

# NATIONAL FOUNDATION FOR TRAUMA CARE

## SYSTEM MEMBERSHIP APPLICATION

Welcome to the National Foundation for Trauma Care.

Please fill application completely, including all signatures on the Security and Confidentiality form on the back. Return completed application along with a list of hospitals in your system and payment for membership to the National Foundation for Trauma Care. System information will be shared only with other Trauma System Members on secured pages of our website and on our printed materials.

Membership materials will be mailed out upon receipt of application. An orientation conference call with the NFTC Systems Director and Advisor will need to be arranged thereafter.

Thank you for your timely assistance. We look forward to working with you.

### Trauma System:

State/Regional Trauma System Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

**System Information:**

Web Site Address \_\_\_\_\_

Trauma Registry (Vendor)

- Cales
- NTRACS
- Trauma Base
- Trauma One
- Tri Analytics
- Other \_\_\_\_\_

**Contact Information:**

Trauma System Administrator \_\_\_\_\_ Title \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Trauma Medical Director \_\_\_\_\_ Title \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Trauma Registry Manager \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Other Contacts:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Trauma System Concerns/Issues/Plans:** (please be specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SYSTEM MEMBERSHIP AGREEMENT

The following services will be provided upon request, off-site by the National Foundation for Trauma Care (NFTC) staff or associates for the period of one year from date of agreement to \_\_\_\_\_ (System Name) (Member) for the annual subscription of \$1,500.

It is understood that NFTC services are exclusively offered to the Member organization only and information sharing outside of the facility, including corporate entities and hospital systems, is prohibited. Unauthorized disclosure of NFTC products will result in Member being expelled from the NFTC without refund or recourse.

NFTC will provide Member Trauma Program staff with connections to other member regional and system programs. A complete Member Directory (electronic and print) with program staff contact information and program demographics will be provided.

Member will have access to downloadable, effective, functional documents, including best practices to adapt to Member's format.

NFTC will act as an information clearinghouse by referring Member to information resources or will collect and summarize information not otherwise available.

Member will have access to experienced trauma consulting staff through on-the-spot phone calls, scheduled conference calls, and email as appropriate.

Upon data submission in the benchmarking program, Member will receive report comparisons and expert interpretation of results.

Member will receive access to secure Systems-Only pages in [www.traumafoundation.org](http://www.traumafoundation.org).

Member will receive tuition discounts to all NFTC educational programs: Annual Leadership Conference, Trauma Business Planning and Finance Workshop, Trauma Medical Director Course, Trauma System Management Course, Trauma Center Designation Course and Site Surveyor Workshop, and Audio Web Conferences. (Audio Web Conferences are offered solely to NFTC Members.)

NFTC will provide Hospital Designation Survey and Report Template free to Member.

Agreement to these services includes the conditions and stipulations of the National Foundation for Trauma Care "Security and Confidentiality Policy". Breaches of confidentiality and unauthorized release of NFTC products will result in expulsion from membership in the consortium.

NFTC agrees to protect individual Member identity from disclosure when reporting comparative data and study results. This agreement does not prohibit sharing of information provided voluntarily for the purpose of dissemination to other NFTC Members. No patient information will be disclosed and additional HIPAA agreements will be honored.



Executive Director  
National Foundation for Trauma Care

\_\_\_\_\_  
State Trauma Coordinator

\_\_\_\_\_  
(System Name)

# NATIONAL FOUNDATION FOR **TRAUMA CARE**

## SECURITY AND CONFIDENTIALITY AGREEMENT

### Release of Information

The publications and products provided to National Foundation for Trauma Care (NFTC) members are the property of National Foundation for Trauma Care (NFTC). Release of publications, papers, data, study results, and member information is strictly prohibited outside of the individual member hospital unless released in writing by NFTC Staff. Unauthorized disclosure of NFTC products will result in the hospital member being expelled from the NFTC without refund or recourse.

### Disclosure Outside of Member Hospital

Hospitals and their employees or Medical Staff members are expressly forbidden to share NFTC member information, to include shared products from individual NFTC members, outside of their member hospital. This provision expressly prohibits release to multi-institutional, corporate, or administrative partners who are not NFTC members. NFTC membership is for individual institutions unless otherwise agreed to by National Foundation for Trauma Care. The National Foundation for Trauma Care retains the right to deny membership to any applicant.

### Security Guidelines

National Foundation for Trauma Care members are encouraged to follow the security guidelines described herein:

1. Write the following statement on all documents: *"The following information is confidential; disclosure outside of the National Foundation for Trauma Care (NFTC) member hospital and for other than educational or quality review purposes is not allowed."*
2. Maintain NFTC information, studies, and related reports in a secure place. Number reports sequentially and collect at the end of each program where information is shared.
3. Instruct employees and physicians as to the confidentiality of the information.
5. Use facsimile and electronic information transmission cautiously.
  - A. Verify the correct phone number.
  - B. Transmit only to a secure and attended location.
  - C. Verify that the transmission is received.

### Release of Liability

National Foundation for Trauma Care does not advocate specific medical practices and acts solely as a clearinghouse for such information for educational purposes. National Foundation for Trauma Care does not profess to advise Members in Standards of Care or medical/nursing practices.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Trauma System Administrator

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Trauma Registry Manager

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Trauma Medical Director

To be maintained on file with National Foundation for Trauma Care, Las Cruces, NM

PLEASE SIGN AND RETURN PROMPTLY TO THE NFTC.