Maryland Trauma Physician Services Fund

Equipment Grant Application

Grant Cycle 2018-2019

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10% of $6,000,000= $600,000/7=85,714 each;

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Background on the Trauma Equipment Grant Program

The Maryland Health Care Commission (MHCC), the Health Services Cost Review Commission (HSCRC) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) have found that there are more than $10 million in system-wide unmet trauma equipment needs in Maryland. Recognizing that the needs of regional trauma center hospitals continue to be especially great, the General Assembly approved the annual award of grants to Level II and Level III trauma centers to be used for equipment primarily used in the delivery of trauma care.

This year, the Maryland Health Care Commission, in consultation with the Health Services Cost Review Commission and the Maryland Institute for Emergency Medical Services Systems will issue grants for a total of **$600,000** from the Maryland Trauma Physician Services Fund (Fund) surplus to finance the purchase of equipment used in the treatment of trauma patients. The total amount of grants to be awarded may not exceed 10% of the balance remaining in the Trauma Fund at the end of the fiscal year immediately prior to the fiscal year in which the grants are awarded. The **$600,000** in total funding will be apportioned equally among the eligible trauma centers. All Level II and Level III trauma centers are eligible for up to **$85,714** in equipment funding. All equipment funded through this program must be purchased or leased no later than the end of the hospital's 2019 fiscal year.

Application Process

Level II and Level III trauma centers must complete this application to be eligible for a Trauma Equipment Grant. Please take special care in completing the *Unfunded Trauma Equipment Inventory* (Table 1). Complete each cell for all equipment that you wish the State to consider for funding under the Grant. Provide an estimate of the purchase price or the capital lease expense and the percentage that the equipment is planned to be used for the trauma program. Please document how the equipment price or lease estimate was obtained and the method used to determine the amount of trauma program use.

The State will consider an equipment lease as equivalent to a purchase if it is a direct substitute for the purchase of the asset (equipment) and all risks and benefits associated with ownership to the hospital are transferred through the lease. As a general rule for accounting purposes, a lease can be treated as a capital expenditure, (an asset) when it meets any one of the following tests:

1. Title transfers to the hospital at the end of the lease term;
2. The lease has a bargain purchase element at the end of the lease term;
3. The lease term exceeds 75% of the useful economic life of the asset;
4. The present value of the minimum lease payments exceed 90% of the fair market value (FMV) of the asset at lease inception.

Trauma center hospitals may wish to refer to COMAR 30.08.05.13 to determine the equipment that hospitals are required to use for MIEMSS' designation as a Level II or Level III trauma center (see Attachment 1). Hospitals should list only equipment that has a purchase value in current (2017-18 dollars) of $5,000 or more.

Please submit your Equipment Grant Application to MHCC by May 18, 2018.

Review Process

MHCC, HSCRC, and MIEMSS will designate review committee to evaluate the Equipment Grant Applications. The reviewers will give priority, using the following factors, to funding equipment leases/purchases:

(1) Equipment required under COMAR 30.08.05.13 for hospitals designated by MIEMSS as a Level II or Level III trauma center. (see Attachment 1)
(2) Equipment used primarily in the trauma program (50% or more), but not specifically designated under COMAR regulations.
(3) Other equipment not designated in COMAR, but used at least 10 percent of the time for trauma care.

Trauma Center hospitals will receive grants based on the estimated use of equipment for trauma care. For example, if a CT scanner costs $1,000,000 and is used 25 percent of the time for trauma patients (based on the hospital's estimation method), then the trauma center would be eligible for a $250,000 equipment grant. If the estimated equipment purchase price or trauma use level differ from industry standards available to the State, the review committee members may ask the hospital to submit additional documentation to support this variance. The MHCC anticipates making awards by May 30, 2018. Funds will be released to the hospitals at the time of award. The maximum total funding available to any hospital is **$85,714** for this grant cycle.

Documentation Requirements

The hospital must provide documentation that the equipment was purchased in the year specified. A purchase order or contract binding the hospital will represent suitable documentation that the equipment has been purchased or leased. Documentation must be submitted to MHCC within 60 days of the hospital's fiscal year end for this grant cycle (FY 2018-19). The Commission reserves the right to audit hospitals for equipment purchased under this Program. Audits will be conducted by the Trauma Fund auditor or another representative designated by MHCC. The Commission may ask that the hospital document the amount of time the equipment is used for trauma care.

Limitations

A hospital that has not spent funds awarded under the Trauma Equipment Grant Program by the close of its 2019 fiscal year must return the remaining funds to the Maryland Trauma Physician Services Fund. A hospital may not reprogram trauma equipment grant money to other capital equipment or to any other purpose without prior written permission from MHCC.

Glossary of Terms

Application – the Maryland Trauma Physician Services Fund Equipment Grant Application

Commission or MHCC – the Maryland Health Care Commission

Fraud – The act of (1) knowingly and willfully making, or causing to be made, any false statement or representation of a material fact in any application for payment and (2) knowingly and willfully making, or causing to be made, any false statement or representation of a material fact for use in determining rights to payments.

Fiscal Year – A 12-month accounting period that may or may not end on December 31st

Fund – the Maryland Trauma Physician Services Fund

HSCRC – the Health Services Cost Review Commission

MIEMSS – the Maryland Institute for Emergency Medical Services Systems

Report – Information required by the Maryland Health Care Commission for the purpose of distributing and managing funds.

Trauma Center – A facility designated by the Maryland Institute for Emergency Medical Services Systems as:

1. The State Primary Adult Resource Center
2. A Level I Trauma Center
3. A Level II Trauma Center
4. A Level III Trauma Center
5. A Pediatric Trauma Center
6. Trauma Center includes an out-of-state Pediatric Trauma Center that has entered into an agreement with the Maryland Institute for Emergency Medical Services Systems to serve Maryland pediatric trauma patients.

Application Questions

1. Trauma Center Name _____

   Street _____

   City/State _____

   Zip Code _____ Area Code/Telephone _____

   E-mail Address _____

2. Please list the person to contact for information concerning this report:

   Name _____

   Title _____

   Area Code/Telephone _____

   E-mail Address _____

3. What is your trauma center's designation level? (select one response)

   ☐ Level II Trauma Center

   ☐ Level III Trauma Center

4. Please provide responses in Table 1 for the list of equipment, areas of use, anticipated year of purchase or lease, estimated equipment cost, percentage of equipment use in the trauma program, source of the equipment cost estimate, and the method used to determine the equipment use for the trauma program.

Table 1: Unfunded Trauma Equipment Inventory

<u>Part 1. Equipment Category</u> --- Identify where Equipment is used: Emergency Dept. (ED); Resuscitation (R); Operating Room (OR); Critical Care (CC); Radiology (RAD)*

Equipment List	*Indicate Area of Use (ED, R, OR, CC, RAD)	Anticipated Fiscal Year of Purchase	Estimated Equipment Cost (Based on Current Cost Analysis)	% Equipment Will Be Used Specifically For the Trauma Program	Source of Equipment Cost/Lease Estimate	Method Used to Determine Equipment Use For Trauma Program

Note: (1) Previously purchased equipment is not eligible for a grant;
(2) Trauma Centers cannot use grant funds for construction expenses.

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VERIFICATION OF INFORMATION

I hereby certify that the facts stated in this Maryland Trauma Physician Services Fund Equipment Grant Application are correct to the best of my knowledge and belief. I am the Chief Financial Officer of the Hospital and can verify that all information submitted is accurate and true.

(Name of Trauma Center/Hospital - please print or type)

(Chief Financial Officer – please print or type)

(Chief Financial Officer - Signature)

(Date)

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CHECK LIST

☐ **(1) Did you review this application to verify that all of the information provided is accurate?**

☐ **(2) Did you provide a response to each of the questions?**

☐ **(3) Did you report all proposed trauma equipment to be purchased or leased in FY 2018 or FY 2019 on page 7?**

☐ **(4) Did the Chief Financial Officer sign the statement of verification on page 8?**

PLEASE send your Trauma Equipment Grant Application to:

Denise Ridgely, Program Manager
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore MD 21215

denise.ridgely@maryland.gov
410-764-3780
410-358-1236 (FAX)

Attachment 1

COMAR ***30.08.05.13***

.13 Facility or Unit Capabilities.

	PARC	*I*	*II*	*III*	*ED*
A. Emergency Department. Emergency department requirements are as follows:					
(1) A designated physician director and nurse manager;	NA	E	E	E	E
(2) Board-certified or board-eligible attending physician with demonstrated competence in the care of critically injured patients in-house 24 hours a day;	NA	E	E	E	D
(3) Dedicated trauma resuscitation unit with dedicated staff, equipment, and supplies 24 hours a day;	E	D	NA	NA	NA
(4) Senior attending trauma surgeon available 24 hours a day through SYSCOM as a resource for trauma consultation Statewide;	E	NA	NA	NA	NA
(5) A sufficient number of registered nurses and other providers, who are competent to provide care during trauma resuscitation and present in sufficient numbers to manage projected case load, and a plan to reinforce the number of staff on immediate notice of multiple admissions;	E	E	E	E	E
(6) Equipment and supplies organized for trauma resuscitation present and immediately available 24 hours a day;	E	E	E	E	E
(7) Identified trauma cubicle or room for trauma resuscitation;	NA	E	E	E	E
(8) Direct communication link to prehospital providers and transport vehicles;	E	E	E	E	E
(9) Designated as base station by MIEMSS;	E	E	E	E	NA
(10) Sterile surgical sets located in the ED for:	E	E	E	E	E
(a) Airway control or cricothyrotomy,					
(b) Thoracotomy,					
(c) Vascular access,					
(d) Chest decompression, and					
(e) Peritoneal lavage;					
(11) Policies and protocols for trauma team response and roles in ED trauma resuscitation in accordance with Regulation .03G of this chapter;	E	E	E	E	E
(12) Drugs necessary for emergency care;	E	E	E	E	E
(13) Autotransfusion equipment and capability immediately available.	E	E	E	E	E
B. Operating Room. Operating room requirements are as follows:					
(1) Operating room or rooms adequately staffed with in-house personnel dedicated to trauma 24 hours a day;	E	D	NA	NA	NA
(2) Operating room available within 15 minutes of notification with adequate in-house staff;	NA	E	E	E	NA
(3) X-ray capability including C-arm image intensifier 24 hours a day;	E	E	E	E	NA

(4) Equipment and instrumentation appropriate for:					
(a) Neurosurgery,	E	E	E	E	NA
(b) Vascular surgery,	E	E	E	E	NA
(c) Pelvic and long-bone fracture fixation, and	E	E	E	E	NA
(d) Cardiopulmonary bypass;	E	E	D	NA	NA
(5) Blood recapturing and warming equipment;	E	E	E	E	NA
(6) Endoscopes.	E	E	E	E	NA
C. Post-Anesthesia Recovery Room. Post-anesthesia recovery room requirements are as follows:					
(1) Dedicated to trauma and staffed 24 hours a day;	E	NA	NA	NA	NA
(2) Room available to trauma patients with registered nurses and other essential staff 24 hours a day;	NA	E	E	E	NA
(3) Equipment for continuous monitoring of temperature, hemodynamics, and gas exchange.	E	E	E	E	NA
D. Intensive Care Unit. Intensive care unit requirements are as follows:					
(1) Dedicated intensive care unit for trauma with appropriately trained registered nurse staff;	E	NA	NA	NA	NA
(2) Priority bed availability for trauma patients with appropriately trained registered nurses in sufficient numbers based on patient acuity;	NA	E	E	E	NA
(3) Written plan for triaging patients from the intensive care unit to free up beds for trauma patients when necessary or provision of alternate critical care beds for trauma patients with appropriately trained registered nurse staff;	E	E	E	E	NA
(4) Equipment for monitoring and resuscitation;	E	E	E	E	D
(5) Support services with immediate access to clinical diagnostic services such as arterial blood gases, hematocrits, and chest X-rays available within 30 minutes;	E	E	E	E	NA
(6) Acute continuous hemodialysis capability.	E	E	E	E	NA
E. Acute Spinal Cord or Head Injury Management Capability. Acute spinal cord or head injury management requirements are as follows:					
(1) Dedicated neurotrauma units with dedicated, specialty trained nursing and support staff;	E	NA	NA	NA	NA
(2) Neuro-intensive care unit with intracranial pressure capabilities for trauma patients;	NA	E	NA	NA	NA
(3) Transfer agreements with designated spinal or head injury trauma centers and spinal or head injury rehabilitation centers.	NA	E	E	E	NA
F. Burn Care. Burn care requirements are as follows:					
(1) Adult or pediatric burn center:	E	E	E	E	E
(a) Designated by MIEMSS and approved by the EMS Board under this subtitle,					
(b) Staffed by nursing personnel trained in burn care, and					
(c) Properly equipped for the care of extensively burned patients; or					
(2) Transfer agreements with a designated adult or pediatric burn center.	E	E	E	E	E

G. Radiological Special Capabilities. Radiological special capabilities requirements are as follows:					
(1) In-house trauma-dedicated technicians 24 hours a day;	E	NA	NA	NA	NA
(2) In-house radiology technicians 24 hours a day;	E	E	E	E	NA
(3) Dedicated computed tomography (CT) scan and angiography facilities and staff 24 hours a day;	E	NA	NA	NA	NA
(4) Angiography;	E	E	E	E	NA
(5) Sonography;	E	E	E	E	D
(6) Nuclear scanning;	E	E	E	E	NA
(7) Magnetic resonance imaging;	E	E	E	D	D
(8) Computed tomography (CT):					
(a) Computed tomography (CT) in-house and available 24 hours a day,	E	E	E	E	NA
(b) In-house CT technician 24 hours a day,	E	E	E	NA	NA
(c) CT technician on-call and available within 30 minutes, and	NA	NA	NA	E	NA
(d) Back-up CT scan capabilities.	E	E	E	E	NA
H. Rehabilitation. Rehabilitation requirements are as follows:					
(1) Rehabilitation services staffed by personnel trained in rehabilitative care and properly equipped for acute care of the critically injured patient;	E	E	D	D	NA
(2) Full in-house service or transfer agreement to a rehabilitation service for long-term care;	NA	E	E	E	NA
(3) Ongoing continuity of care for patients with traumatic brain, musculoskeletal, and soft tissue injuries provided in an affiliated rehabilitation facility by attending trauma center specialists and subspecialists.	E	NA	NA	NA	NA
I. Clinical Laboratory Service.					
(1) A clinical laboratory service shall be available 24 hours a day capable of providing:	E	E	E	E	E
(a) Standard analysis of blood, urine, and other body fluids;					
(b) Blood-typing and cross-matching;					
(c) Comprehensive blood bank or access to a central blood bank in the community and adequate storage facilities with stock minimums set by protocol for blood products;					
(d) Blood gases and pH determinations;					
(e) Coagulation studies;					
(f) Microbiology; and					
(g) Drug and alcohol screening.					
(2) A dedicated satellite lab facility shall be available near or in the trauma resuscitation area for essential lab studies.	E	E	NA	NA	NA
J. Equipment for Resuscitation. Equipment for resuscitation of patients of all ages in the emergency department, operating room, post-anesthesia care unit, or intensive care unit shall include:					
(1) Immediately available equipment such as:	E	E	E	E	E
(a) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen,					

(b) Suction devices,					
(c) Pulse oximetry,					
(d) Electrocardiograph-oscilloscope-defibrillator, and					
(e) Standard intravenous fluids and administration devices, including large-bore intravenous catheters; and					
(2) Readily available equipment such as:					
(a) End-tidal CO_2 determination,	E	E	E	E	E
(b) Apparatus to establish hemodynamic monitoring,	E	E	E	E	NA
(c) Skeletal traction devices, including capability for cervical traction,	E	E	E	E	E
(d) Arterial catheters,	E	E	E	E	NA
(e) Thermal control equipment for patient and fluids, and	E	E	E	E	E
(f) Compartmental pressure measuring device.	E	E	E	E	D