



**MARYLAND
Health Care
Commission**

**Maryland Trauma Physician Services Fund
Equipment Grant Application
Grant Cycle 2022-2023**

***Andrew N. Pollak, M.D.
Chair***

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Executive Director***

**Maryland Trauma Physician Services Fund
Equipment Grant Application**

10% of \$2,000,000 = \$200,000/7 = 28,572 each

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Maryland Trauma Physician Services Fund Equipment Grant Application

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 **\$200,000** 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 **\$200,000** 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 **\$28,572** in equipment funding. All equipment funded through this program must be purchased or leased no later than the end of the hospital's 2023 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 (2021-22 dollars) of \$5,000 or more.

Please submit your Equipment Grant Application to MHCC by December 1, 2021.

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 January 14, 2022. Funds will be released to the hospitals at the time of award. The maximum total funding available to any hospital is **\$28,572** 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 2022-23). 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 2023 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

Part 1. Equipment Category --- 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.

**Maryland Trauma Physician Services Fund
Equipment Grant Application**

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)

Maryland Trauma Physician Services Fund Equipment Grant Application

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

30.08.05.13

.13 Facility or Unit Capabilities.

	PARC	I	II	III	ED
A. Emergency Department. Emergency Department (ED) requirements are as follows:					
(1) A designated ED 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) A dedicated Trauma Resuscitation Unit (TRU) with dedicated staff, equipment and supplies 24 hours a day;	E	NA	NA	NA	NA
(4) Dedicated trauma resuscitation area with dedicated staff, equipment, and supplies 24 hours a day;	NA	E	E	E	E
(5) Senior attending trauma surgeon available 24 hours a day through EMRC/SYSCOM as a resource for trauma consultation Statewide;	E	NA		NA	NA
(6) 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
(7) Defined and agreed on roles and responsibilities approved by the TMD with the overall goal to have available ED resources needed to care for patients;	NA	E	E	E	E
(8) Verification of functioning life-safety emergency equipment and supplies organized for trauma resuscitation present and immediately available 24 hours a day;	E	E	E	E	E
(9) Direct communication link to pre hospital providers and transport vehicles;	E	E	E	E	E
(10) Designated as Base Station by MIEMSS;	E	E	E	E	E
(11) Emergency Equipment located in the Resuscitation area/ED for:	E	E	E	E	E
(a) Airway control or cricothyrotomy;	E	E	E	E	E
(b) Difficult Airway Equipment;	E	E	E	E	E
(c) Thoracotomy;	E	E	E	E	E
(d) Vascular access;	E	E	E	E	E
(e) Thoracostomy/Chest decompression;	E	E	E	E	E
(f) Peritoneal Lavage;	E	E	E	E	E
(g) Bedside Ultrasound;	E	E	E	E	E
(h) Extremity Hemorrhage Control devises/Tourniquet;	E	E	E	E	E
(i) Rapid Infuser and Warmer; and	E	E	E	E	E
(j) Access to compartment measurement device;	E	E	E	E	E

(12) Policies and protocols for trauma team response and roles in ED trauma resuscitation in accordance with Regulation .11 of this chapter;	E	E	E	E	E
(13) Drugs necessary for emergency care; and	E	E	E	E	E
(14) Auto transfusion equipment and capability immediately available.	E	E	E	E	E
B. Operating Room. Operating Room (OR) requirements are as follows:					
(1) OR rooms adequately staffed with in-house personnel dedicated to trauma 24 hours a day;	E	D	NA	NA	NA
(2) OR available within 15 minutes of notification with adequate in-house staff;	E	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:					
(i) Cardiopulmonary bypass;	E	E	D	NA	NA
(ii) If cardiopulmonary bypass equipment is not immediately available, a written contingency plan, including immediate patient transfer to an appropriate center with a 100 percent performance improvement review of all patients transferred;	NA	E	E	E	NA
(5) Rapid fluid infusers, blood recapturing thermal control equipment for patients and resuscitation fluids, intraoperative radiologic capabilities, equipment for fracture fixation, and equipment for bronchoscopy and gastrointestinal endoscopy;	E	E	E	E	NA
(6) Equipment for continuous monitoring of temperature, hemodynamics, and gas exchange; and	E	E	E	E	NA
(7) Endoscopes.	E	E	E	E	NA
C. Post-Anesthesia Care Unit (PACU) requirements are as follows:					
(1) Dedicated to trauma and staffed 24 hours a day;	E	NA	NA	NA	NA
(2) PACU Room/s available to trauma patients with registered nurses and other essential staff 24 hours a day; and	NA	E	E	E	NA
(3) The necessary equipment to monitor and resuscitate patients including equipment for continuous monitoring of temperature, hemodynamics, and gas exchange.	E	E	E	E	NA
D. Intensive Care Unit (ICU). Intensive care unit requirements are as follows:					
(1) Dedicated ICU for trauma with appropriately trained registered nurse staff;	E	NA	NA	NA	NA
(2) Designated ICU bed availability for trauma patients with appropriately trained trauma registered nurses in sufficient numbers based on patient acuity;	E	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) The means to ensure that the trauma surgeon is kept informed and concurs with major therapeutic and management decisions made by the ICU team which can collaboratively manage many of the daily care requirements;	E	E	E	E	NA
(5) The means to ensure that trauma patients are not admitted or transferred by a primary care physician without the knowledge and consent of the trauma service;	E	E	E	E	NA
(6) The necessary equipment to monitor and resuscitate patients;	E	E	E	E	NA
(7) 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
(8) A Respiratory Therapist available in the hospital 24 hours per day;	E	E	E	E	E
(9) Nutrition support services available; and	E	E	E	E	NA
(10) Acute continuous hemodialysis capability.	E	E	E	E	NA
E. Acute Spinal Cord and 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 services with intracranial ressure capabilities for trauma patients;	NA	E	D	D	NA
(3) Intracranial pressure monitoring equipment available with neurosurgical coverage;	E	E	E	E	E
(4) Dedicated services to care for spinal cord injury and patient management; and	E	NA	NA	NA	NA
(5) Orthopedics or Neurosurgery management of the spine patients with appropriate neuro monitoring consistent with current standards of care to meet the needs of the patient.	E	E	E	E	E
F. Burn Care. Burn care requirements are as follows:					
(1) Ability to provide initial resuscitation for burn patients;	E	E	E	E	E
(2) Proper equipment for the care of burned patients, prior to transfer to burn center; and	E	E	E	E	E
(3) A hospital shall complete transfers to in-State hospitals, or to out-of-State hospitals listed in the Maryland Emergency Medical Services Interhospital Transfer Resource Manual, in accordance with the guidelines contained in the Maryland Emergency Medical Services Interhospital Transfer Resource Manual without the need for separate transfer agreements.	E	E	E	E	E
(4) A hospital shall have a written transfer agreement in place for transfer of a patient to an out-of-State hospital not listed in the Maryland Emergency Medical Services Interhospital Transfer Resource Manual, if the hospital transfers to such out-of-State hospital more than five times a year.	E	E	E	E	E
G. Radiological Special Capabilities. Radiological special capabilities requirements are as follows:					
(1) Qualified radiologists and staff available within 60 minutes of consultation notification to perform complex imaging studies, or interventional procedures;	E	E	E	E	E

(2) A Board-certified or board-eligible, in-house Radiology Attending on-call who shall provide interpretations of radiographs within 30 minutes;	E	NA	NA	NA	NA
(3) Qualified in-house Radiology or Teleradiology available 24 hours a day for the interpretations of radiographs;	NA	E	E	E	E
(4) Changes in interpretation between preliminary and final reports, as well as missed injuries, monitored through the QM program;	E	E	E	E	NA
(5) A mechanism in place to view radiographic imaging from referring hospitals;	E	D	D	D	NA
(6) In-house trauma-dedicated technicians 24 hours a day;	E	NA	NA	NA	NA
(7) In-house radiology technicians 24 hours a day;	E	E	E	E	E
(8) Dedicated computed tomography (CT) scan and angiography facilities and staff 24 hours a day;	E	NA	NA	NA	NA
(9) Interventional Angiography;	E	E	E	D	NA
(10) Sonography;	E	E	E	E	D
(11) Nuclear scanning;	E	E	E	E	NA
(12) Magnetic resonance imaging (MRI) capability available 24 hours per day;	E	E	E	D	D
(13) An MRI technologist who may respond from outside the hospital with the QM program documenting and reviewing arrival within 60 minutes of being called; and	E	E	E	D	D
(14) 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; and	E	E	E	E	NA
(c) 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) Rehabilitation consultation services, occupational therapy, speech therapy, physical therapy, and social services available in the critical care phase as needed;	E	E	D	D	NA
(3) Full in-house service or transfer process in place to a rehabilitation service for Long-term care or sub-acute care;	E	E	E	E	NA
(4) Ongoing continuity of care for patients with traumatic brain, musculoskeletal, and soft tissue injuries provided in affiliated rehabilitation facility by attending trauma center specialists and sub-specialists; and	E	NA	NA	NA	NA
(5) Transfer agreements to Rehabilitation hospitals, for the primary three rehabilitation hospitals the trauma center utilizes which may be a joint transfer agreement if the Trauma Center is a part of a health system that utilizes a particular rehabilitation center.	E	E	E	E	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) The blood bank shall have an adequate in-house supply of red blood cells, fresh frozen plasma, platelets, cryoprecipitate, and appropriate coagulation factors to meet the needs of injured patients.	E	E	E	E	E
(3) A massive transfusion protocol developed collaboratively between the trauma service and the blood bank.	E	E	E	E	E
(4) A dedicated satellite lab or Point-of-Care available near or in the trauma resuscitation area for essential lab studies.	E	E	D	D	NA
J. Equipment for Resuscitation. Equipment for resuscitation of patients of all Ages in the ED, OR, PACU, and ICU shall be immediately available and include:					
(1) Airway control and ventilation equipment, difficult airway equipment, including laryngoscopes and endotracheal tubes of all sizes, bag-mask resuscitator, pocket masks, and oxygen;	E	E	E	E	E
(2) Suction devices;	E	E	E	E	E
(3) Pulse oximetry;	E	E	E	E	E
(4) Electrocardiograph-oscilloscope-defibrillator;	E	E	E	E	E
(5) Standard intravenous fluids and administration devices, including large-bore intravenous catheters;	E	E	E	E	E
(6) End-tidal CO2 determination;	E	E	E	E	E
(7) Apparatus to establish hemodynamic monitoring;	E	E	E	E	NA
(8) Skeletal traction devices, including capabilities for cervical traction;	E	E	E	E	E
(9) Arterial catheters;	E	E	E	E	NA
(10) Thermal control equipment for patient and fluids;	E	E	E	E	E
(11) Rapid Infuser and Warmer;	E	E	E	E	E
(12) Compartmental pressure measuring device; and	E	E	E	E	D
(13) Portable ultrasound.	E	E	E	E	E