PENNSYLVANIA TRAUMA SYSTEMS STABILIZATION ACT
Annual Report
Fiscal Year 2024-2025

PURPOSE AND DESCRIPTION

Act 15 of 2004, "The Pennsylvania Trauma Systems Stabilization Act" (Act 15), established an annual Disproportionate Share Hospital (DSH) payment to Pennsylvania hospitals accredited by the Pennsylvania Trauma Systems Foundation (PTSF) as Level I, Level II, or Level III Trauma Centers (Trauma Payment). Act 15 also established qualification criteria for Level III Trauma Centers and provided a funding distribution methodology for the Trauma Payment.

Act 84 of 2010 (Act 84) reestablished the Pennsylvania Trauma Systems Stabilization Act under the Human Services Code (formerly the Public Welfare Code). Act 84 revised the definition of "Trauma Center" to include certain out-of-state hospitals with Trauma Centers that provide services to Pennsylvania Medical Assistance (MA) beneficiaries, and to provide up to four years of funding to hospitals pursuing Level III accreditation. Prior to disbursement, Act 84 requires a commitment from qualified Trauma Centers to use the Trauma Payment funds on the development and provision of trauma services. Act 84 requires each Trauma Center receiving Trauma Payment funds to provide the Department of Human Services (DHS) with a report accounting for Trauma Payment funds expenditures and detailing how the Trauma Payment funds have improved access to trauma care for Pennsylvania citizens. Act 84 did not change the distribution methodology set forth in Act 15.

Act 54 of 2019 (Act 54) established new qualification criteria for Level IV Trauma Centers located in rural counties as defined by the Center for Rural Pennsylvania and revised the maximum payment for Level II Trauma Centers as no greater than 50% of the average Statewide annual payment to a Level I or Level II trauma center.

BENEFIT TO THE COMMONWEALTH

The Trauma Payment benefits Pennsylvania citizens by improving access to readily available and coordinated trauma care. The direct beneficiaries are Pennsylvania hospitals that have received, or are seeking, accreditation as Level I, Level II, Level III, or Level IV Trauma Centers.

Hospitals report that the Trauma Payment funding enables them to provide the specialized care required for traumatically injured patients. Trauma surgeons, neurosurgeons, orthopedic surgeons, oral/maxillofacial and plastic surgeons, and other physician specialists and emergency room personnel are essential to providing patient optimal outcomes.

In Fiscal Year (FY) 2024-2025 hospitals identified the following areas where funding has improved access to, or enhanced the quality of, trauma care for injured patients:

- Ongoing educational opportunities for physicians, nurses, ancillary staff, EMS, Local Fire and Police, including: continuing education (CE) trauma trainings to all staff through MEL (My E-Learning) an online learning platform, Emergency Response Training, QPR Suicide Prevention Training, case reviews, participation on trauma state/regional/national committees lectures and trauma survivors network through the American Trauma Society, EMS webinars/seminars, EMS trauma case reviews (to provide EMS providers feedback and review of their performance), EMS monthly education days, recognition items for nurses and EMS, Rural Trauma Team Development Course (RTTDC), Trauma Care after Resuscitation (TCAR), Advanced Surgical Skills for Exposure in Trauma (ASSET), Hybrid Trauma Nurse Course (TNC), hybrid Trauma Nurse Core Course (TNCC), Emergency Nursing Pediatric Course (ENPC), Advanced Trauma Care for Nurses (ATCN), Trauma Outcomes and Performance Improvement Course (TOPIC), symposiums, staff training on Pennsylvania Trauma Systems Foundation (PTSF) and Trauma Quality Improvement Program (TQIP); Simulation courses including: Surgical Skills Cadaver Labs, Real-time simulation training, and Advanced Trauma Life Support Course (ATLS); educational items were purchased to teach ATLS course to staff, educational costs associated with the ongoing education of staff, curriculum modules, and reference books for trauma registrars.
- Community education, outreach initiatives, awareness campaigns (webinars, seminars) and community health fairs (with free health screenings consultations), to provide resources and support awareness, to reduce traumatic injuries, and educate on ways to assist if a disaster occurs, with a focus on the highest mechanisms of injury patterns including: School Active Shooter Drill (helped educate staff as well as local police and EMS on a mass casualty incident), Stop the Bleed (trains the public to provide immediate bleeding control), Think First (fall prevention program), bicycle safety (provide helmets and perform helmet fittings), Healthy Steps (fall prevention), Safely Seated (car seat program), Impact Teen Driving (safety education initiative that aims to prevent teen car crashes), SADD program (raises awareness about the dangers of impaired and distracted driving), matter of balance program (to help older adults to manage their fear of falling), Vision Zero Network (a road safety strategy to eliminate all traffic fatalities) and Sports Safety.
- Provision of modernized clinical software for patient care including digital radiology system, electronic medical record system and a software link system to be able to import EMS patient care records into the hospital's electronic health record system.
- Hiring staff to be able to provide quality of care and to have in-house surgical/specialties/Behavioral Health coverage 24/7/365.

- Assisting hospitals to continue to provide services while sustaining revenue losses for example: rendering services to insured and under-insured patients and paying on call physician's salaries that made costs exceed revenue.
- Equipment improvements to increase the quality of patient treatment, expedite treatment, decrease length of stays, and achieve optimal outcomes through:
    - Purchase of specialized and advanced equipment such as computerized tomography and Trauma Bay.
    - Upgrade of operative services with the most advanced tools such as increases to bed and medication availability.
    - Purchase of supplies like infusion catheters and fluids, bandages and wound care supplies, surgical instruments, blood bands and rapid blood infusers.
    - Data collection research to identify quality improvement opportunities to advance trauma care and to provide evidence-based care to patients.
    - Helicopter, EMS, LifeLion, JeffSTAT, and LifeFlight patient transport.
    - Pulse center which improves interfacility transfer capabilities that monitors the patient's conditions closely, which incorporate the use of virtual care nurses and intensivists to support the bedside medical staff.
- Expansion of availability of services through newly accredited Trauma Centers. Expenses for newly accredited Trauma centers include: funding additionally supported payment of fees for trauma facilities to participate in accreditation programs such as TQIP, NTDB, and PTSF. Funding was also used for supplies needed for the survey day and many months of preparation that it requires.
- Facility enhancement, such as making cosmetic upgrades to patient-facing areas, including the replacement of waiting room chairs.
- Event held at the facility for the trauma survivors who received care, in order to recognize their strength and resilience and at the same time to allow them to reunite with their care team members.

The Trauma Payment helps promote greater financial stability of qualified Trauma Centers. Pennsylvania citizens benefit from access to quality trauma care.

TRAUMA CENTER PAYMENTS

In FY 2024-2025, the Pennsylvania state budget appropriated $8.657 million for Trauma Center funding. As required by Act 84, DHS submitted a State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS). On December 18, 2024, Pennsylvania received notification that CMS approved SPA 4.19A p. 21c, effective November 3, 2024, which provided federal matching funds for Trauma Payments. The federal financial participation (FFP) increased the total available funding to approximately $19.276 million.

In FY 2024-2025, DHS distributed $19,276,330.44 in Trauma Payments to forty-nine (49) hospitals – $8,657,000.00 in state funds and $10,619,330.44 in federal funds. In FY 2024-2025, twenty-one (21) Level I Trauma Centers, fourteen (14) Level II

Trauma Centers, two (2) Level III and twelve (12) Level IV Trauma Centers qualified for payment.

As required by Act 54, DHS initially distributed ninety- percent (90%) of funding ($17,348,697.40) to Level I and Level II Trauma Centers. DHS initially distributed the remaining ten percent (10%) of funding ($1,927,633.04) to Level III Trauma Centers.

As required by Act 54, DHS distributed fifty percent (50%) of the total funding for Level I and Level II Trauma Centers ($8,674,348.70) equally among Level I and Level II Trauma Centers. DHS distributed the remaining fifty percent (50%) of the total funding based on each Level I and Level II Trauma Center's percentage of MA and uninsured trauma cases and patient days compared to the statewide total number of MA and uninsured trauma cases and patient days for all Level I and Level II Trauma Centers.

As required by Act 54, DHS distributed fifty percent (50%) of the total funding for Level III Trauma Centers ($963,816.52) equally among all Level III Trauma Centers. As required by Act 54, DHS distributed the remaining fifty percent (50%) of the total funding based on each Level III Trauma Center's percentage of MA and uninsured trauma cases and patient days compared to the statewide total number of MA and uninsured trauma cases and patient days for all Level III Trauma Centers.

As required by Act 54, DHS distributed the remaining funding after paying Level III Trauma Centers, $1,431,955.98 to Level IV Trauma Centers. Per the State Plan, DHS distributed fifty percent (50%) of the total funding for Level IV Trauma Centers ($715,977.99) equally among all Level IV Trauma Centers. DHS distributed the remaining fifty percent (50%) of the total funding based on each Level IV Trauma Center's percentage of MA and uninsured trauma cases and patient days for all Level IV Trauma Centers.

Level I and Level II Centers Data Sourcing[1]

DHS utilized Calendar Year (CY) 2023 PTSF data to calculate each Level I and Level II Trauma Center payment, except for Penn Highlands Dubois. DHS utilized FY 2023 Pennsylvania Health Care Cost Containment Council (PHC4) data to calculate these payments.

Level III and Level IV Centers Data Sourcing[2]

DHS utilized Calendar Year CY 2023 PTSF data to calculate each Level III and Level IV Trauma Center payment, except for Lehigh Valley Schuylkill. DHS utilized FY 2023 Pennsylvania Health Care Cost Containment Council (PHC4) data to calculate these payments.

Cap on Level III Payments

Act 54 requires that payment to each Level III Trauma Center may not be greater than fifty percent (50%) of the average statewide annual payment to Level I & Level II Trauma Centers. In FY 2024-2025, DHS capped payments for Level III Trauma Centers at $247,838.53.

Cap on Level IV Payments

Per the approved State Plan, DHS capped payments to Level IV Trauma Centers, using the same cap formula as Level III, at $247,838.53, and distributed the remaining $0 in funding to Level I & II Trauma Centers using the same distribution formula as was used in the initial payment calculation for Level I & II Trauma Centers.

RECOMMENDATION

DHS requests continued funding for the Trauma Program at the current level. Continued funding provides stability for the program and offers continuity for services that Pennsylvania citizens rely upon.

ATTACHMENT

FY 2024-2025 Trauma Annual Report Spreadsheet

[1] PTSF data is unavailable for a newly accredited hospitals' first year of accreditation. Therefore, DHS uses PHC4 data for those hospitals due to new accreditation at the time of calculation.
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Hospital	Level	Total Trauma Visits**	Total Medical Assistance & Self Pay Trauma Visits** (Included in Total Trauma Visits)	State Share Payment	Federal Share Payment	Total Payment
ABINGTON MEMORIAL HOSPITAL	II	1,696	331	$172,467.02	$ 211,561.09	$ 384,028.11
ALBERT EINSTEIN MEDICAL CENTER	I	1,136	752	$260,366.72	$ 319,385.49	$ 579,752.21
CHILDRENS HOSPITAL OF PHILADELPHIA	I	1,196	592	$181,061.36	$ 222,103.55	$ 403,164.91
CONEMAUGH MEMORIAL MEDICAL CENTER	I	907	236	$149,229.62	$ 183,056.32	$ 332,285.94
CONEMAUGH MINERS MEDICAL CENTER	IV	75	25	$33,517.85	$ 41,115.53	$ 74,633.38
FULTON COUNTY MEDICAL CENTER	IV	107	32	$38,276.73	$ 46,953.13	$ 85,229.86
GEISINGER COMMUNITY MEDICAL CENTER	II	1,412	380	$187,242.08	$ 229,685.28	$ 416,927.36
GEISINGER MEDICAL CENTER	I	2,642	883	$271,675.84	$ 333,258.11	$ 604,933.95
GEISINGER WYOMING VALLEY MEDICAL CENTER	I	1,350	419	$179,662.73	$ 220,387.88	$ 400,050.61
GEISINGER-LEWISTOWN HOSPITAL	IV	531	141	$99,895.99	$ 122,539.98	$ 222,435.97
GRAND VIEW HOSPITAL	II	931	73	$122,000.51	$ 149,655.04	$ 271,655.55
GROVE CITY MEDICAL CENTER HOSPITAL	IV	358	81	$49,720.19	$ 60,990.55	$ 110,710.74
GSL HOSPITAL	IV	251	39	$53,185.15	$ 65,240.92	$ 118,426.07
JEFFERSON HEALTH NORTHEAST	II	1,712	798	$285,985.62	$ 350,811.58	$ 636,797.20
JERSEY SHORE HOSPITAL	IV	196	50	$44,336.96	$ 54,387.07	$ 98,724.03
LANCASTER GENERAL HOSPITAL	I	2,261	565	$227,818.85	$ 279,459.82	$ 507,278.67
LEHIGH VALLEY HOSPITAL	I	3,270	1,049	$335,489.08	$ 411,536.25	$ 747,025.33
LEHIGH VALLEY HOSPITAL MUHLENBERG	II	1,364	307	$164,714.10	$ 202,050.77	$ 366,764.87
LEHIGH VALLEY HOSPITAL SCHUYLKILL	IV	157	11	$48,671.19	$ 59,703.75	$ 108,374.94
MAIN LINE HOSPITAL LANKENAU	II	930	279	$167,283.11	$ 205,202.11	$ 372,485.22
PAOLI MEMORIAL HOSPITAL	II	1,208	218	$146,099.91	$ 179,217.20	$ 325,317.11
PENN HIGHLANDS DUBOIS	II	514	35	$119,346.90	$ 146,399.93	$ 265,746.83
PENN PRESBYTERIAN MEDICAL CENTER	I	1,765	944	$332,301.57	$ 407,626.21	$ 739,927.78
PENN STATE HEALTH HOLY SPIRIT MEDICAL CENTER	II	1,404	351	$173,364.07	$ 212,661.46	$ 386,025.53
POCONO MEDICAL CENTER	III	672	189	$111,304.28	$ 136,534.25	$ 247,838.53
READING HOSPITAL	I	2,344	674	$231,914.20	$ 284,483.48	$ 516,397.68
ROBERT PACKER HOSPITAL	I	1,033	255	$149,719.26	$ 183,656.95	$ 333,376.21
ST CHRISTOPHERS HOSPITAL FOR CHILDREN	I	517	421	$155,392.58	$ 190,616.29	$ 346,008.87
ST LUKES HOSPITAL ANDERSON CAMPUS	II	975	167	$135,050.15	$ 165,662.72	$ 300,712.87
ST LUKES HOSPITAL MONROE CAMPUS	IV	362	74	$77,507.95	$ 95,077.12	$ 172,585.07
ST LUKES HOSPITAL OF BETHLEHEM	I	1,721	450	$181,016.50	$ 222,048.52	$ 403,065.02
ST LUKES HOSPITAL-LEHIGHTON CAMPUS	IV	322	62	$63,053.45	$ 77,346.12	$ 140,399.57
ST MARY MEDICAL CENTER	II	1,009	184	$146,655.33	$ 179,898.50	$ 326,553.83
TEMPLE UNIVERSITY HOSPITAL INC	I	1,812	1,321	$536,394.40	$ 657,981.90	$ 1,194,376.29
THE CARBON SCHUYLKILL COMMUNITY HOSPITAL	IV	171	40	$49,416.53	$ 60,618.06	$ 110,034.59
THE MILTON S HERSHEY MEDICAL CENTER	I	2,082	696	$250,514.02	$ 307,299.43	$ 557,813.45
THOMAS JEFFERSON UNIVERSITY HOSPITAL	I	1,845	719	$316,841.37	$ 388,661.57	$ 705,502.94
TROY COMMUNITY HOSPITAL	IV	101	23	$33,435.26	$ 41,014.21	$ 74,449.47
UPMC ALTOONA	III	1,227	221	$111,304.28	$ 136,534.25	$ 247,838.53
UPMC CHILDRENS HOSPITAL OF PITTSBURGH	I	1,693	1,016	$183,456.47	$ 225,041.58	$ 408,498.05
UPMC HAMOT	II	1,894	566	$221,417.02	$ 271,606.84	$ 493,023.86
UPMC MERCY	I	2,557	745	$276,891.67	$ 339,656.24	$ 616,547.91
UPMC PRESBYTERIAN SHADYSIDE	I	3,231	1,110	$399,088.53	$ 489,552.15	$ 888,640.68
UPMC WILLIAMSPORT	II	999	267	$157,221.27	$ 192,859.49	$ 350,080.76
WAYNE MEMORIAL HOSPITAL INC	IV	215	48	$52,074.17	$ 63,878.12	$ 115,952.29
WEST PENN-ALLEGHENY GENERAL HOSPITAL	I	3,441	789	$262,888.41	$ 322,478.78	$ 585,367.19
WEST VIRGINIA UNIVERSITY HOSPITALS INC	I	4,530	1,305	$332,945.31	$ 408,415.87	$ 741,361.18
WESTERN PENN HOSP-FORBES REGIONAL CAMPUS	II	1,562	369	$180,948.90	$ 221,965.60	$ 402,914.50
YORK HOSPITAL	I	1,820	431	$196,835.55	$ 241,453.37	$ 438,288.92
	49	65,508	20,733	$8,657,000.01	$ 10,619,330.43	$ 19,276,330.43

** Source of Data:
2023 Data from Pennsylvania Trauma Systems Foundation
2023 Data from Pennsylvania Health Care Cost Containment Council