



CY 2016 Trauma Center Readiness Cost Survey Instructional Webinar Questions (Held on August 31, 2017)

September 5, 2017

1. Should the subspecialties for a Level 2, also include the hospitals portion attributable to trauma for the following: micro vascular; cardiothoracic; OB/GYN; Ophthalmology; Oral/maxillofacial; ENT; Plastics; critical care medicine? *YES they should be. This change has been made to the updated survey.*
2. Who will be our point of contact for questions following the webinar? *All questions should be directed to dena@gtcnc.org to be addressed by the workgroup.*
3. If a facility does not have a stipend for certain positions (like the Trauma Medical Director), will that hurt the overall dollar amount to be reported to the State? *No. This will help to highlight for your facility the administrative duties assigned to the TMD position aside from physician payments.*
4. Instructions under Medical Specialists beginning Line 66 state only portion attributable to trauma. What is the suggested basis for portion attributable to trauma? *Run a query in your trauma registry; for a quick count of how many 2016 patients were seen by a non-surgical specialist either, admitted or consulted, to come up with particular amount of patients. Then take a screen shot of the query to keep for future surveys. Then determine the amount of patients had surgery or was seen by any subspecialties listed as required by the orange book in the survey.*
5. Why is the Anesthesia Liaison not listed with the other liaisons for administrative stipends? *They are not required to have outside CME.*
6. Should Level 1's include funding received for CME as income as we do for uncompensated care? *The Readiness Survey is designed to show what those requirements are if you decide to use uncompensated care for CME.*

7. Is the cost data to be from calendar year 2016? *Yes*
8. If the readiness survey is trying to determine the costs of running a trauma center, when centers who are under staffed and put a 0 in certain fields, does that not underestimate the overall costs? *If you have an open position for the CY 2016, put 0 in the cost field, but note that the position is opened but not filled. To show what you have versus what you should have.*
9. What if we did not have a PI Coordinator and the TPM conducted all the responsibilities of the PI Coordinator, but we intend to hire one? *Just put 0 in the cost field, but not that the position is opened but not filled.*
10. When is the deadline or due date? *October 2nd.*
11. Level 4, if I am the TPM, the registrar, PI, injury prevention, what amount should I put on the survey? *Just put the amount for the TPM and note any or all additional job responsibilities.*

Questions Submitted by Email:

12. For clarification, on line 15, Program Administrator: Trauma Director, I do not have one, so n/a? *Yes, please just say "n/a" and include a copy of your organizational chart for reference.*
13. On line 17, Participation costs for state... is this just for the Director or does it include Trauma manager, coordinator, etc? *Should include all positions that you have as trauma administration in this section. We have updated the survey instructions for this to read "trauma program administration..."*
14. When looking at Graduate Medical Education costs, if you use funds from a third party to offset costs, for example, funds from uncompensated care, why wouldn't we offset costs by what was received from the third party to provide GME service? *Refer to page 4, "Surgical Resident Support" line, use the formula stated, "Take residency costs, subtract federal funding and apply portion attributable to trauma." Please do not include any other grant funding here except the standard federal funding typically received for your GME program.*
15. The requirements for registrars CUEs (8 hours annually), registrar and AIS courses were not included in the survey. Should they be? And not those funds covered by grant funding? *Yes they should be. Please see the clarification survey, which includes a line added for "Trauma Registrars" on page 5, and is highlighted. Enter only funds actually spent on the CY 2016 registrars for continuing education here.*
16. On line 62, Critical Care: "Divide trauma ICU patient days by total ICU days and multiply time net hospital subsidy for critical care physicians." For CY

2016, we had 5 trauma/critical care docs and one trauma doc who utilized a critical doc. How do I calculate? Use the one non-CC doc and divide trauma ICU patient days/total ICU days x net hospital subsidy for the one CC md? Yes. *Please see the clarification survey, refer to page 3, "Critical Care Medicine", which is highlighted, for a more definitive description of what cost we are asking for here.*