

1 §157.125. Requirements for Trauma Facility Designation.

2
3 (a) General Provisions. The goal of the trauma system is to reduce
4 the morbidity and mortality of the trauma patient. The objective of the
5 trauma system is to get the right patient, to the right place, at the right
6 time, to receive the right care. The purpose of this section is to set forth the
7 requirements for a healthcare facility to become a designated trauma
8 facility.

9
10 (1) The Department of State Health Services (department)
11 shall determine the designation level for each health care facility by physical
12 location, based on, but not limited to, the location's own resources and
13 levels of care capabilities; Trauma Service Area (TSA) capabilities; and
14 compliance with the essential criteria and standard requirements outlined in
15 this section.

16
17 (2) The ~~Office of~~ Emergency Medical Services (EMS)/Trauma
18 Systems Coordination Section (office) shall recommend to the Commissioner
19 of the Department of State Health Services (commissioner) the trauma
20 designation of a facility at the level it deems appropriate.

21
22 (3) Facilities eligible for trauma designation include:

23
24 (A) A hospital in the state of Texas, licensed or otherwise
25 meeting the description in accordance with Texas Administrative Code (TAC)
26 Chapter 133 Hospital Licensing; a hospital owned and operated by the state
27 of Texas, or a hospital owned and operated by the federal government; with
28 the capability to provide stabilization and transfer or treatment for the major
29 and severe trauma patient.

30
31
32 (4) A facility with multiple locations that is applying for
33 designation at one location shall be required to apply for designation at
34 each of its other locations where there are buildings where inpatients
35 receive hospital services and such buildings are collectively covered
36 under a single hospital's license.

37
38 (5) Each facility operating on a single hospital license with
39 multiple locations (multi-location license) shall be considered
40 separately by physical location for designation.

41
42 (5) Designation does not include provider based departments
43 of the designated facility, which are not contiguous with the
44 designated facility. If patients that meet trauma activation criteria are

45 received by the facility, these patients must be included in the trauma
46 registry and trauma performance improvement process.

47
48 (6) Departments or services within a facility shall not be
49 separately designated.

50
51 (7) A trauma facility designation is issued for the physical
52 location and to the legal owner of the operations of the facility. If a
53 designated facility has a change of ownership or a change of the
54 physical location of the facility, the designation shall not be transferred
55 or assigned.

56
57 (8) The four levels of trauma designation and the
58 requirements for each are as follows:

59
60 (A) Comprehensive (Level I). The facility shall meet the
61 current American College of Surgeons (ACS) essential criteria for
62 a verified Level I trauma center and TAC 157.125 (j) in this
63 section and the Texas trauma facility requirements for a Level III
64 trauma facility.

65
66 (B) Major (Level II). The facility shall meet the current
67 ACS essential criteria for a verified Level II trauma center and
68 TAC 157.125 (j) in this section and the Texas trauma facility
69 requirements for a Level III trauma facility.

70
71 (C) Advanced (Level III). The facility shall meet TAC
72 157.125 (j) and (m) requirements in this section.

73
74 (D) Basic (Level IV). The facility shall meet TAC 157.125
75 (j) and (n) requirements in this section.

76
77 (9) In Active Pursuit of Designation (IAP) applies only to an
78 undesignated facility that applies for trauma designation and is in
79 active pursuit of designation in accordance with Texas Health and
80 Safety Code, Chapter 780 Trauma Facilities and Emergency Medical
81 Services, Section 780.004 (2)(i). In Active Pursuit is defined by the
82 State for funding purposes and not by other entities.

83
84 (be) Survey Process. A facility seeking designation shall undergo an onsite
85 survey as outlined in this section.

86
87 (1) The facility shall be responsible for scheduling a
88 verification or trauma designation survey as follows:

89
90 (A) Level I and II facilities shall request a trauma
91 verification survey through the American College of Surgeons
92 (ACS) trauma verification program;
93

94 (B) Level III facilities shall request a trauma verification
95 survey through the ACS trauma verification program, or request
96 a trauma designation survey through an organization
97 approved ~~recognized~~ by the ~~department~~ office; and
98

99 (C) Level IV facilities shall request a trauma designation
100 survey through an organization ~~recognized~~ approved by the
101 ~~department~~ office.
102

103 (2) The surveying organization shall notify the
104 ~~office~~ ~~department~~ of the date of the scheduled survey and shall
105 schedule the members of the survey team.
106

107 (A) The facility shall be responsible for any expenses
108 associated with the survey.
109

110 (B) The ~~office~~ ~~department~~, at its discretion, may appoint
111 an observer to accompany the survey team. In this event, the cost for the
112 observer shall be borne by the ~~office~~ ~~department~~.
113

114 (3) The survey team shall evaluate the facility's compliance
115 and document the noncompliance with §157.125 by:
116

117 (A) reviewing documents;
118

119 (B) ~~performing a minimum of ten patient care reviews~~
120 ~~on~~ ~~on~~ closed medical records;
121

122 (C) tour of the physical plant; and
123

124 (D) staff interviews to include:
125

126 (i) the Chief Executive Officer;

127 (ii) the Chief Nursing Officer;

128 (iii) the current Trauma Medical Director;

129 (iv) the current Trauma Program Manager;

130 (v) the current Executive Sponsor of the trauma
131 program; and

132 (vi) general staff.

133 _____
134 (4) The surveyor(s) shall provide the facility with a written,
135 signed survey report regarding their evaluation of the facility's
136 compliance/noncompliance with §157.125. This survey report shall be
137 forwarded to the facility within no later than 300 calendar days of the
138 completion date of the survey. The facility is responsible for forwarding a
139 copy of this report, including patient care reviews, to the office department in
140 the application packet if it intends to continue the designation process.
141
142
143

144 (cb) Designation Process.

145
146 (1) Initial designation is intended for facilities that are
147 designating for the first time, those designating following a
148 hiatus from the system, following a change of ownership or a
149 change in the physical location, or changing designation
150 levels.

151 (1)(2) Renewal of designation occurs every three years and
152 includes facilities that are renewing an existing designation.
153

154 (3) Facility Conferences.

155
156 (A) Application for an initial designation by a facility will
157 require a pre-survey conference. An executive officer, The CEO,
158 TMD and TPM of the facility shall participate in attend a pre-
159 survey conference conducted by the department staff. at the
160 department designated by the office. The purpose of the pre-
161 survey conference is to review and discuss the designation
162 requirements for the applicable level prior to the initial onsite
163 designation survey. The department may waive the pre-survey
164 conference requirement.
165

166 (B) Application for renewal of designation, determined to
167 be a designation with contingencies or denial of designation, will
168 necessitate a conference. An executive officer, The CEO, TMD
169 and TPM shall participate in attend a conference conducted by
170 the department staff at the department designated by the office.
171 The purpose of the conference is to review and discuss the
172 corrective action plan (CAP) to achieve compliance with the rule.
173 The department may waive the conference requirement.
174

175 (42) Application Packet. A facility seeking designation, shall
176 submit a completed application packet to include:

- 177
178 (A) an accurate and complete designation application
179 form for the appropriate level of requested
180 designation;
181
182 (B) full payment of the non-refundable, non-
183 transferrable, designation fee as follows:
184
185 (i) Level I and Level II applicants, the fee will be
186 no more than \$10 per licensed bed with an upper limit of \$5,000 and a lower
187 limit of \$4,000;
188
189 (ii) Level III applicants, the fee will be no more
190 than \$10 per licensed bed with an upper limit of \$2,500 and a lower limit of
191 \$1,500; and
192
193 (iii) Level IV applicants, the fee will be no more
194 than \$10 per licensed bed with an upper limit of \$1000 and a lower limit of
195 \$500.
196 (C) a completed trauma designation survey report,
197 including patient care reviews if required by the department, submitted
198 ~~within no later than 1280~~ days from the date of the survey;
199
200 (D) If deficiencies, findings of not met, are identified on
201 the survey report and patient care reviews, the facility shall develop and
202 implement a plan of correction (POC). The POC shall include;
203 a plan of correction (POC), detailing how the facility will
204 correct any deficiencies cited in the survey report, to include:
205 (i) statement of the cited deficiency;
206 (ii) the corrective action to ensure compliance with
207 the requirement;
208 (iii) the title of the individual(s) responsible for
209 ensuring the correction action(s) is implemented;
210 (iv) the date by which the corrective action will be
211 implemented, ~~within not to exceed 12090~~ days from the date ~~the of the~~
212 survey; facility received the official survey report, and
213 (v) how the corrective action will be monitored.
214
215 (E) evidence of participation in the applicable Regional
216 Advisory Council(s) (RACs);
217
218 (F) evidence of submission of data to the department
219 trauma registry; and
220

221 (G) any subsequent documents submitted to the
222 department by the date requested.

223
224 (53) If a facility seeking initial designation fails to meet the
225 requirements in subsections (b)(1) – (2) above, the application shall
226 be considered withdrawn by the facility.

227
228 (64) Renewal of designation. The facility applicant shall submit
229 the documents described in subsection (b)(2)(A) – (G) above, to the
230 department at least within 90 days prior to the designation expiration
231 date.

232
233 (75) If a facility seeking renewal of designation fails to meet the
234 requirements in subsection (b)(2)(A) – (G) above, the application shall be
235 considered withdrawn by the facility denied and the original designation will
236 expire on theits expiration date.

237
238 (8) The facility shall have the right to withdraw its application
239 at any time prior to being recommended for trauma facility
240 designation by the office department.

241
242 (910) It shall be necessary to repeat the designation process as
243 described in this section prior to expiration of a facility's designation or
244 the designation expires.

245
246
247 ~~(c) Survey Process. A facility seeking designation shall undergo an~~
248 ~~onsite survey as outlined in this section.~~

249
250 ~~(1) The facility shall be responsible for scheduling a verification or trauma~~
251 ~~designation survey as follows:~~

252
253 ~~(A) Level I and II facilities shall request a trauma verification survey~~
254 ~~through the American College of Surgeons (ACS) trauma verification~~
255 ~~program;~~

256
257 ~~(B) Level III facilities shall request a trauma verification survey through~~
258 ~~the ACS trauma verification program, or request a trauma designation~~
259 ~~survey through an organization approved by the office; and~~

260
261 ~~(C) Level IV facilities shall request a trauma designation survey through an~~
262 ~~organization approved by the office.~~

264 ~~(2) The surveying organization shall notify the office of the date of the~~
265 ~~scheduled survey and shall schedule the members of the survey team.~~

266
267 ~~(A) The facility shall be responsible for any expenses associated with the~~
268 ~~survey.~~

269
270 ~~(B) The office, at its discretion, may appoint an observer to accompany~~
271 ~~the survey team. In this event, the cost for the observer shall be borne by~~
272 ~~the office.~~

273
274 ~~(3) The survey team shall evaluate the facility's compliance and document~~
275 ~~the noncompliance with §157.125 by:~~

276 reviewing documents;

277
278 ~~(B) performing a minimum of ten patient care reviews on closed medical~~
279 ~~records;~~

280
281 ~~(C) tour of the physical plant; and~~

282
283 ~~(D) staff interviews to include:~~

284
285 ~~_____~~
286 ~~the Chief Executive Officer;~~

287 ~~the Chief Nursing Officer;~~

288 ~~the current Trauma Medical Director;~~

289 ~~the current Trauma Program Manager;~~

290 ~~the current Executive Sponsor of the trauma program; and~~

291 ~~general staff.~~

292
293 ~~(4) The surveyor(s) shall provide the facility with a written, signed survey~~
294 ~~report regarding their evaluation of the facility's compliance/noncompliance~~
295 ~~with §157.125. This survey report shall be forwarded to the facility no later~~
296 ~~than 30 calendar days of the completion date of the survey. The facility is~~
297 ~~responsible for forwarding a copy of this report, including patient care~~
298 ~~reviews, to the office in the application packet if it intends to continue the~~
299 ~~designation process.~~

300
301 (105) The trauma designation application packet, survey report
302 and patient care reviews, in its entirety shall be part of a facility's
303 Performance Improvement (PI)/Multidisciplinary Trauma PI and Peer
304 Review program, pursuant and subject to confidentiality as articulated in
305 the Health and Safety Code, §773.095.

306
307 (116) Approval Process.

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(A) The department shall review the findings of the survey report, patient care reviews and any POC submitted by the facility to determine compliance with the requirements.

(B) A recommendation for designation will be made to the commissioner if the facility meets the requirements for designation found in this section.

(C) Insert reference to Correction Action Plan (CAP) if designation with contingency.

(C8) If the commissioner concurs with the recommendation to designate, the facility shall receive a letter of designation valid for three years and a certificate of designation.

(iA) Display: The hospital shall display the trauma designation certificate and the current letter awarding designation from the Commissioner, in a public area of the licensed premises that is readily visible to patients, employees, and visitors.

(iiB) The trauma designation certificate shall be valid only when displayed with the current letter awarding designation.

(iiiC) If the facility closes or loses trauma designation, the certificate shall be returned to the department.

(ivD) Alteration: the trauma designation certificate and the award letter shall not be altered. Any alteration to either document voids trauma designation for the remainder of that cycle.

~~(9) The facility shall have the right to withdraw its application at any time prior to being recommended for trauma facility designation by the office.~~

~~(10) It shall be necessary to repeat the designation process as described in this section prior to expiration of a facility's designation or the designation expires.~~

351 (711) The department shall post the current designation status
352 of each facility on the department website.

353
354 (8) If a facility disagrees with the department's decision
355 regarding its designation status, the facility has a right to a hearing, in
356 accordance with the department's rules for contested cases, and
357 Government Code, Chapter 2001.

358
359 (d) Exceptions and Notifications

360
361 (1) Written notification of an event or decision impacting the
362 ability of a trauma facility to comply with designation
363 criteria to maintain the current designation status, or to
364 increase the trauma facility's capabilities that affect the
365 region, shall be provided to the following:

366
367 (A) the emergency medical services providers within 24
368 hours;

369
370 (B) all the healthcare facilities that may be impacted by a
371 change in the facility's trauma services, including but
372 not limited to facilities to which it customarily
373 transfers-out and/or transfers-in trauma patients
374 within 24 hours;

375
376 (C) applicable RAC(s) within 24 hours; and

377
378 (D) the department within 5 days.

379
380 (2) If the healthcare facility is unable to comply with program
381 requirements to maintain the current designation status, it shall submit to
382 the department a POC as described in (b)(2)(D) of this section, and a
383 request for a temporary exception to criteria. Any request for an exception
384 shall be submitted in writing from an executive officer of the facility. The
385 department shall review the request and the POC and either grant or deny
386 the exception. If the healthcare facility has not come into compliance at the
387 end of the exception period, the department may at its discretion elect one
388 of the following:

389
390 (A) allow the facility to request designation at the level
391 appropriate to its revised capabilities;

392
393 (B) redesignate the facility at the level appropriate to its
394 revised capabilities; or

395
396 (C) the facility may relinquish designation status.

397
398 (e) Upgrade or Downgrade of designation levels [by designated](#)
399 [facilities](#).

400
401 (1) An [initial](#) application for a higher or lower level designation
402 may be submitted to the department at any time.

403
404 (2) A designated trauma facility that is increasing its trauma
405 capabilities may choose to apply for a higher level of trauma designation at
406 any time. It shall be necessary to repeat the designation process for the
407 higher level.

408
409 (3) A designated trauma facility that is unable to maintain
410 compliance with the level of the current designation may choose
411 to apply for a lower level of trauma designation at any time. It
412 shall be necessary to repeat the designation process for the
413 lower level. There shall be a desk review by the department to
414 determine if ~~and when~~ a full survey shall be required.

415
416 (f) Relinquishment of designation. If the facility chooses to
417 relinquish its trauma designation, it shall provide at least a 30-day notice to
418 the department, the applicable RAC(s), the emergency medical services
419 providers, and [all healthcare facilities that may be impacted, including but](#)
420 [not limited to](#) healthcare facilities ~~to~~ which it customarily transfers-out
421 and/or transfers-in trauma patients if it no longer provides trauma services.

422
423 (g) A healthcare facility may not use the terms "trauma facility",
424 "trauma hospital", "trauma center", or similar terminology in its signs,
425 advertisements or in printed materials and information it provides to the
426 public unless the healthcare facility is currently designated as a trauma
427 facility according to the process described in this section.

428
429 (h) The department shall have the right to review, inspect, evaluate,
430 and audit all trauma patient records, trauma multidisciplinary performance
431 improvement and peer case review committee minutes and other documents
432 relevant to trauma care in any designated trauma facility or
433 applicant/healthcare facility at any time to verify compliance with [Health](#)
434 [and Safety Code, Chapter 773 Emergency Medical Services, Section 773.111](#)
435 [the statute](#) and [TAC Chapter 157.125](#)~~this rule~~, including the designation
436 criteria. The department shall maintain confidentiality of such records to the
437 extent authorized by the Texas Public Information Act, Government Code,
438 Chapter 552, and consistent with current laws and regulations related to the

439 Health Insurance Portability and Accountability Act of 1996 and/or any other
440 relevant confidentiality law or regulation. Such inspections shall be
441 scheduled by the department when deemed appropriate. The department
442 shall provide a survey report with results, for surveys conducted by or
443 contracted for the department, to the healthcare facility.

444
445 (i) If a designated trauma facility ceases to provide services to meet
446 and/or maintain compliance with the requirements of this section or if it
447 violates the TAC Chapter 133 Hospital Licensing requirements, resulting in
448 enforcement action or under an agreed order, the department may deny,
449 suspend or revoke the designation.

450
451
452 (j) The department may grant an exception to this section if it finds
453 that compliance with this section would not be in the best interest of the
454 persons served in the affected local system.

455
456 (k) Program Requirements.

457
458 (1) Program Plan. The facility shall develop a written plan of
459 the trauma program that includes a detailed description of the scope of
460 services available to all trauma patients, defines the trauma patient
461 population evaluated and/or treated by the facility, transferred, or
462 transported by the facility, that is consistent with accepted professional
463 standards of practice for trauma care, and ensures the health and safety of
464 patients.

465
466 (A) The written plan and the program policies and
467 procedures shall be reviewed and approved by the facility's governing body.
468 The governing body shall ensure that the requirements of this chapter are
469 implemented and enforced.

470
471 (B) The written program plan shall include, at a
472 minimum:

473
474 (i) policies and procedures based on national
475 evidence-based standards of practice of trauma care, that
476 are adopted, implemented, and enforced for compliance by
477 the facility, that governs the trauma program through all
478 phases of care for all patient populations;

479
480 (ii) A periodic review and revision schedule for all
481 trauma care policies and procedures;

482

- 483 (iii) written triage, stabilization and transfer
484 guidelines for the trauma patient that include consultation and transport
485 services;
486
- 487 (iv) the availability of all necessary equipment and
488 services to provide the appropriate level of
489 care and support of the patient population
490 served;
491
- 492 (v) requirements for minimal credentials for all
493 medical and healthcare staff participating in the care of
494 trauma patients;
495
- 496 (vi) provisions for medical and healthcare staff
497 education; including annual competency and skills assessment that is
498 appropriate for the patient population served;
499
- 500 (vii) telemedicine utilization in the Emergency
501 Department (ED);
502
- 503 (ix) the role of the hospitalist/intensivist physicians
504 in the care of the trauma patient;
505
- 506 (x) provisions for consistent participation by the
507 TMD, TPM, TR, or other members of the trauma program
508 in the regional advisory council (RAC);
509
- 510 (xi) a trauma staff registered nurse as a
511 representative on the nurse staffing committee as
512 established in accordance with TAC §§133.41(o)(2)(F);
513
- 514 (xii) identify a program sponsor who is a member of
515 the executive leadership at the facility;
516
- 517 (xiii) contingency plans to ensure the immediate
518 continuation of an active trauma program in the event that
519 the Trauma Medical Director or the Trauma Program
520 Manager position becomes vacant;
521
- 522 (2) Medical Records. Maintain medical records that contain
523 information to justify and support the immediate evaluation, activation,
524 resuscitation, diagnosis, treatment, and describe the patient's progress and
525 response to medication and interventions from arrival in the Emergency
526 Department through hospital discharge.

527
528 (3) Trauma Performance Improvement Plan. The facility shall
529 develop, implement, maintain, and evaluate an effective, ongoing,
530 facility-wide, data-driven, outcomes based multidisciplinary
531 performance improvement (PI) plan. The plan shall be individualized to
532 the facility and meet the requirements described in this section.
533

534 (A) The Trauma PI plan shall be reviewed and approved
535 by the facility's governing body. The governing body
536 shall ensure that the requirements of this section are
537 implemented and enforced.
538

539 (B) The trauma PI plan shall include, at a minimum:
540

541 (i) A description of the facility's trauma program
542 and the services provided. All facility services
543 (including those services furnished under
544 contract or arrangement) shall focus on
545 decreasing deviations from the trauma
546 standards of care to ensure achievement of
547 optimal trauma outcomes, patient safety
548 standards and cost effective care.
549

550 (ii) Demonstrate how the staff evaluate the
551 standards of practice, provision of trauma care
552 and patient services, identify opportunities for
553 improvement, develop and implement
554 improvement plans, and evaluate the plan's
555 outcomes until resolution is achieved. Evidence
556 shall support that aggregate patient data,
557 including identification and tracking of trauma
558 patient complications or variances from
559 standards of care, and levels of review is
560 continuously reviewed for opportunities by the
561 trauma multidisciplinary PI committee.
562

563 (iii) Composition of the trauma multidisciplinary PI
564 committee to include the trauma medical
565 director (TMD), the trauma program manager
566 (TPM), an executive officer of the facility, a
567 trauma nurse active in the management of
568 trauma patients, a trauma nurse active in the
569 management of pediatric trauma patients as
570 applicable, ~~and~~ physicians and surgeons that

571 provide coverage or care to trauma patients,
572 and other healthcare professionals
573 participating in the care of major or severe
574 trauma patients.

575
576 (iv) Provisions for documentation of the
577 attendance, activities, actions, and follow-up of
578 outcomes, ~~with~~

579
580 ~~(iv)~~(v) ongoing monthly review of trauma center
581 regulatory compliance, trauma patient
582 outcomes, and trauma system performance
583 from committee meetings.

584
585 ~~(v)~~(vi) A twelve-month summary of the Trauma
586 PI process vs program shall be provided to the
587 governing body for review.

588
589 (4) Texas EMS/Trauma Registry Requirements. Any designated
590 trauma facility must submit accurate, timely, and complete trauma
591 registry data to the Texas EMS/Trauma Registry.

592
593 A. Initial designation. Six months of data prior to the
594 initial designation survey must be submitted to to-and
595 received uploaded by to the Texas EMS/Trauma ~~System~~
596 Registry. Prior Subsequent to initial designation, data
597 shall be submitted uploaded to to-and received by the
598 Texas EMS/Trauma Registry, as indicated in Chapter
599 103, Injury Prevention and Control, wef this title with
600 an 80% acceptance rate within and within 60 days of
601 patient discharge with an 80% acceptance and or
602 accuracy rate.

603
604 (ii) Renewal of -designation. Data shall be
605 submitted to and received by uploaded to the Texas
606 EMS/Trauma Registry, as indicated in Chapter 103, Injury
607 Prevention and Control, of this title and within 60 days of
608 patient discharge with an 80% acceptance and or accuracy
609 rate.

610
611 (B) Internal dData validation. The Trauma Registrar
612 and/or Trauma Program Manager must participate in ongoing internal data
613 validation through the initial hospital submission and/or the RAC.

614

- 615 (5) Outreach and Education.
616
617 (A) A defined individual to coordinate the facility's
618 community outreach and education programs for the
619 public and professionals is evident;
620
621 (B) Provide communication and education ~~to and~~
622 ~~consultations with~~ physicians of the community and
623 outlying areas; and
624
625 (C) Training programs in trauma related continuing
626 education provided by facility for staff and community
627 members involved in trauma care based on needs
628 identified from the PI program for:
629
630 (i) staff physicians involved in trauma care;
631 (ii) nurses;
632 (iii) Advanced Practice clinicians including Physician
633 Assistants, Advanced Nurse Practitioners and
634 Certified Registered Nurse Anesthetists;
635 (iv) allied health personnel
636 (v) specialty and community physicians;
637 (vi) prehospital personnel; and
638 (vii) other appropriate personnel involved in trauma
639 care.
640
641 (6) Injury Prevention and Public Education.
642
643 (A) A public education program to address the major
644 injury problems identified within the facility's service
645 area; and
646
647 (B) Coordination and/or participation in community
648 and/or RAC injury prevention activities.
649
650 (7) Pre-hospital EMS Communication. There shall be two-way
651 communication with all pre-hospital emergency medical services vehicles.
652
653 (8) Medical Staff. The facility must have an organized,
654 effective trauma program that is recognized in the medical staff bylaws and
655 approved by the governing body. Medical staff credentialing shall include a
656 process for requesting and granting delineation of privileges for trauma care.
657

658 (9) Trauma Medical Director. There shall be an identified
659 Trauma Medical Director (TMD) responsible for the provision of
660 trauma care and credentialed/privileged by the facility for the
661 treatment of trauma patients.

662
663 ~~(Ai) The TMD shall be a member of the Medical Executive~~
664 ~~Committee (MEC);~~

665
666 ~~(ii)~~—The TMD shall have responsibility for the overall
667 clinical direction and oversight of the trauma service;

668
669 ~~(Bii)~~ The responsibilities and authority of the TMD shall
670 include but are not limited to:

671
672 ~~(i)~~ reviewing credentials of medical staff
673 requesting privileges on the trauma team and making
674 recommendations to the MEC for either approval or denial
675 of such privileges;

676
677 ~~(ii)~~ ensuring that a written~~published~~, on-call
678 schedule and a backup on-call schedule is readily available to relevant ~~all~~
679 staff in the emergency department, for obtaining surgical care for all surgical
680 specialties;

681
682 ~~(iii)~~ regularly and actively participating in or
683 on the trauma call panel;

684
685 ~~(iv)~~ the authority to exclude those trauma
686 team members from trauma call who do not maintain trauma program
687 requirements;

688
689 ~~(v)~~ ensuring the use of medical staff peer
690 case review outcomes, including deviations from trauma standards of care
691 trending, when considering re-credentialing members of the trauma team.
692 All follow-up and feedback from peer case review activity must be made
693 available to the reviewers at the time of the onsite survey;

694
695 ~~(vi)~~ developing and providing ongoing
696 management of treatment protocols based on current standards of trauma
697 care;

698
699 ~~(vii)~~ participating in the ongoing
700 education of the medical and nursing staff in the care of the trauma patient;
701

702 ~~(viiiH)~~ ensuring that the trauma
703 multidisciplinary PI and peer case review meeting is specific to trauma care,
704 is ongoing, is data driven and effective; TMD serves as chair of the trauma
705 peer case review and the multidisciplinary PI committee meetings;

706
707 ~~(viIX)~~ participation in the applicable
708 RAC(s) and reviewing the RAC(s) trauma system plan;

709
710 ~~(xXI)~~ participates in the facility, community,
711 and regional disaster preparedness activities and has evidence of disaster
712 response education

713
714 ~~(xiXH)~~ evidence that the TMD is aware of
715 the multidisciplinary team findings on all trauma patients;

716
717 ~~(xiiXH)~~ averaging 9 hours of trauma-
718 related continuing ~~trauma~~ medical education (CME) annually;

719
720 ~~(xiiiXH)~~ maintains active staff privileges as
721 defined in the facility's medical staff bylaws;

722
723 (10) Trauma Program Manager (TPM). There shall be an
724 identified Trauma Program Manager responsible for monitoring trauma
725 patient care throughout the continuum of care and through discharge.

726
727 (A) The program will have an identified Trauma Program
728 Manager with equivalent authority and responsibility as
729 granted to other department or nurse managers. The

730 TPM:

731 (i) shall be a registered nurse;

732
733 (ii) is current in the Trauma Nurse Core Course
734 (TNCC) or Advanced Trauma Course for Nurses
735 (ATCN) or a DSHS-approved equivalent
736 course;

737
738 (iii) is current in a nationally recognized pediatric
739 advanced life support course (e.g. Pediatric
740 Advanced Life Support (PALS) or the
741 Emergency Nurse Pediatric Course (ENPC));

742
743 (iv) has completed a department approved course
744 designed for his/her role which provides
745 essential information on the structure, process,

- 746 organization and administrative responsibilities
747 of a trauma program;
- 748
- 749 (v) has completed a course designed for his/her
750 role which provides essential information of a
751 trauma PI program to include trauma
752 outcomes and performance improvement (e.g.
753 Trauma Outcomes Performance Improvement
754 Course (TOPIC)) or a department approved
755 equivalent course;
- 756
- 757 (vi) has completed the Association for the
758 Advancement of Automotive Medicine (AAAM)
759 course or a department approved equivalent
760 course within 24 months of becoming the
761 trauma program manager;
- 762
- 763 (vii) is responsible for the integration and
764 monitoring of compliance of the trauma
765 nursing standards of care;
- 766
- 767 (viii) has evidence of disaster response education
- 768
- 769 (ix) has the authority and oversight in collaboration
770 with the TMD to:
- 771
- 772 (I) monitor the clinical outcomes and
773 system performance of the
774 trauma program.
- 775
- 776 (II) monitor trauma patient care from
777 prehospital and arrival, through
778 operative intervention(s), ICU
779 care, stabilization, rehabilitation
780 care, and discharge, through the
781 trauma performance
782 improvement (PI) program;
- 783
- 784 (x) participates in a leadership role in the facility
785 through committee participation, facility-wide
786 PI initiatives and emergency management
787 (disaster) response committee.

788 (xi) Participates in RAC activities through
789 committee membership and regional
790 emergency preparedness.
791

792 (k) Trauma Designation Level I (Comprehensive). The facility shall
793 meet the current American College of Surgeons (ACS) essential criteria for a
794 verified Level I trauma center and TAC 157.125 (j) and (m) in this section
795 and the Texas Trauma Designation Level III (Advanced) requirements.
796

797 (m) Trauma Designation Level II (Major). The facility shall meet the
798 current ACS essential criteria for a verified Level II trauma center and TAC
799 157.125 (j) and (m) in this section and the Texas Trauma Designation Level
800 III (Advanced) requirements.
801

802 (n) Trauma Designation **Level III** (Advanced). The facility shall meet
803 the current ACS essential criteria for a Level III trauma center if verified by
804 ACS; and TAC 157.125 (j) in this section; and the following requirements:
805

806 (1) The Trauma Medical Director shall be a physician who is:
807

808 (A) a currently board certified ~~general surgeon~~ or board
809 eligible general surgeon ~~eligible for certification by the~~
810 American Board of Surgery according to current requirements
811 and currently credentialed in Advanced Trauma Life Support
812 (ATLS) or an equivalent course approved by the department; ~~;~~ or
813

814 ~~(B)~~ — a general surgeon who has expertise and/or
815 experience in the care of trauma patients, continuously served as
816 the Trauma Medical Director at the designated facility for the last
817 consecutive 36 months and is currently credentialed in Advanced
818 Trauma Life Support (ATLS) or an equivalent course approved by
819 the department.
820

821 (2) General Surgery.- All surgeons who provide trauma
822 coverage or participates in trauma call coverage shall:
823

824 (A) ~~All surgeons who provide trauma coverage or~~
825 ~~participates in trauma call coverage shall:~~
826

827 ~~(i)~~ — be board certified or board eligible, and currently
828 credentialed in Advanced Trauma Life Support (ATLS); or
829

830 — ~~(B)~~ a general surgeon who has expertise and/or
831 experience in the care of trauma patients, prior to (the effective date of

832 ~~this rule) have continuously provided trauma coverage and~~
833 ~~participated in trauma call at the designated facility for the last~~
834 ~~consecutive 36 months~~ and currently credentialed in Advanced
835 Trauma Life Support (ATLS); and

836
837 (Ciii) be appropriately ~~approved~~ ~~credentialed~~ through the
838 trauma program;

839
840 (Div) average at least 9 hours of trauma-related
841 continuing medical education annually if not current with
842 board maintenance of certification or board eligibility;

843
844 (Ev) maintain compliance with trauma protocols as
845 evidence through the PI process;

846
847 (Fvi) participate in the trauma PI program and
848 attend at least 50% of the trauma multidisciplinary PI and
849 peer case review trauma committee meetings;

850
851 (Gvii) be present in the ED at the time of arrival for a
852 full trauma team activation of a trauma patient; maximum
853 response time 30 minutes from trauma team activation;

854
855 (Hviii) be present in the ED within 60 minutes
856 or less from a limited trauma team activation of a trauma
857 patient; and

858
859 (Iix) be the admitting physician on all multi-system
860 trauma patients requiring the consultation of one or more
861 specialty services;

862
863 (JB) If a facility has a surgical residency program,
864 and a team of surgical residents start the evaluation and
865 treatment of the trauma patient, the team shall have, at a
866 minimum, a postgraduate year 4 (PGY-4) or more senior
867 surgical resident who is a member of the facility's
868 residency program.- The presence of a surgical resident
869 does not take the place of the attending physician.- The
870 attending physician must be compliant with all response
871 times.

872
873 (KE) If the facility has a surgical residency program and a
874 team of surgical residents start the evaluation and treatment of
875 the trauma patient, the attending surgeon shall participate in all

876 major therapeutic decisions, be present in the emergency
877 department for major resuscitations, and be present during all
878 phases of operative procedures.

879
880 (3) In addition to continuous general surgery coverage the
881 facility shall have continuous orthopedic surgical coverage.

882
883 ~~(2) — (4) — Trauma Surgical Specialties.~~

884 ~~(3) —~~

885 (4) Orthopedic and Neurosurgery surgeons shall:

886
887 ~~(A)~~ be board certified or board eligible ~~or~~ in the applicable
888 surgical specialty; or

889
890 ~~(B)~~ a surgeon who has demonstrated expertise
891 and experience in the care of trauma patients; prior to
892 (the effective date of this rule) have continuously
893 provided trauma coverage and participated in trauma
894 call at the designated facility for the last consecutive
895 five years; and

896
897 ~~(C)~~ be appropriately approved/credentialed for trauma care
898 by the TMD;

899
900 ~~(D)~~ average at least 9 hours of trauma-related
901 continuing medical education annually if not current
902 with board maintenance of certification or board
903 eligibility;

904
905 ~~(E)~~ maintain compliance with trauma protocols;

906
907 ~~(F)~~ participate in the trauma multidisciplinary PI
908 program; ~~and~~

909
910 ~~(G)~~ a designated liaison, or predetermined alternate,
911 shall attend at least 50% of the trauma
912 multidisciplinary and peer case review trauma
913 committee meetings; and

914
915 ~~(H)~~ at a minimum, orthopedic surgeons and
916 neurosurgeons, participate in the published, on-call
917 schedule and backup on-call schedule or plan readily
918 available to all relevant nursing staff to obtain
919 specialty surgical care.

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(5) Emergency Medicine. Any emergency medicine physician who is providing trauma coverage shall be in-house 24 hours a day and shall:

(A) be board certified or board eligible in Emergency Medicine and have successfully completed ATLS; or

~~(B) a board certified or board eligible Family Medicine, Internal Medicine, Pediatric Medicine, or Doctor of Osteopathy Medicine who has expertise and/or experience in the care of trauma patients, prior to (the effective date of this rule) have continuously provided trauma coverage in the emergency department at the designated facility for the last consecutive five years and be currently credentialed in Advanced Trauma Life Support (ATLS); or an equivalent course approved by the department; or~~

~~(B)(C) A physician with expertise and/or experience in providing care to trauma patients; and-~~

~~(D) be board eligible in their applicable specialty and currently credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the department; and~~

(E) be appropriately approved/credentialed through the trauma program;

(F) average at least 9 hours of trauma-related continuing medical education annually if not current with board maintenance of certification or board eligibility;

(G) maintain compliance with trauma protocols as evidenced through the PI process; ~~and~~

(H) participate in the trauma multidisciplinary PI program; ~~and~~

(J) a designated liaison, or predetermined alternate, shall attend at least 50% of the trauma multidisciplinary PI and peer case review committee meetings.

(6) Anesthesia Services. If the facility furnishes anesthesia services, it shall do so in compliance with 25 TAC 133.41

964 Hospital Functions and Services. The facility will appoint a
965 designated liaison, or predetermined alternate, who shall attend
966 at least 50% of the trauma multidisciplinary PI and peer case
967 review committee meetings.

968
969 (A) An anesthesiologist ~~The anesthesiologist~~ providing
970 trauma coverage shall:

971
972 (i) ~~(A)~~ be a board certified or board
973 eligible; anesthesiologist; or

974
975 ~~(B) be a candidate in the American Board of Anesthesiology examination~~
976 system; or

977
978 ~~(ii) prior to (the effective date of this rule) have~~
979 continuously provided anesthesia coverage at the
980 designated facility for the last consecutive five years;
981 average at least 9 hours of continuing medical education
982 (CME) annually if not current with board maintenance of
983 certification or board eligibility; and

984
985 ~~(iii) be approved appropriately credentialed~~ by the
986 Trauma Medical Director for trauma care; and

987
988 ~~(iv) maintain compliance with trauma protocols.~~

989
990
991 ~~(F) a designated liaison, or predetermined alternate,~~
992 shall attend at least 50% of the trauma multidisciplinary PI and
993 peer case review committee meetings.

994 (B) Certified Registered Nurse Anesthetist (CRNA) providing
995 trauma care shall:

996
997 (i) average at least 9 hours of continuing medical
998 education (CME) annually;

999
1000 (ii) be approved by the Trauma Medical Director
1001 for trauma care; and

1002
1003 (iii) maintain compliance with trauma protocols.

1004
1005 (iv) If licensed to practice independently may be
1006 the designated liaison.

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- (6) Radiology Services.
- (A) A radiologist shall be on-call and promptly available within 30 minutes of request, ~~from inside or outside the hospital.~~ The response times shall be continuously monitored by the trauma PI program.
- (B) Changes in preliminary and final ~~The rate of change in~~ interpretations of radiologic studies ~~must~~ be routinely monitored and reviewed with the radiology department. Identified cases should be reviewed to determine the reason for misinterpretation, adverse outcomes, and opportunities for improvement.

(7) Advanced Practice providers (Advanced Practice Registered Nurses, Physician Assistants or Certified Registered Nurse Anesthetist) utilized in the care of major and/or severe trauma patients, shall not be a substitute for the required physician response, in patient care planning nor in PI activities. Any Advanced Practice provider who ~~participates in~~ provides care ~~of~~ trauma patients shall be current in ATLS, have defined trauma procedure ~~privileging/credentialing,~~ and have 9 hours of continuing education ~~CME~~ annually. ~~and be appropriately credentialed by the Texas Board of Nursing (TBON) or the Texas Medical Board (TMB) respectively.~~

~~(7)~~(8) Nursing Staff. ~~As part of the facility's trauma program approved by the governing body, the program will have an identified Trauma Program Manager with equivalent authority and responsibility as granted to other department or nurse managers.~~ There shall be a demonstrated commitment by the facility for furthering the education and understanding of trauma standards of care for all nursing staff caring for the trauma patient.

~~(8)~~(9) Nursing Services for all critical care and patient care areas shall provide evidence of the following:

- (A) all nurses caring for trauma patients throughout the continuum of care have ongoing documented knowledge and skills in trauma nursing for patients of all ages to include trauma

1051 specific orientation, annual clinical competencies, and continuing
1052 education;

1053
1054 (B) written standards on nursing care for trauma
1055 patients for all units (i.e. ED, ICU, OR, PACU, general inpatient)
1056 in the trauma facility shall be implemented;

1057
1058 (C) a facility approved acuity-based patient classification
1059 system is utilized to define workload and number of nursing staff
1060 to provide safe patient care for all trauma patients throughout
1061 their hospitalization;

1062
1063 (D) a written plan, developed by the hospital, for
1064 acquisition of additional staff on a 24-hour basis to support units
1065 with increased patient acuity, multiple emergency procedures
1066 and admissions (i.e. written surge plan.);

1067
1068 (E) a minimum of two registered nurses shall participate
1069 in initial resuscitations for full and limited trauma activations,
1070 have successfully completed and hold current credentials in
1071 an advanced cardiac life support course (ACLS); a nationally
1072 recognized pediatric advanced life support course (PALS or
1073 ENPC); and TNCC or ATCN; or a department approved
1074 equivalent for each course;

1075
1076 (F) nursing documentation for trauma patients is
1077 systematic, meets the trauma registry guidelines, and includes
1078 at a minimum: time of trauma activation, reason for activation,
1079 the sequence of care, primary and secondary survey with
1080 interventions, response to interventions, outcomes, serial vital
1081 signs, neurological assessment, Glasgow Coma Score (GCS),
1082 consulting services assessment, plan of care with disposition,
1083 and outcomes. (the response times of all trauma team
1084 members.)

1085
1086 (G) documentation that 100% of nursing staff working in
1087 the Emergency Department (ED) and responding to trauma
1088 activations or caring for trauma patients have successfully
1089 completed and hold current credentials in an advanced cardiac
1090 life support course (e.g. ACLS or hospital equivalent), a
1091 nationally recognized pediatric advanced life support course (e.g.
1092 PALS or ENPC) and a nationally recognized trauma nursing
1093 course (e.g. TNCC or ATCN), or a DSHS-approved equivalent,
1094 within 12 months of date of employment in trauma care.

1095
1096 (H) A stand-alone children's facility shall have
1097 documentation that 100% of nursing staff who care for trauma
1098 patients have successfully completed and hold current
1099 credentials in a nationally recognized pediatric advanced life
1100 support course (e.g. PALS or ENPC) and nationally recognized
1101 trauma nursing course (e.g. TNCC or ATCN), or a DSHS-
1102 approved equivalent, within 12 months of date of employment in
1103 the trauma care ED. ~~Stand-alone facilities must have provisions~~
1104 ~~for ACLS standards of care.~~

1105
1106 ~~(9)~~(10) Trauma Registrar. There shall be an identified
1107 Trauma Registrar, who is separate from but supervised by the
1108 TPM, who has:

1109
1110 (A) appropriate education and training in injury severity
1111 scaling within 24 months of hire into the position of trauma
1112 registrar which includes:

1113
1114 (i) the Association for the Advancement of Automotive
1115 Medicine (AAAM) course or an department approved
1116 equivalent; ~~and~~

1117
1118 (ii) the American Trauma Society (ATS) Trauma
1119 Registrar Course or an department approved equivalent;
1120 and

1121
1122 (B) four hours of continuing education annually specific
1123 to trauma data quality.

1124
1125 ~~(112)~~ Emergency Department Equipment. Equipment for the
1126 evaluation, resuscitation, and life support of the major and severe trauma
1127 patient or the complex neurosurgical or orthopedic injured patients of all
1128 ages shall be available for resuscitation, temperature warming ~~and cooling~~
1129 management, hemorrhage control, hemodynamic monitoring, splinting and
1130 burn care.

1131
1132 ~~(123)~~ Surgery Department. Equipment and services for the
1133 care of the trauma patient of all ages for operative interventions as
1134 defined by the center's trauma plan to include resuscitation,
1135 temperature warming ~~and~~ management, hemorrhage control,
1136 hemodynamic monitoring and splinting to ensure that trauma
1137 standards of care are met.

1139 (A) Operating Suite. Operating room services shall be
1140 available 24 hours a day. ~~With advanced notice, the~~
1141 ~~Operating Room~~ shall be opened and ready to accept
1142 a patient within ~~4530~~ minutes.

1143
1144 (B) Post-Anesthesia Care Unit. A post-anesthesia care
1145 unit or surgical intensive care unit shall have registered
1146 nurses and other essential personnel available 24 hours a
1147 day.

1148
1149 (134) Intensive Care Capability. Intensive care capability shall be
1150 available for ~~the all age specific care of~~ trauma critical care patients
1151 and interventions as defined by the facility's trauma plan to include
1152 resuscitation, temperature warming and cooling management,
1153 hemorrhage control, hemodynamic monitoring and splinting to ensure
1154 that trauma standards of care are met.

1155
1156 (A) Designated physician surgical director or surgical co-
1157 director responsible for setting policies, developing protocols and
1158 management guidelines related to trauma ICU patients. A
1159 physician providing this coverage must be a board certified or
1160 board eligible surgeon, and is approved by the TMD to
1161 participate in trauma care; meets the credentialing requirements
1162 as defined in the facility trauma program plan; or

1163
1164 (B) A physician ~~privileged/credentialed~~ in surgical critical
1165 care and on duty approved/credentialed by the TMD to
1166 participate in trauma care, is in the ICU 24 hours a day
1167 or immediately available; ~~from in-hospital and meets~~
1168 ~~the credentialing requirements as defined in the facility~~
1169 ~~trauma program plan; or~~

1170
1171 (C) Arrangements for 24-hour surgical coverage of all
1172 trauma patients shall be provided for emergencies and
1173 routine care. - This coverage and response times shall
1174 be monitored through the trauma PI program.

1175
1176 (145) Clinical Support Services.

1177
1178 (A) Cardiopulmonary Respiratory Services.
1179 Cardiopulmonary personnel/Respiratory services appropriate for
1180 the patient population served shall be in-house and available 24
1181 hours per day.
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(B) Clinical Laboratory Service.

- (i) Laboratory personnel services shall be onsite in-house and available 24 hours per day;
- (ii) a written policy and procedures for emergent blood release for trauma resuscitations and for massive transfusion procedures developed collaboratively between the trauma service and the blood bank and appropriate resources for implementation;

(C) Standard Radiological Services. An in-house technician shall be onsite and available 24 hours per day. available 24 hours a day or be on-call and promptly available on-site within 30 minutes of request. The radiology technician call back response shall be continuously monitored for the trauma PI program;

(D) Special Radiological Capabilities shall be available for the trauma patient as defined by the facility's trauma plan to include:

(i) Sonography;

(ii) Computerized Tomography (CT). An in-house CT technician shall be available 24-hours a day or be on-call and promptly available on-site within 30 minutes of request. The CT scan technician response times and CT availability shall be continuously monitored for the trauma PI program; and

(iii)(iii) — Angiography.

of all types; and

(iv) — Nuclear scanning.

(15) The facility shall have the following services available for a critically injured patient:

(A) Physical therapy;

(B) Occupational therapy;

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(C) Speech therapy; and

(D) Social services.

(16) Specialized Capabilities/Services/Units.

(A) Acute hemodialysis capability. A written transfer plan which shall be implemented if the facility does not have the capability for this standard.

(B) Acute burn capability. Established procedures for acute management of major or severe burn patients, and a written transfer plan, and prearranged transfer agreements to expedite the transfer of acute burn patients for to a higher level of specialized burn care.

(C) Spinal cord/head injury capability and rehabilitation management capability. Established procedures for acute management of identified spinal cord injury and/ or moderate to severe head injury patients and, a written transfer plan, and prearranged transfer agreements to expedite transfer of patients for to a higher level of specialized spinal cord/head injury care.

(D) Rehabilitation Medicine.

(i)(i) A physician-directed rehabilitation service, staffed by personnel trained in rehabilitation care and equipped properly for care of the critically injured patient; or

(ii) a written transfer plan to expedite the transfer of rehabilitation patients when medically feasible to a rehabilitation facility, and prearranged transfer agreements to expedite the transfer of rehabilitation patients.

~~(i) The facility shall have the following services available for a critically injured patient:~~

~~(I) Physical therapy;~~

~~(II)(I) Occupational therapy;~~

~~(III)(I) Speech therapy; and~~

~~(IV)(I) Social services.~~

(0#) Trauma Designation **Level IV** (Basic). The Level IV trauma designated facility will meet the following requirements:

(1) The Trauma Medical Director shall be a physician who:

(A) be board certified or board eligible in Emergency Medicine; and demonstrates successful credentials in ATLS or an equivalent course approved by the department; or

(B) a board certified or board eligible in Family Medicine, Internal Medicine, Pediatric Medicine, or Doctor of Osteopathy Medicine who has expertise and/or experience in the care of trauma patients and demonstrate current credentials in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the department; or

(D) if not board certified or eligible demonstrates expertise and experience in caring for trauma patients and is currently credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the department; and (A) is a currently practicing physician with training and experience in caring for trauma patients; and

(A) Licensed to practice medicine in Texas; A Texas licensed physician currently practicing medicine in the facility;

(CB) demonstrates a current status on successful completion of currently credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the department;

(EDC) regularly and actively participating in trauma care at the hospital where medical director services are provided; cover a minimum of ten call shifts per month at the trauma center.

(F) (E)(D) demonstrates effective administrative skills and oversight of the trauma performance improvement (QAPI) Program; and

1313 (G) Has completed 9 hours of trauma-related continuing
1314 medical education annually specific to the care of trauma
1315 patients.

1316 _____
1317
1318 board certified in emergency medicine by the American
1319 Board of Emergency Medicine (ABMS or AOBEM), and
1320 currently credentialed in Advanced Trauma Life Support
1321 (ATLS) or an equivalent course approved by the
1322 department; or

1323
1324 (E) board certified in their applicable medical or surgical
1325 specialty and currently credentialed in Advanced Trauma
1326 Life Support (ATLS) or an equivalent course approved by
1327 the department; or

1328
1329 (F) has continuously served as the Trauma Medical Director at
1330 the designated facility for the last consecutive five years and is
1331 currently credentialed in Advanced Trauma Life Support (ATLS) or an
1332 equivalent course approved by the office department.

1333
1334 (2) Emergency Medicine.

1335
1336 (A) The physician shall be on-call (if not in-house 24 hours a day)
1337 and promptly available within 30 minutes of request; and

1338 (i) be board certified or board eligible in Emergency
1339 Medicine; and demonstrates successful credentials in ATLS or an equivalent
1340 course approved by the department; or

1341
1342 (ii) be board certified or board eligible in Family Medicine,
1343 Internal Medicine, Pediatric Medicine, or Doctor of Osteopathy Medicine and
1344 demonstrates current credentials in Advanced Trauma Life Support (ATLS)
1345 or an equivalent course approved by the department; or

1346
1347 (iii) if not board certified or board eligible demonstrates
1348 expertise and experience in caring for trauma patients and is currently
1349 credentialed in Advanced Trauma Life Support (ATLS) or an equivalent
1350 course approved by the department; and

1351
1352 (iv) be approved by the TMD;

1353
1354 (v) average at least 9 hours of trauma-related
1355 continuing medical education annually if not current with board maintenance
1356 of certification or board eligibility;

1357
1358 (vi) maintain compliance with trauma protocols as
1359 evidenced through the trauma performance improvement process;

1360
1361 (vii) participates in the trauma multi-disciplinary PI
1362 program; and

1363
1364 (viii) a designated liaison, or one predetermined
1365 alternate, shall attend at least 50% of the
1366 trauma multidisciplinary PI and peer case
1367 review committee meetings.

1368 (B) Additionally, PAs/NPs and telemedicine-support physicians
1369 who participate in the care of major/severe trauma patients shall be
1370 credentialed by the hospital to participate in the resuscitation and
1371 treatment of said trauma patients, to include requirements such as
1372 board certification/eligibility, an average of 9 hours of trauma-related
1373 continuing medical education per year, compliance with trauma
1374 protocols, and participation in the trauma PI program.

1375
1376 (C) Neither a hospital's telemedicine medical service capabilities
1377 nor the physical presence of physician assistants (PAs) or clinical nurse
1378 specialists/nurse practitioners (CNSs/NPs) shall satisfy this
1379 requirement with the exception of a health care facility located in a
1380 county with a population of less than 30,000 may satisfy a level IV
1381 trauma facility designation requirement relating to physicians through
1382 the use of telemedicine medical service in which an on-call physician
1383 who has special competence in the care of critically injured patients
1384 provides patient assessment, diagnosis, consultation, or treatment, or
1385 transfers medical data to a physician, advanced practice registered
1386 nurse, or physician assistants located at the facility.

1387
1388 A physician with special competence in the care of
1389 critically injured patients, who is designated member of the
1390 trauma team and who is on call (if not in house 24/7) and
1391 promptly available within 30 minutes of request. Neither a
1392 hospital's telemedicine medical service capabilities nor the
1393 physical presence of physician assistants (PAs) or clinical
1394 nurse specialists/nurse practitioners (CNSs/NPs) shall
1395 satisfy this requirement with the exception of the
1396 following:

1397 (i) A health care facility located in a county with a
1398 population of less than 30,000 may satisfy a level IV
1399 trauma facility designation requirement relating to
1400 physicians through the use of telemedicine medical service

1401 in which an on-call physician who has special competence
1402 in the care of critically injured patients provides patient
1403 assessment, diagnosis, consultation, or treatment, or
1404 transfers medical data to a physician, advanced practice
1405 registered nurse, or physician assistants located at the
1406 facility, and shall:

1407 (1) ~~Emergency Medicine. A physician providing trauma~~
1408 ~~coverage shall be on-call (if not in-house 24/7), promptly~~
1409 ~~available onsite within 30 minutes of request from inside~~
1410 ~~or outside the hospital and shall:~~

1411
1412 (A) ~~demonstrate be currently credentialed in Advanced~~
1413 ~~Trauma Life Support (ATLS) or an equivalent course approved by~~
1414 ~~the department; and~~

1415
1416 (B) ~~be board certified in emergency medicine; or~~

1417
1418 (C) ~~be board eligible in emergency medicine; or~~

1419
1420 (D) ~~prior to (the effective date of this rule) have~~
1421 ~~continuously provided trauma coverage in the emergency department at the~~
1422 ~~designated facility for the last consecutive five years and if not board~~
1423 ~~certified or eligible demonstrates expertise and experience in caring for~~
1424 ~~trauma patients and is currently credentialed in Advanced Trauma Life~~
1425 ~~Support (ATLS) or an equivalent course approved by the department; or~~

1426
1427 (E) ~~be board eligible in antheir applicable specialty~~
1428 ~~appropriate for trauma patients (Family Medicine, Internal Medicine,~~
1429 ~~Pediatrics, Doctor of Osteopathy) ; and~~

1430
1431 (F) ~~be approved ropriately credentialed through the~~
1432 ~~trauma program;~~

1433
1434 (G) ~~average at least 9 hours of trauma-related~~
1435 ~~continuing medical education annually if not current with board~~
1436 ~~maintenance of certification or board eligibility ;~~

1437
1438 (H) ~~maintain compliance with trauma protocols as~~
1439 ~~evidenced through the trauma performance improvement process; and~~

1440
1441 ~~participate in the trauma PI/multidisciplinary PI~~
1442 ~~program; and~~

1443 ~~a designated liaison, or one predetermined alternate, shall~~
1444 ~~attend at least 50% of the trauma multidisciplinary PI and~~
1445 ~~peer case review committee meetings.~~

1446
1447 (3) Radiologist Services.

1448
1449 (A) A radiologist shall be on-call and promptly available
1450 within 30 minutes of request. ~~from inside or outside~~
1451 ~~the hospital.~~ The radiologist call-back response times
1452 shall be continuously monitored through the trauma
1453 PI program.

1454
1455 ~~(A)~~(B) ~~Changes in preliminary and final~~ ~~The rate of~~
1456 ~~change in~~ interpretations of radiologic studies must
1457 be routinely monitored and reviewed with the
1458 radiology department. Identified cases should be
1459 reviewed to determine the reason for
1460 misinterpretation, adverse outcomes, and
1461 opportunities for improvement.

1462
1463 ~~(4) Advanced practice clinicians utilized in the care of major~~
1464 ~~and/or severe trauma patients, shall not be a substitute for the~~
1465 ~~required physician response, in patient care planning, nor in PI~~
1466 ~~activities. Any a~~Advanced practice clinician who provides care to
1467 trauma patients shall be currently credentialed in ATLS and be
1468 appropriately credentialed by the Texas Board of Nursing (TBON)
1469 or the Texas Medical Board (TMB) respectively. If advanced
1470 practice clinicians' supervision is provided through a physician
1471 and telemedicine technology, specific protocols and performance
1472 improvement measures must be documented and monitored.

1473
1474 (5) Nursing Staff. ~~As part of the facility's trauma program~~
1475 ~~approved by the governing body, the program will have an identified Trauma~~
1476 ~~Program Manager with equivalent authority and responsibility as granted to~~
1477 ~~other department or nurse managers.~~ There shall be a demonstrated
1478 commitment by the facility for furthering the education and understanding of
1479 trauma standards of care for all nursing staff caring for the trauma patient.

1480
1481 (6) Nursing Services for all critical care and patient care areas
1482 shall provide evidence of the following:

1483
1484 (A) all nurses caring for trauma patients throughout the
1485 continuum of care have ongoing documented knowledge and skills in trauma

1486 nursing for patients of all ages to include trauma specific orientation, annual
1487 clinical competencies, and continuing education;

1488
1489 (B) written standards on nursing care for trauma
1490 patients for all units (i.e. ED, ICU, OR, PACU, general inpatient) in the
1491 trauma facility shall be implemented;

1492
1493 (C) a facility approved acuity-based patient classification
1494 system is utilized to define workload and number of nursing staff to provide
1495 safe patient care for all trauma patients throughout their hospitalization;

1496
1497 (D) a written plan, developed by the facility, for
1498 acquisition of additional staff on a 24-hour basis to support units with
1499 increased patient acuity, multiple emergency procedures and admissions
1500 (i.e. written surge plan.);

1501
1502 (E) at least one member of the ~~Registered nursing~~ Registered nursing
1503 staff responding to and participating in initial resuscitations for full and
1504 limited trauma activations, have successfully completed and hold current
1505 credentials in ~~an advanced cardiac life support course (ACLS);~~ a nationally
1506 recognized pediatric advanced life support course (PALS or ENPC); and a
1507 nationally recognized trauma nursing course (TNCC or ATCN); or a
1508 department approved equivalent for each course;

1509
1510 (F) nursing documentation for trauma patients is
1511 systematic and meets the trauma registry guidelines, includes at a
1512 minimum: trauma activation times, the sequence of care, primary and
1513 secondary survey with interventions, diagnostic evaluation, outcomes, serial
1514 vital signs, neurologic assessment, GCS, consulting services assessment,
1515 plan of care with disposition and the response times of all trauma team
1516 members.

1517
1518 (G) documentation that 100% of nursing staff working in
1519 the Emergency Department (ED) and responding to trauma activations or
1520 caring for trauma patients have successfully completed and hold current
1521 credentials in an advanced cardiac life support course (e.g. ACLS or hospital
1522 equivalent), a nationally recognized pediatric advanced life support course
1523 (e.g. PALS or ENPC) and TNCC or ATCN or a DSHS-approved equivalent,
1524 within 12 months of date of assignment.

1525
1526 (H) A stand-alone children's facility shall have
1527 documentation that 100% of nursing staff who care for trauma
1528 patients have successfully completed and hold current
1529 credentials in a nationally recognized pediatric advanced life

1530 support course (e.g. PALS or ENPC) and TNCC or ATCN or a
1531 DSHS-approved equivalent, within 12 months of date of
1532 employment in the ED.

1533

1534

1535 (7) Identified Trauma Registrar who has had appropriate
1536 education and training within 24 months of hire into the position of
1537 trauma registrar which includes:

1538

1539 (A) the Association for the Advancement of Automotive
1540 Medicine (AAAM) course, or a department approved equivalent
1541 course.

1542

1543 (B) four hours of continuing education annually specific to
1544 trauma data quality.

1545

1546 (8) Emergency Department Equipment and Services. Equipment
1547 and services for the evaluation, resuscitation, and life support for critically or
1548 seriously injured patients of all ages shall be available for resuscitation,
1549 temperature warming ~~and cooling~~ management, hemorrhage control,
1550 hemodynamic monitoring and orthopedic splinting.

1551

1552 (9) Clinical Support Services.

1553

1554 (A) Respiratory Services. Respiratory services shall be
1555 in-house, ~~and~~ available 24 hours per day and appropriate for
1556 trauma patient population served.

1557

1558 (B) Clinical Laboratory Service. Laboratory services shall
1559 be in-house, available 24 hours per day and have:

1560

1561 -laboratory personnel on-call who shall be promptly
1562 available on-site within 30 minutes of request, and on-call
1563 response times will be monitored through the trauma
1564 performance improvement process;

1565

1566 (i) capability for immediate or emergency release of
1567 blood for a transfusion; and

1568

1569 (ii) a protocol to obtain additional blood components.

1570

1571 (C) Standard Radiological Capability/Services. An in-
1572 house technician shall be available 24-hours a day or be on-
1573 call and promptly available on-site within 30 minutes

1574 of request. The on-call response time will be monitored
1575 through the trauma performance improvement process.

1576
1577 (D) Special Radiological Capability. ~~CA~~ computerized
1578 tomography scanner (CT) ~~abilities appropriate for the trauma~~
1579 ~~population served. An in-house technician shall be available 24~~
1580 ~~hours a day or be on-call technician shall be available 24 hours~~
1581 ~~per day on-call~~ and promptly available on-site within 30 minutes
1582 of request. ~~The on-call he call back~~ response times shall be
1583 monitored through the trauma PI program. ~~;~~

1584
1585 (10) Specialized Capabilities/Services/Units.

1586
1587 (A) Acute burn ~~services~~ capability. Established ~~guidelines~~
1588 ~~procedures~~ for acute management of major or severe burn
1589 patients ~~and~~, a written transfer plan, ~~and prearranged transfer~~
1590 ~~agreements~~ to expedite the transfer of acute burn patients ~~for~~
1591 ~~to a higher level facility providing of~~ specialized burn care.

1592
1593 (B) Spinal cord/head injury ~~services and rehabilitation~~
1594 ~~management capability~~. Established ~~guidelines~~ ~~procedures~~ for
1595 acute management of identified spinal cord injury ~~and/or~~
1596 moderate to severe head injury patients ~~and~~, a written transfer
1597 plan, ~~and prearranged transfer agreements~~ to expedite transfer
1598 of ~~spinal cord/head injury~~ patients ~~for to a higher level facility~~
1599 ~~providing of~~ specialized ~~spinal cord/head injury~~ care.

1600
1601 (pe) Survey Team.

1602
1603 (1) The multi-disciplinary survey team shall consist of the
1604 following members:

1605
1606 (A) Level I or Level II facilities shall be surveyed by the
1607 American College of Surgeons (ACS) with a multi-disciplinary team that
1608 includes at a minimum: ~~2~~ ~~two general t~~ ~~Trauma~~ surgeons, an emergency
1609 physician, and a ~~registered nurse who serves as a~~ trauma program manager
1610 all currently active in the management of trauma patients. ~~Stand-alone~~
1611 ~~p~~ Pediatric facilities shall be surveyed by ~~the~~ ACS with a multi-disciplinary
1612 team that includes at a minimum: ~~two~~ ~~(2)~~ ~~pediatric traum~~ ~~general~~ surgeons
1613 ~~(one must be pediatric)~~, and a pediatric ~~registered nurse who serves as a~~
1614 trauma program manager all currently active in the management of pediatric
1615 trauma patients.

1617 (B) Level III facilities shall be surveyed by the ACS or
1618 other ~~office~~department-approved organization, with a multi-disciplinary team
1619 that includes at a minimum: a trauma/general surgeon who serves as a
1620 trauma medical director~~general surgeon~~ and a registered nurse who serves
1621 as a trauma program manager both currently active in the management of
1622 trauma patients. Stand-alone pPediatric facilities shall be surveyed by the
1623 ACS or other ~~office~~department-approved organization, with a multi-
1624 disciplinary team that includes at a minimum: a pediatric ~~general~~ surgeon
1625 who serves as a trauma medical director and a pediatric registered nurse
1626 who serves as a trauma program manager both currently active in the
1627 management of pediatric trauma patients. An additional surveyor may be
1628 requested by the facility, or required by the department.

1629
1630 (C) Level IV facilities shall be surveyed by a ~~n~~
1631 ~~office~~department-approved organization by a surveyor that is either at a
1632 minimum: an appropriate physician who serves as a -trauma medical
1633 director, program manager or a ~~trauma~~registered nurse who serves as a
1634 program manager ~~medical director~~, currently active in the management of
1635 trauma patients. Stand-alone pPediatric facilities shall be surveyed by a ~~n~~
1636 ~~office~~department-approved organization by a surveyor that is either at a
1637 minimum: an appropriate pediatric physician who serves as a trauma
1638 medical director~~general surgeon~~, or a pediatric registered nurse who serves
1639 as a trauma program manager with pediatric experience. An additional
1640 surveyor may be requested by the facility, or required by the department.

1641
1642 (2) Each member of the survey teams described above shall:

1643
1644 (A) be currently employed at a designated trauma
1645 facility that is greater than 100 miles from the requesting
1646 facility;

1647
1648 (B) not be employed in the same TSA as the designating
1649 facility;

1650
1651 (C) not be a current or former employee of the facility or
1652 of an affiliated facility that is the subject of the survey ~~or of an~~
1653 ~~affiliated facility~~;

1654
1655 (D) not be employed at a facility that is a primary
1656 transfer facility with the facility being surveyed, with the
1657 exception of a burn facility;

1658
1659 (E) ~~(E)~~ not survey the facility program and physical
1660 location on consecutive designation cycles;

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~~(D)~~(F) or participate as members of the same Board,
and

(G) not have been requested by the facility;

(H) not possess other potential conflict of interest
between the surveyor or the surveyor's place of employment and
the facility being surveyed.

(3) Each member of the survey team shall:

(A) have at least 5 years of experience in the care of
trauma patients;

(B) be currently employed managing a trauma program
and practicing in the coordination of care for trauma patients;

(C) have direct experience in the preparation for and
successful completion of trauma facility designation for no fewer than 2
successful designation cycles;

~~(D)~~~~(D)~~ have successfully completed a department-
approved trauma facility site surveyor course;

~~(E)~~ and be successfully re-credentialed every 4 years; and

~~(F)~~(E) have current credentials as follows:

(i) for registered nurses: Trauma Nurses Core
Course (TNCC) or Advanced Trauma Course for Nurses (ATCN); and
Pediatric Advanced Life Support (PALS) or Emergency Nurses Pediatric
Course (ENPC);

(ii) for physicians: Advanced Trauma Life Support
(ATLS); and

(iii) have successfully completed a trauma
designation surveyor internship.

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1707

Email Comments To:

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