
Virginia Office of Emergency Medical Services

Trauma Center Fund Disbursement Policy

Trauma Fund Includes:

D.U.I Fund (HB 1143)

License Reinstatement Fee (HB 2664)

Revised November 2017
Effective December 2017

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Virginia Office of Emergency Medical Services

Virginia Department of Health

Authority: Pursuant to [§ 18.2-270.01](#) the Virginia Department of Health has been directed to develop a methodology for awarding these funds and to administer the Trauma Center Fund. The Office of Emergency Medical Services (OEMS) is the designee of the Virginia Department of Health (VDH).

Purpose: To provide financial support to Virginia designated trauma centers in an effort to defray the costs specifically associated with trauma center designation.

Trauma Fund Panel: A Trauma Fund Panel is appointed each year by the Trauma System Management and Oversight Committee (TSO&MC) Chairperson at its June meeting. The panel will consist of five members: the TSO&MC Chair or his/her designee, the VDH/OEMS Trauma/Critical Care Coordinator (and other OEMS staff as needed), one representative of a Level I trauma center, one representative of a Level II trauma center, and one representative of a Level III trauma center. The Chair may opt to add a sixth member to the panel in the event it is felt physician, nursing, or administrative representation has not been achieved with the original five panel members.

The Trauma Fund Panel shall be responsible to:

- Assist VDH/OEMS with annually reviewing the Trauma Center Fund Disbursement Policy (TCFDP);
- Based on the annual review, assist VDH/OEMS with revising the TCFDP as needed. Updating the disbursement policy is not required. However, the document should be marked as reviewed or revised and dated;
- Present changes to the TCFDP on an informational basis to the TSO&MC at the next applicable meeting.

Timeline:

- At the March TSO&MC meeting the Chair will form the year's Trauma Fund Panel;
- The Trauma Fund Panel, after reviewing the existing TCFDP may choose to recommend that the policy does not require revision or the revisions required are not sufficiently significant to warrant updating the document;
- Changes to the TCFDP should be completed and presented at the September TSO&MC meeting on an informational basis, to make potential recipients aware of any significant changes.

Eligibility: To be eligible to receive funding through the Commonwealth of Virginia Trauma Center Fund, a hospital must be a Virginia designated trauma center (Level I, IB, II, III or Pediatric) that has completed its provisional status, located within the Commonwealth of Virginia, and must be in good standing.

Remaining eligible also includes ongoing compliance with designation criteria, compliance with submission requirements to the Virginia Statewide Trauma Registry (VSTR), submitting the most current Trauma Center Fund signed acknowledgement page when requested, and complying with the fund's reporting requirements.

Compliance with designation criteria for the purpose of the trauma fund only, includes any center that has been identified, during any phase of the designation or verification process to have a deficiency or deficiencies or failed to follow the prescribed application for designation or verification process. Deficiencies can be determined to exist by the VDH/OEMS at any time and not solely by a site review team during a trauma designation verification site review.

Each eligible trauma center must provide the VDH/OEMS' Fiscal Division with a method to receive funds electronically. Recipients shall also complete and submit any other forms required by the VDH/OEMS Fiscal Division that are required to meet State and Federal requirements.

Virginia Office of Emergency Medical Services

Virginia Department of Health

The eligible center must be compliant with reporting to the data source (i.e. Trauma Registry) being used by VDH/OEMS to establish the percentage of the trauma fund that will go to each facility. The submission requirements, including due dates can be found in the [Trauma Center Designation Manual](#).

Each facility must sign and return the acknowledgement in the TCFDP by the date requested to remain eligible to receive funding. A signed acknowledgement of the TCFDP shall be updated with each revision of the TCFDP itself. The acknowledgement must be signed by an upper level administrator (CEO/COO/CFO/CNO) and the Trauma Program Medical Director or Trauma Program Manager. The acknowledgment signature page is the last page of this document.

Fund recipients shall submit two (2) reports annually in the format prescribed by the VDH/OEMS. The first report shall be due to VDH/OEMS by 5:00 p.m. on November 15th of each year and shall include the projected use of the next calendar year's trauma funds. The second report shall be due at the VDH/OEMS no later than 5:00 pm on February 15 each year and shall provide an accounting of the funds used during the previous calendar year. (See the Reporting Requirements section later in this document for details.) Should either of the report due dates fall on a weekend or a state holiday the reports shall be due by the next business day after the due date.

The intent of reporting the projected use of the trauma funds is to encourage prudent planning and budgeting of trauma funds by each center and to identify and mitigate potential usage that is not qualified under this policy.

If a center has been deemed by the VDH/OEMS as not in good standing, payments from the Trauma Center Fund shall be held in escrow until such time that the deficiency or outstanding issue has been corrected or the Trauma Center has been provided with notification by VDH/OEMS that the funds will be returned to the Trauma Fund for distribution and the appropriate time to appeal such a decision has passed.

Compliance: If questions arise or it becomes suspected or known that a center is not using the Trauma Center Funds in accordance with the TCFDP, the VDH/OEMS will be obligated to respond. The fund's administrator will attempt to resolve the matter in the following manner:

- Place the amount of funding in question immediately on hold until resolved. Communicate in writing to the hospital representative believed to be responsible for administering the funds at the center in question and attempt to resolve concerns. If the person believed responsible is not the TMD and/or TPM then they will be courtesy copied. If the questions arise as a result of the annual report, VDH/OEMS will contact the person that originally submitted the report to VDH/OEMS in an attempt to clarify any questions and resolve any issues or potential issues and courtesy copy the TMD and/or TPM.
- It shall be the hospital's responsibility to share information internally or notify other hospital staff as needed; VDH/OEMS cannot assume this responsibility.
- Funds held will be placed in escrow until a formal decision has been made and communicated to the hospital. If the time in which the hospital has to appeal the VDH/OEMS decision under the [Administrative Process Act](#) (10 days) has expired, the funds will be removed from escrow and made available for distribution with the next quarterly disbursement.
- Anytime in which funds are held for this purpose the fund administrator should report the issue via the VDH chain of command and to the Office of the Attorneys General as needed for appropriate resolution.

It is VDH/OEMS' goal to have the Trauma Center Fund managed on the hospital level by the individual trauma programs/services. However, when this is not feasible due to the individual hospital's infrastructure the TMD and/or TPM shall be involved in the process of deciding how the funds will be utilized and in the annual reporting on the usage of those funds. Additional details are listed below.

Auditing: All recipients of the Trauma Center Fund as a condition of receiving funding agree to undergo a financial audit performed by a qualified independent auditor contracted by VDH/OEMS focused on the usage of trauma funds.

VDH/OEMS will utilize auditing practices similar to those used with all other funding programs it administers. The focus of financial audits will be to perform cyclical audits on those centers that receive \$200,000 or more per year.

VDH/OEMS reserves the right to request financial audits on an as needed basis on centers that receive funding less than \$200,000.

Trauma Center Funds shall be utilized as directed by this document or forfeited. The disbursement policy is developed with stakeholder input to ensure that the funds can be utilized for current trauma-specific needs. The annual TCFDP review is performed to ensure that the fund addresses current needs of the system.

Usage of Funds: Monies from the Trauma Center Fund shall be utilized to support eligible Virginia designated trauma centers within the confines of the broad list below. The list represents those factors that are unique to trauma centers designated by the VDH/OEMS. A brief description of the intent of each bullet is included with each category, but is not meant to be all-inclusive. Each recipient of Trauma Center Fund monies shall not use greater than forty-five percent (45%) of the funding it receives to support higher staffing levels (i.e. on-call stipends, etc.) as noted in the last bullet item below. The remaining fifty-five percent (55%) of funding shall be used towards those items listed below. The intent of this funding cap is to improve the level of funding being dedicated to the other categories. Any request to deviate from the list must be approved in advance by submitting a written request (electronically is sufficient) to the VDH/OEMS that includes what is to be funded, the amount of funding, and how it relates to trauma specifically.

- Readiness costs that support the trauma systems will vary from institution to institution and may include any of the following:
 - Support extensive trauma related training to staff either by hosting or funding staff to attend any of the following:
 - **Continuing education (CE) for all level of clinicians;**
 - **Trauma-related certification classes, i.e. ATLS, TNCC, ATCN, CATN** (i.e. may include expenses to attend or host trauma specific certification courses; i.e. instructor fees, materials, travel, per-diem, facility costs etc.);
 - **Trauma-related classes or conferences** (may be used for registration fees, class, materials, lodging, transportation, and per diem);
 - **Obtain training equipment, aids, materials and supplies** (may be used for equipment such as simulators, mannequins, medical equipment used for training, disposable supplies for training; aids such as A/V or IT equipment, software, A/V training programs, subscriptions to programs that provide/track/monitor CE credit, to prepare course materials, purchase of course materials, and other supplies needed to host, develop, or provide trauma-specific training);
 - **Backfilling for staff attending trauma educational events** (may be used to offset the cost of backfilling physician, physician extenders, and nursing coverage so staff can participate in continuing education, conferences, or perform instruction for trauma specific activities).
 - Support a trauma-specific comprehensive performance improvement program by funding any of the following:
 - **The purchase and/or maintenance of trauma registry software/service that is capable of submitting data to the Virginia Statewide Trauma Registry** (may be used to purchase, upgrade, add additional modules, maintain, or integrate, trauma registry programs that enhance trauma specific performance improvement or assist with integrating with the state trauma registry, National Trauma Data Bank (NTDB), regional trauma triage, or EMS agency patient care data);
 - **To purchase, subscribe, develop, and/or support trauma program performance improvement (PI) programs** (i.e. may be used to submit or utilize data to/from the NTDB, VSTR, or other data source, participation in PI programs such as “TQIP” or similar program, purchase of statistical software);
 - **Support multidisciplinary performance improvement committees** (i.e. may be used to support organized PI program through equipment and materials);

- **Offset the cost of preparing and undergoing state trauma verification** (i.e. cost associated with preparing materials for review, staff needed to prepare, administrative assistance, hosting a review team and other verification-related costs).
- Support for injury prevention/community outreach to include any of the following:
 - **Trauma center and system awareness** (i.e. may be used for trauma program specific media (audio, visual, print) development, postage, shipping, costs associated with the development and delivery of live awareness activities);
 - **Community/Public education program(s) related to injury prevention** (staffing, supplies, marketing, travel, etc.).
- Support for outreach programs such as:
 - **Educating staff at non-designated hospitals on trauma care and trauma triage;**
 - **A program to provide performance improvement-related feedback to non-designated hospitals and staff** (i.e. may include providing trauma education, performance feedback to hospitals in the center's catchment area);
 - **Educating prehospital providers on trauma care and trauma triage** (i.e. may include providing or attending trauma specific programs that provide continuing education credit hours to all levels of emergency medical providers. Costs may cover expenses to host, including facility fees, instructor's fees, course materials, durable and/or disposable supplies for course, travel, lodging or per diem.);
 - **A program to provide performance improvement-related feedback to prehospital providers/agencies.** (i.e. may include support for courses, education, development/use of technology to communicate, travel, staff time etc.).
- Support for trauma related research
 - **Provide support for trauma-related research** that will be shared with and support the Virginia Trauma System.
- **Procure trauma-specific patient care equipment** (i.e. may include devices such as Level I pressure infusers, patient warming devices, ultrasound devices etc.) While prior approval from the VDH/OEMS is not necessary, questions about whether items are considered trauma-specific can be submitted to the VDH/OEMS. An itemization shall be submitted with the annual report detailing what equipment was procured using trauma funds.
- **Renovation of physical structures to benefit trauma care** (i.e. trauma resuscitation room renovations/modifications.) All renovations being supported by trauma funds shall be submitted to the VDH/OEMS for approval in advance.
- **Support an administrative infrastructure** dedicated to the trauma program as required for designation to include, but not be limited to:
 - Trauma Medical Director
 - Trauma Program Manager
 - Trauma Registrar(s)
 - Trauma Performance Improvement Coordinator
 - Other administrative support staff to support program
- **Support higher staffing levels** (on-call stipends) that will assure quality trauma care day or night (may not exceed forty-five percent (45%) of total funding received):
 - Trauma Surgeons
 - Other physician specialties
 - Mid level/physician extenders
 - Increased nursing staff to meet required nurse patient ratios,
 - Ancillary support staff needed to meet state designation criteria.

Carry Over of Funds: Carrying over of funds from one calendar year to another should be minimized. It is permissible to carry Trauma Center Funds over from one calendar year to another, but centers shall not exceed this limit except during the following circumstances:

- Upon approval of VDH/OEMS based on legitimate trauma program/service needs, such as the need to build financing for a project that could not be achieved in one year or to build financing for a biannual/triennial project so no single FY will be impacted, to a maximum of two “carry overs” or a three-year period.
- Centers expected to receive less than \$50,000 per year and the funding is solely managed by the Trauma Program/Service may carry over funding so that they may apply it in similar fashion as bullet one to a maximum of two “carry overs” or a three-year period.

Trauma Center Fund recipients should keep in mind when developing a budget outlining the use of trauma funds that the funds are intended to support your trauma service and be trauma-specific. Your Trauma Medical Director and/or Trauma Program Manager are the best resource within your facility to provide advice on the correct usage and intent of the items above. While the list is broad in order to allow each facility to address its unique trauma-specific funding needs, it should not be applied so broadly that its use becomes non-applicable to the support of your trauma program. Past issues include:

- Support of Helicopter Emergency Medical Services (HEMS). HEMS service is not required by trauma center designation and other VDH/OEMS funding supports HEMS;
- Uncompensated care. The Commonwealth provides other funding streams for uncompensated care;
- Applied to the hospital’s general fund. A cost accounting of how the funds were applied to the areas above is required and financial auditing has been added to ensure this is occurring;
- EMS education. The trauma center fund does support EMS education. However, centers need to ensure trauma funds are used for trauma-specific EMS education and not initial EMS training courses or unrelated continuing education. VDH/OEMS provides significant EMS training fund opportunities for non-trauma related EMS education

Reporting Requirements: As cited in the eligibility section of this document, each recipient of Trauma Center Fund monies shall be required to comply with reporting requirements as prescribed by the VDH/OEMS.

Two separate reports (described below) are required to be submitted annually. Each report shall be submitted electronically utilizing the template provided by the VDH/OEMS to the contact noted in the template by its due date or the next regular business day should the due date fall on the weekend or a state holiday. The Trauma Center Fund reporting templates can be found on the VDH/OEMS Trauma Fund Web page ([Trauma Center Funds](#)).

The first report is due annually on November 15th. This report will utilize the Trauma Center Fund Projected Use template. This report shall include the projected use of the next calendar year’s funding. The intent of this report is to ensure discussions are occurring between trauma program staff and hospital administration prior to the use of funds. Secondly, the report will be used by the VDH/OEMS to review and to mitigate unauthorized usage of the funds prior to that use and again when evaluating the annual Trauma Center Fund Actual Use report.

It will be up to each recipient of trauma funds to estimate its own projected funding level used for creating a projected budget.

The second report is due annually on February 15th. This report will utilize the Trauma Center Fund Actual Use template. This report shall include the actual use of the funds from the previous calendar year.

The information reported is used by VDH/OEMS to meet standard accounting and audit requirements. It is also in mandatory annual reporting to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on the use of the funds and how they support the Virginia Trauma System. In order for the VDH/OEMS to provide this report within the timeline prescribed it is necessary to enforce strict deadlines.

Distribution: VDH/OEMS is obligated to make payments to the General Fund as per yearly budget language. The amount of obligated monies to be paid varies each year. Each Virginia designated trauma center in good standing will receive disbursement of funds that have been directed to the Trauma Center Fund once all required payments have been made to the General Fund. VDH/OEMS is not the agency that *collects* the funds that make up the Trauma Center Fund and cannot guarantee a payment schedule.

VDH/OEMS will determine the amount of disbursement each center using the following methodology:

- Each designated trauma center in good standing will receive one percent of the funds available for disbursement.
- The remaining funds will be disbursed based on the trauma center's percentage of the total number of inpatient admission days for those patients admitted for treatment of injuries related to motor vehicle crashes (MVC) using ICD-10-CM External Cause of Morbidity codes of V20 through V79.

A centers admission days' percentage will be calculated using data from the VSTR. VDH/OEMS will establish the total number of inpatient admission days for MVC patients at all trauma centers in the Commonwealth, and each individual trauma center's total number of inpatient admission days for those patients. Each trauma center's percentage will be determined by dividing its total number by the Commonwealth's total number. Each July 1st VDH/OEMS will pull the previous calendar year's data from the VSTR to revise the percentage. The new percentages will be applied to any payments that are entered into the VDH/OEMS financial system after the percentages are provided to VDH/OEMS' Fiscal Divisions. The percentages are not retroactive and may include more or less than four payments until the next percentage rates are set the following July 1. This process will be based on the State's fiscal year.

The percentage rates and payments will be posted to the [OEMS Trauma Center Fund webpage](#). An announcement will be sent to each center's Trauma Program/Service when this information has been updated.

