



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

2024 Trauma Uncompensated Care Funding Application Part A

1. Application due date May 1, 2024.

For more information visit the DSHS Uncompensated Trauma Care (UCC) funding, page at: dshs.texas.gov/dshs-ems-trauma-systems/ems-trauma-system-uncompensated-trauma-care-application.

Background Info:



Texas Health and Safety Code §780.004 directs DSHS to use 94% of funds in the Designated Trauma Facility/Emergency Medical Services (DTF/EMS) Account (Fund 5111) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities and facilities that are in active pursuit of trauma designation by the application due date.

Texas Health and Safety Code §773.122 directs DSHS to use 27% of funds in the Emergency Medical Services, Trauma Facilities, and Trauma Care Systems Account (Fund 5108) and 27% of funds in the Emergency Medical Services and Trauma Care Systems Account (Fund 5007) to fund a portion of uncompensated trauma care provided at hospitals designated as state trauma facilities by the application due date.



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2. Hospital Information

Part A of the UCC application collects facility information and trauma patient information (summary).

Please note additional sections are included in the application process and required to be completed in order to submit the UCC application to be considered for funding eligibility. For assistance with any part of the application, you may email fundingapp@dshs.texas.gov to reach one of our program specialists.

* 1. Hospital Name

* 2. Physical Address (location)

Street address

Street address line 2

City

State

Zip code

* 3. County

* 4. Application Point of Contact (POC)

First Name

Last Name

Phone Number

Email Address

* 5. Hospital License Number

If needed, you may verify the hospital license number using the [Directory of General and Special Hospitals](#) (Excel).

* 6. Texas Provider Identifier (TPI) Number

* 7. National Provider Identifier (NPI) Number

* 8. Hospital Level of Designation

* 9. Trauma Service Area (TSA)/Regional Advisory Council (RAC)



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3. Section 1

Section 1(a) - Trauma Activations

Provide the number of activations for each category provided below for Calendar Year (CY) 2022 for your hospital.

* 10. Number of patients entered in the facility's Trauma Registry from January 1, 2022, thru December 31, 2022.

* 11. Number of trauma team activations at the facility from January 1, 2022, thru December 31, 2022.

* 12. Number by Level of Activation.

Highest Level of
Activation

Second Level of
Activation

Third Level of
Activation

Section 1(b) - Race/Ethnicity

Provide the total number of trauma patients for each category provided below for Calendar Year (CY) 2022 for your hospital.

* 13. Enter total number for each:

American Indian or Alaska Native	<input type="text"/>
Asian	<input type="text"/>
Black or African American	<input type="text"/>
Hispanic or Latino	<input type="text"/>
Native Hawaiian or Other Pacific Islander	<input type="text"/>
White/Not Hispanic or Latino	<input type="text"/>
Other	<input type="text"/>

Section 1(c) - Financial Information

Hospital's Uncompensated Trauma Charges - Provide patient discharges from January 1, 2022 thru December 31, 2022.

* 14. Sum of Uncompensated Trauma Care classified as charity care or bad debt according to the hospital's policy.

* 15. Number of patient accounts used to calculate the hospital's uncompensated trauma care charges.

* 16. Collections received on uncompensated patient accounts submitted in previous Uncompensated Trauma Care Applications from 2005 to 2022 AND not previously reported as collected.



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4. Section 2

The purpose of this section is to identify the cost of trauma center readiness.

The information submitted for this application must be reflective of your trauma facility's data specific to trauma care for patients meeting the NTDB criteria and not reflect a hospital system or healthcare system cost.

- **Cost information should be reflective of Fiscal Year (FY) 2023.**
- **The goal is to identify the specific cost for each question for trauma care or requirements for designation.**
- **The cost you define in this application cannot include coverage for other emergency healthcare conditions.**
- **An example, if Interventional Radiology on-call covers trauma, stroke, and other emergency healthcare conditions, the facility needs to drill down to the cost for trauma coverage.**
 - **If that is not possible, the facility will check box "Unable to determine" (UTD).**
 - **If the facility did not provide Interventional Radiology service for trauma, the facility will check box "not applicable" (N/A).**

Again, please note: FY 2023 data is used for the cost information portion in this section of the application.

This data will be entered into a data base by DSHS. The data will be deidentified and used to calculate the average and mean cost of being a designated trauma facility.

The data will be shared by level of designation and regions specific to rural, suburban, and urban areas in aggregate data.

Step 1

Complete this basic demographic data regarding your trauma facility.

* 17. Year of first designation at the current level of designation.

* 18. Patient Type (Check all that apply).

Adult

Pediatric

* 19. Geographic area

Rural (County population of 50,000 or less)

Urban (as defined by your hospital license)

Suburban/Community

* 20. Is your hospital a defined Critical Access Hospital?

Yes

No

*** 21. Beds and Rooms:**

Number of Licensed Beds	<input type="text"/>
Current Staffed Beds	<input type="text"/>
Number of ED Beds	<input type="text"/>
Number of ED Resuscitation Beds	<input type="text"/>
Number of ED Fast Track (Urgent Care) Beds	<input type="text"/>
Number of ED Observation Beds	<input type="text"/>
2023 Average Daily Census for ED	<input type="text"/>
2023 Total number of ED visits	<input type="text"/>
Number of ICU Beds	<input type="text"/>
Number of Operating Rooms	<input type="text"/>
Number of Pediatric ED Resuscitation Rooms	<input type="text"/>
Number of Pediatric ICU Beds	<input type="text"/>
Number of Pediatric Floor Beds	<input type="text"/>
Number of Specific Pediatric Operating Rooms	<input type="text"/>
2023 Average Daily Hospital Bed Occupancy Rate	<input type="text"/>

Step 2

Complete the following data specific to your trauma population (patients who meet the NTDB criteria) for **FY 2023**.

*** 22. Total Trauma Activations Admitted to Facility:**

ICU (15 years or older)	<input type="text"/>
General Unit (15 years or older)	<input type="text"/>
PICU (less than 15 years)	<input type="text"/>
Pediatric Floor (less than 15 years)	<input type="text"/>
Other (total population)	<input type="text"/>
Transferred Out (total population)	<input type="text"/>
Expired (total population)	<input type="text"/>

* 23. Define the number of trauma operative procedures for patients meeting the NTDB criteria (including all ages of the trauma population):

Trauma	<input type="text"/>
Orthopedics	<input type="text"/>
Neurology	<input type="text"/>
ENT	<input type="text"/>
Plastics	<input type="text"/>
Hand	<input type="text"/>
Ophthalmology	<input type="text"/>
Other	<input type="text"/>

* 24. Define the age breakdown of your trauma registry patients (patients who meet the NTDB criteria):

<1	<input type="text"/>
1 to 5	<input type="text"/>
6 to 14	<input type="text"/>
15 to 64	<input type="text"/>
65 to 84	<input type="text"/>
>85	<input type="text"/>

Step 3

Complete the following information specific to the trauma facility's trauma service for **Fiscal Year (FY) 2023**.

* 25. Define the annual cost/salary of the trauma program manager/director.

* 26. Does the trauma program manager have other job functions?

Yes No

27. If yes, please define (Check all that apply):

Stroke Cardiac/Stemi
 ED Manager
 Other (please specify)

* 28. Define the annual cost/salary of the trauma performance improvement coordinator.

N/A UTD

Annual cost/salary

* 29. Define how many trauma performance improvement coordinators are employed.

Number

Total cost

* 30. Define the annual cost/salary of the trauma educator/outreach educator coordinator.

N/A
 UTD
 Define below

Annual cost/salary

* 31. Define the annual cost/salary of the injury prevention coordinator.

N/A
 UTD
 Define below

Annual cost/salary

* 32. Define the annual cost/salary of the research coordinator.

N/A
 UTD
 Define below

Annual cost/salary

* 33. Define the annual cost/salary of the trauma registry manager.

N/A
 UTD
 Define below

Annual cost/salary

* 34. Define the annual cost/salary of the trauma registrar(s). If not applicable, enter N/A.

Define the number of trauma registrars.

Annual cost/salary

* 35. Define the annual cost/salary of the trauma administrative assistant.

- N/A
- UTD
- Define below

Annual cost/salary

* 36. Define the total Trauma Medical Director (TMD) contract cost (salary, educational funding for courses, conferences, cost of other designation requirements) specific to the TMD.

* 37. Does your facility utilize an Associate Trauma Medical Director role?

- Yes
- No

If yes, please define the annual associated cost.

* 38. Define the total Emergency Medicine (EM) liaison contract cost (salary, educational funding for courses, conferences) specific to the EM Liaison. Note: In rural facilities this may be an Emergency Medicine, or Family Practice Physician.

- N/A
- UTD
- Define below

Total cost

* 39. Define the total Critical Care liaison contract cost (salary, educational funding for courses, conferences) specific to the Critical Care liaison.

- N/A
- UTD
- Define below

Total cost

* 40. Define the total Orthopedic liaison contract cost (salary, educational funding for courses, conferences) specific to the Orthopedic liaison.

- N/A
- UTD
- Define below

Total cost

* 41. Define the total Neurosurgery liaison contract cost (salary, educational funding for courses, conferences) specific to the Neurosurgery liaison.

- N/A
- UTD
- Define below

Total cost

* 42. Define the total Anesthesia liaison contract cost (salary, educational funding for courses, conferences) specific to the Anesthesia liaison.

- N/A
- UTD
- Define below

Total cost

* 43. Define the total Radiology liaison contract cost (salary, educational funding for courses, conferences) specific to the Radiology liaison.

- N/A
- UTD
- Define below

Total cost

Step 4

Define the total cost for the medical provider's participation in trauma care or coverage for FY 2023.

* 44. Define the total contract cost for the Trauma Surgeon call panel. The cost must be specific to trauma care or trauma call coverage

- N/A
- UTD
- Define below

Total cost

* 45. Define the total contract cost for the trauma advanced practice providers. The cost must be specific to trauma care or trauma call coverage.

- N/A
- UTD
- Define below

Total cost

* 46. Define the total contract cost for the Orthopedic Surgeons for trauma coverage. Cost must be specific to orthopedic trauma care or orthopedic trauma call coverage.

- N/A
- UTD
- Define below

Total cost

* 47. Define the total contract cost for the Orthopedic advanced practice providers. The cost must be specific to orthopedic trauma care or orthopedic trauma coverage.

- N/A
- UTD
- Define below

Total cost

* 48. Define the total contract cost for the Neurosurgeons trauma coverage. Cost must be specific to neurosurgery trauma care or neurosurgery trauma call coverage.

- N/A
- UTD
- Define below

Total cost

* 49. Define the total contract cost for the Neurosurgery advanced practice providers. The cost must be specific to neurosurgery trauma care or neurosurgical trauma coverage.

- N/A
- UTD
- Define below

Total cost

* 50. Define the total contract cost for the Radiology trauma coverage. Cost must be specific to radiology trauma care.

- N/A
- UTD
- Define below

Total cost

* 51. Define the total contract cost for the Thoracic Surgery trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 52. Define the total contract cost for the Trauma ICU or Trauma Critical Care trauma coverage. Cost must be specific to trauma ICU/critical care.

- N/A
- UTD
- Define below

Total cost

* 53. Define the total contract cost for Vascular Surgery specific to trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 54. Define the total contract cost for the Urology Service for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 55. Define the total contract cost for Ophthalmology for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 56. Define the total contract cost for Anesthesia Services for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 57. Define the total contract cost for Anesthesia CRNAs for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 58. Define the total contract cost for ENT Surgical Services for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 59. Define the total contract cost for OMFS Surgical Services for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 60. Define the total contract cost for Plastic Surgery for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 61. Define the total contract cost for Burn Surgery for burn trauma and isolated burns care coverage. Cost must be specific to trauma/burn care.

- N/A
- UTD
- Define below

Total cost

* 62. Define the total contract cost for Hand Surgery for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 63. Define the total contract cost for Replantation Surgery for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 64. Define the total contract cost for Emergency Medicine or Emergency Department coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 65. Define the total contract cost for Emergency Department advanced practice provider coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 66. Define the total contract cost for Rehabilitation (physician coverage for the trauma patient population (meeting NTDB criteria).

- N/A
- UTD
- Define below

Total cost

* 67. Define the total contract cost for Hospitalist provider coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 68. Define the total contract cost for Internal Medicine coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 69. Define the total contract cost for Cardiology Service coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 70. Define the total contract cost for Gastroenterology coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 71. Define the total contract cost for Nephrology coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 72. Define the total contract cost for Pediatric Surgery coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 73. Define the total contract cost for Pediatric ICU or Critical Care coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 74. Define the total contract cost for Pediatric advanced practice provider coverage for trauma care or trauma coverage. Cost must be specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 75. Define the total contract cost to support the surgical residency program.

- N/A
- UTD
- Define below

Total cost

* 76. Define the trauma facility's process and funding to support the required physician coverage for trauma facility designation for the uninsured or self-pay population

- N/A
- UTD
- Define below

Total cost



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Part A**

5. Section 2

Step 5

Define the clinical supports cost specific to trauma care or trauma coverage for the **Fiscal Year (FY) 2023**.

* 77. Define the total cost for the CT scan tech for trauma coverage. Cost must be specific to radiology CT scan for trauma care.

- N/A
- UTD
- Define below

Total cost

* 78. Define the total cost for the Interventional Radiology tech for trauma coverage. Cost must be specific to Interventional Radiology trauma care.

- N/A
- UTD
- Define below

Total cost

* 79. Define the total cost for the Angiography tech for trauma coverage. Cost must be specific to Angiography trauma interventions.

- N/A
- UTD
- Define below

Total cost

* 80. Define the total cost for the MRI tech for trauma coverage. Cost must be specific to MRI trauma diagnostics.

- N/A
- UTD
- Define below

Total cost

* 81. Define the total cost for the OR trauma coverage for evening and weekend coverage. Coverage must be specific to trauma coverage. This can include trauma, orthopedics, neurosurgery, or any trauma patient (meeting the NTDB criteria requiring operative intervention).

- N/A
- UTD
- Define below

Total cost

* 82. Define the total cost for the PACU trauma coverage for evening and weekend coverage. Coverage must be specific to trauma coverage. This can include trauma, orthopedics, neurosurgery, or any trauma patient (meeting the NTDB criteria requiring operative intervention).

- N/A
- UTD
- Define below

Total cost

* 83. Define the total cost for rehabilitation services specific to the trauma patient population (meeting NTDB criteria).

Physical Therapy

(enter N/A if not applicable)

Occupational Therapy

(enter N/A if not applicable)

Speech Therapy (enter

N/A if not applicable)

* 84. Define the total cost for screening the trauma patient population (meeting NTDB criteria).

SBIRT (enter N/A if not applicable)

Abuse (enter N/A if not applicable)

PTSD (enter N/A if not applicable)

Suicide (enter N/A if not applicable)

* 85. Define the total cost for trauma psychological support care.

- N/A
- UTD
- Define below

Total cost

* 86. Define the cost of Respiratory Therapists specific to trauma care or trauma critical care.

- N/A
- UTD
- Define below

Total cost

* 87. Define the cost related to the Blood Bank Services specific to trauma care.

- N/A
- UTD
- Define below

Total cost

* 88. Additional cost of providing Whole Blood

- N/A
- UTD
- Define below

Total cost

Step 6

Please define the additional cost of trauma facility designation related to the following questions specific to Fiscal Year (FY) 2023.

* 89. Councils

Define the cost of RAC participation or RAC membership

Travel cost to attend RAC meetings

Travel cost to attend GETAC meetings

* 90. Define the cost of the trauma registry software and hardware:

- N/A
- UTD
- Define below

Total cost

* 91. Cost of participation in a regional data collaborative

- N/A
- UTD
- Define below

Total cost

* 92. Cost of participation in TQIP

- N/A
- UTD
- Define below

Total cost

* 93. Cost of Injury Prevention materials

- N/A
- STOP the Bleed
- UTD
- Define below

Provide total cost and define the types of Injury Prevention materials:

* 94. Cost associated with public education and outreach education

- N/A
- UTD
- Define below

Total cost

* 95. Cost associated with education and training specific to EMS providers

- N/A
- UTD
- Define below

Total cost

* 96. Cost of providing professional education courses

- N/A
- UTD
- Define below

Total cost

* 97. Check courses provided by your trauma facility

- | | | |
|---|--------------------------------|-------------------------------|
| <input type="checkbox"/> ABLS | <input type="checkbox"/> ATOM | <input type="checkbox"/> RTDC |
| <input type="checkbox"/> ADLS | <input type="checkbox"/> DMEP | <input type="checkbox"/> TNCC |
| <input type="checkbox"/> ATLS | <input type="checkbox"/> ENPC | |
| <input type="checkbox"/> ATCN | <input type="checkbox"/> PHTLS | |
| <input type="checkbox"/> Other, please list | | |

* 98. Cost of educational courses required for staff specific to trauma facility designation paid by the facility in FY 2023.

Advanced Trauma Life Support Coverage (ATLS)	<input type="text"/>
Trauma Nursing Core Course / Advanced Trauma Course for Nurses (TNCC/ATCN)	<input type="text"/>
Pediatric Advanced Life Support / Emergency Nurses Pediatric Course (PALS/ENPC)	<input type="text"/>
Trauma Performance Improvement course	<input type="text"/>
AAAM or Data Management Course	<input type="text"/>
Trauma Program Manager Course	<input type="text"/>
Trauma Medical Director Course	<input type="text"/>
Trauma Care After Resuscitation (TCAR)	<input type="text"/>
Pediatric Care After Resuscitation (PCAR)	<input type="text"/>
Disaster Management Emergency Preparedness (DMEP)	<input type="text"/>
Rural Trauma Team Development Course	<input type="text"/>
Attending the TQIP annual conference	<input type="text"/>

* 99. Define the cost of the trauma verification/designation survey.

* 100. Is your facility a hospital-based EMS provider?

Yes No

* 101. Does your facility have a hospital-based air medical service?

Yes No

* 102. Does your facility support a transfer coordinating center with staffing and resources for the regional area? (Note: If this a hospital system coordination for transfers, this is not applicable)

Yes No N/A

* 103. Does your facility provide telemedicine capabilities to rural facilities for trauma patient management or transfer facilitation?

Yes No

* 104. If you are a rural facility in a community with 30,000 or less population, do you utilize telemedicine for your trauma resuscitations?

Yes

No

N/A

If yes, please define cost.