
Date

Name

Address

City, State Zip

AGREEMENT

This letter confirms the agreement between _____(name) and the National Foundation for Trauma Care relative to the Center for Disease Control and Prevention Grant #1 R49 CE0000792-01. Under this agreement, you will follow a pre-agreed schedule and use the NFTC developed On-Site Validation Visit report to evaluate a selected Trauma Center whose name and location are to remain confidential 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. This agreement must extend to any member(s) of your immediate family who are aware of your travel destination and arrangements.

During the site visit, you will validate and further review the Trauma Center's self-reported survey related to "the Study of the Impact of a Terrorist Attack on Individual Trauma Centers". The goal of the Validation Visit is to assure that responses on the Survey instrument are accurate as well as to identify special areas of preparedness that other Trauma Centers might find of benefit to their preparedness efforts. During your review, you may also identify areas where improvements if implemented might result in higher levels of preparedness. These areas may also be addressed in your exit interview and written report.

Your responsibilities are to:

1. Coordinate travel and site visit logistics with NFTC staff
2. Participate in a conference call orientation on validation visit schedule and report template
3. Represent the NFTC in the conduct of validation interviews, tours and document review
4. Maintain confidentiality of all trauma center(s), information sources, documents, and locations visited
5. Supply NFTC staff with home address to ship tickets and other materials
6. Report in electronic encrypted format on NFTC laptop
7. Maintain security of your personal encryption password
8. Ship NFTC laptop and other secure documents in NFTC supplied case as directed
9. Review the final Summary and Validation Visit report for completeness and clarification

Initial _____ 1

Your responsibilities during the trauma center Validation visit process are to:

- Contact the hospital liaison prior to the validation visit in order to assure that the schedule and appointments are adequate to meet the objectives of the visit
- Arrive at the hospital to perform the Validation Visit on the designated date and at the designated time.
- Review all materials provided to you by the Foundation prior to arrival for the orientation including Validation Visit template, Hospital Survey Report, and Validation Visit Schedule.
- Maintain the **confidentiality of all information** (written and oral) received from the selected Trauma Center and the Foundation during the Validation Visit process.
- Return to the Foundation staff all hospital specific information and electronic equipment (laptop, voice recorder) used during the Validation Visit as directed by NFTC staff and using NFTC supplied packaging and shipping cases.
- Ship the NFTC laptop with encrypted completed Report within 72 hours of Validation Visit.
- Have no discussions or any contact about the Trauma Center visit with third parties other than with Foundation staff, PI's and CDC Grant Advisory Committee members.
- Report any attempted third party contacts to Foundation staff **immediately**.
- Complete Validation Visit report within 72 hours of the visit and return laptop along with travel reimbursement request and original receipts

In return for the services outlined above, the Foundation agrees to:

- Compensate you at the rate of two thousand dollars (\$2,000) per Validation Visit and report.
- Coordinate and cooperate with you on travel arrangements and lodging. Payment for mileage will be at \$0.485 per mile.
- Reimburse you for food and incidental expenses other than those provided by the NFTC or Trauma Center.
- Provide full payment to you for all services performed after your submission of:
 - Completed Validation Visit report
 - Secured electronic devices and documents
 - Travel Expense Reimbursement Form
 - Original expense receipts from the Validation Visit

Prior to your arrival, services provided to you by NFTC are as follows:

- A detailed itinerary will be sent to you prior to the Validation Visit.
- Review materials will be provided to you including Trauma Center Survey, Hospital Tour and Interview Schedule, laptop and encrypted software for document and site validation report, and hospital-specific information provided in advance of visit. **All hospital specific documents must be stored and returned to the Foundation in a secure manner.** You will return them to the Foundation office by Federal Express in the NFTC packaging provided.

- A non-smoking room reservation will be made in your name at the selected hotel. ***If you require a smoking room or have special dietary requirements, please contact Michelle at (505) 525-9511 or e-mail her at michelle@traumafoundation.org immediately upon receipt of this letter.***

Your responsibilities for travel arrangements include:

- Coordinating your travel (airline) plans to the Trauma Center. Please coordinate airline reservations **immediately** with Michelle. Should there be a change in schedule precipitated by the Foundation; the NFTC will be responsible for change fees. If you initiate the change, you will be responsible for the financial difference which can be deducted from your honoraria.

Once we completed your travel plans you will be responsible for maintaining travel arrangements and retaining original receipts for NFTC reimbursement. Plan to arrive at X Trauma Center regional airport before 2 PM on your travel day and depart after 7 PM on the Validation Visit day. This will allow time to register at your hotel, attend the Pre-Visit Dinner and give ample time to get to the airport security at the end of the Validation Visit day.

Please contact me, Michelle or John for specific questions or concerns regarding the above. Again, please review all the preparatory materials sent to you prior to the orientation conference call which NFTC staff will organize. The purpose of orientation will be to respond to any questions you have related to the Study results (both individual hospital and summary data), the Validation Visit schedule, Validation Visit report process and questions, and on-site logistics. We will also assist you in using the encrypted software and other security devices.

I have included two originals of this letter along with a return envelope. Please have your spouse or significant other sign the enclosed Confidentiality agreement if they are apprised of your travel destination. Please sign one original and return it at your earliest convenience. The NFTC staff and I look forward to working with you. Please contact me or Michelle Santos, our Associate Director, at 505-525-9511 if you have any questions or comments.

Sincerely,



Connie J. Potter, RN, MBA
Executive Director

I have reviewed this confirmation letter and agree to the terms as outlined above.

Signature

Date

Enclosures

- ✓ Agreement Letter (**Return to Foundation immediately**)
- ✓ Confidentiality Agreement (unless previously signed)
You may FAX to 505-647-9600 after calling first

The following information will be shipped to you prior to the Validation Visit.

- Trauma Center Survey Response
- Summary Trauma Center report
- Itinerary (copies for home and travel)
- Per Diem and Travel Expense Reimbursement Form
- Trauma Center on-site schedule and participant list
- Trauma Center Emergency Preparedness Plan and other available documents
- Laptop with encrypted formatted Validation Visit report
- Security Code which will be sent separately from laptop

Hospital Specific documents and laptop must be returned to the Foundation office by Federal Express in the secure packaging provided by the NFTC.