

TRAUMA CENTER ASSOCIATION OF AMERICA

MEMBERSHIP APPLICATION

Welcome to the Trauma Center Association of America!

Please fill out application completely, including all signatures on the Security and Confidentiality form on. Information will be shared only with other TCAA Members on secured pages of our website and on our printed materials.

Return completed application along with payment for your membership to the TCAA. Membership materials will be mailed out upon receipt of application. An orientation conference call with the Executive Director of the TCAA will need to be arranged thereafter.

We look forward to working with you.

If you have any questions, please contact Jennifer Ward, Associate Director at (575) 525-9511 or email: jennifer@traumafoundation.org.

HOSPITAL INFORMATION: Urban Suburban Rural

Name _____

Address _____

City _____ State _____ Zip Code _____

Main Hospital Phone _____ Website _____

Financial Type:

Public Public Not-for-profit Private Not-for-profit Private For Profit State

Information Systems: Meditech HBO SMS TSI Other _____

Hospital Strengths:

TRAUMA PROGRAM: Level I (\$5,000) Level II & Peds (\$4,000) Level III & IV (\$2,000)

Designating Authority: *(Check all that apply)*

ACS State County Regional Other _____

Trauma Registry: *(vendor)*

NTRACS Trauma Base Trauma One Collector Other _____

Trauma Volume: _____ **Trauma Patients with ISS >15:** _____

How did you hear about the TCAA? _____

CONTACT INFORMATION:**Voting Representative:** (Authorized by the Member Hospital to vote on their behalf)

Name: _____ Title: _____

Phone: _____ Email: _____

Trauma Medical Director: (Will receive information regarding clinical issues)

Name: _____ Title: _____

Phone: _____ Email: _____

Trauma Program Manager: (Will receive information regarding TCAA updates and Trauma Center issues)

Name: _____ Title: _____

Phone: _____ Email: _____

Government Relations: (Will receive information regarding Legislative information and mailings)

Name: _____ Title: _____

Phone: _____ Email: _____

Public Relations: (Will receive media information regarding Legislative information)

Name _____ Title _____

Phone _____ Fax _____ Email _____

CEO and / or President: (Will receive results of financial studies, Legislative information and mailings)

Name _____ Title _____

Phone _____ Fax _____ Email _____

Other(s):

Name _____ Title _____

Phone _____ Fax _____ Email _____

TCAA SERVICES:**The reason my hospital's trauma program wanted to join the TCAA was: (Check all that apply)**

- Rapid access to policies, procedures and other documents
- Guidance on designation/verification issues
- Access to education about trauma center management
- Linkages to other trauma center staff and materials
- Ability to get answers quickly to our trauma operations questions
- Compare data from our program with others like us
- Help with billing and collecting activation fees
- Advice on physician call pay compensation
- Assistance in maximizing financial development
- Other: _____

Concerns/Issues/Plans: (please be specific)

Trauma Center Association of America Membership Service Agreement

Date: _____

The following services will be provided upon request, off-site by Trauma Center Association of America (TCAA) staff or associates for the period of one year from date of agreement to _____ (Member) for the annual fee of \$ _____ .
(Annual Fee) (Hospital Name)

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

TCAA will provide Member Trauma Program staff and Trauma Center executives with contacts in other similar hospitals. A complete Member Directory (electronic and print) with hospital and program staff contact information will be provided.

Member will have access to downloadable practical sample documents, including protocols & policies, and best practices to adapt to Member's format.

TCAA will act as an information clearinghouse by referring Member to trauma 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, whichever is appropriate.

Upon data submission in the benchmarking program, Member will receive report comparisons and can schedule advisory calls for expert interpretation of results.

Member will receive access to secure "Members-Only" pages in www.traumafoundation.org.

Member will receive tuition discounts to all TCAA 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 TCAA Members.) Member will receive a full set of audiotapes from the Annual Conference.

Agreement to these services includes the conditions and stipulations of the Trauma Center Association of America "Security and Confidentiality Policy". Breaches of confidentiality and unauthorized release of TCAA products will result in expulsion from membership.

TCAA 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 TCAA Members. No patient information will be disclosed and any necessary HIPAA agreements will be honored.



Executive Director
Trauma Center Association of America

Trauma Program

(Hospital Name)

TRAUMA CENTER ASSOCIATION OF AMERICA

SECURITY AND CONFIDENTIALITY AGREEMENT

Release of Information

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

Disclosure Outside of Member Hospital

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

Security Guidelines

Trauma Center Association of America 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 Trauma Center Association of America (TCAA) member hospital and for other than educational or quality review purposes is not allowed."*
2. Maintain TCAA 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

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

Signed: _____ Date: _____
Trauma Program Manager

Signed: _____ Date: _____
Trauma Medical Director

Signed: _____ Date: _____
Administrator

To be maintained on file with Trauma Center Association of America, Las Cruces, NM

PLEASE SIGN AND RETURN PROMPTLY TO THE TCAA.