

Legend: (Proposed Amendments)

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1 **Figure 1: 25 TAC §157.125(s)**

2
3 **[General] Advanced (Level III) Trauma Facility**
4 **Standards**

- 5
6 1. A Level III Trauma Facility will be will be an active participant **[in its]** on the **[regional**
7 **EMS/Trauma System]** regional advisory council (RAC) of its trauma service area (TSA).
8
9 2. A Level III Trauma Facility will have an established relationship with **[the]** any other tertiary
10 trauma facility (ies) in **[the]** its Trauma Service Area and/or others to which **[they]** it transfers
11 patients, to include such things as written transfer agreements, prospective dialogue regarding
12 appropriate pre-transfer diagnostics, consideration of a single phone call transfer-request process,
13 and provision of feedback regarding transfers as part of the performance improvement program.
14
15 3. A Level III Trauma Facility will have an established relationship with the EMS providers who
16 transport to the facility to facilitate adequate pre-arrival notification, appropriate documentation,
17 and appropriate pre-hospital care.
18
19 4. A Level III Trauma Facility is available to care for all major and severe trauma patients 24 hours
20 per day/**[seven]** 7 days per week. Diversion of such patients to other facilities should be made
21 rarely and only when resources are not available in the emergency department to stabilize and
22 transfer these patients.
23
24 5. A Level III Trauma Facility will have documented appropriate transfer relationships with the
25 designated Level IV trauma facilities in **[the]** all Trauma Service Areas that regularly initiate
26 transfers-in to include such things as prospective dialogue regarding its capabilities, appropriate
27 pre-transfer diagnostics, written agreements, a single phone call transfer-approval process, and
28 provision of feedback regarding transfers as part of **[the]** its performance improvement program.
29
30 6. The severe or major trauma patient will be met on arrival **[at]** in the Emergency Department by
31 **[a team of health care professionals]** the defined trauma team **[to include a surgeon,]** with
32 documented ongoing education and skill in the assessment and care of injuries~~[.]~~ and as defined
33 by the facility's trauma activation protocols. The emergency physician will direct the
34 resuscitation until the arrival of the general surgeon.
35
36 7. Persons who have been involved in a high-energy event that results in a high index of suspicion
37 for severe or major injury should be evaluated expeditiously upon arrival by the emergency
38 physician to determine if a surgical consult is necessary.
39

Texas Administrative Code **Requirements for Trauma Facility Designation**
Title 25, **General (Level III) Trauma Facility**
Part 1, Chapter 157, **Standard Audit Filters**
Subchapter G,
RULE §157.125(s)

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- 40 8. The severe or major trauma patient will be rapidly assessed, resuscitated, and stabilized
41 according to **[ATLS/TNCC standards.]** established trauma management guidelines including
42 ATLS, TNCC, ATCN, and ENPC.
43
- 44 9. The patient will be treated per established trauma care standards and protocols within the
45 capability of the facility. A Level III trauma facility will notify the regional emergency
46 healthcare community when a usually-provided service, either “essential” or “desired”, is not
47 available.
48
- 49 10. Disposition decisions will be made expeditiously by a physician at the hospital and preparations
50 for transfer or admission begun as soon after arrival at the facility as possible.
51
- 52 11. Severe or major trauma patients who are **[inappropriately]** intentionally retained longer than 2
53 hours, except where retention is medically appropriate, will receive the same level of care as the
54 highest available within **[the]** its Trauma Service Area[.] or within the Trauma Service area to
55 which the patient’s condition warranted transfer-out.
56
- 57 12. Trauma patients will be cared for by health care professionals with documented education and
58 skill in the assessment and care of injuries throughout their hospital stay.
59
- 60 13. The trauma medical director shall review trauma panel members formally on an annual basis, to
61 include at minimum the review of # of admissions, deaths, complications, audit filter violations,
62 and timeliness of response to trauma activations and consults
63
- 64 14. The trauma medical director shall make periodic rounds on all major\severe trauma patients in-
65 house, including both ICU and ward patients.
66
- 67 15. The trauma medical director has the authority and responsibility for the clinical oversight of the
68 trauma program. This is accomplished through mechanisms that should include such things as
69 periodic rounds on all admitted severe\major trauma patients, chairing the trauma performance
70 improvement process, oversight of trauma conferences, establishing trauma standards of practice
71 guidelines, and trauma medical staff credentialing.
72
- 73 16. All healthcare professionals participating in the care of major and severe trauma patients must
74 participate in the PI program, and each discipline shall have representation at PI meetings.
75
- 76 17. All severe or major trauma patients' charts, including autopsy results when available, will be
77 reviewed concurrently and retrospectively by the **[hospital]** trauma program’s PI process for
78 appropriateness and quality of care provided by the hospital. Patients included in the review will
79 include, but are not necessarily limited to, all deaths; all trauma team activations (including those
80 discharged from the ED); all severe and major trauma admissions for greater than 23 hours;

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81 transfers-in and transfers-out; and re-admissions 48-hours after discharge. Deviations from
82 standard will be addressed through a documented trauma performance improvement process.

83
84 17. Standards and time frames for trauma registry data entry shall be developed, and shall be no
85 longer than 45 days after the patient's hospital discharge date. Typically, one full-time equivalent
86 (FTE) employee dedicated to the registry will be required to process approximately 500 to 1,000
87 patients annually.

88
89 18. The state data set essential items will be electronically submitted to the state trauma registry on
90 at least a quarterly basis, either directly or through a regional registry. Final autopsy results shall
91 be included in the hospital trauma registry.

92
93 19. The use of telemedicine shall not be used in lieu of the physical presence of physicians to care
94 for major and severe trauma patients, including all trauma team activations.

95
96 20. The physical presence of physician assistants and/or nurse practitioners shall not be used in lieu
97 of the physical presence of physicians to care for major and severe trauma patients, including all
98 trauma team activations.

99
100 21. A Level III trauma facility and all lower-level designated trauma facilities from which it
101 receives transfers of major/severe trauma patients should prospectively discuss the issue of pre-
102 transfer diagnostic laboratory and radiological studies so that each is cognizant of each other's
103 performance expectations.

104
105 22. A Level III trauma facility shall participate in the performance improvement program of the
106 regional advisory council (RAC) in the trauma service area (TSA) where it is located, and shall
107 also participate in the performance improvement program as requested by executive boards of
108 RACs in TSAs to which the facility has transferred a patient.

109
110 23. A Level III trauma facility with specialized trauma capabilities may not refuse a request for a trauma
111 transfer from another hospital if it has the capacity to accept. Specialized trauma capability is any
112 capability necessary for screening or stabilizing patients with emergency medical conditions that the
113 transferring hospital may lack. The only two reasons a Level III trauma facility may refuse a trauma
114 transfer request are lack of capability to handle the patient's emergency condition or when it is at capacity.
115 A Level III trauma facility is at capacity if it is unable to accept transfers of new patients by EMS
116 providers, privately operated vehicles, or walk-ins. A log of all trauma transfer-in denials shall be
117 maintained, reviewed through the facility's trauma PI process, and referred to the appropriate Regional
118 Advisory Council's systems PI process.

119
120 23. A Level III trauma facility presents its pediatric capabilities to the Regional Advisory Council (RAC) so
121 that both EMS providers and other hospitals can determine the most appropriate facility to transport or
122 transfer critically injured pediatric patients.

123