

CONNECTICUT ACUTE CARE HOSPITAL TRAUMA ACTIVATION FEE POLICIES AND CHARGES ANALYSIS: FY 2019

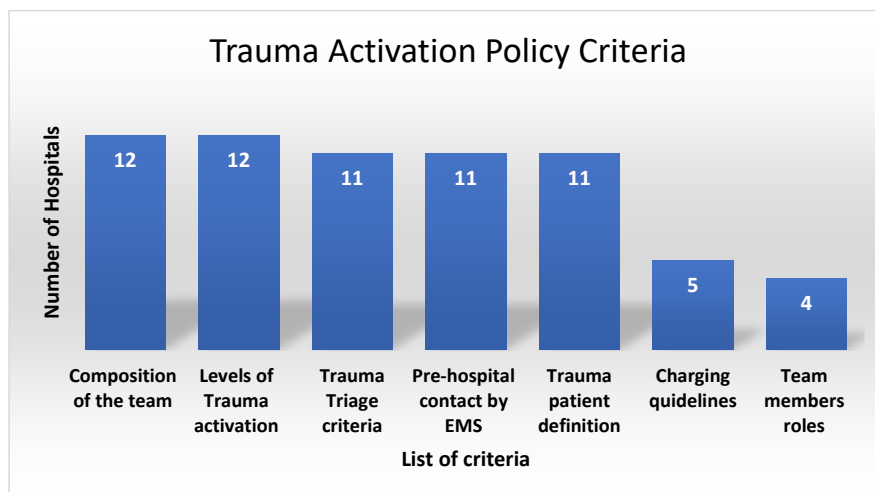
Trauma is one of the leading causes of death in the United States and accounts for over 150,000 deaths and 3 million non-fatal injuries per year. Around the world, trauma is responsible for more than 5 million deaths per year.¹ A trauma center is a hospital certified to treat a serious life-threatening physical injury which has potential complications such as shock, respiratory failure, or death. States designate and license trauma centers and the American College of Surgeons (ACS) verifies if these centers have the resources on site listed in the [Resources for Optimal Care of the Injured Patient](#).² There are 11 adult and 1 pediatric trauma center designated and licensed by the Department of Public Health at hospitals throughout Connecticut, as indicated in the chart below.

Connecticut Hospitals Designated as Trauma Centers			
Trauma Level I	Trauma Level II		Trauma Level III
CT Children's Medical Center*	Bridgeport Hospital	Norwalk Hospital	The William W. Backus Hospital
Hartford Hospital	The Stamford Hospital	St. Mary's Hospital	
St. Francis Hospital and Medical Center	The Waterbury Hospital	St. Vincent's Medical Center	
Yale New Haven Hospital	The Danbury Hospital		

*Pediatric

Section 19a-644 of the Connecticut General Statutes requires the Office of Health Strategy to collect trauma activation fee data and policies from the State's 12 trauma center hospitals. The following analysis examines the policies and fees those hospitals reported for Fiscal Year (FY) 2019.

The chart below summarizes the criteria indicated in the hospitals' trauma activation policies. As there is no standard, the set of criteria utilized by the hospitals vary by institution. Most of the policies indicated the composition of the team(s), the process of activation and the response (which includes the level of activation and triage criteria), the pre-hospital contact with emergency medical services (EMS), and a description of the



patient trauma. Of the 12 hospitals, five hospitals documented the practice of charging trauma activation fees, and four described the roles of the trauma team members. The Centers for Medicare and Medicaid Services (CMS) permits a trauma center to charge a trauma activation fee if the center is notified by emergency services prior to a patient's arrival at the center, whether or not the patient received care from the trauma team.

¹ The American Association for the Surgery of Trauma. *Trauma Facts*. Accessed on 9/29/2020 at <https://www.aast.org/resources/trauma-facts.US>.

² American College of Surgeons. (2014). *Resources for optimal care of the injured patient*. Chicago, Ill: American College of Surgeons, Committee on Trauma. Accessed on 9/25/2020 at <https://www.facs.org/>.

Data Sources: Office of Health Strategy Hospital Reporting System – Report 24 A&B

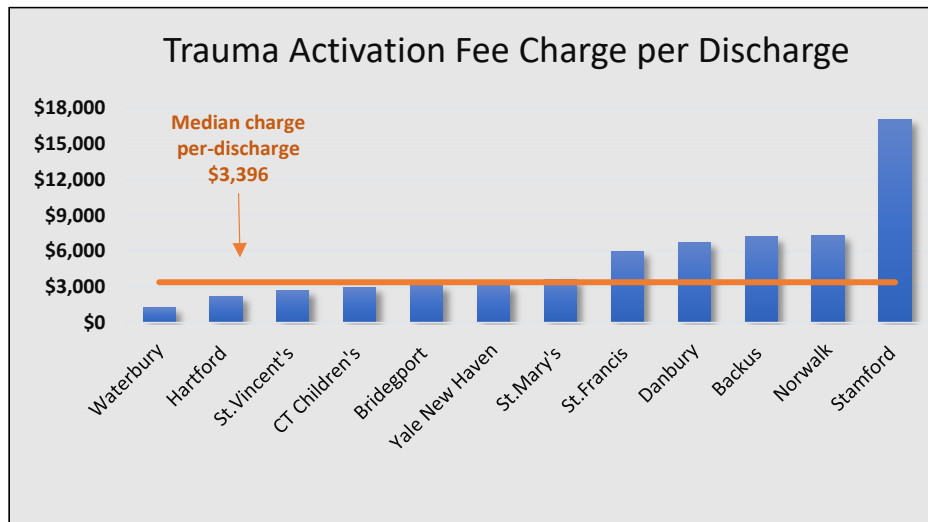
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In FY 2019, 7,115 patient discharges accounted for \$32 million in total trauma activation fee charges, statewide. Trauma I, II and III hospitals generated 42%, 51% and 7% of the charges, respectively. St. Francis Hospital and Medical Center (“St. Francis”) generated the most trauma activation fee charges (\$5.2 million) while St. Vincent’s Medical Center (“St. Vincent’s”) generated the lowest amount (\$375,000). Hartford Hospital reported the highest number of trauma activation fee discharges (1,578) while St. Vincent’s had the lowest number (139). Patients treated in the emergency department (ED) and then admitted to inpatient care accounted for more than half (52%) of the total charges, while patients treated in the ED and then discharged without an overnight stay, accounted for the remaining 48%.

Patients billed a trauma activation fee were 2% of emergency room patients treated and admitted, and 0.4% of patients treated and discharged without an overnight stay. The chart below shows a summary of trauma fee charges, discharges, and ED visits for FY 2019.

Statewide Trauma Activation Fee Charges for FY 2019											
Hospital	Trauma Fee Charges			Trauma Discharges			All Emergency Department ("ED") Visits		Trauma discharges as a % of Total ED Visits		
	Inpatient	Outpatient	Total	Inpatient	Outpatient	Total	Treated & Admitted	Treated & Discharged	Inpatient	Outpatient	
Total Trauma I	\$ 9,880,674	\$ 3,556,496	\$ 13,437,170	2,482	1,455	3,937	107,764	371,071	2.3%	0.4%	
Total Trauma II	\$ 6,398,605	\$ 9,907,420	\$ 16,306,025	1,200	1,657	2,857	71,088	394,558	1.7%	0.4%	
Total Trauma III	\$ 372,606	\$ 1,936,748	\$ 2,309,354	51	270	321	5,353	68,572	1.0%	0.4%	
Total	\$16,651,885	\$15,400,665	\$32,052,550	3,733	3,382	7,115	184,205	834,201	2.0%	0.4%	



The median statewide trauma activation fee charge per discharge at the 12 hospitals was \$3,396. The trauma activation fee charge per discharge ranged from \$1,254 at The Waterbury Hospital to \$17,044 at The Stamford Hospital. The variation in charges between hospitals partially depends on the trauma level, composition of the trauma team or how long the patient was under treatment by the trauma team.

Conclusion: Each hospital trauma activation fee policy should meet the intent of Connecticut General Statute Section 19a-644 and document how the hospital charges trauma activation fees when the service is provided in the hospital’s emergency room. It is important that each hospital continually evaluate and modify its trauma fee activation policies to meet the needs of the changing healthcare environment, capabilities, and patients served. OHS will continue to examine costs in general, and specifically, the cost of and variation in trauma activation fees among the state’s hospitals in context of health cost growth benchmarks.