
Virginia Office of Emergency Medical Services
Trauma Center Fund Disbursement Policy

Trauma Fund Includes:

D.U.I Fund (HB 1143)

License Reinstatement Fee (HB 2664)

General Fund Appropriations (HB 5002)

Instituted October, 2004

Revised June, 2005

Revised April, 2006

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Summary of Trauma Fund

In the 2004 Legislative Session HB 1143 was enacted to amend the *Code of Virginia* by adding section 18.2-270.01. This amendment developed a trauma center fund for the State of Virginia.

This bill requires persons convicted of § 18.2-36.1, 18.2-51.4, 18.2-266 or 46.2-341.24 (DUI), who have previously been convicted of one or more of these violations to pay a fine of \$50 into the Trauma Center Fund.

During the 2005 Legislative Session, HB 2664 was passed. HB 2664 states that before granting or restoring a license or registration to any person whose driver's license or other privilege to drive motor vehicles or privilege to register a motor vehicle has been revoked or suspended, that the Commissioner shall collect from such person, in addition to all other fees provided for in this section, an additional fee of \$40. The Commissioner shall pay all fees collected pursuant to this subsection into the Trauma Center Fund.

Most recently, and the reason for this mid-year revision of the fund's distribution policy, are general fund allocations from HB 5002. The FY07 state budget includes \$1,884,877 per year, for the next two years, to be directed to the Trauma Center Fund. Within the language of HB 5002, which allocates this new funding stream is also language on the expectation of usage and reporting on the use of these funds. (see page 9)

The Department of Health has been directed to develop a methodology for awarding these funds and to administer the Trauma Fund Grant. The Office of Emergency Medical Services (OEMS) is the designee of the Virginia Department of Health (VDH). Criteria for the Trauma Center Fund shall be evaluated annually and revised as needed.

The intention of the Virginia Trauma System is to provide quality trauma care to the citizens of Virginia by assessing the system's needs and improving this system to meet the changing state demographics and changes in the delivery of trauma care.

One step in assisting the trauma system in Virginia is to recognize the burden that trauma care places on the EMS and hospital systems in Virginia. The cost of planning, preparation and education for the many possibilities that could present themselves to this system are, in many cases, immeasurable.

The Office of Emergency Medical Services has encouraged stakeholder participation in the development of a disbursement policy for the Trauma Center Fund by establishing a sub

committee of the Trauma System Oversight and Management Committee (TSO&MC), known as the Trauma Fund Panel (Panel). This Panel assists the Office of EMS in annually reviewing and revising the disbursement methodology as needed.

In addition to the Panel, the Virginia Hospital and Healthcare Association's (VHHA) Technical Advisory Panel (TAP), which was established to assist the Joint Legislative Audit and Review Commission's (JLARC) study on "*The Use and Financing of Virginia Trauma Centers*" (11/05), the TAP also acts in an advisory capacity to the Panel in the development of a formula to fairly distribute monies from the Trauma Center Fund.

The development of a formula to distribute the monies generated by the Trauma Center Fund has been a difficult task. The difficulty of the task came from the Panel's desire to meet the legislative intent on how these funds should be distributed.

The original bill (HB 1443) which established the trauma fund stated that the Trauma Center Fund will be used for the purpose of defraying the costs of providing emergency medical care to victims of automobile accidents attributable to alcohol or drug use. Although it is obvious within the trauma system that these victims cause a financial burden to trauma centers, data to identify these victims is lacking.

Now, with the inclusion of the general funds from HB 5002, additional language has been added that identifies how the monies from the Trauma Center Fund are to be used by the trauma centers. Additionally, the new language adds reporting requirements for the trauma centers and the Office of EMS, as the designee of the Commissioner. The new language also directs the OEMS to explore other sources of federal, state and local funding.

The participants in the development of the distribution matrix that will follow in this document considered many resources to find a data source that would clearly meet every variable stated within the *Code* on use of this funding stream. Although no one source, on a state or national level, satisfies all variables, there was a clear commitment to develop an existing database so that, in the future, a single data source would be identified that satisfies each item listed in the *Code*.

The percentages assigned to each trauma center, to be used to distribute the funds in FY07 were established using the policy that was agreed upon by consensus within the Panel, as meeting the spirit of the *Code* that established the Trauma Center Fund, as well as equitably distributing funds to assist the Virginia designated trauma centers. These centers were identified by JLARC in 2004 as losing a combined \$44,000,000 per year as a result of providing trauma care.

However, due to the new legislation from the 2006 General Assembly, policy changes to the document had to be rapidly developed in order to meet the requirements of how funds are to be used by centers and the reporting requirements of both the recipients and OEMS.

CHAPTER 999

An Act to amend the Code of Virginia by adding a section numbered 18.2-270.01, relating to DUI offenders; payment to Trauma Center Fund.

[H 1143]

Approved April 21, 2004

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered [18.2-270.01](#) as follows:

§ [18.2-270.01](#). Multiple offenders; payment to Trauma Center Fund.

A. The court shall order any person convicted of a violation of §§ [18.2-36.1](#), [18.2-51.4](#), [18.2-266](#), [18.2-266.1](#) or § [46.2-341.24](#) who has been convicted previously of one or more violations of any of those sections or any ordinance, any law of another state, or any law of the United States substantially similar to the provisions of those sections within 10 years of the date of the current offense to pay \$50 to the Trauma Center Fund for the purpose of defraying the costs of providing emergency medical care to victims of automobile accidents attributable to alcohol or drug use.

B. There is hereby established in the state treasury a special non reverting fund to be known as the Trauma Center Fund. The Fund shall consist of any moneys paid into it by virtue of operation of subsection A hereof and any moneys appropriated thereto by the General Assembly and designated for the Fund. Any moneys deposited to or remaining in the Fund during or at the end of each fiscal year or biennium, including interest thereon, shall not revert to the general fund but shall remain in the Fund and be available for allocation in ensuing fiscal years. The Department of Health shall award and administer grants from the Trauma Center Fund to appropriate trauma centers based on the cost to provide emergency medical care to victims of automobile accidents. The Department of Health shall develop, on or before October 1, 2004, written criteria for the awarding of such grants that shall be evaluated and, if necessary, revised on an annual basis.

VIRGINIA ACTS OF ASSEMBLY -- CHAPTER

An Act to amend and reenact § [46.2-411](#) of the Code of Virginia, relating to fees for reinstatement of suspended or revoked license or other privilege to operate or register a motor vehicle.

[H 2664]
Approved

Be it enacted by the General Assembly of Virginia:

1. That § [46.2-411](#) of the Code of Virginia is amended and reenacted as follows:

§ [46.2-411](#). Reinstatement of suspended or revoked license or other privilege to operate or register a motor vehicle; proof of financial responsibility; reinstatement fee.

A. The Commissioner may refuse, after a hearing if demanded, to issue to any person whose license has been suspended or revoked any new or renewal license, or to register any motor vehicle in the name of the person, whenever he deems or in case of a hearing finds it necessary for the safety of the public on the highways in the Commonwealth.

B. Before granting or restoring a license or registration to any person whose driver's license or other privilege to drive motor vehicles or privilege to register a motor vehicle has been revoked or suspended pursuant to §§ [46.2-389](#), [46.2-391](#), [46.2-391.1](#), or § [46.2-417](#), the Commissioner shall require proof of financial responsibility in the future as provided in Article 15 (§ [46.2-435](#) et seq.) of this chapter, but no person shall be licensed who may not be licensed under the provisions of §§ [46.2-389](#) through [46.2-431](#).

C. Whenever the driver's license or registration cards, license plates and decals, or other privilege to drive or to register motor vehicles of any resident or nonresident person is suspended or revoked by the Commissioner or by a district court or circuit court pursuant to the provisions of Title 18.2 or this title, or any valid local ordinance, the order of suspension or revocation shall remain in effect and the driver's license, registration cards, license plates and decals, or other privilege to drive or register motor vehicles shall not be reinstated and no new driver's license, registration cards, license plates and decals, or other privilege to drive or register motor vehicles shall be issued or granted unless such person, in addition to complying with all other provisions of law, pays to the Commissioner a reinstatement fee of \$30. The reinstatement fee shall be increased by \$30 whenever such suspension or revocation results from conviction of involuntary manslaughter in violation of § [18.2-36.1](#); conviction of maiming resulting from driving while intoxicated in violation of § [18.2-51.4](#); conviction of driving while

intoxicated in violation of § [18.2-266](#) or § [46.2-341.24](#); conviction of driving after illegally consuming alcohol in violation of § [18.2-266.1](#) or failure to comply with court imposed conditions pursuant to subsection D of § [18.2-271.1](#); unreasonable refusal to submit to drug or alcohol testing in violation of § [18.2-268.2](#); conviction of driving while a license, permit or privilege to drive was suspended or revoked in violation of § [46.2-301](#) or § [46.2-341.21](#); disqualification pursuant to § [46.2-341.20](#); violation of driver's license probation pursuant to § [46.2-499](#); failure to attend a driver improvement clinic pursuant to § [46.2-503](#) or habitual offender interventions pursuant to former § [46.2-351.1](#); conviction of eluding police in violation of § [46.2-817](#); conviction of hit and run in violation of § [46.2-894](#); conviction of reckless driving in violation of Article 7 (§ [46.2-852](#) et seq.) of Chapter 8 of Title 46.2 or a conviction, finding or adjudication

under any similar local ordinance, federal law or law of any other state. Five dollars of the additional amount shall be retained by the Department as provided in this section and \$25 dollars shall be transferred to the Commonwealth Neurotrauma Initiative Trust Fund established pursuant to Chapter 3.1 (§ [51.5-12.1](#) et seq.) of Title 51.5. When three years have elapsed from the termination date of the order of suspension or revocation and the person has complied with all other provisions of law, the Commissioner may relieve him of paying the reinstatement fee.

D. No reinstatement fee shall be required when the suspension or revocation of license results from the person's suffering from mental or physical infirmities or disabilities from natural causes not related to the use of self-administered intoxicants or drugs. No reinstatement fee shall be collected from any person whose license is suspended by a court of competent jurisdiction for any reason, other than a cause for mandatory suspension as provided in this title, provided the court ordering the suspension is not required by § [46.2-398](#) to forward the license to the Department during the suspended period.

E. Except as otherwise provided in this section and § [18.2-271.1](#), reinstatement fees collected under the provisions of this section shall be paid by the Commissioner into the state treasury and shall be set aside as a special fund to be used to meet the expenses of the Department.

F. Before granting or restoring a license or registration to any person whose driver's license or other privilege to drive motor vehicles or privilege to register a motor vehicle has been revoked or suspended, the Commissioner shall collect from such person, in addition to all other fees provided for in this section, an additional fee of \$40. The Commissioner shall pay all fees collected pursuant to this subsection into the Trauma Center Fund, created pursuant to § [18.2-270.01](#), for the purpose of defraying the costs of providing emergency medical care to victims of automobile accidents attributable to alcohol or drug use.

HB5002
(Trauma System Funding)

Department of Health (601)

Item 1-286

D. Out of this appropriation, \$1,884,877 the first year and \$1,884,877 the second year from the general fund shall be provided to the Virginia Trauma Fund to recognize uncompensated care losses, including readiness costs and clinical services, incurred by providing care to uninsured patients by Virginia hospitals with trauma centers. The Virginia Department of Health, in consultation with the Trauma System Oversight and Management Committee, shall (i) review the criteria used to distribute funding to the trauma centers, (ii) make refinements as necessary to encourage existing trauma centers to upgrade their trauma designation, and (iii) assess whether this additional general fund support can be used as matching funds to maximize federal Medicaid revenues. The Department shall report on the use of these funds in improving Virginia's trauma system to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by December 1 of each year.

Item 1-297

The Commissioner of Health shall review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms, and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens. As sources are identified, the Commissioner shall work with any federal and state agencies and the Trauma System Oversight and Management Committee to assist in securing additional funding for the trauma system.

Grant Disbursement Policy:

- Trauma Fund Panel
- Timeline
- Eligibility to receive funding
- Use of funds
- Required Reporting
- Formula

Purpose: To provide financial support to trauma centers in an effort to defray the costs of providing emergency medical care to victims of automobile accidents attributable to alcohol or drug use, uncompensated care, readiness costs and providing clinical services.

Trauma Fund Panel:

A Trauma Fund Panel Shall be appointed each year by the Trauma System Oversight and Management Committee (TSO&MC) Chairperson at its March meeting. The panel will consist of 6 members: the TSO&MC Chair or his/her designee, the State Medical Director, the Office of EMS Trauma/Critical Care Coordinator, 1 representative of a level I trauma center, 1 representative of a level II trauma center and 1 representative of a level III trauma center.

The Trauma Fund Panel shall be responsible to:

- Review and update annually, as needed, the disbursement policy of the Trauma Fund.
- Use the disbursement policy to provide the Office of EMS Fiscal Division with a percentage of funds to be used for the State's next fiscal year.
- Present changes to the Trauma Fund Grant Criteria on an informational basis to the Trauma System Oversight and Management Committee at their June Meeting.

Timeline:

- At the March Trauma System Oversight and Management Committee Meeting the Chair will form the years Trauma Fund Panel.
- The Committee may choose to not convene the trauma fund panel for the upcoming year if OEMS and the Chair recommend that the document, after review, does not require revision or the revisions required are not sufficiently significant to warrant panel meetings.
- Between the months of March and May, the Trauma Fund Panel will meet to evaluate and revise as needed, the disbursement policy and percentage of funds each designated trauma center will receive from the Trauma Fund Grant
- Changes that have been made to the Trauma Fund Grant Criteria by the Trauma Fund Panel will be presented at the June Trauma System Oversight and Management Committee Meeting on an informational basis, to make potential recipients aware of any significant changes.
- At the beginning of the State Fiscal Year in July the Office of EMS’ Fiscal Division will receive, from the Trauma Fund Panel, the percentage of funding each center will receive. This information will be placed into the Lotus notes program that distributes the funds electronically.
- A report will be forwarded by OEMS to the Chair of the TSO&MC by the September meeting. The report will outline how funds have been distributed for the last fiscal year to each designated trauma center from the Trauma Center Fund.
- The Office of EMS’ Fiscal Division will make electronic disbursements on a quarterly basis to the recipients being funded, as directed by the Trauma Fund Panel from it’s October Meeting.

Quarter	When Disbursed
July – September	October
October – December	January
January – March	April
April - June	July

Eligibility – To be eligible to receive funding through The Commonwealth of Virginia Trauma Center Fund, a hospital must be a Virginia designated trauma center (Level I, II, or III), located within the Commonwealth of Virginia, designated by the Virginia Department of Health and must be in good standing.

Designated trauma centers considered not in good standing, for the purpose of the Trauma Fund, includes any center that has been identified, during any phase of the verification process, to have a critical deficiency or deficiencies. This verification process includes the application process, onsite review, or receiving the site review team’s final report that cites a specific critical deficiency or deficiencies.

Once a center has been identified, by the Office of EMS, as not in good standing, payments from the Trauma Center Fund shall be held in escrow until such time that the critical deficiency has been corrected or a suitable corrective action plan accepted. If a modified site review is required as part of the action plan, funds will be held until a successful modified site visit has occurred.

Each eligible trauma center must provide the Office of EMS’ Fiscal Division with a method to receive funds electronically. The eligible center must be compliant with reporting to the data source (i.e. Trauma Registry) being used by OEMS and the Trauma Fund Panel to establish the percentage of the trauma fund that will go to each facility.

Each recipient of Trauma Center Fund monies shall be required to submit an annual report as prescribed by the Office of EMS (see appendix A). **This report shall be due, at the Office of EMS no later than 5:00 pm on September 1** each year (or the next appropriate state business day) failure to comply with these provisions will result in forfeiting these funds until compliance has been achieved.

If it becomes known that a center(s) is not using the funds in accordance with the “*Virginia Office of Emergency Medical Services Trauma Fund Grant Information and Disbursement Policy*” the OEMS will be obligated to respond to such an event. The OEMS staff will attempt to resolve the matter in the following manner:

- Communicate in writing to the facilities trauma program representative and hospital administrative representative and attempt to clarify and resolve the issue(s).
- Notify the Chair of the TSO&MC of the issue(s) at hand to determine if the matter should come before the Committee for recommended action.
- Report the issue(s) via the VDH chain of command to the States Attorney General’s (AG) Office for appropriate resolution.

Eligible centers will receive quarterly disbursements as noted in the timeline section of this document. Each year the Trauma Fund Panel will review and revise as needed percentages to be assigned to each designated trauma center for the following State fiscal year.

Usage of Funds:

Beginning with this version of the Trauma Fund Disbursement Policy, it has become necessary to provide direction on the usage of trauma funds by its recipients. HB 5002 includes language that is designed to ensure that these funds are used to improve Virginia's Trauma System.

The Trauma Fund, being comprised of several pieces of legislation, directs funds to be used *for the purpose of defraying the costs of providing emergency medical care to victims of automobile accidents attributable to alcohol or drug use* and to recognize uncompensated care losses.

HB5002 describes uncompensated care losses as including readiness costs and clinical services incurred by providing care to uninsured trauma patients. The level of readiness required of a trauma designated hospital is unparalleled by other disciplines.

- Readiness costs that support the trauma systems will vary from institution to institution and may include any of the following:
 - Support an administrative infrastructure dedicated to the trauma program as required for designation to include, but not be limited to:
 - Trauma Medical Director,
 - Trauma Nurse Coordinator,
 - Trauma Registrar(s),
 - Trauma Performance Improvement Coordinator,
 - Other administrative staff to support program.
 - Support higher staffing levels that will assure quality trauma care day or night to include:
 - Trauma Surgeons,
 - Other physician specialties,
 - Mid level/physician extenders,
 - Increased nursing staff to meet required nurse patient ratios,
 - Ancillary support staff needed to meet state designation criteria.
 - Support extensive trauma related training to staff either by hosting or funding staff to attend any of the following:
 - Continuing medical education (CME) for all level of clinicians,
 - Trauma related certification classes, i.e. ATLS, TNCC, ATCN, CATN,
 - Trauma related classes or conferences,
 - Obtain training equipment, aids, materials and supplies,
 - Backfilling for staff attending trauma educational events.
 - Support a trauma specific comprehensive performance improvement program by funding any of the following:

- The purchase or maintenance of a trauma registry software that is capable of also submitting data to the Virginia Statewide Trauma Registry,
- Information Technology support for trauma registry software to assure its use on a day to day basis and to provide support exporting data to state and national databanks,
- Support multidisciplinary performance improvement committees,
- Offset the cost of preparing and undergoing state trauma verification.
- Support for Injury prevention/community outreach to include any of the following:
 - Trauma center and system awareness,
 - Community/Public education program(s) related to injury prevention (staffing, supplies marketing, travel supplies etc.),
- Support for outreach program(s) such as:
 - Educating staff at non designated hospitals on trauma care and trauma triage
 - A program to provide performance improvement related feedback to non designated hospitals and their staff,
 - Educating Prehospital providers on trauma care and trauma triage,
 - A program to provide performance improvement related feedback to Prehospital providers/agencies.
- Support for trauma related research
 - Provide support for trauma related research that will be shared with and support the Virginia Trauma System.

Reporting

The Office of EMS, as the agent of the Health Department, is mandated to report annually to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees on the use of the funds. In order for OEMS to be able to provide this report it is necessary to require fund recipients to report on the use of these funds in improving Virginia's trauma system

Additionally OEMS is required to annually review current funding provided to trauma centers to offset uncompensated care losses, report on feasible long-term financing mechanisms and examine and identify potential funding sources on the federal, state and local level that may be available to Virginia's trauma centers to support the system's capacity to provide quality trauma services to Virginia citizens.

As cited in the eligibility section of this document each recipient of Trauma Center Fund monies shall be required to submit an annual report as prescribed by the Office of EMS (see appendix A). **This report shall be due, at the Office of EMS no later than 5:00 pm on September 1** each year (or the next appropriate state business day) and in an electronic format or the center will forfeit receiving funds until becoming compliant.

Formula – Each Virginia Designated Trauma Center in good standing will receive a quarterly disbursement of funds that have been directed to the Trauma Center Fund and have been received by the Office of EMS. It is the goal of the Office of EMS to electronically disburse all funds, maintaining a zero balance, within thirty days from the end of each state fiscal quarter.

Each Virginia Designated Trauma Center in good standing will receive a percentage of the funds received as directed by the trauma fund panel, this percentage will be based on inpatient admission days for those patients admitted under a primary E-Codes related to motor vehicle crashes.

Using the most recently available calendar years discharge data from the Virginia Health Information (VHI) database, the total number of hospital days of patients admitted under a primary E-Codes of 810, 811, 812, 813, 814, 815, 816, 819, 822 & 823 to qualifying trauma centers will be queried.

In addition to each individual qualifying trauma center being queried, a query will be run to establish the total number of patients admitted under these E-Codes for all qualifying trauma centers. Based on the number of patient admission days of each center compared to the total number of admission days for all qualifying trauma centers a percentage will be assigned. This percentage will be provided to the Office of EMS' Fiscal Division.

The Office of EMS' Fiscal Division will use this figure to disburse funds for the next State fiscal year. (July 1 to June 30). The Office of EMS will revise the percentages annually, coinciding with the State's fiscal year. As the Office of EMS is dependent upon the distribution of VHI hospital data, the percentages will be adjusted as soon as the VHI data is made available for the new fiscal year.

It is the intention of the Office of EMS to transition to using the Virginia Statewide Trauma Registry as the data source for the Trauma Fund no later than FY08. Eligible trauma centers should be mindful of this plan and make every effort to gain compliance with the VSTR as soon as possible.

Trauma Center Fund Percentages:

FY06 Trauma Fund Distribution Percentages	
Trauma Center	Percentage FY07
Level I	
Carilion Roanoke Memorial Hospital	14.16
Inova Fairfax Hospital	26.98
Sentara Norfolk General Hospital	14.84
UVA Health System	13.23
VCU Health System	17.38
Level II	
Lynchburg General Hospital	1.12
Riverside Regional Medical Center	1.39
Winchester Medical Center	2.67
Level III	
Carilion New River Valley Med. Ct	0.25
CJW -(Chippenham & Johnston Willis)	1.81
Columbia Montgomery Regional Hosp	0.65
Southside Regional Medical Center	0.64
Virginia Beach General Hospital	4.88
Total	100.00

Funding Estimates:

Anticipated Funding	
From DUI Source	\$10,000 to 20,000
From License Reinstatement	\$6,800,000
From General Funds	\$1,884,887.00

*The above are merely estimates, income from these items above will vary from year to year.

Appendix A

Virginia Trauma Fund Annual Report		
Fiscal Year End Report to the Office of Emergency Medical Services		
Hospital Name:	Choose your hospital	Fiscal Year: Choose FY
Eligibility		
Where you ineligible for funding anytime if the fiscal year you are reporting?	No	
If you answered "Yes" to the previous question when did you become ineligible?	N/A	
If you answered "Yes" to the previous question when did you become ineligible?	N/A	
Fiscal		
Were any Trauma Center Funds carried over from the previous fiscal year?	\$	-
Total Funding funding your received during the fiscal year being reported	\$	-
(OEMS Use)		
Trauma Fund Expenditures		
Support an administrative infrastructure dedicated to the trauma program	Trauma Funds Used	Total Cost
Trauma Medical Director		
Trauma Nurse Coordinator		
Trauma Registrar(s)		
Trauma Performance Improvement Coordinator		
Administrative Staff		
Other Explain:		
Support higher staffing levels to assure quality trauma care day or night		
Trauma Surgeons		
Other physician specialties		
Mid level/physician extenders		
Increased nursing staff to meet patient ratios		
Ancillary support staff needed to meet state designation		
Support extensive trauma related training to staff either by hosting or funding to attend the following: (attach a summary of training events if funded)		
Continuing medical education for all level of clinicians		
Trauma related certification classes (i.e. ATLS, TNCC, ATCN, CATN)		
Trauma related classes or conferences		
Obtaining training equipment, aids, materials and supplies		
Backfilling for staff attending attending trauma educational events		
Support a trauma specific performance improvement program by funding:		
The purchase and/or maintenance of a trauma registry software program that is capable of also submitting data to the Virginia Statewide Trauma Registry		
Information technology support for trauma registry software to assure its uses on a day to day basis and to provide support exporting to state and national		
Support multidisciplinary performance improvement committees		
Offset the cost of preparing for and undergoing state trauma verification		
Support for injury prevention/community outreach: (attach a summary of injury prevention and community outreach activities if funded)		
Trauma Center and Trauma System awareness		
Community/public education program(s) related to injury prevention (staffing, supplies, marketing, travel supplies, etc.)		
Support for outreach program(s) such as: (attach a summary of outreach activities if funded)		
Educating staff at non designated hospitals on trauma care and trauma triage		
A program to provide performance improvement related feedback to non designated hospitals and their staff.		
Educating Prehospital providers on trauma care and trauma triage		
A program to provide performance improvement related feedback to Prehospital providers/agencies.		
Support for trauma related research that will be shared and support the Virginia Trauma System		
Other:		
Other:		
	Total Expenditures	\$ -
	Previos FY Carry Over	\$ -
	Carry Over to Next FY	\$ -