

TRAUMA CENTER ASSOCIATION OF AMERICA

The National Voice For Trauma Centers

Volume X, Issue III

Summer 2011

Welcome New Members:

Borgess Medical Center
Kalamazoo, Michigan

Cape Fear Valley Health System
Fayetteville, North Carolina

Concord Hospital
Concord, New Hampshire

Halifax Hospital Medical Center
Daytona Beach, Florida

Kapiolani Medical Center for Women & Children
Honolulu, Hawaii

Kettering Medical Center
Kettering, Ohio

Mount Clemens Regional Medical Center
Mount Clemens, Michigan

Oakwood Hospital & Medical Center
Dearborn, Michigan

Primary Children's Medical Center
Salt Lake City, Utah

Robert Packer Hospital
Sayre, Pennsylvania

St. Mary's Medical Center-Huntington
Huntington, West Virginia

Stamford Hospital
Stamford, Connecticut

TCAA has acquired "Softedge" legislative communications software for its Members' convenience



TCAA Members Take Trauma Funding Message to Washington

Members of the Trauma Center Association of America came to Washington, DC on February 16 to lobby their members of Congress and targeted Committees on issues affecting the delivery of trauma care to patients, and in particular, to request that Congress fund the trauma programs authorized under the Public Health Service Act. Twenty TCAA Board and Members participated in a full day of meetings on Capitol Hill, meeting with more than 60 Congressional offices. Congressional Members and staff alike learned about the immense economic pressures facing Trauma Centers, that at least 23 trauma centers have closed in the past decade, as well as the fact that 45 million Americans lack access to a Level I Trauma Center within the critical "golden hour".

TCAA members focused their Congressional meetings on urging Legislators to support funding for the \$224 million in authorized trauma programs contained in the National Trauma Center Stabilization Act and the Trauma Care Systems Planning and Development Act. Funding for the budget for trauma programs would:

- ◆ Provide grant funding to Trauma Centers to support their core missions, compensate them for losses from uncompensated care, and provide emergency awards to centers at risk of closure;
- ◆ Provide seed money to the States to develop and enhance their trauma systems and provide infrastructure support the existing limited web of Trauma Centers; and
- ◆ Pilot regionalized systems to create greater efficiency of emergency medical care and transport which would enhance care for all types of critical conditions.

Following the February Lobby Day, TCAA also worked with the American College of Surgeons, the American Association of Neurological Surgeons and the American College of Emergency Physicians to facilitate a series of Washington meetings for Dr. Peter Rhee, Chief of Trauma at the University Medical Center in Tucson, AZ, who led the trauma team treating Rep. Gabrielle Giffords (D-AZ) following the January shooting incident. Others joining the meetings included Drs. Martin Weinand, John Fildes, Edward Cornwell and Samir Fakhry, Chief of the Division of General Surgery at the Medical University of South Carolina and TCAA Board Member. The group met with Rep. Debbie Wasserman Schultz (D-FL) and staff for Sen. Kirsten Gillibrand (D-NY), regarding ways to amplify the request for funding for the trauma provisions. In addition, the group had a chance to share their message with the White House Domestic Policy Council and urged them to make trauma care funding a national priority.

Given the current fiscal climate, TCAA has also been pressing the Administration, as well as Capitol Hill to fund the trauma provisions with existing discretionary dollars. To this end, TCAA's Washington representatives and its ad hoc coalition of trauma and EMS providers recently met with Assistant Secretary for Preparedness and Response Nicole Lurie and others in HHS to discuss the potential for funding through the Prevention and Public Health Fund. TCAA will continue to urge Capitol Hill and the Administration to fund the trauma programs and looks forward to sustained member involvement as we continue to make the case. TCAA and its coalition partners are also working through other channels to seek funding through the Appropriations process. Please contact your Legislators using our software on the Home page of www.traumafoundation.org to urge their support for trauma care and system funding.

2011 Advocacy Update (Continued)

TCAA Partners with Other National Organizations to Submit Comments to FICEMS

In April, the Trauma Center Association of America joined with nine other trauma and EMS organizations in presenting a vision for the future of trauma and emergency medical services in response to the Federal Interagency Committee on Emergency Medical Services (FICEMS) request for input about the role of the Federal government in the full continuum of EMS, emergency and trauma care for adults and children. TCAA and its partners used this opportunity to comment on the challenges facing emergency care providers and advocate for a lead federal agency for EMS.

TCAA was pleased to work with a broad range of stakeholder groups, including Advocates for EMS, the American Association of Neurological Surgeons, the American College of Emergency Physicians, the Association of Air Medical Services, the Association of Critical Care Transport, the Illinois State Ambulance Association, the National Association of EMS Educators, the National Association of EMS Physicians, and the National Rural Health Association. Specifically, the letter stated that emergency medical services are health care services first and foremost, and should be viewed as a critical part of the health care infrastructure. As such, the groups wrote that a lead federal agency should be established in the Department of Health and Human Services (HHS).

Currently, emergency and trauma care oversight and programs are spread among many federal agencies, resulting in obstacles to creating a high quality, safe and coordinated emergency care system. A lead federal agency at HHS would facilitate the integration of emergency and trauma care within the larger health care system. It would also be able to align grant programs and federal funds to more effectively address areas of need. As FICEMS considers the appropriate federal role and options for a lead federal agency, TCAA and its colleague organizations will continue to advocate for policies that ensure the right care is delivered to patients at the right time and in the right setting. . We will need everyone's help this year and most likely, your government relations representative has already cultivated the necessary relationships with your members of Congress. If you haven't already done so, please email Jennifer Ward at Jenni-fer@traumafoundation.org with the following contact information for your Government Relations representative (Name, Title, Phone, Fax and Email). Many thanks to those who already completed the form!

The Potential Impact of "Pay-for-Performance" on Trauma Care

Connie J. Potter, RN, MBA:HCA;
President, Trauma Center Association of America

Background

The Affordable Care Act (ACA) of 2009, in concert with the Centers for Medicare and Medicaid (CMS) are poised to rapidly implement both incentives and punitive fiscal measures for hospitals that either meet or miss metrics on expensive-to-treat chronic illnesses as MI, CHF, pneumonia, DVT, as well as Hospital Acquired Complications (HAC). Trauma Centers should be concerned about these fiscal measures because of the sources and validity of metrics likely to be used to establish performance, and prepare rigorously for major changes in hospital reimbursement. Although these are primarily CMS-driven, all payors are likely to follow their lead. CMS has already acknowledged that trauma patients are at high risk for a majority of the affected HAC complications, and encourages Trauma Centers to be diligent in documenting high risk pre-admission conditions accurately before complications occur. This is particularly important since trauma patients comprise a large percentage of government-sponsored payments.

Begin Today

Focus on documentation related to the "unknown nature" or "unable to determine" aspect of Hospital Acquired Complications (HAC). These are already Medicare (CMS) "no-pay" DRGs whose documentation is under the control of the admitting physician. These pre-existing conditions must be documented BEFORE admission or a statement that the physician is "unable to determine" be present so that the hospital will receive the DRG payment should the patient acquire a targeted complication. In 2009, the TCAA provided commentary to CMS about trauma patients' high risk for HAC. In response, CMS offered two modifiers that can be used if the patient develops the HAC which will allow DRG payment:

Yes: Present at the time of inpatient admission (hospital will be paid DRG)

W: Provider is unable to clinically determine whether condition was present on admission or not (DRG will be paid)

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TCAA's advocacy efforts added language in the ACA that "scheduled, planned readmissions" for trauma care are exempt from DRG bundling over the proposed new 30-day collective payment period. Payment for aftercare should also be included in the ACA after TCAA advocated for language requiring coverage for the "entire care continuum", covering SNF, rehabilitation or home health care. An area of concern is the eight (8) conditions that are considered to be clearly preventable and lead to either death or prolonged disability, called "Never Events". Unfortunately, many trauma patients can be highly susceptible to these conditions without fault of the treating Trauma Center. For this reason, TCAA is advocating for "risk-adjustment" for overall payments for trauma patients. TCAA actively engages other professional trauma organizations to join in its efforts to assure that Trauma Centers are treated fairly as these changes proceed through commentary, advocacy, and use of our Legislative Software on www.traumafoundation.org.

Fellowship Corner:

Vicki J Bennett RN, MSN

TCAA Finance Fellow, February 2011



I was excited to start out on my journey to Las Cruces, New Mexico and the TCAA Fellowship. Although I had information about what to expect, there was still some uncertainty of what it would really be like. One thing for sure was my overall appreciation for being selected to participate in this opportunity.

Through the years, I have improved my understanding of trauma finance/operations with the help of the TCAA staff, Connie and Jennifer, whom many of us have come to trust with their knowledge and willingness to help. They have always been just a phone call or an email away, but I looked forward to having quality face-to-face time. Like many others, I had enough basic knowledge to navigate my way around to help clarify information related to activation criteria, fees and provide documentation for "rejections." I sometimes would jokingly tell my colleagues that I knew just enough to be dangerous, as knowing a few things could definitely point out the ignorance related to many. The skill set that integrates fiscal management into hospital operations, as well as specialized billing/reimbursement strategies, is not provided as part of our nursing training but is learned as we progress in our journey to becoming leaders.

Going beyond my comfort zone has challenged me. I learned a lot in my one-on-one meetings with Connie and Jennifer. They never cease to amaze me with their knowledge and enthusiasm for what they do. I can remember back to the early years and appreciate how far the organization has grown and spread its influence. It is an essential work that not only helps us in trauma operations, but also keeps trauma in the forefront among the elected representatives in Washington DC, so it is not forgotten during any opportunities for increased funding.

The TCAA staff made this a valuable, low stress, learning experience. They allowed opportunities to participate in various communications, conference calls with committees as well as new member organizations. I want to express my sincere gratitude to the TCAA staff and the Board of Directors for allowing me this wonderful experience. I am also very grateful to my hospital administration for supporting my attendance. We have many challenges today in healthcare and while the future is uncertain, we do know that financial viability is a key part in sustaining the operation of a Trauma Center. My Fellowship project will be about the difference between physician and hospital use of critical care code 99291. I believe this will be very beneficial to all of us as it is a very complex and misunderstood topic.

Member Educational Program Spotlight:

Shands University Florida



The University of Florida Department of Surgery has developed an interactive video game-based training module, called Burn Center™, which was developed to simulate the real-life emergency events of a mass casualty disaster scenario involving 40 victims. The game has incorporated three phases of training:

- 1) Advanced Burn Triage
- 2) Didactic, PowerPoint and Video Demonstration
- 3) Video Gaming Technology enhancement of Burn Patient Simulator Teaching during the first 36 hours of care

The immersive educational technique is designed to support self-directed learning as well as collaborative group based environments. The didactic lectures include: pain management, psychosocial aspects of burn care, rehabilitation therapy for burn injury, & surgical, wound care and rehabilitation therapy management.

For more information please visit www.burncentertraining.com.

Save the Date

TCAA ANNUAL CONFERENCE

November 1st - 5th, 2011

COMPREHENSIVE TRAUMA PI COURSE

(Nursing CEUs will be available)

Tuesday, November 1, 2011

TRAUMA FINANCE & BUSINESS PLANNING COURSE

(Nursing CEUs will be available)

Wednesday, November 2, 2011

TRAUMA CENTER ASSOCIATION OF AMERICA ANNUAL MEETING

(Nursing CEUs will be available)

Thursday, November 3, 2011

**Exclusive Post
Conference Offering**

TRAUMA MEDICAL DIRECTOR COURSE

CME's will be available—Physicians only)

Thursday, November 4-5, 2011

**Special
Preconference
Workshops**

The Westin San Diego, Host of the TCAA Annual Conference

Located in the heart of beautiful downtown San Diego, all 25 floors of guest rooms feature panoramic views of the San Diego Bay, Coronado Island, and the downtown cityscape. Convenient to business and shopping, we are within walking distance of the San Diego Convention Center, Seaport Village, Little Italy, the San Diego Gaslamp Quarter, and a variety of shopping options. Only minutes away are major attractions, such as the world-renowned San Diego Zoo, Sea World, Old Town, Balboa Park and Museums, the USS Midway, and the breathtaking scenery of San Diego's stunning sandy beaches. Only 5 minutes from the San Diego Airport.

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650 Montana Ave, Suite A
Las Cruces, NM 88001
www.traumafoundation.org

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