Request:

1. Level of Trauma Center
2. Does your trauma program have a line item budget?
3. Which of the following Staff time/FTE & Salaries are a part of your trauma program budget?
4. Which of the following components is a part of your trauma program budget?
5. Have you been asked to reduce costs in your trauma program?
6. If yes, what actions have you taken to reduce costs?
7. Have you taken actions to generate more income?
8. Do you have a budget process you can share

RESPONSE:

A total of 40 facilities participated in this survey. The Trauma Center Levels are represented in the corresponding graph.

Trauma Program Line Item Budget: Of the 40 participants in this survey 35 facilities (87%) reported having line item budgets for their trauma programs, four facilities (10%) reported they do not have line item budgets for their trauma programs, and one facility did not answer.

Staff time/FTE & Salaries are a part of your trauma program budget: Participants were allowed to select more than one response. The two most commonly reported salaries included in the trauma program budgets were Registrar and Trauma Program Manager Positions. The remaining positions can be viewed in the corresponding graph. Positions not listed included administrative assistance, trauma medical director, mid-level practitioners, and burn coordinators. It was interesting to note that Trauma Director Positions were less likely to be included in the trauma budget in Level I facilities. The specific positions are outlined in the table of responses below.

Components that are part of your Trauma Program Budget: This question also provided the option to make multiple selections from the available answers. Thirty-six (36) of the 40 participants responded to this question. Overall, the most commonly selected components were dues and subscriptions, expenses for required travel, and travel expenses for education. Trauma Medical Director positions and physician call pay at Level I facilities were less likely to be included in the trauma budget. Level 1 and Level 2 facilities budgets were more likely to include outreach resources and materials than the other facilities. The remaining information is depicted in the corresponding chart. Additional components included trauma call pay, cell and communication services, and registry software support.
As to Reduce Costs in Your Trauma Program: Thirty-eight (38) participants responded to this question with 15 (39%) answering YES, while 14 (37%) responded with NO and the remaining 9 (24%) indicated they had not been asked but were preparing for it.

Actions Taken to Reduce Costs in Your Trauma Program: This question too provided the option to make multiple selections. Twenty-four (24) facilities responded to this question. Their responses are summarized in the corresponding chart. The primary actions taken by facilities who have taken actions to cut costs (19 facilities) were reducing patient length of stay (LOS) - 42%, sharing resources – 42%, taking on other responsibilities – 37%, and monitoring supply use – 37%.

Additional actions reported were: taking on pre-hospital care responsibilities, adding stroke coordinator responsibilities, reducing supply use, decrease in travel, and completing LEAN projects to reduce waste.

Actions to Generate More Income: This question garnered a large number of comments. The majority of the facilities indicated they reviewed billing practices to generate income. Additional comments included seeking grant funding, offering educational courses, implementing Trauma Activation fees, and hosting conferences/symposiums.

Have a Budget Process You Can Share: Thirty Seven facilities (95%) responded to this question with the large majority indicating that they do not have budget processes to share while there were 2 (5%) that reported that their facilities do have Budget Processes to share.