



Instructions for the 2025 Trauma Uncompensated Care Funding Application – Part A

The following instructions will assist in completing all required portions of Part A of the [UCC application](#) to submit the information directly to the department.

Sample - [Application Part A](#)

A completed application must be received by the department per the instructions provided below no later than midnight, **April 20, 2025**. Additional details can be found on our [website](#).

Section 1

Section 1(a) - [Trauma Activations](#)
Section 1(b) - [Race/Ethnicity](#)
Section 1(c) - [Financial Information](#)

Section 2

Step 1 - [Basic Demographic Data](#)
Step 2 - [Trauma Population](#)
Step 3 - [Trauma Services](#)
Step 4 - [Medical Provider Costs](#)
Step 5 - [Clinical Support Costs](#)
Step 6 - [Trauma Facility Designation Costs](#)

Hospital Information

Questions 1-10

Enter location, license, and contact information for facility.

Section 1

Questions 11-17

Section 1(a) - Trauma Activations

Provide the number of activations for each category provided for Calendar Year (CY) 2023 for your hospital.

***11. Number of patients entered in the facility's Trauma Registry from January 1, 2023, thru December 31, 2023.**

This is the calendar year of 2023 meeting NTDB criteria.

***12. Number of facility trauma team activations from January 1, 2023, thru December 31, 2023.**

This reflects the number of patients who met the NTDB registry inclusion criteria that met your trauma activation guidelines in calendar year 2023. The below information reflects the levels of activation for these same patients, followed by the Race/Ethnicity breakdown for these patients.

***13. Number by Level of Activation.**

Enter the number for each level of activation.

Section 1(b) - Race/Ethnicity

Provide the total number of trauma patients in each field provided for Calendar Year (CY) 2023 for your hospital.

***14. Enter total number for each:**

Enter number for each category.

Section 1(c) - Financial Information

Hospital's Uncompensated Trauma Charges - Provide patient discharges from January 1, 2023, through December 31, 2023.

Reflects totals for all patients meeting the NTDB registry inclusion criteria.

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

Provide data from patients discharged in calendar year 2023 meeting the NTDB registry inclusion criteria.

Sum amount here must match Part-C column S Uncompensated Charges total (column T Original Billed minus column U Collections = column S Uncompensated Charges total).

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

2023 patients meeting NTDB registry inclusion criteria.

***17. Collections received on uncompensated patient accounts submitted in previous Uncompensated Trauma Care Applications from 2005 to 2023 AND not previously reported as collected.**

Reflects previous patients meeting NTDB registry inclusion criteria.

Section 2

Questions 18-112

Section 1 asks for data of patients discharged in calendar year 2023. Section 2 asks for fiscal year 2024 operational data.

Step 1 - Basic Demographic Data

Complete this basic demographic data regarding your trauma facility.

***18. Year of initial designation at the current level of designation.**

If you have upgraded your level of designation, you will use the first year of new designation level.

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

Ages 15 and older are adult. Ages 14 and younger are pediatric.

***20. Geographic area**

Rural is considered a county population of 50,000 or less.

***21. Is your hospital a defined Critical Access Hospital (CAH)?**

Answer Yes or No.

***22. FY 2024 Beds and Rooms.**

Enter a number in each bed/room type.

Step 2 - Trauma Population

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

***23. Total Trauma Activations Admitted to Facility.**

Enter a number in each category for fiscal year (FY2024).

***24. Define the number of trauma operative procedures for patients meeting NTDB criteria (including all ages of the trauma population for FY 2024).**

Enter a number in each category.

***25. Define the age breakdown of the facility's trauma registry patients (patients who meet NTDB criteria for FY 2024):**

Enter a number in each category.

Step 3 - Trauma Services

Complete the following information specific to the trauma facility's trauma service for Fiscal Year (FY) 2024.

***26. Define the annual cost/salary of the Trauma Program Manager/Director (TPM)**

Annual cost/salary - This will include the salary, benefits, educational funding, travel and conference allocations, and certification costs. This needs to be reflected in one sum.

***27. Does the Trauma Program Manager/Director have other job functions?**

Answer Yes or No.

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

Check each applicable box.

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

Annual cost/salary - This will include the salary, benefits, educational funding, travel and conference allocations, and certification costs. This needs to be reflected in one sum.

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

Provide the number of employees and total cost.

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

Annual cost/salary - This will include the salary, benefits, educational funding, travel and conference allocations, and certification costs. This needs to be reflected in one sum.

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

Annual cost/salary - This will include the salary, benefits, educational funding, travel and conference allocations, and certification costs. This needs to be reflected in one sum.

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

Annual cost/salary - This will include the salary, benefits, educational funding, travel and conference allocations, and certification costs. This needs to be reflected in one sum.

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

Annual cost/salary -This will include the salary, benefits, educational funding, travel and conference allocations, and certification costs. This needs to be reflected in one sum.

***35. 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 -This will include the salary, benefits, educational funding, travel and conference allocations, and certification costs. This needs to be reflected in one sum.

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

Annual cost/salary- This will include the salary, benefits, educational funding, travel and conference allocations, and certification costs. This needs to be reflected in one sum.

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

This will include the salary, benefits, educational funding, travel and conference allocations, and certification costs. This needs to be reflected in one sum.

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

If yes, please define the annual associated cost.

This will include the salary, benefits, educational funding, travel and conference allocations, and certification costs. This needs to be reflected in one sum.

***39. 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.**

Total cost -This is typically an additional salary allotment for the liaison that is in addition to the role of the emergency medicine physician. This would include any training, education, certifications, travel, and conferences specific to the liaison role. If your level of designation does not require this liaison, you will check NA. If you cannot define this cost, you will check Unable to Determine (UTD).

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

Total cost - This is typically an additional salary allotment for the liaison that is in addition to the role of the critical care physician. This would include any training,

education, certifications, travel, and conferences specific to the liaison role. If your level of designation does not require this liaison, you will check NA. If you cannot define this cost, you will check UTD.

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

Total cost - This is typically an additional salary allotment for the liaison that is in addition to the role of the orthopedic surgeon. This would include any training, education, certifications, travel, and conferences specific to the liaison role. If your level of designation does not require this liaison, you will check NA. If you cannot define this cost, you will check UTD.

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

Total cost - This is typically an additional salary allotment for the liaison that is in addition to the role of the neurosurgeon. This would include any training, education, certifications, travel, and conferences specific to the liaison role. If your level of designation does not require this liaison, you will check NA. If you cannot define this cost, you will check UTD.

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

Total cost - This is typically an additional salary allotment for the liaison that is in addition to the role of the anesthesiologist. This would include any training, education, certifications, travel, and conferences specific to the liaison role. If your level of designation does not require this liaison, you will check NA. If you cannot define this cost, you will check UTD.

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

Total cost - This is typically an additional salary allotment for the liaison that is in addition to the role of the radiologist. This would include any training, education, certifications, travel, and conferences specific to the liaison role. If your level of designation does not require this liaison, you will check NA. If you cannot define this cost, you will check UTD.

Step 4 - Medical Provider Costs

Define the total cost for the medical provider's participation in trauma care or coverage for FY 2024.

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

Total cost - If the trauma surgeons also cover emergency surgery, you will define the percentage of the patients that are trauma and the percentage that are emergency general surgery. The trauma patient percentage will be used to calculate the cost to

the trauma center. If your level of trauma center does not require trauma surgeons, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

***46. Define the total contract cost for the trauma advanced practice providers (APPs). Cost must be specific to trauma care or trauma call coverage.**

Total cost - If the trauma advanced practice providers also cover emergency surgery, you will define the percentage of the patients that are trauma and the percentage that are emergency general surgery. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not utilize trauma advanced practice providers, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

***47. 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.**

Total cost - If the orthopedic surgeons also cover the clinic or ambulatory care areas, you will define the percentage of the patients that are trauma and the percentage that are clinic. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require orthopedic surgeons, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

***48. Define the total contract cost for the Orthopedic APPs. Cost must be specific to orthopedic trauma care or orthopedic trauma coverage.**

Total cost - If the orthopedic advanced practice providers also cover non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your trauma center does not utilize orthopedic advanced practice providers, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the neurosurgeons also cover non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require neurosurgeons, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

***50. Define the total contract cost for the Neurosurgery APPs. Cost must be specific to neurosurgery trauma care or neurosurgical trauma coverage.**

Total cost - If the neurosurgery advanced practice providers also cover non-trauma patients, you will define the percentage of the patients that are trauma and the

percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your trauma center does not utilize neurosurgery advanced practice providers, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - The facility can define the percentage of radiologic imaging for trauma patients (through the resuscitation and continuum of care) and use that percentage to calculate the cost of radiology coverage. If the facility is unable to calculate the cost, you will check UTD.

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

Total cost - If the thoracic surgeons also cover non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require neurosurgeons, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If you have a closed trauma intensive care unit, you will use the total cost for the surgeons, and intensivist. If the unit admits other non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require admit trauma patients requiring intensive or critical care, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the vascular surgeons also cover non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require vascular surgeons, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the urologist also provides coverage to non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require urologists, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the ophthalmologist also provides coverage for non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require an ophthalmologist, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the anesthesiologist also provides coverage to non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require anesthesiologist, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the anesthesia CRNAs also provide coverage to non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not utilize CRNAs, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the ENT surgeons also provide coverage to non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require ENT surgeons, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the OMFS also provides coverage to non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require OMFS, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the plastic surgeons also provide coverage to non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are

non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require plastic surgeons, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the burn surgeons also provide coverage to non-trauma patients, you will define the percentage of the patients that are trauma (isolated burns and trauma with burns) and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not provide burn surgeons, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the hand surgeons also provide coverage to non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require hand surgeons, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the replantation surgeons also provide coverage to non-trauma patients, you will define the percentage of the patients that are trauma and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not require replantation, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

***65. 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.**

Total cost - The facility will define the percentage of patients that meet the NTDB inclusion criteria and burns, and the percentage of those emergency department patients that do not meet NTDB inclusion criteria and burns. The percentage of patients that meet NTDB inclusion criteria and burns will be used to calculate the cost to the trauma center. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - The facility will define the percentage of patients that meet the NTDB inclusion criteria and burns, and the percentage of those emergency department patients that do not meet NTDB inclusion criteria and burns. The percentage of

patients that meet NTDB inclusion criteria and burns will be used to calculate the cost to the trauma center. If the facility does not utilize emergency department advanced practice providers to assist with trauma, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the rehabilitation physicians also provide coverage to non-trauma patients, you will define the percentage of the patients that are trauma (meeting NTDB criteria) and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not utilize rehabilitation physicians, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the hospitalist is utilized to assist with trauma care, you will define the percentage of the patients that are trauma (meeting NTDB criteria) and the percentage that are non-trauma. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not utilize hospitalist, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - The facility will define the percentage of the patients that are trauma (meeting NTDB criteria) and the percentage that are non-trauma evaluated by internal medicine. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not utilize internal medicine, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - The facility will define the percentage of the patients that are trauma (meeting NTDB criteria) and the percentage that are non-trauma evaluated by cardiology. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not utilize cardiology, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - The facility will define the percentage of the patients that are trauma (meeting NTDB criteria) and the percentage that are non-trauma evaluated by gastroenterology. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not utilize gastroenterology, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - The facility will define the percentage of the patients that are trauma (meeting NTDB criteria) and the percentage that are non-trauma evaluated by nephrology. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not utilize nephrology, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - The facility will define the percentage of the patients that are trauma (meeting NTDB criteria) and the percentage that are non-trauma evaluated by pediatric surgery. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not utilize pediatric surgery, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

***74. 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.**

Total cost - If the facility has a closed pediatric trauma ICU, the cost associated with the facility's cost of trauma. If the facility does not have a specific pediatric trauma unit, the facility will define the percentage of the patients that are trauma (meeting NTDB criteria) and the percentage that are non-trauma admitted to the unit. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does have a pediatric intensive care unit, you will check NA. If it is not possible to define the cost to trauma, you will check UTD.

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

Total cost - If the pediatric advanced practice providers provide care to non-trauma patients. The facility will define the percentage of the patients that are trauma (meeting NTDB criteria) and the percentage that are non-trauma managed by the pediatric advanced practice providers. The trauma patient percentage will be used to calculate the cost to the trauma center. If your level of trauma center does not utilize pediatric advanced practice providers, you will check NA. If it is not possible to define the cost to trauma you will check UTD.

***76. Does the facility financially support the surgical residency program.**

Answer Yes or No.

***77. 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**

Total cost - If your facility provides your physicians participating in trauma care at your facility compensation for coverage for non-funded patient, uninsured, or self-pay patients, please list the total annual funding. If your facility does not provide this type of compensation to the physicians participating in trauma care, you will check NA. If you cannot define the cost, you will check UTD.

Step 5 - Clinical Support Costs

Define the clinical support cost specific to trauma care or trauma coverage for the Fiscal Year (FY) 2024.

***78. Does the facility have a dedicated trauma resuscitation areas with dedicated trauma resuscitation nurses?**

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and education for the trauma resuscitation area staff. If unable to determine, enter UTD.

***79. Does the facility have a dedicated trauma ICU?**

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and educational cost for the unit. If unable to determine, enter UTD.

***80. Does the facility have a dedicated neurosurgical trauma ICU?**

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and educational cost for the unit. If unable to determine, enter UTD.

***81. Does the facility have a dedicated trauma inpatient unit?**

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and educational cost for the unit. If unable to determine, enter UTD.

***82. Does the facility have a dedicated orthopedic trauma inpatient unit?**

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and educational cost for the unit. If unable to determine, enter UTD.

***83. Does the facility have a dedicated neurosurgical trauma inpatient unit?**

If yes, please define the FY 2024 operational cost to include the salaries, supplies, and educational cost for the unit. If unable to determine, enter UTD.

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

Total cost - The facility will define the percentage of trauma patients (meeting NTDB criteria) that had CT scans completed during their resuscitation and continuum of care to discharge and the percentage of patients requiring CT scans that are not trauma. The percentage of trauma patients will be used to calculate the cost of trauma care. If your facility does not provide CT scan capabilities, you will check NA. If your facility

cannot define the cost, you will check UTD.

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

Total cost - The facility will define the percentage of trauma patients (meeting NTDB criteria) that had radiology imaging (excluding CT scans) completed during their resuscitation and continuum of care to discharge and the percentage of patients requiring imaging that are not trauma. The percentage of trauma patients will be used to calculate the cost of trauma care. If your facility does not provide radiology capabilities, you will check NA. If your facility cannot define the cost, you will check UTD.

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

Total cost - The facility will define the percentage of trauma patients (meeting NTDB criteria) that had angiography completed during their resuscitation and continuum of care to discharge and the percentage of patients requiring angiography that are not trauma. The percentage of trauma patients will be used to calculate the cost of trauma care. If your facility does not provide angiography capabilities, you will check NA. If your facility cannot define the cost, you will check UTD.

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

Total cost - The facility will define the percentage of trauma patients (meeting NTDB criteria) that had an MRI completed during their resuscitation and continuum of care to discharge and the percentage of patients requiring MRI that are not trauma. The percentage of trauma patients will be used to calculate the cost of trauma care. If your facility does not provide MRI capabilities, you will check NA. If your facility cannot define the cost, you will check UTD.

***88. 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 NTDB criteria requiring operative intervention).**

Total cost - The facility will define the percentage of trauma patients (meeting NTDB criteria) that had operative procedures completed during their resuscitation and continuum of care to discharge and the percentage of patients requiring operative interventions that are not trauma. The percentage of trauma patients will be used to calculate the cost of trauma care. If your facility does not provide operative capabilities, you will check NA. If your facility cannot define the cost, you will check UTD.

***89. 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 NTDB criteria requiring operative intervention).**

Total cost - The facility will define the percentage of trauma patients (meeting NTDB criteria) that were admitted to the PACU during their resuscitation and continuum of care to discharge and the percentage of patients admitted to the PACU that are not trauma. The percentage of trauma patients will be used to calculate the cost of

trauma care. If your facility does not utilize the PACU, you will check NA. If your facility cannot define the cost, you will check UTD.

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

The facility will define the percentage of trauma patients (meeting NTDB criteria) that had PT, OT, or Speech Therapy during their continuum of care to discharge and the percentage of patients requiring PT, OT, and Speech Therapy that are not trauma. The percentage of trauma patients will be used to calculate the cost of trauma care for PT, OT, or Speech Therapy. If your facility does not provide PT, OT, or Speech Therapy capabilities, you will enter N/A.

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

The facility will define the individual who is performing these screenings. The next step is to define the percentage of trauma patients (meeting NTDB criteria) the individual is evaluating and the percentage they evaluate that are not trauma. The percentage of trauma patients will be used to calculate the cost of trauma care for these services. If your facility does not provide these screening capabilities, you will enter N/A.

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

Total cost - The facility will define who is providing trauma psychological support care. The facility will define the percentage of trauma patients (meeting NTDB criteria) that these individuals provide psychological support care to during their continuum of care to discharge and the percentage of patients evaluated by the individual(s) that are not trauma. The percentage of trauma patients will be used to calculate the cost of trauma psychological support care. If your facility does not provide psychological support care capabilities, you will check NA. If your facility cannot define the cost, you will check UTD.

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

Total cost - The facility will define the percentage of trauma patients (meeting NTDB criteria) that utilize Respiratory Therapy services during their resuscitation and continuum of care to discharge and the percentage of patients requiring Respiratory Therapy services that are not trauma. The percentage of trauma patients will be used to calculate the cost of trauma care for Respiratory Therapy. If your facility does not provide Respiratory Therapy capabilities, you will check NA. If your facility cannot define the cost, you will check UTD.

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

Total cost - The facility will define the percentage of trauma patients (meeting NTDB criteria) that utilize Blood Bank products during their resuscitation and continuum of care to discharge and the percentage of patients requiring Blood Bank services that are not trauma. The percentage of trauma patients will be used to calculate the cost of trauma care for Blood Bank services. If your facility does not provide Blood Bank services, you will check NA. If your facility cannot define the cost, you will check UTD.

***95. Additional cost of providing Whole Blood**

Total cost - The facility will define the percentage of trauma patients (meeting NTDB criteria) that had whole blood administered during their resuscitation and continuum of care to discharge and the percentage of patients receiving whole blood that are not trauma. The percentage of trauma patients will be used to calculate the cost of Whole Blood Services. If your facility does not provide PT, OT, or Speech Therapy whole blood capabilities, you will check NA. If your facility cannot define the cost, you will check UTD.

Step 6 - Trauma Facility Designation Costs

Please define the additional cost of trauma facility designation related to the following questions specific to Fiscal Year (FY) 2024.

***96. Councils**

The facility will utilize annual membership dues as the cost of participation in the RAC. The facility will utilize travel reimbursement cost specific to attending the RAC meetings and GETAC meetings.

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

Total cost - The facility will utilize the annual licensing fee and any upgrade fee for trauma registry software. Software that assists in downloading information from the EMR to the registry or assists with reporting writing is included in the software cost. This will be added to any hardware cost such as computers, servers, or other hardware items used for the trauma registry. If you do not have a hospital trauma registry you will check NA. If you are unable to determine the cost for your hospital trauma registry you will check UTD.

***98. Cost of participation in a regional data collaborative**

Total cost - This is specific to any trauma data collaborative fee or charge for the trauma centers. If you do not participate in a trauma collaborative, you will check NA. If you are unable to define the cost, you will check UTD.

***99. Cost of participation in TQIP**

Total cost - This is specific to the annual cost of participation in the ACS TQIP program. If you do not participate in TQIP you will check NA. If you are unable to define the cost, you will check UTD.

***100. Cost of Injury Prevention materials**

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

If you do not provide injury prevention or STOP the Bleed activities, you will check NA. If you are unable to define the cost, you will check UTD.

***101. Cost associated with public education and outreach education.**

Total cost - You will define the cost of any material, travel costs, or audiovisual costs specific to trauma outreach education. If your facility does not provide outreach education, you will check NA. If you are unable to define the cost for trauma outreach education, you will check UTD.

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

Total cost - This cost must be specific to EMS education and training and can include the materials and audiovisual support for the training. If your facility does not provide EMS education or training, you will check NA. If you are unable to define the cost, you will check UTD.

***103. Cost of providing professional education courses**

Total cost - You will define the total cost of the materials and any course fees for providing these courses. If you do not provide any professional education, you will check NA. If you are unable to define the cost, you will check UTD.

***104. Check courses provided by your trauma facility.**

Check each applicable box.

***105. Cost of educational courses required for staff specific to trauma facility designation paid by the facility in FY 2024.**

This will include the cost of course registration, any course material cost, and the travel cost associated with attending the course.

***106. Check courses Attended in FY 2024**

Check each applicable box.

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

This is the total cost of the designation survey and the associated fees.

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

Answer Yes or No.

***109. Does the facility have a hospital-based air medical service?**

Answer Yes or No.

***110. 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.

This includes the cost of staffing, equipment, space, and resources.

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

Answer Yes or No.

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

This is the contract cost for the telemedicine services.