

1 §157.125. Requirements for Trauma Facility Designation.

2
3 (a) General Provisions. The goal of the trauma system is to reduce the
4 morbidity and mortality of the trauma patient. The objective of the trauma
5 system is to get the right patient, to the right place, at the right time, to
6 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) shall
11 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, and compliance with the essential criteria and
14 standard requirements outlined in this section.

15
16 (2) The Emergency Medical Services (EMS)/Trauma Systems Section
17 shall recommend to the Commissioner of the Department of State Health
18 Services (commissioner) the trauma designation of a facility at the level it
19 deems appropriate.

20
21 (3) Facilities eligible for trauma designation include:

22
23 (A) a hospital in the state of Texas, licensed or otherwise
24 meeting the description in accordance with Texas Administrative Code
25 (TAC) Chapter 133 Hospital Licensing;

26
27 (B) a hospital owned and operated by the state of Texas; or

28
29 (C) a hospital owned and operated by the federal government;
30 and

31
32 (D) all facilities shall have the capability to provide stabilization,
33 and transfer or treatment for the major and severe trauma patient.

34
35 (4) Facilities with multiple locations under one state license applying
36 for designation at one location, shall be required to apply for
37 designation at each of its individual locations where inpatients receive
38 hospital services. Each individual location shall be considered
39 separately for designation.

40
41 (5) Designation does not extend to provider-based departments of the
42 designated facility, which are not contiguous with the designated
43 facility.

45 (6) Departments or services within a facility shall not be designated
46 separately.

47
48 (7) A trauma facility designation is issued for the physical location and
49 to the legal owner of the operations of the facility. If a designated
50 facility has a change of ownership or a change of the physical location
51 of the facility, the designation shall not be transferred or assigned.

52
53 (8) The four levels of trauma designation and the requirements for
54 each are as follows:

55
56 (A) Comprehensive (Level I). The facility shall meet the current
57 American College of Surgeons (ACS) essential criteria for a
58 verified Level I trauma center.

59
60 (B) Major (Level II). The facility shall meet the current ACS
61 essential criteria for a verified Level II trauma center.

62
63 (C) Advanced (Level III). The facility shall meet TAC §157.125
64 (j) and (n) requirements in this section.

65
66 (D) Basic (Level IV). The facility shall meet TAC §157.125 (j)
67 and (o) requirements in this section.

68
69 (b) Survey Process. A facility seeking designation shall undergo an onsite
70 survey as outlined in this section.

71
72 (1) The facility shall be responsible for scheduling a trauma verification
73 or designation survey as follows:

74
75 (A) Level I and II facilities shall request a trauma verification
76 survey through the ACS trauma verification program.

77
78 (B) Level III and IV facilities shall request a trauma designation
79 survey through a department recognized organization.

80
81 (2) The facility shall notify the department of the date of the scheduled
82 survey no later than 30 days prior to the survey.

83
84 (3) The facility shall be responsible for any expenses associated with
85 the survey.

87 (4) The surveying organization shall notify the department of the date
88 of the scheduled survey and the members of the survey team no later
89 than 30 days prior to the survey.
90

91 (5) The department, at its discretion, may appoint an observer(s) to
92 accompany the survey team. In this event, the department is
93 responsible for any expenses associated with the observer(s) attending
94 the survey.
95

96 (6) The survey team shall evaluate the facility's compliance with ACS
97 or TAC §157.125 requirements by:

98 (A) reviewing facility documents;
99

100 (B) performing patient case reviews on closed medical records;
101

102 (C) tour of the physical plant;
103

104 (D) conduct staff interviews to include these roles:
105

106 (i) the chief executive officer;
107

108 (ii) the chief nursing officer;
109

110 (iii) the current Trauma Medical Director(TMD);
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112 (iv) the current Trauma Program Manager(TPM);
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114 (v) the current executive sponsor of the trauma program;
115

116 and

117 (vi) general staff.
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119 (7) The facility must provide documented evidence of performance
120 improvement activities to validate compliance with TAC §157.125.
121 Failure to provide this evidence may result in denial of designation.
122

123 (8) The surveyor(s) shall provide the facility with a complete written,
124 and signed survey report regarding their evaluation of the facility's
125 compliance and noncompliance with ACS or TAC §157.125 requirements.
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127 (9) Survey organizations evaluating facility compliance to TAC
128 §157.125 shall forward the survey report to the facility within 30 calendar
129 days of the date of the survey.
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(10) The facility is responsible for forwarding a copy of the complete survey report to the department in the application packet if it intends to continue the designation process.

(c) Designation Process.

(1) In Active Pursuit of Designation(IAP) applies only to an undesignated facility that applies for trauma designation and is in active pursuit of designation in accordance with Texas Health and Safety Code, Chapter 780 Trauma Facilities and Emergency Medical Services, §780.004(2)(i). In Active Pursuit is defined by the State for funding purposes only. It is not to be used by other organizations regarding designation status.

(2) Initial designation is intended for facilities that are designating for the first time, those designating following a hiatus from the system, following a change of ownership or a change in physical location, or changing designation levels.

(A) An initial application for a higher or lower level designation may be submitted to the department at any time.

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

(C) A designated trauma facility unable to maintain compliance with its current level of designation may choose to apply for a lower level of designation. It shall be necessary to repeat the designation process for the lower level. There shall be a desk review by the department to determine if a full survey shall be required.

(3) Renewal of designation occurs every three years and includes facilities that are renewing an existing designation.

(4) 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.

(5) Facility Conferences.

174 (A) Application for an initial designation by a facility will require
175 a pre-survey conference. An executive officer, TMD and TPM of
176 the facility shall participate in the pre-survey conference
177 conducted by department staff. The purpose of the pre-survey
178 conference is to review and discuss the designation requirements
179 for the applicable level prior to the initial onsite designation
180 survey. The department may waive the pre-survey conference
181 requirement.

182
183 (B) Application for renewal of designation, determined to be a
184 designation with contingencies, or denial of designation, will
185 necessitate a conference. An executive officer, TMD and TPM of
186 the facility shall participate in a conference conducted by
187 department staff. The purpose of the conference is to review and
188 discuss the corrective action plan (CAP) for the facility to achieve
189 compliance with the rules. The department may waive the
190 conference requirement.

191
192 (6) Application Packet. A facility seeking designation, shall submit a
193 completed application packet to include:

194
195 (A) an accurate and complete designation application form for
196 the appropriate level of designation requested;

197
198 (B) Full payment of the non-refundable, non-transferrable,
199 designation fee as listed.

200
201 (i) Level I and Level II applicants, the fee will be no more
202 than \$10 per licensed bed with an upper limit of \$5,000 and a
203 lower limit of \$4,000.

204
205 (ii) Level III applicants, the fee will be no more than \$10
206 per licensed bed with an upper limit of \$2,500 and a lower limit
207 of \$1,500.

208
209 (iii) Level IV applicants, the fee will be no more than \$10
210 per licensed bed with an upper limit of \$1000 and a lower limit
211 of \$500.

212
213 (C) a complete trauma designation survey report, which includes
214 patient case reviews, submitted no later than 120 days from the date
215 of the survey;

217 (D) if deficiencies or findings of not met are identified on the
218 survey report, the facility shall develop and implement a plan of
219 correction (POC). The POC shall include:

220
221 (i) a statement of the cited deficiency;

222
223 (ii) details of the corrective action to ensure compliance
224 with the requirement;

225
226 (iii) the title of the individual(s) responsible for ensuring
227 the correction action(s) is implemented;

228
229 (iv) the date by which the corrective action will be
230 implemented, within 120 days from the date of the survey;

231
232 (v) how the corrective action will be monitored; and

233
234 (vi) supporting documentation of corrective actions.

235
236 (E) evidence of participation in the applicable Regional
237 Advisory Council (RAC);

238
239 (F) evidence of submission of data to the department trauma
240 registry; and

241
242 (G) any subsequent documents requested by the department
243 within the timeframe determined by the department.

244
245 (7) If a facility seeking initial designation fails to meet the
246 requirements in subsections (c)(6)(A) – (G) above, the application will
247 not be processed.

248
249 (8) Renewal of designation. The facility shall submit the documents
250 described in subsection (c)(6)(A) – (G) above, to the department no
251 later than 90 days prior to the designation expiration date.

252
253 (9) If a facility seeking renewal of designation fails to meet the
254 requirements in subsection (c)(6)(A) – (G) above, the application will not be
255 processed, and the original designation will expire on the expiration date.

256
257 (10) The facility shall have the right to withdraw its application at any
258 time prior to being recommended for trauma designation by the department.

259

260 (11) The trauma designation application packet in its entirety shall be
261 part of a facility's multidisciplinary trauma performance improvement
262 program, pursuant to confidentiality in the Health and Safety Code,
263 §773.095.

264
265 (12) Approval Process.

266
267 (A) The department shall review the findings of the survey
268 report, and POC (if required), submitted by the facility to determine
269 compliance with the requirements.

270
271 (B) A recommendation for designation will be made to the
272 commissioner if the facility meets the requirements for designation
273 defined in this section.

274
275 (C) If a facility does not meet the requirements for the level of
276 designation requested, the department shall notify the facility of the
277 deficiencies and may take the following action:

278
279 (i) develop and require a CAP to include the specific
280 requirements not met by the facility, supporting evidence
281 of non-compliance, and required corrective action(s) to be
282 completed by the facility;

283
284 (ii) designate the facility at the appropriate level for which
285 requirements are met;

286
287 (iii) deny designation of the facility; and/or

288
289 (iv) require a second survey to ensure compliance with the
290 requirements.

291
292 (13) If the commissioner concurs with the recommendation to
293 designate, the facility shall receive a letter of designation valid for three
294 years and a certificate of designation as appropriate.

295
296 (14) Display: the hospital shall display the trauma designation
297 certificate and the current letter awarding designation from the
298 commissioner, in a public area of the designated facility that is readily
299 visible to patients, employees, and visitors.

300
301 (15) The trauma designation certificate shall be valid only when
302 displayed with the current letter awarding designation.

303

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

306
307 (17) Alteration: the trauma designation certificate and the award
308 letter shall not be altered. Any alteration to either document voids trauma
309 designation for the remainder of that cycle.

310
311 (18) The department shall post the current designation status of each
312 facility on the department website.

313
314 (19) If a facility disagrees with the department's decision regarding
315 its designation status, the facility has a right to a hearing, in accordance
316 with the department's rules for contested cases, and Government Code,
317 Chapter 2001.

318
319 (d) Exceptions and Notifications

320
321 (1) Notification of an event or decision impacting the ability of a
322 trauma facility to comply with designation criteria to maintain the current
323 designation status, or to increase the trauma facility's capabilities that
324 impact patient care, and regional plans or guidelines, shall be documented
325 and provided to the following:

326
327 (A) EMS providers within a time period appropriate for the
328 change in capabilities;

329
330 (B) all healthcare facilities that may be impacted by a change in
331 the facility's trauma services, including but not limited to facilities to
332 which it customarily transfers-out and/or transfers-in trauma patients,
333 within a time period appropriate for the change in capabilities;

334
335 (C) applicable RAC(s) within a time period appropriate for the
336 change in capabilities; and

337
338 (D) the department within a time period appropriate for the
339 change in capabilities.

340
341 (2) If the facility is unable to comply with program requirements to
342 maintain the current designation status, it shall submit to the department a
343 POC as described in (c)(6)(D) of this section, and a request for a temporary
344 exception to criteria. Any request for an exception shall be submitted in
345 writing from an executive officer of the facility. The department shall review
346 the request and POC, and either grant or deny the exception. If the facility

347 has not come into compliance at the end of the exception period, the
348 department may at its discretion:

- 349
- 350 (A) allow the facility to request designation at the level
351 appropriate to its revised capabilities;
352
- 353 (B) allow the facility to relinquish designation status; or
354
- 355 (C) designate the facility at the level appropriate to its revised
356 capabilities.

357

358 (e) Relinquishment of designation. If the facility chooses to relinquish its
359 trauma designation, it shall provide at least a 30-day notice to the
360 department, applicable RAC(s), EMS providers, and all healthcare facilities
361 that may be impacted, including but not limited to, healthcare facilities
362 which it customarily transfers-out and/or transfers-in trauma patients, if it
363 no longer provides trauma services.

364

365 (f) A facility may not use the terms "trauma facility", "trauma hospital",
366 "trauma center", or similar terminology in its signs, advertisements, or in
367 printed materials and information it provides to the public unless the facility
368 is currently designated as a trauma facility according to the process
369 described in this section.

370

371 (g) The department shall have the right to review, inspect, evaluate, and
372 audit all trauma patient records, multidisciplinary trauma performance
373 improvement and peer review committee meeting minutes, and other
374 documents relevant to trauma care in any designated trauma facility or
375 applicant facility, at any time to verify compliance with Health and Safety
376 Code, Chapter 773 Emergency Medical Services, §773.111 and TAC
377 §157.125, including the designation requirements. The department shall
378 maintain confidentiality of such records to the extent authorized by the
379 Texas Public Information Act, Government Code, Chapter 552, and
380 consistent with current laws and regulations related to the Health Insurance
381 Portability and Accountability Act of 1996, and/or any other relevant
382 confidentiality law or regulation.

383

384 (h) Onsite reviews conducted by the department shall be scheduled as
385 appropriate. The department shall provide a report with findings to the
386 facility for these onsite reviews.

387

388 (i) If a designated trauma facility ceases to provide services to meet and/or
389 maintain compliance with the requirements of this section, or if it violates
390 TAC Chapter 133 Hospital Licensing requirements, resulting in enforcement

391 action, or under an agreed order, the department may deny, suspend, or
392 revoke the designation.

393

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

397

398 (k) Program Requirements.

399

400 (1) Program Plan. The facility shall develop a written plan of the
401 trauma program that includes, a detailed description of the scope of services
402 available to all trauma patients, defines the trauma patient population
403 evaluated and/or treated by the facility, transferred, or transported by the
404 facility, that is consistent with accepted professional standards of practice for
405 trauma care, and ensures the health and safety of patients.

406

407 (A) The written plan and the program policies and procedures
408 shall be reviewed and approved by the facility's governing body at
409 least every 3 years. The governing body shall ensure that the
410 requirements of this chapter are implemented and enforced.

411

412 (B) The written program plan shall include, at a minimum:

413

414 (i) policies and procedures based on national evidence-
415 based standards of practice of trauma care, that are
416 adopted, implemented, and enforced for compliance by the
417 facility, that governs the trauma program through all
418 phases of care for all patient populations;

419

420 (ii) a periodic review and revision schedule for all trauma
421 care policies and procedures;

422

423 (iii) written triage, stabilization and transfer guidelines for
424 the trauma patient that include consultation and transport
425 services;

426

427 (iv) written assessment, treatment, referral and transfer
428 guidelines for patients with the following:

429

430 (I) burn injuries, to include a plan to expedite the
431 transfer of acute major and severe burn patients for
432 specialized care;

433

434 (II) identified spinal cord injury and/or moderate to
435 severe head injuries, to include a plan to expedite the
436 transfer of acute spinal cord/head injury patients for
437 specialized care; and

438
439 (III) suspected and/or confirmed maltreatment
440 injuries of all patient populations.

441
442 (v) provisions for the availability of all necessary
443 equipment and services to administer the appropriate level of
444 care and support of the patient population served;

445
446 (vi) telemedicine utilization in Emergency Services;

447
448 (vii) requirements for minimal credentials for all medical
449 and healthcare staff participating in the care of trauma
450 patients;

451
452 (viii) provisions for medical and healthcare staff education,
453 including annual competency and skills assessment
454 appropriate for the patient population served, and team-
455 based training at frequent intervals for high-risk events;

456
457 (viii) describe the role of the hospitalist/intensivist
458 physicians in the care of the trauma patient;

459
460 (ix) identification of a program sponsor who is a member
461 of the executive leadership at the facility;

462
463 (x) provisions for consistent participation by the TMD, TPM,
464 Trauma Registrar, and/or other members of the trauma
465 program in the RAC;

466
467 (xi) contingency plans to ensure the immediate
468 continuation of an active trauma program in the event that
469 the TMD and/or TPM position(s) becomes vacant; and

470
471 (xii) a trauma staff registered nurse as a representative on
472 the nurse staffing committee as established in accordance
473 with TAC §§133.41(o)(2)(F).

474
475 (2) Medical Records. Maintain medical records that contain information
476 to justify and support the immediate evaluation, activation, resuscitation,
477 diagnosis, treatment, and describe the patient's progress and response to

478 medication(s) and intervention(s) from arrival in the Emergency Department
479 through hospital discharge. Records include patient care reports provided by
480 EMS to the facility receiving the trauma patient.

481
482 (3) Trauma Performance Improvement Plan. The facility shall develop,
483 implement, maintain, and evaluate an effective, ongoing, facility-wide,
484 data-driven, outcome-based, trauma performance improvement (PI)
485 plan. The plan shall be individualized to the facility and meet the
486 requirements described in this section.

487
488 (A) The trauma PI plan shall be reviewed and approved by the
489 facility's governing body. The governing body and facility
490 administration shall ensure that the requirements of this section are
491 implemented and enforced.

492
493 (B) The trauma PI plan shall include, at a minimum:

494
495 (i) A description of the facility's trauma program and the
496 services provided. All facility services (including those services
497 furnished under contract or arrangement) shall focus on
498 decreasing deviations from the trauma standards of care to
499 ensure achievement of optimal trauma patient outcomes, patient
500 safety standards, and cost-effective care.

501
502 (ii) How the program evaluates the standards of practice,
503 provision of trauma care and patient services, identifies
504 opportunities for improvement, develops and implements
505 improvement plans, and evaluates the plans' outcomes until
506 resolution is achieved.

507
508 (iii) Evidence to support that aggregate patient data,
509 including identification and tracking of trauma patient
510 complications, variances from standards of care, and the tiered
511 levels of review, is continuously evaluated for opportunities by
512 the multidisciplinary trauma PI and peer review committee.

513
514 (iv) Required members of the multidisciplinary trauma PI
515 and peer review committee(s) shall include, at a minimum:

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517 (I) the TMD,

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519 (II) the TPM,

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521 (III) the Trauma Registrar (TR),

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(IV) an executive officer of the facility,

(V) a trauma nurse(s) active in the management of adult and/or pediatric trauma patients as applicable,

(VI) physicians and surgeons that provide care to trauma patients, and

(VII) other healthcare professionals participating in the care of major or severe trauma patients.

(v) provisions to document the attendance, activities, actions, and follow-up of outcomes by the multidisciplinary trauma PI and peer review committee;

(vi) provisions to document evidence of ongoing monthly review of trauma facility regulatory compliance, trauma patient outcomes, and trauma system performance from multidisciplinary trauma PI and peer review committee meetings; and

(vii) documentation that a 12-month summary, of the Trauma PI program activities, was provided to the governing body for review.

(4) Texas EMS/Trauma Registry Requirements. Any designated trauma facility must submit accurate, timely, and complete trauma registry data to the Texas EMS/Trauma Registry at least quarterly.

(A) For initial designation, six months of data must be submitted to and received by the Texas EMS/Trauma Registry prior to the initial designation survey.

(B) For renewal of designation, data shall be submitted to and received by the Texas EMS/Trauma Registry continuously throughout the designation cycle.

(C) Trauma data shall be submitted as defined in Chapter 103, Injury Prevention and Control.

(D) Trauma data shall be submitted within 60 days of patient discharge, with an 80% accuracy rate.

566 (E) The Trauma Registrar and/or TPM must ensure ongoing
567 internal data validation and accuracy for data submissions to the state
568 registry.
569

570 (F) Trauma patients, received at a provider-based department
571 not contiguous with the designated facility, that meet trauma registry
572 inclusion criteria must be included in the trauma registry and trauma
573 performance improvement program.
574

575 (5) Outreach and Healthcare Provider Education.
576

577 (A) There shall be an identified individual to coordinate the
578 facility's outreach and education programs.
579

580 (B) The facility shall provide training programs in trauma-
581 related continuing education, for staff and community
582 members involved in trauma care, based on needs
583 identified from the trauma PI program including:
584

585 (i) staff, specialty and community physicians;
586

587 (ii) nurses;
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589 (iii) advanced practice clinicians including, Physician
590 Assistants, Advanced Nurse Practitioners, and Certified
591 Registered Nurse Anesthetists;
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593 (iv) allied health personnel;
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595 (v) EMS personnel; and
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597 (vi) other appropriate personnel.
598

599 (6) Injury Prevention and Public Education.
600

601 (A) There shall be an identified individual to coordinate the injury
602 prevention and public education programs.
603

604 (B) The facility shall provide evidence of coordination and/or
605 participation, in community and/or RAC injury prevention and
606 public education activities, including common major injury
607 incidents identified within the facility's service area.
608

609 (7) Disaster Response Plan.

- 610
611 (A) All trauma facilities shall have a comprehensive hospital
612 disaster plan including department specific policies and
613 procedures.
614
615 (B) The trauma facility shall have documented evidence of
616 training all facility staff to respond to a mass casualty
617 event and a no-notice event.
618
619 (C) The facility shall have documentation of the response, with
620 an after-action review, and performance improvement
621 action plan.
622
623 (D) The facility response can be through simulation training, a
624 planned exercise, or response to an actual event.
625
626 (8) EMS Communication.
627
628 (A) There shall be two-way communication between the facility
629 and all EMS personnel and/or vehicles.
630
631 (B) The facility will share patient health outcome information
632 with EMS Providers for quality improvement as long as
633 both entities have (or have had in the past) a relationship
634 with the patient(s) in question in accordance with the
635 Health Insurance Portability and Accountability Act (HIPAA)
636 privacy requirements.
637
638 (9) Medical Staff. The facility must have an organized, effective
639 trauma program that is recognized in the medical staff bylaws and approved
640 by the governing body. Medical staff credentialing shall include a process for
641 requesting and granting delineation of privileges for trauma care.
642
643 (10) Trauma Medical Director. There shall be an identified Trauma
644 Medical Director (TMD) responsible for the provision of trauma care who is
645 credentialed and privileged by the facility for the treatment of trauma
646 patients. The TMD shall be a physician who:
647
648 (A) is a trauma/general surgeon that demonstrates
649 knowledge, experience, and expertise in caring for trauma
650 patients;
651

- 652 (B) regularly and actively participates in trauma care at the
653 hospital where trauma medical director services are
654 provided;
655
- 656 (C) holds current completion status of ATLS or a department
657 recognized equivalent course;
658
- 659 (D) demonstrates effective administrative skills and oversight
660 of the trauma performance improvement program;
661
- 662 (E) completes an average of 16 hours of trauma-related
663 continuing medical education annually;
664
- 665 (F) has evidence of disaster response education; and
666
- 667 (G) maintains active staff privileges as defined in the facility's
668 medical staff bylaws.
669
- 670 (H) The TMD shall be a member of the Medical Executive
671 Committee (MEC).
672
- 673 (I) The TMD shall have responsibility for the overall clinical
674 direction and oversight of the trauma service.
675
- 676 (J) The responsibilities and authority of the TMD shall include,
677 but are not limited to:
678
- 679 (i) reviewing credentials of medical staff requesting
680 privileges for trauma call coverage and to participate in
681 trauma patient care;
682
- 683 (ii) making recommendations to the MEC for either
684 approval or denial of trauma privileges;
685
- 686 (iii) ensuring a written, on-call schedule, and a backup on-
687 call schedule/plan is readily available to relevant staff in
688 the emergency department, for obtaining surgical care for
689 all surgical specialties;
690
- 691 (iv) excluding those physicians from trauma call coverage
692 and patient care who do not maintain trauma program
693 requirements;
694

- 695 (v) ensuring the use of medical staff peer case review
696 outcomes, including deviations from trauma standards of
697 care trending, when considering re-credentialing
698 physicians providing trauma care;
699
- 700 (vi) developing and providing ongoing management of
701 treatment protocols based on current standards of trauma
702 care;
703
- 704 (vii) participating in the ongoing education of the medical,
705 nursing, and ancillary staff in the care of the trauma
706 patient;
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- 708 (viii) serving as chair/co-chair of the trauma PI and peer
709 review committee(s);
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- 711 (ix) ensuring the multidisciplinary trauma PI and peer
712 review committee meeting(s) are specific to trauma care,
713 ongoing, data-driven and effective;
714
- 715 (x) participating in the applicable RAC(s) and reviewing the
716 RAC(s) trauma system plan;
717
- 718 (xi) participating in the facility, community, and regional
719 disaster preparedness activities; and
720
- 721 (xii) providing evidence that he/she is aware of the
722 multidisciplinary team findings on all trauma patients.
723

724 (11) Trauma Program Manager (TPM). There shall be an identified
725 Trauma Program Manager responsible for monitoring trauma patient care
726 throughout the continuum of care and through discharge.
727

728 (A) The Trauma Program Manager will have the equivalent
729 authority and responsibility as granted to other
730 department or nurse managers, and:
731

732 (i) shall be a registered nurse;
733

734 (ii) demonstrates knowledge, experience, and
735 expertise in caring for trauma patients;
736

- 737 (iii) regularly and actively participates in trauma care
738 at the facility where trauma program manager
739 services are provided;
740
741 (iv) is current in appropriate adult and pediatric
742 trauma nursing courses or department recognized
743 equivalent courses;
744
745 (v) has completed a department recognized course
746 designed for his/her role which provides essential
747 information on the structure, process,
748 organization and administrative responsibilities of
749 a trauma program;
750
751 (vi) has completed a course designed for his/her role
752 which provides essential information of a trauma
753 PI program to include trauma outcomes and
754 performance improvement or a department
755 recognized equivalent course;
756
757 (vii) has completed a department recognized injury
758 scoring and/or coding course, within 18 months of
759 becoming the trauma program manager;
760
761 (viii) has evidence of disaster response education;
762

763 (B) The Trauma Program Manager has the authority and oversight in
764 collaboration with the TMD to:

- 765
766 (i) be responsible for the integration and monitoring of
767 compliance of the trauma nursing standards of care;
768
769 (ii) monitor trauma patient care, from prehospital and
770 arrival, through Emergency Department (ED), surgical
771 intervention(s), Intensive Care Unit (ICU), rehabilitation,
772 and discharge, through the trauma performance
773 improvement (PI) program; and
774
775 (iii) monitor the clinical outcomes and system performance
776 of the trauma program.
777
778 (iv) participates in a leadership role in the facility through
779 committee participation, facility-wide PI initiatives, and
780 emergency management and disaster response committee;

781
782 (v) participates in RAC activities through committee
783 membership, and regional emergency preparedness.
784

785 (l) Trauma Designation Level I (Comprehensive). The facility shall meet
786 the current American College of Surgeons (ACS) essential criteria for a
787 verified Level I trauma center.
788

789 (m) Trauma Designation Level II (Major). The facility shall meet the
790 current ACS essential criteria for a verified Level II trauma center.
791

792 (n) Trauma Designation Level III (Advanced). The facility shall meet TAC
793 §157.125 (j) in this section; and the following requirements:
794

795 (1) Trauma Medical Director shall be a physician who:
796

797 (A) is a currently board-certified or board-eligible
798 trauma/general surgeon according to current requirements; or
799

800 (B) is a trauma/general surgeon that demonstrates knowledge,
801 experience and expertise in caring for trauma patients.
802

803 (2) All trauma/general surgeons who provide trauma care and
804 participate in continuous 24 hours a day trauma call coverage
805 shall:
806

807 (A) be present at the patient bedside upon arrival for a full
808 trauma team activation, with a maximum response time of
809 30 minutes from activation notification;
810

811 (B) be present at the patient bedside for a limited trauma
812 team activation with a maximum response time of 60
813 minutes from activation notification; and
814

815 (C) be the admitting physician on all multi-system trauma
816 patients requiring the consultation of one or more specialty
817 services;
818

819 (D) be board-certified or board-eligible according to current
820 requirements, and have completed ATLS successfully; or
821

822 (E) if not board-certified or board-eligible:
823

- 824 (i) demonstrates significant knowledge, experience,
825 and expertise in caring for trauma patients;
826
- 827 (ii) holds current completion status of ATLS, or a
828 department recognized equivalent course; and
829
- 830 (iii) averages at least 9 hours of trauma-related
831 continuing medical education annually.
832
- 833 (G) maintain compliance with trauma treatment protocols as
834 evidenced through the trauma PI program;
835
- 836 (H) participate in the trauma PI program and attend at least
837 50% of the multidisciplinary trauma PI and peer review committee
838 meetings;
839
- 840 (I) be approved by the TMD; and
841
- 842 (J) be credentialed and privileged by the facility to participate
843 in the resuscitation and treatment of trauma patients.
844
- 845 (K) Surgical Residency Program. If a facility has a residency
846 program:
847
- 848 (i) the team of surgical residents that start the evaluation
849 and treatment of the trauma patient, shall have at a minimum, a
850 postgraduate year 4 (PGY-4) or more senior surgical resident
851 who is a member of the facility's residency program;
852
- 853 (ii) the attending surgeon must be compliant with all
854 response times. The presence of a surgical resident does not
855 take the place of the attending physician; and
856
- 857 (iii) the attending surgeon shall participate in all major
858 therapeutic decisions, be present in the emergency department
859 for major resuscitations, and be present during all phases of
860 operative procedures.
861
- 862 (3) In addition to continuous trauma/general surgery coverage, the
863 facility shall have continuous 24 hours a day orthopedic surgical coverage.
864
- 865 (4) All orthopedic and neurosurgeons who provide trauma care or
866 participate in continuous trauma call coverage shall:
867

- 868 (A) be present at the patient bedside for a full trauma team
869 activation within 30 minutes from activation notification;
870
- 871 (B) be present at the patient bedside for a limited trauma
872 team activation within 60 minutes from activation
873 notification;
874
- 875 (C) be board-certified or board-eligible according to current
876 requirements; or
877
- 878 (D) if not board-certified or board eligible, demonstrates
879 significant knowledge, experience, and expertise in caring for
880 trauma patients;
881
- 882 (E) maintain compliance with trauma treatment protocols as
883 evidenced through the trauma PI program;
884
- 885 (F) participate in the trauma PI program;
886
- 887 (G) at a minimum, orthopedic surgeons and neurosurgeons,
888 participate in the published, on-call schedule and backup on-
889 call schedule or plan, readily available to all relevant staff to
890 obtain specialty surgical care;
891
- 892 (H) be approved by the TMD; and
893
- 894 (I) be credentialed and privileged by the hospital to participate
895 in the resuscitation and treatment of trauma patients.
896
- 897 (J) Designated liaisons, or predetermined alternates, for
898 orthopedic surgery, and neurosurgery, shall attend at least
899 50% of the multidisciplinary trauma PI and peer review
900 committee meetings, and average at least 16 hours of trauma
901 related continuing medical education annually, if not current
902 with board maintenance of certification or board eligibility.
903
- 904 (5) Emergency Medicine. The Emergency Medicine physicians
905 providing trauma call coverage shall:
906
- 907 (A) be in-house 24 hours a day and arrive at the patient bedside
908 appropriately upon trauma activations;
909
- 910 (B) be board-certified or board-eligible in Emergency Medicine
911 and have successfully completed ATLS; or

912
913 (C) if not board-certified or board-eligible:
914
915 (i) demonstrate significant knowledge, experience, and
916 expertise in caring for trauma patients;
917
918 (ii) hold current completion status of ATLS, or a
919 department recognized equivalent course; and
920
921 (iii) average at least 9 hours of trauma-related continuing
922 medical education annually.
923
924 (D) maintain compliance with trauma treatment protocols as
925 evidenced through the trauma PI program;
926
927 (E) participate in the multi-disciplinary trauma PI program;
928
929 (F) be approved by the TMD; and
930
931 (G) be credentialed and privileged by the facility to participate in
932 the resuscitation and treatment of trauma patients.
933
934 (H) A designated liaison, or predetermined alternate liaison, shall
935 attend at least 50% of the multidisciplinary trauma PI and peer review
936 committee meetings.
937
938 (6) Advanced Practice Providers. Physician Assistants (PA), and Nurse
939 Practitioners (NP), shall not be a substitute for the required physician
940 response, in patient care planning, nor in trauma PI activities.
941 Advanced Practice Providers who participate in the care of major and
942 severe trauma patients shall:
943
944 (A) demonstrate knowledge, experience, and expertise in caring
945 for major and severe trauma patients;
946
947 (B) hold current completion status of ATLS or a department
948 recognized equivalent course;
949
950 (C) average at least 9 hours of trauma-related continuing
951 medical education annually;
952
953 (D) maintain compliance with trauma treatment protocols as
954 evidenced through the trauma PI program;
955

956 (E) participates in the multi-disciplinary trauma PI program;
957
958 (F) be approved by the TMD; and
959
960 (G) be credentialed and privileged by the hospital to participate in
961 the resuscitation and treatment of trauma patients.
962

963 (7) Anesthesia services shall be in compliance with 25 TAC §133.41
964 Hospital Functions and Services.
965

966 (A) An anesthesiologist providing trauma care shall:
967

968 (i) be board-certified or board-eligible in specialty;
969

970 (ii) if not current with board maintenance of certification or
971 board eligibility, average at least 9 hours of continuing medical
972 education annually;
973

974 (iii) maintain compliance with trauma treatment protocols
975 as evidenced through the trauma performance improvement
976 program;
977

978 (iv) be approved by the TMD; and
979

980 (v) be credentialed and privileged by the facility to
981 participate in the resuscitation and treatment of trauma patients.
982

983 (B) A designated liaison, or predetermined alternate, shall attend
984 at least 50% of the multidisciplinary trauma PI and peer review
985 committee meetings.
986

987 (C) Certified Registered Nurse Anesthetist (CRNA) providing
988 trauma care shall:
989

990 (i) average at least 9 hours of continuing education
991 annually;
992

993 (ii) maintain compliance with trauma treatment protocols
994 as evidenced through the trauma performance improvement
995 program;
996

997 (iii) participate in the multi-disciplinary trauma PI
998 program;
999

1000 (iv) be approved by the TMD; and
1001
1002 (v) be credentialed and privileged by the facility to
1003 participate in the resuscitation and treatment of trauma patients.
1004

1005 (8) Radiology.

1006
1007 (A) A radiologist shall be on-call 24 hours a day and promptly
1008 available within 30 minutes of request. The radiologists' response
1009 times shall be continuously monitored by the trauma PI program.
1010

1011 (B) Changes in preliminary and final interpretations of radiologic
1012 studies shall be routinely monitored and reviewed with the radiology
1013 department. Identified cases shall be evaluated to determine the
1014 reason for misinterpretation, adverse outcomes, and opportunities for
1015 improvement.
1016

1017 (9) Nursing Services. Nursing administration shall:

1018
1019 (A) ensure the trauma nursing positions, including the TPM and
1020 TR, have adequate time dedicated to the trauma program to ensure
1021 compliance with TAC §157.125 requirements;
1022

1023 (B) commit to advancing the education and understanding of
1024 trauma standards of care for all nursing staff caring for the trauma
1025 patient;
1026

1027 (C) approve and utilize an acuity-based patient classification
1028 system to define workload and number of nursing staff to provide safe
1029 patient care for all trauma patients throughout their hospitalization;
1030 and
1031

1032 (D) develop a written facility plan for acquisition of additional
1033 staff on a 24-hour basis to support units with increased patient acuity,
1034 volume, multiple emergency procedures, and admissions.
1035

1036 (10) Emergency nursing staff who participate in the care of the major
1037 and severe trauma patients shall have:

1038
1039 (A) at least two members of the registered nursing staff,
1040 responding to and participating in initial resuscitations for full and
1041 limited trauma activations, have current credentials in appropriate
1042 adult and pediatric trauma nursing courses, or department recognized
1043 equivalent courses;

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(B) documentation that 100% of emergency nursing staff responding to trauma activations or caring for trauma patients, have current credentials in appropriate adult and pediatric trauma nursing courses, or department recognized equivalent courses, within 12 months of date of assignment in the ED; and

(C) emergency nursing documentation for trauma patients that is systematic, meets the trauma registry guidelines, and includes at a minimum: trauma activation times, primary and secondary surveys with interventions, sequence of care, diagnostic evaluation(s), serial vital signs, neurologic assessment(s), outcomes, plan of care with disposition, and the response times of all trauma team members.

(11) All Nursing Staff who participate in the care of trauma patients throughout the continuum of care shall:

(A) have ongoing documented knowledge and skills in trauma nursing for patients of all ages including trauma specific orientation, annual clinical competencies, and continuing education;

(B) have written standards of trauma nursing care for all units (i.e. Emergency Department (ED), Intensive Care Unit (ICU), Surgery, Post Anesthesia Care Unit (PACU), and general inpatient) with evidence of appropriate implementation for all trauma patients; and

(C) document nursing care for trauma patients that is systematic, meets the trauma registry guidelines, and includes at a minimum: patient assessments with interventions, sequence of care, serial vital signs, neurologic assessment(s), diagnostic evaluations, outcomes, and plan of care with disposition.

(12) Trauma Registrar. There shall be an identified Trauma Registrar, separate from but supervised by the TPM, who has:

(A) completed appropriate education and training within 18 months of hire into the position of trauma registrar which includes:

(i) a department recognized injury scoring and/or coding course;

(ii) a comprehensive trauma registry training course or a department recognized equivalent course; and

1088
1089 (B) four hours of continuing education annually specific to
1090 trauma data quality.

1091
1092 (13) Emergency Services. Equipment and services for critically or
1093 seriously injured patients, complex neurosurgical patients, or orthopedic
1094 injured patients, of all ages shall be available for:

- 1095 (A) evaluation;
1096
1097 (B) resuscitation and life support;
1098
1099 (C) hemodynamic monitoring
1100
1101 (D) temperature management;
1102
1103 (E) hemorrhage control;
1104
1105 (F) orthopedic splinting; and
1106
1107 (G) burn care.
1108

1109
1110 (14) Surgical Services. Equipment and services to provide care for
1111 trauma patients requiring operative interventions shall be available,
1112 including resuscitation, hemodynamic monitoring, temperature
1113 management, hemorrhage control, orthopedic splinting, and burn care.

1114
1115 (A) Operating rooms and appropriate personnel shall be
1116 available 24 hours a day.

1117
1118 (B) An operating room shall be ready to accept an acute trauma
1119 patient within 45 minutes of notification.

1120
1121 (C) Post-anesthesia care shall be provided by registered nurses
1122 and other essential personnel available 24 hours a day in PACU or ICU.

1123
1124 (15) Intensive Care Services. Intensive care services shall be available
1125 for trauma critical care patients, to include:

1126
1127 (A) A designated physician surgical director or surgical co-
1128 director who is:

- 1129
1130 (i) a board-certified or board-eligible surgeon;
1131

1132 (ii) responsible for developing, implementing, and
1133 enforcing policies, protocols, and management guidelines related
1134 to trauma ICU patients;

1135
1136 (iii) maintains compliance with trauma treatment protocols
1137 as evidenced through the trauma performance improvement
1138 program;

1139
1140 (iv) participates in the multi-disciplinary trauma PI
1141 program;

1142
1143 (v) approved by the TMD; and

1144
1145 (vi) be credentialed and privileged by the facility to
1146 participate in the resuscitation and treatment of trauma critical
1147 care patients.

1148
1149 (B) Physicians providing intensive care shall:

1150
1151 (i) be immediately available 24 hours a day onsite or on-
1152 call if not in-house, to promptly arrive at the patient bedside
1153 within 30 minutes of request/notification;

1154
1155 (ii) be privileged in surgical critical care; or

1156
1157 (iii) have trauma/general surgeon on-call to provide
1158 surgical coverage of surgical emergencies, and routine
1159 care for trauma patients, if a non-surgically trained
1160 intensivist is present or on-call;

1161
1162 (iv) maintain compliance with trauma treatment protocols
1163 as evidenced through the trauma performance improvement
1164 program;

1165
1166 (v) participate in the multi-disciplinary trauma PI program;

1167
1168 (vi) be approved by the TMD; and

1169
1170 (vii) be credentialed and privileged by the facility to
1171 participate in the resuscitation and treatment of trauma critical
1172 care patients.

1173
1174 (C) The on-call physician coverage and response times shall
1175 be monitored through the trauma performance improvement program.

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(D) Intensive care equipment and services for critically or seriously injured patients, complex neurosurgical patients, or orthopedic injured patients, of all ages shall be available for:

- (i) evaluation;
- (ii) resuscitation and life support;
- (iii) hemodynamic monitoring
- (iv) temperature management;
- (v) hemorrhage control;
- (vi) orthopedic splinting; and
- (vii) burn care.

(16) Clinical Support Services.

(A) Cardiopulmonary Services. Cardiopulmonary personnel appropriate for the patient population served shall be in-house and available 24 hours a day.

(B) Clinical Laboratory Service. Laboratory services and personnel shall be onsite and available 24 hours a day. The laboratory shall have current policies and procedures developed and implemented collaboratively between the trauma service and the blood bank to include emergent blood release and a massive transfusion process.

(C) Standard Radiological Services. Radiological services and appropriately trained personnel shall be onsite and available 24 hours a day.

(D) Special Radiological Services. Special radiological services and appropriately trained personnel shall be available as defined by the facility's trauma plan to include:

- (i) Computerized Tomography (CT). Appropriate equipment and trained personnel shall be available onsite or on-call 24 hours a day.

1219 (I) Personnel shall arrive on-site promptly within 30
1220 minutes of request/notification.

1221
1222 (II) On-call personnel response times and CT
1223 availability shall be documented and continuously
1224 monitored through the trauma performance
1225 improvement program.

1226
1227 (ii) sonography; and

1228
1229 (iii) angiography.

1230
1231 (17) The facility shall have the following services available for all
1232 trauma patients:

1233
1234 (A) Physical therapy;

1235
1236 (B) Occupational therapy;

1237
1238 (C) Speech therapy;

1239
1240 (D) Social services; and

1241
1242 (E) Pastoral Care.

1243
1244 (18) Specialized Services.

1245
1246 (A) Acute hemodialysis. A written transfer plan which shall be
1247 implemented if the facility does not have the capability for this
1248 standard.

1249
1250 (B) Rehabilitation Medicine.

1251
1252 (i) A physician-directed rehabilitation service, staffed by
1253 personnel trained in rehabilitation care and equipped
1254 properly for care of the critically injured patient; or

1255
1256 (ii) a written transfer plan to expedite the transfer of
1257 rehabilitation patients when medically feasible to a
1258 rehabilitation facility.

1259
1260 (o) Trauma Designation Level IV (Basic). The Level IV trauma designated
1261 facility shall meet the following requirements:

1262

- 1263 (1) The Trauma Medical Director shall be a physician who:
1264
1265 (A) is a currently board-certified or board-eligible general
1266 surgeon according to current requirements if surgical procedures
1267 are regularly performed on trauma patients; or
1268
1269 (B) is currently board-certified or board-eligible in emergency
1270 medicine, if no surgical procedures are regularly performed on trauma
1271 patients; or
1272
1273 (C) demonstrates knowledge, experience, and expertise in the
1274 stabilization and transfer of trauma patients, if all major and severe
1275 trauma patients are immediately transferred and not admitted.
1276
1277 (2) The Emergency Medicine physicians providing trauma care in a
1278 Level IV facility not utilizing telemedicine medical services shall:
1279
1280 (A) be available 24 hours a day onsite or on-call if not in house,
1281 to promptly arrive at the patient bedside within 30 minutes of
1282 request/notification.
1283
1284 (B) be currently board-certified or board-eligible in emergency
1285 medicine and has completed ATLS successfully; or
1286
1287 (C) if not board-certified or board-eligible in Emergency Medicine
1288 shall;
1289
1290 (i) demonstrate knowledge, experience, and expertise in
1291 caring for major and severe trauma patients appropriate for the
1292 population served; and
1293
1294 (ii) holds current completion status of ATLS or a
1295 department recognized equivalent course.
1296
1297 (D) if not current with board maintenance of certification or
1298 board eligibility, average at least 9 hours of trauma-related continuing
1299 medical education annually;
1300
1301 (E) maintain compliance with trauma treatment protocols as
1302 evidenced through the trauma performance improvement program;
1303
1304 (F) participate in the multi-disciplinary trauma PI program;
1305
1306 (G) be approved by the TMD; and

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(H) be credentialed and privileged by the hospital to participate in the resuscitation and treatment of trauma patients.

(I) Designate a liaison, and one pre-determined alternate liaison who shall attend at least 50% of the multi-disciplinary trauma PI and peer case review committee meetings.

(3) The Emergency Medicine physicians consulting for trauma care, in a Level IV facility located in a county with a population of less than 30,000 utilizing telemedicine medical services to collaborate care with a physician or an advanced practice provider onsite, shall:

(A) be available 24 hours a day to promptly respond via telemedicine medical services within 30 minutes of request/notification;

(B) be board-certified or board-eligible in Emergency Medicine;

(C) have completed ATLS successfully;

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

(E) maintain compliance with trauma treatment protocols as evidenced through the trauma PI program;

(F) be approved by the TMD; and

(G) be credentialed and privileged by the hospital to participate in the resuscitation and treatment of trauma patients.

(4) Advanced Practice Providers including Physician Assistants (PA), and Nurse Practitioners (NP), who participate in the care of major and severe trauma patients shall:

(A) be available 24 hours a day and on-call if not in house, to promptly arrive at the patient bedside within 30 minutes of request/notification;

(B) demonstrate knowledge, experience, and expertise in caring for major and severe trauma patients;

1351 (C) holds current completion status of ATLS or a department
1352 approved equivalent course;

1353
1354 (D) average at least 9 hours of trauma-related continuing
1355 medical or nursing education annually as appropriate;

1356
1357 (E) maintain compliance with trauma treatment protocols as
1358 evidenced through the trauma performance improvement program;

1359
1360 (F) participate in the trauma multi-disciplinary PI program;

1361
1362 (G) be approved by the TMD; and

1363
1364 (H) be credentialed and privileged by the hospital to participate
1365 in the resuscitation and treatment of trauma patients.

1366
1367 (I) If advanced practice providers' supervision is conducted
1368 through a physician and telemedicine technology, specific treatment
1369 protocols and performance improvement measures must be
1370 documented and monitored.

1371
1372 (5) Radiologist Services.

1373
1374 (A) A radiologist shall be on-call and promptly available within
1375 30 minutes of request. The radiologist call-back response times shall
1376 be continuously monitored through the trauma PI program.

1377
1378 (B) Changes in preliminary and final interpretations of radiologic
1379 studies shall be routinely monitored and reviewed with the radiology
1380 department. Identified cases shall be reviewed to determine the
1381 reason for misinterpretation, adverse outcomes, and opportunities for
1382 improvement.

1383
1384 (6) Nursing Services. Nursing administration shall:

1385
1386 (A) ensure the trauma nursing positions, including the TPM and
1387 TR, have adequate time dedicated to the trauma program to ensure
1388 compliance with TAC §157.125 requirements;

1389
1390 (B) commit to advancing the education and understanding of
1391 trauma standards of care for all nursing staff caring for the trauma
1392 patient;

1393
1394

1395 (C) approve and utilize an acuity-based patient classification
1396 system to define workload and number of nursing staff to provide safe
1397 patient care for all trauma patients throughout their hospitalization;
1398 and

1399
1400 (D) Develop a written facility plan for acquisition of additional
1401 staff on a 24-hour basis to support units with increased patient acuity,
1402 volume, multiple emergency procedures, and admissions.

1403
1404 (7) Emergency Nursing Staff who participate in the care of the major
1405 and severe trauma patient shall have:

1406
1407 (A) at least one member of the registered nursing staff
1408 responding to and participating in initial resuscitations for full and
1409 limited trauma activations, has current credentials in appropriate adult
1410 and pediatric trauma nursing courses, or department recognized
1411 equivalent courses;

1412
1413 (B) documentation that 100% of emergency nursing staff
1414 responding to trauma activations or caring for trauma patients, have
1415 current credentials in appropriate adult and pediatric trauma nursing
1416 courses, or department recognized equivalent courses, within 12
1417 months of date of assignment in the ED; and

1418
1419 (C) emergency nursing documentation for trauma patients that
1420 is systematic, meets the trauma registry guidelines, and includes at a
1421 minimum: trauma activation times, primary and secondary surveys
1422 with interventions, sequence of care, diagnostic evaluation(s), serial
1423 vital signs, neurologic assessment(s), outcomes, plan of care with
1424 disposition, and the response times of all trauma team members.

1425
1426 (8) Nursing Staff who participate in the care of all trauma patients
1427 throughout the continuum of care shall:

1428
1429 (A) have ongoing documented knowledge and skills in trauma
1430 nursing for patients of all ages including trauma specific
1431 orientation, annual clinical competencies, and continuing education;

1432
1433 (B) have written standards of trauma nursing care for all units
1434 (i.e. ED, ICU, Surgery, PACU, general inpatient) with evidence of
1435 appropriate implementation for all trauma patients; and

1436
1437 (C) document nursing care for trauma patients that is
1438 systematic, meets the trauma registry guidelines, and includes at a

1439 minimum: patient assessments with interventions, sequence of care,
1440 diagnostic evaluations, serial vital signs, neurologic assessment(s),
1441 outcomes, and plan of care with disposition.
1442

1443 (9) Trauma Registrar. There shall be an identified Trauma Registrar
1444 who has:

1445
1446 (A) completed appropriate education and training within 24
1447 months of hire into the position of trauma registrar which
1448 includes:

1449
1450 (B) a department recognized injury scoring, and/or coding
1451 course; and

1452
1453 (C) four hours of continuing education annually specific to
1454 trauma data quality.
1455

1456 (10) Emergency Services. Equipment and services for critically or
1457 seriously injured patients, complex neurosurgical patients, or orthopedic
1458 injured patients, of all ages shall be available for:

1459
1460 (A) evaluation;

1461
1462 (B) resuscitation and life support;

1463
1464 (C) hemodynamic monitoring

1465
1466 (D) temperature management;

1467
1468 (E) hemorrhage control;

1469
1470 (F) orthopedic splinting; and

1471
1472 (G) burn care.
1473

1474 (11) Clinical Support Services.

1475
1476 (A) Respiratory Services. Respiratory services shall be available
1477 24 hours a day onsite and appropriate for the trauma patient
1478 population served.

1479
1480 (B) Clinical Laboratory Service.
1481

1482 (i) Laboratory services shall be available 24 hours a day
1483 onsite, with the emergency release of blood products, and
1484 a plan to obtain additional blood products.
1485

1486 (ii) Laboratory personnel shall be available onsite or on-call
1487 24 hours a day, and promptly arrive on-site within 30
1488 minutes of request. On-call response times will be
1489 documented and monitored through the trauma
1490 performance improvement program.
1491

1492 (C) Standard Radiological Services. Services and appropriate
1493 trained personnel shall be available onsite or on-call 24 hours a day,
1494 and promptly arrive onsite within 30 minutes of request. On-call
1495 response times will be documented and monitored through the trauma
1496 performance improvement program.
1497

1498 (D) Special Radiological Services. Computerized tomography
1499 scanner (CT) abilities appropriate for the trauma population
1500 served shall be available onsite 24 hours a day. Appropriate
1501 trained personnel shall be available onsite or on-call 24 hours a
1502 day, and promptly arrive onsite within 30 minutes of request.
1503 On-call personnel response times will be documented and
1504 monitored through the trauma performance improvement
1505 program.
1506

1507 (12) Social Services and Pastoral Care shall be available 24 hours a
1508 day.
1509

1510 (13) If the facility performs surgery and/or provides inpatient trauma
1511 care, the facility shall provide the same level of care that the patient
1512 would receive at a higher level designated facility and shall review the
1513 care provided through the trauma PI Program.
1514

1515 (p) Survey Team.
1516

1517 (1) The American College of Surgeons (ACS) multi-disciplinary survey
1518 team for Level I or Level II facilities shall include at a minimum: two
1519 trauma/general surgeons and a registered nurse, who are currently active in
1520 the management of trauma patients. Stand-alone pediatric facilities shall be
1521 surveyed by an ACS multi-disciplinary team that includes at a minimum: two
1522 pediatric trauma/general surgeons and a pediatric registered nurse, who are
1523 currently active in the management of pediatric trauma patients.
1524

1525 (2) Multi-disciplinary survey teams evaluating compliance with the
1526 Texas Administrative Code §157.125 requirements shall include at a
1527 minimum:

1528
1529 (A) Level III facilities shall be surveyed by a department
1530 recognized organization with a multi-disciplinary team that includes at
1531 a minimum: a trauma/general surgeon and a registered nurse who are
1532 currently active in the management of trauma patients, and have the
1533 knowledge, experience, and expertise in the oversight of a trauma
1534 program. Stand-alone pediatric facilities shall be surveyed by a
1535 department-recognized organization, with a multi-disciplinary team
1536 that includes at a minimum: a trauma/general surgeon and a
1537 registered nurse who are currently active in the management of
1538 pediatric trauma patients and have the knowledge, experience, and
1539 expertise in the oversight of a trauma program. An additional surveyor
1540 may be requested by the facility or required by the department.

1541
1542 (B) Level IV facilities shall be surveyed by a representative of a
1543 department-recognized organization that is a trauma/general surgeon
1544 and/or a registered nurse who is currently active in the management
1545 of trauma patients and has the knowledge, experience, and expertise
1546 in the oversight of a trauma program. Stand-alone pediatric facilities
1547 shall be surveyed by a representative of a department-recognized
1548 organization that is a trauma/general surgeon and/or a registered
1549 nurse who is currently active in the management of pediatric trauma
1550 patients and has the knowledge, experience, and expertise in the
1551 oversight of a trauma program. An additional surveyor may be
1552 requested by the facility or required by the department.

1553
1554 (3) Each member of the survey team described above shall:

1555
1556 (A) be currently employed at a designated trauma facility that is
1557 greater than 100 miles from the requesting facility;

1558
1559 (B) not be employed or practicing in the same TSA as the
1560 designating facility;

1561
1562 (C) not be a current employee or former employee within the
1563 last 5 years of the facility or of an affiliated facility that is the
1564 subject of the survey;

1565
1566 (D) not be employed at a facility that is a primary transfer
1567 facility with the facility being surveyed, except for a burn facility;

1568

1569 (E) not survey the facility program and physical location on
1570 consecutive designation cycles;

1571
1572 (F) not be requested by the facility; and

1573
1574 (G) not possess other potential conflict(s) of interest.

1575
1576 (4) Each member of the survey team shall:

1577
1578 (A) have at least 5 years of experience in the care of trauma
1579 patients;

1580
1581 (B) be currently coordinating care for trauma patients;

1582
1583 (C) have knowledge, direct experience, and expertise in the
1584 preparation for and successful completion of trauma facility
1585 designation for no fewer than 2 successful cycles;

1586
1587 (D) have successfully completed a department-approved trauma
1588 facility site surveyor course and any additional training required by the
1589 department;

1590
1591 (E) have successfully completed a trauma designation surveyor
1592 internship;

1593
1594 (F) be successfully re-credentialed every 4 years; and

1595
1596 (G) have current credentials as follows:

1597
1598 (i) Registered Nurses: current in appropriate adult and
1599 pediatric trauma nursing courses or department recognized
1600 equivalent courses; and

1601
1602 (ii) Physicians: current completion status of ATLS or a
1603 department approved equivalent course.

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Trauma Systems Resource Document