



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

TRAUMA SYSTEMS POLICY # TS-04-B

Trauma Facility Designation: Appropriate Level of Designation

September 2003

ISSUE

The Bureau of Emergency Management has been asked to clarify trauma facility designation rules as they relate to the overall function of the Texas Trauma System and to federal Emergency Medical Treatment and Labor Act (EMTALA) guidelines.

BACKGROUND

The TDH Office of General Counsel has stated in a legal opinion [Attachment A] that Bureau of Emergency Management (BEM) should designate an applicant facility as belonging to a particular trauma level based on its capability to provide care or the level of care and services actually provided, not the level requested by the applicant. This legal opinion is consistent with the Center for Medicare and Medicaid Services position of taking into consideration hospital capabilities when determining whether a hospital has appropriately met its obligations to patients that present to the facility. [Attachment B]

STATUTE REFERENCE

RULE REFERENCE

25 TAC, §157.125 Requirements for Trauma Facility Designation.

POLICY

1. When BEM receives an application for designation or re-designation from a hospital, it will review the applicant facility's resources and propose the appropriate level for designation
 - a. Level I or Level II: if the facility has full-time* general surgery, neuro surgery, and orthopedic surgery capabilities
 - b. Level III: if the facility has full-time* general surgery and orthopedic capabilities, but does not have full-time neurosurgery capability
 - c. Level IV: all others

2. If a facility disagrees with the designation level proposed to be appropriate, it may appeal to BEM in writing within 30 days. The written appeal must include a signed letter of support from the Executive Board of the trauma regional advisory council (RAC), and must provide an explanation as to why designation at the level proposed to be appropriate by BEM would negatively impact the citizens of the affected trauma service area (TSA) or the citizens of the state of Texas.
3. If BEM denies the appeal and the facility disagrees, the case shall be referred to the Associate Commissioner for Consumer Health Protection for final decision.
4. Applicant hospitals shall have the right to withdraw their appeal at any time prior to resolution of the final appeal process.

***In general, physician service capability must be in place 24\7. In determining whether capability is present, TDH may use the concept of substantial compliance, which is defined as having capability at least 90% of the time (i.e., 27 out of 30 days in a month).**

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Date: 9/8/03

SUSPENDED 4/25/04