

TRAUMA CENTER ASSOCIATION OF AMERICA

SYSTEM MEMBERSHIP APPLICATION

Welcome to the Trauma Center Association of America.

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 Trauma Center Association of America. 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 TCAA 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

Date: _____

The following services will be provided upon request, off-site by the Trauma Center Association of America (TCAA) staff or associates for the period of one year from date of agreement to _____ (Member) for the annual subscription of \$1,500.
(System 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 and hospital systems, 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 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.

TCAA 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.

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, and Webinar Conferences.

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

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 in the consortium.

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 additional HIPAA agreements will be honored.



President
Trauma Center Association of America

State Trauma Coordinator

(System 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 System Administrator

Signed: _____ Date: _____
Trauma Registry Manager

Signed: _____ Date: _____
Trauma Medical Director

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

PLEASE SIGN AND RETURN PROMPTLY TO THE TCAA.