



**Virginia Trauma Center Fund Projected Use Report**

**Contact Information**

Calendar Year Being Reported:  
 Name of Hospital:  
 Name of Parent Organization:  
 Name of Person Completing Report:  
 Title of Person Completing Report:  
 Email Address:  
 Telephone Number:

**Eligibility**

Were you ineligible for funding any time during the calendar year you are reporting? Yes or No?  
  
 If you answered "yes" to the previous questions, when did you becoming ineligible (date)?  
  
 When did you become eligible again (date)?

**Fiscal**

Amount of Trauma Center Funds carried over from the previous calendar year?  
  
 Total amount of Trauma Center Funds Received during the calendar year being reported?

<b>Trauma Fund Expenditures</b>		<b>Projected Cost</b>
<b>Support Extensive trauma related training to staff:</b>		
Continuing medical education for all levels of clinicians.		
Trauma related certification classes (i.e. ATLS, TNCC, ATCN, CATN, etc.)		
Trauma related classes or conferences.		
Obtaining training equipment, aids, materials and supplies.		

Backfilling for staff attending trauma educational events.	
<b>Support a trauma specific comprehensive performance improvement program:</b>	
The purchase and/or maintenance of a trauma registry software program that is capable of also submitting data to the Virginia Statewide Trauma Registry.	
To purchase, subscribe, develop and/or support trauma program performance improvement programs (i.e. enroll in TQIP purchase collector outcomes, etc.)	
Support multidisciplinary performance improvement committees.	
Offset the cost of preparing for an undergoing state trauma verification.	
<b>Support injury prevention/community outreach to include:</b>	
Trauma Center and Trauma System Awareness.	
Community/public education program(s) related to injury prevention staffing, supplies, marketing, travel supplies, etc.)	
<b>Support for outreach program(s):</b>	
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 their staff.	
Educating prehospital providers on trauma care and trauma triage.	
A program to provide performance improvement related feedback to prehospital providers/agencies.	
<b>Support for trauma related research:</b>	
Provide support for trauma related research that is shared with and support the Virginia Trauma System.	
<b>Procure trauma specific patient care equipment.</b> <i>(An itemization must be submitted with your February 15<sup>th</sup> trauma fund report.)</i>	
<b>Renovation(s) of physical structures to benefit trauma care.</b> <i>(Any funds used for renovations must have VDH/OEMS preapproval. Evidence of approval shall be submitted with your February 15<sup>th</sup> trauma fund report.)</i>	
<b>Support of an administrative infrastructure dedicated to the trauma program as required for designation:</b>	
Trauma Medical Director	
Trauma Program Manager	
Trauma Registrar(s)	
Trauma Performance Improvement Coordinator	
Other Administrative Staff dedicated to support the trauma program.	
<b>Support higher staffing levels (on-call stipends) that will assure quality trauma care day or night to include up to a maximum of 55 percent of funding received:</b>	
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.	

<b>Other items supported by Trauma Center fund monies</b> (“other” items require written approval by VDH/OEMS. You must submit a copy of the written approval with this report if using “other” line items.)	
<b>Other:</b>	
<b>Other:</b>	
<b>Other:</b>	
<b>Other:</b>	
<b>Other:</b>	
<b>Amount of funds that your hospital will be carrying over to the next calendar year?</b>	

Submit the document and any supporting documents in electronic format to Mindy Carter, Director of the Division of Trauma and Critical Care, Virginia Department of Health, Office of Emergency Medical Services at [Melinda.Carter@vdh.virginia.gov](mailto:Melinda.Carter@vdh.virginia.gov)

Hospital Representative Printed:

Hospital Representative Digital Signature:

Date: