

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/Reviewed Aug 2024
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Purpose and Authority

This policy document outlines the practices by which the Virginia Department of Health (VDH), Office of Emergency Medical Services (OEMS), administers the Trauma Center Fund, as established in the Code of Virginia § 18.2-270.01. The fund supports emergency medical care for victims of alcohol or drug-related car accidents. It includes the D.U.I. Fund, created by HB1143 (2004), and the License Reinstatement Fee, established by HB2664 (2005), which set the reinstatement fee at \$40 under § 46.2-411 of the Code of Virginia.

D.U.I. Fund HB 1143 (2004): This legislation created the Trauma Center Fund within the state treasury. It is funded by contributions from individuals convicted of two or more DUI offenses within 10 years, as well as appropriations from the General Assembly. Convicted individuals are required to pay \$50 into the fund, which is used to support emergency medical care for victims of alcohol or drug-related car accidents.

HB 2664 (2005): This legislation imposed an additional \$40 reinstatement fee for suspended or revoked driver's licenses, with the proceeds directed to the Trauma Center Fund to help cover the costs of emergency medical care for victims of alcohol or drug-related car accidents, as specified in § 46.2-411 of the Code of Virginia.

Over the years, adjustments have been made to the Driver's License Reinstatement Fee in Virginia. Notably, provisions in the budgets from 2011 to 2024 have superseded § 46.2-411 of the Code of Virginia, establishing a fixed fee of \$100 payable to the Trauma Center Fund. This adjustment ensures that irrespective of the general guidelines or amounts specified in § 46.2-411, the fee directed to the Trauma Center Fund remains consistently \$100 whenever a driver's license is reinstated after suspension or revocation. It's important to note that this amount is subject to change as it is not codified in the law.

Definition of Terms

Administrative Process Act (APA): A set of laws governing the procedures by which Virginia state agencies, including VDH/OEMS, make and enforce regulations, including the process for appealing decisions related to the Trauma Center Fund.

Audit: A financial review conducted by an independent auditor to ensure that trauma centers use the Trauma Center Fund in accordance with the established policy and guidelines.

Carry Over of Funds: The practice of retaining unspent Trauma Center Fund monies from one calendar year to the next, subject to specific limitations and approval by VDH/OEMS.

Conditional Status: A status in which a center has been found to have critical deficiencies resulting from a State Trauma Center Designation site review. Conditional status places the center outside the definition of good standing for eligibility for receiving trauma funds.

D.U.I Fund (HB 1143): A specific allocation of funds derived from fines and penalties related to driving under the influence (D.U.I) offenses in Virginia. These funds are designated for disbursement to trauma centers.

Good Standing: The status of a trauma center that meets all designation criteria, complies with VDH/OEMS requirements, and maintains compliance with reporting obligations to the VSTR and the Trauma Center Fund.

License Reinstatement Fee (HB 2664): Funds collected from fees charged for the reinstatement of driver's licenses after suspension or revocation. These fees contribute to the Trauma Center Fund.

Level I Trauma Centers: These are the highest-level centers, providing comprehensive care for all injuries, including complex and severe trauma cases. They typically receive a larger share of the fund due to the higher costs associated with maintaining such a level of care.

Level II Trauma Centers: These centers provide a high level of trauma care, similar to Level I centers, but may not offer certain specialized services available at Level I centers. They receive a substantial, but proportionately lower, share of the fund compared to Level I centers.

Level III Trauma Centers: These centers provide assessment, resuscitation, and stabilization of trauma patients and transfer to a higher level of care when necessary. Their share of the fund is generally lower than that of Level I and II centers, reflecting their more limited scope of services.

Office of Emergency Medical Services (OEMS): An office within the Virginia Department of Health tasked with administering the Trauma Center Fund and overseeing the designation and support of trauma centers across Virginia.

Performance Improvement (PI) Program: A program implemented by trauma centers to monitor and enhance the quality of trauma care provided. This may include data collection, analysis, and participation in performance improvement initiatives.

Provisional Status: A one-year period in which a center has newly applied for Trauma Center Designation but has not yet been verified. Centers in provisional status will not be eligible to receive trauma funds.

Trauma Administrative and Governance (TAG): A committee that oversees the administrative and governance aspects of trauma care in Virginia, including the appointment of the Trauma Fund Panel.

Trauma Center: A hospital in Virginia designated by the VDH as capable of providing comprehensive trauma care. Trauma centers are classified into different levels (Level I, IB, IP, II, or III) based on their capabilities and resources.

Trauma Center Fund (TCF): Financial resources allocated by the Virginia Department of Health (VDH) to support designated trauma centers within the Commonwealth of Virginia. These funds are sourced from specific legislative provisions, including the D.U.I Fund (HB 1143) and License Reinstatement Fee (HB 2664).

Trauma Fund Panel: A group appointed annually by the Trauma Administrative and Governance (TAG) Chairperson to review and recommend revisions to the Trauma Center Fund Disbursement Policy. The panel includes representatives from various trauma center levels and OEMS staff.

Trauma Program Manager (TPM): A registered nurse responsible for managing the day-to-day operations of a trauma program, including coordination of reporting and compliance with VDH/OEMS guidelines.

Trauma Program Medical Director (TMD): A physician responsible for overseeing the clinical aspects of a trauma program, ensuring compliance with VDH/OEMS requirements, and participating in the administration of the Trauma Center Fund.

Virginia Department of Health (VDH): The state agency responsible for public health in Virginia, which oversees the Office of Emergency Medical Services (OEMS) and the administration of the Trauma Center Fund.

Virginia Statewide Trauma Registry (VSTR): A centralized database that collects and stores trauma-related data from designated trauma centers in Virginia. This data is used for performance improvement, research, and fund distribution calculations.

Precedence of Law and Disclaimer

The policy aligns with the Code of Virginia and emphasizes compliance with all legal requirements. It serves as a guiding document for the administration of the Trauma Center Fund, ensuring adherence to state laws and regulations.

General Overview of the Fund

The Trauma Center Fund was established to provide financial support to designated trauma centers within the state, helping to offset the costs associated with maintaining their designation. The Virginia Department of Health (VDH) oversees the administration of the fund through its Office of Emergency Medical Services (OEMS).

Purpose of Funds: The funds are intended to cover various aspects of trauma care, including but not limited to:

- Infrastructure and equipment necessary for trauma services.
- Salaries and training for specialized trauma personnel.
- Support for trauma prevention programs and community outreach.
- Data collection and reporting for trauma system evaluation and improvement.

Review and Oversight: The distribution and use of the Trauma Fund are overseen by the Trauma Fund Panel, which conducts an annual review of the Trauma Center Fund Disbursement Policy (TCFDP) to ensure funds are allocated appropriately. Adjustments to the policy or fund distribution may be made based on the panel's recommendations and the specific needs of the trauma centers.

Trauma Fund Panel

A Trauma Fund Panel is appointed each year by the EMS Advisory Board's Trauma Administrative and Governance (TAG) Chairperson at its May meeting. The panel is composed of five members, including the TAG Chairperson or their designated representative, the VDH/OEMS Trauma/Critical Care Director, additional OEMS staff as necessary, one representative each from a Level I trauma center, a Level II trauma center, and a Level III trauma center. The Chairperson reserves the right to appoint a sixth member to the panel if it is determined that adequate physician, nursing, or administrative representation has not been achieved with the initial five members.

Trauma Fund Panel Responsibilities

1. Assist the VDH/OEMS in the annual review of the Trauma Center Fund Disbursement Policy (TCFDP).
2. Following the annual review, collaborates with VDH/OEMS to revise the TCFDP as necessary. While updates to the disbursement policy are not mandatory, the document must be marked as reviewed or revised, including the date of such action.
3. Inform the EMS Advisory Board's Trauma Administrative and Governance Committee of any changes to the TCFDP at the next applicable meeting.

Eligibility

To be eligible for funding from the Commonwealth of Virginia Trauma Center Fund, a hospital must be a fully designated Virginia trauma center (Level I, IB, IP, II, or III). Centers in provisional and conditional status are not eligible for funds. Centers in provisional status will be eligible to receive funds once fully designated as a Virginia Trauma Center. Centers on conditional status will have funds held in the Trauma Fund until the return of full designation status.

Each eligible trauma center must adhere to the Virginia Statewide Trauma Registry (VSTR) submission deadlines and reporting requirements. The submission requirements, including due dates, can be found in the Trauma Center Designation Manual.

Each facility must sign and return the acknowledgment in the TCFDP by the date requested to remain eligible to receive funding. A signed acknowledgment of the TCFDP shall be updated with each revision of the TCFDP itself. The acknowledgment 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.

Centers shall 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.

Disbursement Methodology

VDH/OEMS will allocate funds to each center using the following methodology:

1. Each designated trauma center in good standing will receive one percent of the available funds.
2. The remaining funds will be distributed based on each trauma center's share of the total inpatient admission days for patients admitted due to motor vehicle crashes (MVCs), identified by ICD-10-CM External Cause of Morbidity codes V20 through V79.

The percentage of admission days for each center will be calculated using data from the Virginia State Trauma Registry (VSTR). VDH/OEMS will determine the total number of inpatient admission days for MVC patients across all trauma centers in the Commonwealth, and each center's individual total. Each trauma center's percentage will be calculated by dividing its total admission days by the Commonwealth's total.

VDH/OEMS will extract data bi-annually from the VSTR to update the percentages. These bi-annual data extractions will occur for the January to June and July to December data sets. Payments will be made approximately 2 months after the close of the data window to allow for submission, download, calculation, and payment processing time. The approximate timing will be one installment paid in September of the data collection year (calculated from the January- June data submission), and the second installment paid in March of the next year (calculated from the July -December data submission).

Usage of Funds

Funds from the Trauma Center Fund shall be used following the guidelines outlined below.

Readiness costs for supporting trauma systems vary by institution and may include:

1.) Support trauma-related training to staff either by hosting or funding staff to attend any of the following:

- **Continuing education (CE) for all levels of clinicians;**
- **Trauma-related certification classes, i.e. ATLS, TNCC, ATCN, CATN, TCAR (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).

2.) Support a trauma-specific comprehensive performance improvement program by funding any 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).

3.) 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.)

4.) 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, and 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.).

5.) Support for trauma-related research

- **Provide support for trauma-related research** that will be shared with and support the Virginia Trauma System.

6.) 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 should be submitted to the VDH/OEMS. An itemization shall be submitted with the annual actual use report detailing what equipment was procured using trauma funds.

7.) 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.

8.) 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 the program

9.) 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
- Advanced practice providers/physician extenders
- Increased nursing staff to meet required nurse-to-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 “carryovers” 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 should 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 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:

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- **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.

This list highlights factors unique to trauma centers designated by the VDH/OEMS, with a brief description of the intent of each category, however, these descriptions are not exhaustive.

- Each recipient of Trauma Center Fund monies shall allocate no more than forty-five percent (45%) of the funding to support higher staffing levels (e.g., on-call stipends) as noted in the last bullet item.
- The remaining fifty-five percent (55%) of the funding must be used for the other listed items. This funding cap aims to enhance the allocation of funds to other critical 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, detailing what is to be funded, the amount of funding, and its specific relation to trauma.

Reporting Requirements

Recipients must submit **one report**, an **actual use report** by close of business on **July 15**. This is a firm deadline, as it is contingent on OEMS meeting state fund usage guidelines. The center should use, [the OEMS report template](#) and it should reflect the prior year's trauma fund usage. If 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 reports ensure proper planning, usage, and accountability of the trauma funds.

- **Documentation Maintenance for Audit Purposes:** Trauma centers must maintain detailed records for audit purposes. Financial audits ensure funds are used appropriately and in compliance with the policy.

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.

By signing, I hereby certify that I have reviewed and understand the above Virginia Trauma Center Fund Disbursement Policy and that I accept the responsibility of adhering to the same.

Hospital Name

Hospital CEO/COO/CFO/CNO Name (Print) Title

(Signature) Date

Hospital TMD or TPM Name (Print)

(Signature) Date

Forward this acknowledgment to:

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