



**Texas Department of Health
Bureau of Emergency Management**

TRAUMA SYSTEMS POLICY TS-03-A

Trauma Facilities: Essential Criteria Deficiencies

July 2003

BACKGROUND

The Bureau of Emergency Management (BEM) has been asked to clarify expectations with respect to compliance with designation criteria trauma facilities.

STATUTE REFERENCE

Not applicable

RULE REFERENCES

25 TAC, §157.125 Requirements for Trauma Facility Designation

25 TAC, §157.128 Denial, Suspension, and Revocation of Trauma Facility Designation

POLICY

In general, essential designation criteria must be in place 24/7. In determining whether a facility meets a specific criterion, TDH may use the concept of substantial compliance, which is defined as meeting the criterion at a monthly threshold of at least 90% (e.g., 27 out of 30 days for 24/7 neurosurgeon coverage). It is expected, however, that all criteria deficiencies will be short-lived and accompanied by aggressive remediation attempts, and that there will not be a long-term deficiency pattern (i.e., regularly having only 27 days of neurosurgeon coverage).

A trauma facility must follow the procedure outlined below if it finds that it cannot meet one or more of the essential criteria. The facility will be provided a timeframe within which it must come back into compliance. The timeframe may vary, but will not extend beyond 90 days from the onset of the deficiency (ies).

A designated trauma facility that is unable to come back into compliance within the defined timeline will either be re-designated at an appropriate level or the designation will be suspended. In such cases, the facility may subsequently provide documentation to TDH when the deficiency has been corrected, and the department may consider re-instating the previous designation level.

During a period of non-compliance, a facility may be required to submit regular reports related to the deficiency. There are some criteria that are considered “critical” and which, if not available, will trigger a re-designation or suspension of a designation if not rectified within a very short period of time. Identification of a specific essential criterion as critical in no way diminishes the requirement for a facility to be compliant with other essential criteria.

A health care facility may not use the terms “trauma facility”, “trauma hospital”, “trauma center”, or similar terminology in its signs or advertisements or in the printed materials and information it provides to the public unless the facility is designated as a trauma facility by the Texas Department of Health. This also applies to hospitals whose designation has lapsed.

Hospitals seeking initial trauma designation will follow the guidelines outlined in 25 TAC § 157.125 Requirements for Trauma Facility Designation. Currently designated trauma facilities seeking exceptions to essential criteria will be evaluated to determine the following:

1. Was the BEM notified within 5 days when the facility was temporarily unable to comply with designation standards? If not, an investigation will be conducted in order to determine the causes of this rule violation and appropriate measures will be taken if it is determined an error of commission was involved.
2. Is the requested essential criterion exception considered “critical”, which includes the following:
 - Neurosurgery: Level I, II
 - Orthopedic Surgery: Level I, II, Lead Level III
 - General Trauma Surgery: Level I, II, III
 - Anesthesiology: Levels I, II, III
 - Emergency Physicians: All Levels
 - Trauma Medical Director: All Levels
 - Trauma Nurse Coordinator\Program Manager: All Levels
 - Trauma Registry

PROCEDURE

- A. If the requested essential criterion exception is not on the “critical” list, BEM will determine a ≥ 30 -day and ≤ 90 -day window from onset date of deficiency for the facility to achieve compliancy. If the facility is unable to meet this deadline, see Section D below.
- B. If the requested essential criterion is “critical”, BEM will determine if the facility’s intent is to comply.
 1. If there is no intent to comply, see Section D below.
 2. If the facility does intend to comply, it will be given no longer than a 30-day window from onset date of deficiency to achieve compliancy. If it has not come into compliance at the end of this 30-day period, see Section D below.
- C. Whether the essential criterion is “critical” or not, if the facility intends to come back into compliance, the facility will:
 1. Submit in writing a plan for achieving compliancy
3. Officially notify the RAC and any other entities that may be affected by the criterion deficiency

D. Four options exist at this point:

1. The facility may request designation at the level appropriate to its revised capabilities.
2. BEM may propose to re-designate the facility at the level appropriate to its revised capabilities.
3. BEM may propose to suspend the facility's designation status. If the facility is amenable to this action, BEM will develop a plan for corrective action for the facility and a specific timeline for compliance by the facility.
4. BEM may propose to grant the facility a temporary exception to criteria for no longer than 90 days. BEM will develop a plan for corrective action for the facility and a specific timeline for compliance by the facility.

E. Suspensions of a facility's designation status and exceptions to criteria for facilities will be documented on the BEM website.

F. If the facility is unable or unwilling to meet the BEM-imposed timelines for completion of specific actions plans, it may request a secondary review by a designation review committee (see Section G below).

G. If a hospital disagrees with the BEM proposal, it may request a secondary review by a designation review committee (DRC) [25 TAC §157.125(l) (3) (B)].

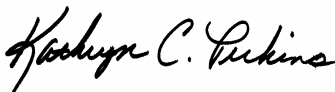
1. Membership on a designation review committee (DRC) will be voluntary, appointed by the bureau chief; representative of trauma care providers; have no business relationship with the facility and include representation from the BEM and the Governors EMS and Trauma Advisory Council (GETAC) Trauma Systems Committee.
2. BEM may choose to activate a DRC at any time to solicit technical advice regarding a criterion deficiency.

H. If the DRC disagrees with the BEM recommendation for corrective actions, the case shall be referred to the Associate Commissioner for Consumer Health Protection for recommendation to the Commissioner of Health.

I. At the end of the final phases of the secondary review process, opportunity for an appeal in accordance with the Administrative Procedure Act, Government Code, Chapter 2001 shall be offered if a hospital disagrees with the BEM recommendations.

J. Designated trauma facilities seeking exceptions to essential criteria shall have the right to withdraw their request at any time prior to resolution of the final appeal process.

POLICY #TS-03-A



Kathryn Perkins, Chief, Bureau of Emergency Management

Date 7/14/03