

**Requirements for Trauma Facility Designation
General (Level III) Trauma Facility
Standard Audit Filters**

Legend: (Proposed Amendments)

Single Underline = Proposed new language

[Bold Print and Brackets] = Current language proposed for deletion

Regular Print = Current language

(No Change) = No changes are being considered for the designated subdivision

1 **Figure 1: 25 TAC §157.125(s)**

2
3 **[General] Advanced (Level III) Trauma Facility**
4 **Standard Audit Filters**

- 5
6 1. Absence of an EMS patient care report on the medical record for a patient transported by pre-
7 hospital EMS personnel.
8
9 2. EMS scene time of >20 minutes.
10
11 3. Absence of pre-hospital essential data items on EMS patient care report.
12
13 4. Diverted major and severe trauma patients **[more than 8 hours in any month]**, to include denials
14 of transfers-in from other facilities and denials of transfers-out by higher level of care facilities.
15
16 5. No, or absence of documentation of, trauma team activation for a potential severe or major
17 trauma patient per protocol.
18
19 6. Trauma Team member response times of greater than 10 minutes for those in-house or greater
20 than 30 minutes for those off-site.
21
22 7. Absence of Trauma Flow Sheet.
23
24 8. Absence of documentation of trauma team response times, mechanism of injury, assessments,
25 interventions, and response to interventions.
26
27 9. Absence of at least hourly determination and recording of blood pressure, pulse, respirations,
28 temperature, Glasgow Coma Scale (GCS) score, and I&O for a major or severe trauma patient
29 beginning with arrival in the emergency department, including time spent in radiology, up to
30 admission, death, or transfer.
31
32 10. Resuscitation protocol, treatment protocols, and/or standards of care not followed.
33
34 11. A patient with a GCS of <14 who does not receive a CT of the head.
35
36 12. A comatose patient (GCS of [>] 8 or less) leaving the ED before a definitive airway is
37 established.
38
39 13. Required equipment, which is shared with other departments (i.e. fluid warmer), is not
40 immediately available when requested.
41

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- 42 14. Absence of physician notes, including daily physician notes on admitted trauma patients.
43
44 15. Major or severe trauma patients transferred to another health-care facility or admitted to surgery
45 or ICU after spending >2 hours in the ED.
46
47 16. Patients admitted to OR, ICU, or inpatient and then transferred.
48
49 17. Patient transferred to a non-designated or lower level designated facility.
50
51 18. A major or severe trauma patient admitted to the hospital under the care of an admitting or
52 attending physician who is not a surgeon.
53
54 1. Any patient sustaining a gunshot wound to the abdomen who is managed non-operatively
55
56 2. Patient with abdominal injuries and hypotension (systolic BP <90) who does not undergo
57 laparotomy within 1 hour of arrival in the ED.
58
59 3. Patient undergoing laparotomy performed >4 hours after arrival in the ED.
60
61 4. Patient with epidural or subdural brain hematoma receiving craniotomy >4 hours after arrival at
62 the ED, excluding those performed for ICP monitoring.
63
64 5. Interval of >8 hours between arrival and the initiation of debridement of an open **[tibial]** fracture
65 **[, excluding a low velocity gunshot wound].**
66
67 6. Abdominal, thoracic, vascular, or cranial surgery performed >24 hours after arrival.
68
69 7. Non-fixation of femoral diaphyseal fracture in an adult trauma patient.
70
71 8. Patient requiring re-intubation of the airway within 48 hours of extubation.
72
73 9. All delays in identification of injuries.
74
75 10. All trauma deaths.
76
77 11. Selected complications monitored as trends or sentinel events (consult Resources for Optimal
78 Care of the Injured Patient, Committee on Trauma, American College of Surgeons).
79
80 12. Non-compliance with criteria for trauma facility designation.
81
82
83