



THA TAKEAWAYS

Key Takeaways From TDSHS' New Proposed Requirements Governing Trauma Facility Designation

In July, the Texas Department of State Health Services distributed new [proposed requirements for trauma facility designation](#) (called the Trauma Rules Resource Document) to begin discussions around amending the state's [existing](#) trauma facility designation requirements. In July and August, TDSHS held stakeholder meetings in select cities to review the proposed trauma facility designation criteria and will continue meeting with stakeholders across the state through September and October. The current trauma facility designation criteria are in place until the Texas Health and Human Services Commission adopts the new requirements, which TDSHS anticipates will take up two years.

The Texas Hospital Association seeks member feedback on the proposed changes and will discuss the implications of the proposed changes in its November Council on Policy Development meeting to determine if a change to THA's policy position on trauma facility designation is warranted.

If adopted, the following would be among the new trauma facility designation requirements.

I. Requirements for all levels of trauma facility designation

1. *Change of Ownership.* Under the proposed requirements, if a hospital has a change of ownership or change of location, the trauma designation may not be transferred or assigned. 25 Tex. Admin Code § 157.125(a)(7).
2. *Modifications to Application Process.* Under the proposed requirements:
 - A pre-survey conference similar to the TDSHS architectural review process would be used. However, the pre-survey conference may be waived. *Id.* § 157.125(b)(1).
 - The application fees stay the same.
 - During the application process, the survey team must conduct a minimum of 10 patient care reviews on closed medical records. *Id.* § 157.125(c)(3)(B). The current rules do not require a minimum number of chart reviews. In addition, the survey team must conduct staff interviews that include the CEO, chief nursing officer, trauma medical director, trauma program manager, the executive sponsor of the trauma program and general staff. The current trauma rules do not describe who must be present for interviews.
3. *Program Plan.* The proposed trauma requirements require a program plan that includes the scope of services available to trauma patients and defines the patient population to be evaluated, treated and transferred that is consistent with accepted professional standards. *Id.* § 157.125(j)(1). **Of particular note is a new requirement that telemedicine be used in the emergency department.**

The current rules generally divide up these types of requirements based on the level of the trauma facility.

4. Under the proposed requirements, in addition to utilizing telemedicine in the hospital emergency department, the program plan must:
 - a. Be in writing and based on national evidence-based standards.
 - b. Be reviewed and approved by the facility's governing body.
 - c. Include a periodic review and revision schedule.
 - d. Include written triage, stabilization and transfer guidelines.
 - e. Include a description of the availability of the necessary equipment and services necessary to provide the appropriate level of support and care to the patient population.
 - f. Describe requirements for minimum credentials for all medical and healthcare staff caring for trauma patients.
 - g. Include provisions for staff education and competency.
 - h. Describe the role of intensivists and hospitalists in the care of the trauma patients.
 - i. Include consistent participation by staff in the regional advisory council.
 - j. Include a trauma RN and program sponsor who is a member of the facility's executive leadership team.
 - k. Describe contingency plans for vacancy of the trauma medical director and trauma program manager positions.
5. *Performance Improvement Plan.* The proposed requirements require a trauma performance improvement plan approved by the facility's governing body that includes staff participation, monthly reviews of compliance, outcomes and performance, as well as a 12-month summary submitted to the governing body. *Id.* § 157.125(j)(3).
6. *Trauma Registry.* The proposed requirements include detailed provisions regarding the submission and validation of data to the trauma registry. *Id.* § 157.125(j)(4).
7. *Education.* The proposed requirements include a requirement:
 - For a defined individual to coordinate community outreach and education.
 - To provide training programs for trauma staff.
 - To provide education to the community on injury prevention. *Id.* §§ 157.125(j)(5)-157.125(j)(6).
8. *Trauma Medical Staff.* Under the proposed requirements, §§ 157.125(j)(8)-157.125(j)(10), for all trauma levels, each facility must have:
 - A trauma medical director in charge of the program who receives 9 hours of trauma continuing medical education annually.
 - A trauma medical staff.
 - A trauma program manager who:
 - Is a registered nurse current in the Trauma Nursing Core Course, the Advanced Trauma Care for Nurses Course or another program approved by TDSHS.
 - Is current in the Pediatric Advanced Life Support Course or the Emergency Nursing Pediatric Course.
 - Has completed the Association for the Advancement of Automotive Medicine Course within 24 months of becoming trauma medical director.
 - Has evidence of disaster response training.

II. Proposed Level I, Level II and Level III trauma facility designation requirements

Under the proposed requirements, Level I and Level II trauma facilities must meet the applicable American College of Surgeons Standards, which is consistent with the current trauma rules, **in addition to all Level III Trauma Standards required by TDSHS**. Under the proposed requirements, Level III Trauma Centers (and Level I and Level II Trauma Centers) must meet the following standards in addition to any to those required for the level of facility designation by the ACS:

1. *Trauma Medical Director*. Under the proposed requirements, the trauma medical director must either:
 - Be a board certified or board eligible surgeon credentialed in Advanced Trauma Life Support.
 - OR
 - A general surgeon who has continuously served as the facility's trauma medical director for 36 months and is credentialed in ATLS. *Id.* § 157.125(m)(1).The current trauma rules provide hospitals with the flexibility to consider board certification and board eligibility when credentialing the trauma medical director.
2. *Surgeons Providing Trauma Coverage*. All surgeons providing trauma coverage must:
 - Have current ATLS credentialing and be board certified or board eligible.
 - OR
 - Have provided coverage to the hospital for the last consecutive 36 months. *Id.* § 157.125(m)(2).Under the current rules, hospitals have the flexibility to consider board certification and board eligibility when credentialing trauma surgeons.
3. *Orthopedic Surgeons and Neurosurgery Surgeons*. Orthopedic surgeons and neurosurgery surgeons must be board certified or have provided coverage for the facility for the past five years. *Id.* § 157.125(m)(4). Under the current trauma rules, board certification is permissive when considering credentialing. In addition, the current rules require neurosurgeons and orthopedic surgeons to be available within 30 minutes for major trauma and 60 minutes for clinical consults. The proposed trauma requirements do not have a response time requirement for these specialties.
4. *Emergency Department Physicians*. Emergency physicians must have completed ATLS and be board certified in emergency medicine or have provided coverage for the facility for the past five years. Board eligibility in the applicable specialty also appears to be required, but it is not entirely clear. *Id.* § 157.125(m)(5). Under the current rules, board certification is a permissive consideration for credentialing. There is not a section 157.125(m)(5)(B) in the proposed requirements (formatting error).
5. *Anesthesiologists*. Anesthesiologists must be board certified or board eligible in anesthesiology or have provide continuous coverage to the facility for the past five years. *Id.* § 157.125(m)(6). The current trauma rules require anesthesiologists to be available within 30 minutes of request from inside or outside of the hospital, which is not a requirement in the proposed requirements.
6. *Advanced Practice Providers*. The proposed trauma requirements state that advanced practice providers, such as advanced practice registered nurses, physician assistants and nurse anesthetists "shall not be a substitute for the required physician response, in patient care planning nor in PI (Performance Improvement) activities." *Id.* § 157.125(m)(8). In addition, under the proposed requirements, any APP who provides care to trauma patients must be current in ATLS and have nine hours of CME annually.

7. *Registered Nurses.* A minimum of two RNs must participate in initial resuscitations for full and limited trauma activations, which is consistent with the current rules. However, under the proposed requirements, § 157.125(m)(10)(E), RNs participating in initial resuscitations must have ACLS, PALS or ENPC, and TNCC or ATCN. The current trauma rules requires only one RN participating in trauma activations to have this training. In addition, all emergency department registered nurses responding to trauma activations or caring for trauma patients must have this training within 12 months of employment, which must be documented. *Id.* § 157.125(m)(10)(G). The current trauma rules require the training within 18 months of employment.
8. *Respiratory Services.* Under the proposed requirements, respiratory services must be in-house and available 24 hours per day, which is consistent with the current rules. *Id.* § 157.125(m)(15)(A).

III. Proposed Level IV trauma facility requirements

1. *Trauma Medical Director.* The trauma medical director must work a minimum of 10 call shifts per month. *Id.* § 157.125(n)(1). In addition, as drafted, it appears that the TMD must:
 - Be board certified in emergency medicine.
OR
 - Be board certified in another specialty.
OR
 - Have worked at the facility as the TMD for the last five consecutive years.The minimum number of shifts and board certification are new requirements. As drafted, the proposed requirements appear to make licensure as a physician, credentialing and meeting the minimum number of shifts optional (because they are connected to the requirements by the word “or”). It appears that the intent is that licensure as a physician, credentialing and the minimum number of shifts are mandatory and that one of the following is required: board certification in emergency medicine, board certification in another specialty or being the TMD for the past five years. This is an area where clarification would be helpful.
2. *Emergency Department Physicians.* Under the proposed requirements, § 157.125(n)(2), an emergency physician must be in house, or on call, 24/7 and meet at least one of the following requirements:
 - Be board certified in emergency medicine.
 - Be board eligible in emergency medicine.
 - Have continuously provided coverage in the emergency department for the past five years and board eligible in the physician’s relevant specialty.
3. *Radiology.* Under the proposed requirements, a radiologist must be on call and available within 30 minutes of a request. *Id.* § 157.125(n)(3). The current rules have a similar requirement of a call back process for trauma activations within 30 minutes, but this is a slight difference worth noting.
4. *Registered Nurses.* Under the proposed requirements, § 157.125(n)(6), all RNs participating in initial resuscitations and all ED nurses participating in trauma activation or care must have:
 - ACLS.
 - PALS or ENPC.
 - TNCC or ATCN. § 157.125(n)(6). This is a new requirement.

5. *Respiratory Services*. Under the proposed requirements, § 157.125(n)(9), respiratory services must be in-house and available 24/7. This would be a new requirement for Level IV trauma centers. Clarity is needed regarding the definition and requirements of “respiratory services.”
6. *Radiology*. In the proposed requirements, §§ 157.125(n)(9)(c)–157.125(n)(9)(d), there appears to be a delineation between standard radiological capability and special radiological capability that needs clarification.
- For standard radiology, an in-house tech must be available 24/7 or on call and on site within 30 minutes.
 - For special radiology, a CT technician must be available 24/7 or on call and on site within 30 minutes. *Id.* § 157.125(n)(9).

For more information, contact:

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