

NATIONAL FOUNDATION FOR TRAUMA CARE

TRAUMA CENTER BEST PREPAREDNESS PRACTICE CENTER FOR DISEASE CONTROL AND PREVENTION GRANT #1 R49 CE0000792-01 STUDY OF THE IMPACT OF A TERRORIST ATTACK (IN THE COMMUNITY) ON INDIVIDUAL TRAUMA CENTERS

Recognition and Award for having a Best Preparedness Practice

The National Foundation for Trauma Care Study Principal Investigators and NFTC's Grant Advisory Committee have selected (name) as one of five Trauma Centers having a "Best Preparedness Practice" in the event of a natural or human-caused event of mass scale in your community. This award is based on written responses to the study directed by Congress and funded by the CDCIP and sent to your Trauma Program in January 2006. (name) will receive a \$1,000 award for participating in a brief telephone interview, writing a brief summary of your practice following the attached outline, and by submitting supportive preparedness practice documents. Summary reports of your Best Preparedness Practice and supportive documents will be conveyed under explicit classified, i.e., restricted, means to regional Trauma Centers nationwide and State agencies responsible for Trauma Systems and Emergency Response as described under "Confidentiality and Restrictions".

Agreement to Conduct Validation Conference Call and Obtain Supportive Documents

This letter confirms the agreement between (name) and the National Foundation for Trauma Care relative to the CDCIP Grant #1 R49 CE0000792-01. Under this agreement, (name) will assist the National Foundation for Trauma Care staff and Advisors, Study Principal Investigators by participating in a conference call to validate responses and expand on information given by (name) in its 2006 "Study of the Impact of a Terrorist Attack (in the Community) on Individual Trauma Centers" and assist the NFTC to increase knowledge about (name)'s preparedness practice through the dissemination of a summary report and documents in a manner that conceals the identity and location of (name) for security purposes.

Confidentiality and Restrictions

It is herein agreed that specific aspects of the Best Preparedness Practice documentation and summaries related to (name)'s preparedness activities and practices will be held confidential and restricted to all parties except those who have signed the "National Foundation for Trauma Care (NFTC) Statement of Agreement to Maintain Confidentiality of Records and Information" in accordance with NFTC policies. Specifically, all public documents and other information that could, in any manner, identify (name) by demographic data or geographic location, or any other identifiers, will have those data removed from shared documents and otherwise held in strict confidence and located in a secured manner unless specifically approved by the CEO of the named hospital. (Name) will have the opportunity to review the Summary Report of its practices prior to dissemination to assure the "Confidentiality and Restrictions" provision is met.

The undersigned hereby applies to the National Foundation for Trauma Care for a Best Preparedness Practice. I certify that the information set forth in this application is true and correct. I further certify that:

1. The institution is designated as a L (I/II) Trauma Center by a local or state authority enabled by law and/or is currently Verified by the American College of Surgeons Committee on Trauma.
2. This institution complies with the Health Insurance Portability and Accountability Act (HIPAA) governing the use and disclosure of protected health information by health care providers, payers and clearinghouses.
3. The institution operates without restriction by reason of sex, race, color, national origin, age, and/or handicap or disability.

NATIONAL FOUNDATION FOR TRAUMA CARE

4. The institution will cooperate with the NFTC staff to organize a conference call and submit appropriate supportive documents.
5. The institution will complete a summary of its Best Preparedness Practice using the following outline:
 - a. Brief Description: Describe the practice and your motivation for its development
 - b. Leadership: Who drove its development and implementation
 - c. Resources: What human, material, financial or other resources have been committed to this practice development
 - d. Evaluation: how has this practice been reviewed and, if needed, revised
 - e. Outcome: how has this practice affected your facility, patient care
 - f. Impact on Daily Operations: how this practices has and been applied to daily operations
6. The institution will maintain confidentiality as to its selection for this award and its activities related to fulfilling award obligations.

As Chief Executive Officer of the institution, I further certify as follows:

1. The institution agrees to undergo a conference call at times to be mutually agreed upon.
2. The institution agrees to adhere to the conference call schedule and provide supportive documents for the Best Preparedness Practice.
3. The institution agrees to indemnify, defend, and save harmless the NFTC and its directors, agents, and employees from any and all suits, claims, actions, losses, liabilities, or expenses related to the Validation Visit.
4. The institution agrees to collect and submit information as requested specified to its Emergency Preparedness Plan and supportive documentation to the NFTC.
5. The institution agrees to work with the NFTC staff, Advisors, Directors, and Contractors to ensure that protected patient health information is appropriately used and disclosed pursuant to applicable federal and state law, including but not limited to provisions under the Health Insurance Portability and Accountability Act of 1996's Administrative Simplification provisions ("HIPAA").
6. I have reviewed the Survey submitted to the NFTC and agree that the information and data is correct as reported at the time of its submission to the best of my knowledge.

Name of Chief Executive Officer: _____

Awarded Institution Name: _____

Signature: _____ **Date:** _____
Chief Executive Officer

Addendum: I hereby approve the NFTC to release the name of our organization publicly as a Trauma Center having a Best Preparedness Practice pursuant to CDC grant ##1 R49 CE0000792-01. This does not alter the Confidentiality and Restrictions included in this agreement.

Signature: _____ **Date:** _____
Chief Executive Officer