**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) | | | | | | | | | |  |