TRAUMA CENTER ASSOCIATION OF AMERICA

The National Voice For Trauma Centers

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NEW MEMBERS IN 2012

Arkansas Children's Medical Center
Little Rock, AR
Aurora Lakeland Medical Center
Elkhorn, WI
Aurora Medical Center
Summit, WI
Denver Health & Hospital Authority
Denver, CO
Driscoll Children's Medical Center
Corpus Christi, TX
Forbes Regional Hospital
Monroeville, PA
Henry Ford Macomb Hospital
Clinton Township, MI
Kaiser Foundation Hospital
Vacaville, CA
Kern Medical Center
Bakersfield, CA
MetroHealth Hospital
Wyoming, MI
Our Lady of the Lake Regional MC
Baton Rouge, LA
Piedmont Medical Center
Rock Hill, SC
Portneuf Medical Center
Pocatello, ID
Reedsburg Area Medical Center
Reedsburg, WI
Richmond University Medical Center
Staten Island, NY
San Joaquin General Hospital
French Camp, CA
Skyline Medical Center
Nashville, TN
Soin Medical Center
Beavercreek, OH
St. Christopher Hospital for Children
Philadelphia, PA
St. Joseph Mercy Oakland
Pontiac, MI
St. Joseph's Regional Medical Center
Lewiston, ID
St. Luke's University Health Network
Bethlehem, PA
St. Mary's Hospital
Madison, WI
St. Mary's of Michigan
Saginaw, ME
State of Alaska
Anchorage, AK
Tacoma Trauma Trust
Tacoma, WA
Trident Medical Center
Charleston, SC
Trident Medical Center
Charleston, SC
University of Rochester Medical Center
Rochester, NY
University of Wisconsin
Madison, WI

2012 Washington Wrap-Up & 2013 Preview

On New Year's Day, the Congress passed H.R. 8, the American Taxpayer Relief Act of 2012. In an effort to avert the so-called "fiscal cliff," H.R. 8 included a number of tax-related provisions; delayed across-the-board federal spending cuts ("sequestration"), including the 2% cut to Medicare provider payments, until March 1, 2013; extended a number of Medicare payment policies - including a one-year extension of the physician sustainable growth rate (SGR) formula patch ("doc fix"); and paid for these health care provisions with certain Medicare and Medicaid provider payment reductions.

While payments to hospitals will be reduced through cuts like a Medicare documentation and coding adjustment that will save $10.5 billion and an extension of the existing Medicaid disproportionate share hospital (DSH) cuts through 2022, other significant cuts that had been on the table during negotiations (e.g. cuts to Indirect Medical Education (IME) payments, Medicare Evaluation & Management and a reduction to the Medicaid provider tax threshold) were not included in the final deal.

Congress and the White House had discussed including major deficit reduction policies in an end-of-year "grand bargain" deal, but were not able to come to agreement before the "fiscal cliff" was set to take effect. By postponing sequestration for two months - which will now occur around the same time the debt ceiling will need to be raised, and likely paid for - the new Congress is expected to work on a deficit reduction package early this year. This next debate will undoubtedly include a larger discussion on Medicare and Medicaid spending.

In anticipation of these funding pressures, TCAA is focused on both near-term and long-term solutions to ensure the future reliability and accessibility of trauma care for all Americans. TCAA will be continuing to press both the Congress and the Administration to provide seed funding for its trauma programs in 2013, as well as preserve existing Medicare and Medicaid funding streams. Simultaneously, TCAA will continue its efforts to work strategically with broader coalition partners on other opportunities to enhance revenue flow to trauma centers, as well as ensure the totality of reimbursement on trauma care (protecting and enhancing reimbursement opportunities). TCAA welcomes your participation in these efforts as we seek to highlight the important role that trauma centers and systems play throughout our country.

PURSUING FEDERAL FUNDING FOR TRAUMA CENTERS

While securing funding for the Public Health Service Act (PHSA) trauma programs through the FY 2013 appropriations process has been an uphill climb this Session, TCAA is already hard at work preparing for the release of the President's FY 2014 budget, and has been urging the Administration to prioritize funding for the trauma programs in its budget proposal. Next year's appropriations process will be all the more complicated given that the FY 2013 funding bills still are not finalized (a Continuing Resolution is in place until March 27, 2013, which keeps all spending at FY 2012 levels until then), and any end-of-year fiscal Cliff deal could include an agreement on future discretionary spending levels, which could impact the FY 2014 appropriations process.

While TCAA's appropriations efforts move forward, members of the TCAA Board and leaders from the American College of Surgeons (ACS) are continuing their joint effort to develop a trauma advocacy platform for the future that will protect, ensure and improve access to trauma care. The end goal for TCAA and ACS is to create a coordinated strategy that will help build as large of a coalition as possible, enabling a successful Capitol Hill/Administration advocacy program for 2013. TCAA and ACS are working to refine the ideas discussed during this brainstorming session and will be reconvening in the coming weeks as both organizations seek to develop a proposal for both organizations' approval and to develop a joint lobbying strategy for the next session of Congress.

TRAUMA CENTERS
THERE WHEN IT COUNTS

TCAA Supports Federal Legislation

TCAA MEETS WITH FEDERAL PARTNERS

HHS Emergency Care Coordination Center
TCAA Board members recently met with Gregg Lord, Director of the Emergency Care Coordination Center (ECCC) at the Office of Preparedness and Emergency Operations within the Office of the HHS Assistant Secretary for Preparedness and Response (ASPR). ECCC had asked to meet with TCAA leaders to discuss the components of a National Burn Surge Framework that the ECCC has been developing in conjunction with the American Burn Association. TCAA Board members provided feedback on the emerging plan, including the concept of Medical Specialty Enhancement Teams that would function as part of the National Disaster Medical System, and offered to be of assistance to the ECCC as the Framework continues to be refined.

CMS Hospital and Ambulatory Payment Group
TCAA members recently met with Marc Hartstein, Deputy Director of the Hospital and Ambulatory Payment Group at CMS, and his team about the trauma activation fee, which Medicare and some commercial payers recognize and pay for. TCAA explained that trauma centers are experiencing numerous issues with the ability to meet the criteria necessary to qualify for the 68X trauma activation fee. TCAA provided a number of examples of when the trauma fee does not get reimbursed and provided CMS with certain suggestions for how to correct the problems. CMS indicated a willingness to examine the issues moving forward and has requested additional information from TCAA, which the association will be providing in the coming weeks.

Pandemic and All-Hazards Preparedness Act Advances; Includes TCAA-Supported Language
Before adjourning for the year, the House passed H.R. 6672, a revised version of the Pandemic and All Hazards Preparedness Act (PAHPA) reauthorization bill, which reflects the priorities that TCAA and partner organizations had been working on during the 112th Session of Congress in an effort to strengthen the National Health Security Strategy (NHSS). Previous versions of the reauthorization bill had passed the House (H.R. 2405) and Senate (S. 1855), but H.R. 6672 is the result of subsequent bicameral, bipartisan negotiations.

The language of H.R. 6672 reflects efforts by TCAA and it trauma and EMS partners to amend the NHSS so that it explicitly states that the NHSS should seek to increase the preparedness, response capabilities and surge capacities of trauma centers, and ensure their availability, accessibility and coordination. TCAA is very appreciative of the House and Senate champions - Congressman Michael Burgess (R-TX), and Senators Patty Murray (D-WA) and Richard Burr (R-NC) - along with the bipartisan leadership of the House Energy and Commerce Committee and Senate HELP Committee, who have worked together to strengthen the NHSS language during reauthorization efforts. While the Senate did not take up the legislation before adjourning for the year, TCAA will be closing monitoring the new Congress' efforts to continue to push the legislation forward in 2013.

Field EMS Legislation
TCAA continues to support the bipartisan Field EMS Quality, Innovation and Cost-Effectiveness Improvement Act (H.R. 3144) introduced by Representatives Walz (D-MN) and Myrick (R-NC) during the 112th Congress. The Field EMS bill would establish HHS as the primary federal agency for trauma care and EMS, and create an Office of EMS and Trauma to provide a voice, home, and initial funding for EMS and trauma programs. As Congress and the Obama Administration continue to consider the appropriate federal role and options for a lead federal agency, TCAA and its colleague organizations are continuing to advocate for policies that ensure the right care is delivered to patients at the right time and in the right setting. As the new Session gets underway, EMS and trauma advocates are working to identify Congressional champions in addition to Rep. Walz (Rep. Myrick is retiring at the end of this Session) and prepare the legislation for reintroduction.

Fall-Related Injury Prevention Group Continues to Refine Data Criteria for Falls Registry Project
TCAA's Fall-Related Injuries working group and the Centers for Disease Control and Prevention (CDC) are continuing to collaborate on the development of a fall prevention initiative that would amplify existing trauma registries in order to build a model fall registry that would be helpful in collecting fall-related information. The registry template has also been developed in consultation with one of the nation's trauma registry vendors, Digital Innovations (DI). TCAA is in the process of finalizing the template with both parties, as well as working to identify possible funding sources to pilot the new technology with a group of 10 TCAA pilot sites (yet to be selected) and then conduct the related data collection/ analysis. TCAA will continue to update its members on this exciting potential opportunity to collaborate with the CDC and DI on a project of national significance and importance to our members and the patients you care for.

Fellowship Experience

Mary Ellen Zimmermann, RN, BSN, CEN, New York Hospital Queens

The opportunity of working with the TCAA in September of 2012 as their Fellow was one of the most unique opportunities of my nursing career. The fellowship has given me new insight to trauma operations and systems management not only within my institution but throughout the country. Working with the TCAA I was able to attend teleconferences with their members, take part in committee meetings and meet with the staff behind the scenes to provide the TCAA members with the information needed to improve processes not only in individual trauma centers but for trauma care nationally.

I was also given the opportunity to choose a self-directed project that will benefit my institution and the TCAA membership. My project is to develop a model for Acute Care Surgery that can be used as a guide for those centers that are planning to move in this direction or as a benchmark for those with an established program. We are still in the early stages of gathering information and will keep you posted as to the progress of the project. Keep a look out for the Ask Traumacare on Acute Care Surgery that will help gather the information needed to complete this project!

Committee Corner: Pediatric Committee

Pediatric Trauma Care: Right Care, Right Place, Right Time

Prepared by Diana Fendya, MSN (R), RN, EMS for Children National Resource Center

Eighty- nine percent of ill and injured children initially seek emergency care at local/rural community hospitals.[1] Critically ill and injured children often require specialty resources not readily available at local emergency departments but may not have the physiological reserve to withstand long delays that can accompany transfer to appropriate resources. Ensuring inter-facility transfer processes are in place, inclusive of transfer agreements and guidelines, is an essential component to ensuring children are able to access the right care at the right place in a timely manner.

In 2011 TCAA's Pediatric Special Interest Group embarked on a project to assist emergency departments in identification of injured pediatric patients who might benefit from additional resources available at a pediatric trauma center as well as guidelines to assist in safe and timely transfer. Under the leadership of Dr. Mary Hilfiker, Chair of the subcommittee, "Pediatric Trauma Interfacility Transfer Guidelines" were developed. Concurrently, collaborative discussions were also underway between the EMS for Children National Resource Center, Emergency Nurse Association and the Society of Trauma Nurses on the development of a joint inter facility transfer tool kit. The proposed tool kit would be a resource to assist nurse leaders and hospitals in the establishment of inter facility transfer agreements and the development of transfer guidelines for ED providers when children required additional unavailable resources at initial receiving facilities. TCAA's Pediatric Trauma Interfacility Transfer Guidelines were identified as an important component for inclusion in the tool kit.

The tool kit, with TCAA's Guidelines, is scheduled for release in early 2013. The tool kit release is being coordinated with a multi-phase quality improvement initiative to ensure that all emergency departments (EDs) are ready to care for ill and injured children. The National Pediatric Readiness Project is the first national assessment of pediatric readiness in EDs across the United States. The overall project objective is to assess pediatric readiness of EDs while increasing awareness of national guidelines developed by AAP, ACEP, and ENA and sponsored by 22 other organizations, including the Joint Commission and the American Medical Association.

The first step in this multi-phase initiative is a confidential web-based assessment based on the 2009 "Guidelines for the Care of Children in the Emergency Department." [2] Participation in the assessment will allow EDs, for the first time, to benchmark their readiness against other facilities with similar pediatric patient volumes within their state and the nation. With the assessment completed, EDs will be able to identify important areas for improvement and guided to the Peds Ready website: www.pediatricready.org , where free down loadable resources will be available to assist in meeting the national guidelines. The inter facility transfer tool kit will be part of this website and TCAA's triage and transfer guidelines for injured child will be available to all of America's EDs as they strive to improve their ability to care for all children and prepare to move injured children safely and expeditiously to appropriate pediatric trauma care.

[1] Gausche Hill M, Schmitz C, Lewis R J. Pediatric Preparedness of US Emergency Departments, a 2003 survey. Pediatrics.2007;120: 1229-1237.

[2] Joint Policy Statement Guidelines for Care of Children in the Emergency Department.

EMSC Emergency Medical Services for Children NATIONAL RESOURCE CENTER

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THE PEPPERMILL RESORT, CASINO & SPA, HOST HOTEL FOR THE 2013 ANNUAL TRAUMA CONFERENCE IN RENO, NEVADA

Save the Date! November 5-8, 2013 Reno, Nevada

The Reno hotel resort and casino has undergone nine major expansions and recently celebrated the Grand Opening of its $400 million Tuscan-themed expansion. The expansion features a 17-story hotel tower, spa and salon, three new restaurants, pool, garden and nightclub. Reno's premier hotel casino offers 1,630 rooms with 785 suites, 9 unique restaurants, and 16 themed bars and lounges. The Peppermill has been listed as one of the “Top 10 Casinos in America” by MSN with CitySearch.

We are happy to announce that we have secured **ALL SUITE Tuscany Tower** rooms for all attendees at only **$99.00** per night! This price includes the resort fee. In addition to the standard amenities, each Tuscany suite offers: 42" wall-mounted LCD high-def television, Custom-made plush double-pillow-top king size beds, Original hand-painted artwork, Spacious, elegant marble bathroom with his and hers sinks, European soaking tub and separate marble enclosed shower, LCD high-def television in bathroom.

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Return Service Requested

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