | **3** |   | See above. |   |   |  $ -  |
|  Microvascular | **1** |   |   |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
|  Cardiothoracic | **1** |   |   |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
|  OB/ GYN | **1** |   |   |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
|  Ophthalmology | **1** |   |   |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
|  Oral/ Maxillofacial | **1** |   |   |   | See above |   |   |  $ -  |
|  ENT | **1** |   |   |   | See above. |   |   |  $ -  |
|  Plastics | **1** |   |   |   | See above. |   |   |  $ -  |
|  Critical Care Medicine | **1** |   |   |   | Divide trauma ICU patient days by total ICU days and multiply time net hospital subsidy for critical care physicians. |   |   |  $ -  |
|  Radiology | **1** | **2** | **3** |   | Estimate portion of hospital net cost for radiology that is attributable to trauma. |   |   |  $ -  |
|  Urology | **1** | **2** | **3** |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
|  Vascular | **1** | **2** | **3** |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
| **Medical Specialists**: |
|  Internal Medicine | **1** | **2** | **3** |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
|  Gastroenterology | **1** | **2** | **3** |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
|  Infectious Disease | **1** | **2** | **3** |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
|  Pulmonary Medicine | **1** | **2** | **3** |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
|  Nephrology | **1** | **2** | **3** |   | Include only if hospital pays for support and then only portion attributable to trauma. |   |   |  $ -  |
|  **Surgical Resident Support**  % Resident Time on Trauma**:**  | **1** |   |   |   | This applies to surgical residency only (choose one of the following options to calculate) **1)** Take residency costs, subtract federal funding and apply portion attributable to trauma, **OR** **2)** take residents’ hourly salary + benefits for time on trauma rotation and subtract federal funding for this time. |   |   |  $ -  |
|  **Payment for uninsured trauma patient care for all specialties** | **1** | **2** | **3** | **4** | If you paid your trauma medical staff (those listed above) specifically for uninsured trauma patient care in 2016 (with hospital and/or state trauma funds), enter the total amount for all specialties on this line. |   |   |  $ -  |
| **IN HOUSE OR AVAILABILITY** | Level I hospitals require in-house 24 hour availability and some Level IIs maintain this as well. Answer = A or B, NOT both. |
| A. If you maintain a dedicated OR that remainins open, staffed & is used exclusively for trauma, please estimate net costs (less reimbursement) below. |
| B. If you maintain 24 hour in-house OR availability but do not maintain a dedicated OR that remains open and staffed exclusively for trauma, provide your costs for an RN and OR tech for PM and night shift for 7 days a week. |
|  **A. Dedicated OR Costs**  | **1** | **2** | **3** |   | Net costs (less reimbursement) |   |   |  $ -  |
|  **B. Costs Of In House OR Availability** | **1** | **2** | **3** |   | Cost for night and weekend OR coverage of 1 OR nurse and 1 OR tech. |   |   |  $ -  |
| **EDUCATION & OUTREACH** | Includes costs for travel, courses, training, supplies and materials for activities specific to trauma. Include personnel costs in Administrative section. |
|  Injury prevention | **1** | **2** | **3** | **4** | Must be specific to trauma, and amount should be reduced by grant funding for program. |   |   |  $ -  |
|  Community outreach | **1** | **2** | **3** | **4** | This includes public education. |   |   |  $ -  |
|  Professional education | **1** | **2** | **3** | **4** | Net cost (i.e., less participant fees) of offering courses, & trauma clinical education to EMS and other hospital staff in your region. |   |   |  $ -  |
|  Outlying hospital education (exclude grant & vendor money) |   |   |   |   | This addresses the unique responsibilities of Level I trauma centers in supporting outlying hospitals (e.g., Grand Rounds. Symposium) |   |   |  $ -  |
|  **Required Physician CME (16 hours/yr)** | Includes costs for courses and travel for up to 16 hours of trauma CMEs only for personnel below: |
|  Trauma Medical Director | **1** | **2** | **3** |  |   |   |   |  $ -  |
|  Trauma Program Manager | **1** | **2** | **3** | **4** |   |   |   |  $ -  |
|  Trauma Program Coordinator | **1** | **2** | **3** |   |   |   |   |  $ -  |
|  ED Liaison | **1** | **2** | **3** |   |   |   |   |  $ -  |
|  ICU Liaison | **1** | **2** | **3** |   |   |   |   |  $ -  |
|  Neurosurgical Liaison | **1** | **2** | **3** |   |   |   |   |  $ -  |
|  Orthopedic Liaison | **1** | **2** | **3** |   |   |   |   |  $ -  |
|  **Trauma related hospital staff education** | Includes cost of courses plus salary costs for educational time reduced by grant funding. |
|  Emergency Department | **1** | **2** | **3** |   |   |   |   |  $ -  |
|  Intensive Care unit | **1** | **2** | **3** |   |   |   |   |  $ -  |
|  Surgery/PACU | **1** | **2** | **3** |   |   |   |   |  $ -  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Key Readiness Status Factors** | This section addresses readiness functions required by Georgia trauma center standards. Please use data & experience from the last 12 months to complete this section. |
|  |  |  |  |  |  |  |  |  |  |  |
|  **Trauma Center Designation** |  |  |  |  |  |  |  |  |  |
| 1. What was the date of your original state trauma center designation? And at what level? |  |   |
|  What was your original state trauma designation level? |  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| 2. If you have upgraded your center designation level since original designation, please provide latest designation survey date and level achieved. |  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| 3. What was the date of your most recent state designation site survey visit?  |  |   |
|  If you had a state designation or ACS consultative or verification visit in 2016, what were your costs\* for preparation and visit?  |   |
|  If you had a state designation or ACS consultative or verification visit in 2016, how long did your facility take to prepare for the visit?  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| 4. Do you have plans to pursue ACS trauma center verification within the next three years? |  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| 5. If yes, have you had an ACS consultative visit?  |  |  |  |  |  |  |   |
|  |  |  |  |  |  |  |  |  |  |  |
| 6. If yes, when was your ACS consultative visit date or anticipated date?  |  |   |
|  |  |  |  |  |  |  |  |  |  |  |
|  \*(survey fee, surveyor room/board, survey lunch/dinner costs, office supplies, additional staff costs NOT included elsewhere in this report) |  |