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1 (a) **[The Bureau of Emergency Management (bureau)]** The Office of Emergency Medical  
2 Services\Trauma Systems Coordination (Office) shall recommend to the commissioner of  
3 **[health]** the Texas Department of State Health Services [(commissioner)] (Department)  
4 the designation of a applicant\health care facility as a trauma facility [facilities] at the  
5 level(s) for each location of a applicant\health care facility the Office deems appropriate.

6  
7 A health care facility is defined under these rules as a single location where inpatients  
8 receive hospital services; or each location if there are multiple buildings where inpatients  
9 receive hospital services and are covered under a single hospital license.

10  
11  
12 The Office will consider, but not limit its consideration to, the applicant\health care  
13 facility's resources and levels of care capabilities and the essential criteria and  
14 requirements outlined in subsections (a)(1)-(4).

15  
16 Trauma facility designation and the level(s) of designation for each location of a  
17 applicant\health care facility shall be made by the Department. The final determination of  
18 the level(s) of designation may not be necessarily the level(s) requested by the  
19 applicant/applicant\health care facility. The process shall include review of each  
20 applicant\health care facility's multiple locations where there are buildings where  
21 inpatients receive hospital services and such buildings are collectively covered under a  
22 single hospital license.

23  
24 A applicant\health care facility with multiple locations that is applying for designation at  
25 one location shall be required to apply for designation at each of its other locations  
26 where there are buildings where inpatients receive hospital services and such buildings  
27 are collectively covered under a single hospital license

28  
29 Each location shall be considered separately for designation and the Department will  
30 determine the designation level for that location, based on, but not limited to, the  
31 location's own resources and levels of care capabilities and the essential criteria and  
32 requirements outlined in subsections (a)(1)-(4).

33  
34 Upon receipt and review of an application for designation or re-designation, the Office  
35 will propose the level deemed appropriate for pursuit of designation, based upon the  
36 Office's review of, but not limited to, the applicant healthcare facility's resources and  
37 levels of care capabilities as stated in the application and the essential criteria for Levels  
38 I, II, III, and IV as outlined below, and shall make its recommendations as follows:

- 39  
40 (1) Comprehensive (Level I) trauma facility designation, if the applicant [hospital]  
41 applicant\health care facility, including a free-standing children's  
42 applicant\health care facility meets [or exceeds] the current American College of  
43 Surgeons (ACS) essential criteria for a verified Level I trauma center,  
44 demonstrates that 100% of registered nursing staff that participate in and  
45 administer the care of trauma patients in the Emergency Department has

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Title 25, Legend: (Proposed Amendments)  
Part 1, Chapter 157,  
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- 46 successfully completed the Trauma Nurse Core Course (TNCC) or Advanced  
47 Trauma Course for Nurses (ATCN) or [TDH] DSHS-approved equivalents  
48 within 18 months of date of employment and subsequently maintains  
49 certification, actively participates on the appropriate regional advisory council  
50 (RAC), has appropriate services for dealing with stressful events available to  
51 emergency\trauma care providers, and submits data to the state EMS\trauma  
52 registry;  
53
- 54 (2) Major (Level II) trauma facility designation, if the applicant **[hospital]**  
55 applicant\health care facility, including a free-standing children's  
56 applicant\health care facility, meets [or exceeds] the current ACS essential  
57 criteria for a verified Level II trauma center, demonstrates that 100% of  
58 registered nursing staff that participate in and administer the care of trauma  
59 patients in the Emergency Department has successfully completed TNCC or  
60 ATCN or [TDH] DSHS-approved equivalents within 18 months of date of  
61 employment and subsequently maintains certification actively participates on the  
62 appropriate RAC, has appropriate services for dealing with stressful events  
63 available to emergency\trauma care providers, and submits data to the state  
64 EMS\trauma registry;  
65
- 66 (3) **[General]** Advanced (Level III) trauma facility designation, if the **[hospital]**  
67 applicant\health care facility meets [or exceeds] the Texas [General] Advanced  
68 Trauma Facility Criteria or if a free-standing children's applicant\health care  
69 facility meets the current ACS essential criteria for a verified Level III trauma  
70 center, actively participates on the appropriate RAC, has appropriate services for  
71 dealing with stressful events available to emergency\trauma care providers, and  
72 submits data to the state EMS\trauma registry; and  
73
- 74 (4) Basic (Level IV) trauma facility designation, if the **[hospital]** applicant\health  
75 care facility meets [or exceeds] the Texas Basic Trauma Facility Criteria [.]  
76 actively participates on the appropriate RAC, has appropriate services for dealing  
77 with stressful events available to emergency\trauma care providers, and submits  
78 data to the state EMS\ trauma registry.  
79
- 80 Any applicant\health care facility seeking trauma designation shall have a  
81 business plan that defines the trauma patient population evaluated in the facility  
82 and/or at each of its locations, and the ability to track trauma patients throughout  
83 the course of their care within the facility and/or at each of its locations in order  
84 to maximize funding opportunities for uncompensated care.

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85  
86 An Emergency Nurse Pediatric Course (ENPC) in lieu of TNCC at free-standing  
87 children's health care facilities will meet the requirements in (a)(1), (a)(2) and (a)(3).  
88

89 (b) The designation process shall consist of three phases.  
90

91 (1) **[The first phase is]** First Phase - the application phase which begins with  
92 completing and submitting to the **[bureau an]** Office a complete application and  
93 nonrefundable fee for designation as a trauma facility and ends when the **[bureau]** Office  
94 approves a site survey (survey).  
95

96 For currently designated trauma facilities, application must be received by the Office one  
97 year prior to the date of the applicant\health care facility's designation as a trauma facility  
98 expires.  
99

100 When an application for designation or re-designation from a applicant\health care  
101 facility is received, the applicant healthcare facility's resources and levels of care  
102 capabilities will be reviewed and the Office will propose the level it deems appropriate  
103 for pursuit of designation or re-designation for each of its locations based on, but not  
104 limited to, the applicant\health care facility's resources and levels of care capabilities at  
105 each location and based on the essential criteria for Levels I, II, III, and IV trauma  
106 facilities. In general, physician services capabilities described in the application must be  
107 in place twenty-four hours a day\seven days a week (24\7). In determining whether a  
108 physician services capability is present, the Department may use the concept of  
109 substantial compliance that is defined as having said physician services capability at least  
110 ninety percent (90%) of the time.

111 If a facility disagrees with the level(s) preliminarily proposed by the Office to be  
112 appropriate for pursuit of designation or re-designation, it may make an informal appeal  
113 in writing within 60 days to the director of the Office. The written appeal must include a  
114 signed letter of support from the applicant\health care facility's governing board with an  
115 explanation as to why designation at the level(s) preliminarily proposed in the application  
116 would be in the best interest of the citizens of the affected trauma service area (TSA) or  
117 the citizens of the state of Texas.  
118

119  
120 The written appeal may include a signed letter (s) of support from the executive board of  
121 its regional advisory council (RAC) or individual health care facilities and/or emergency  
122 medical services (EMS) providers within the affected TSA with an explanation as to why  
123 designation at the level requested in the application would be in the best interest of the  
124 citizens of the affected trauma service area (TSA) or the citizens of the state of Texas.  
125

126 If the Office upholds its original proposal is , the director of the Office will give written  
127 notice of such to the applicant\health care facility within 30 days of its receipt of  
128 applicant's complete written appeal.  
129

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- 130 The applicant healthcare facility may within 30 days of the Office's sending written  
131 notification of its denial submit a written request for further review. Such written appeal  
132 shall then go to the Assistant Commissioner, Division for Regulatory Services.  
133
- 134 (2) Second Phase - the review phase which begins with the survey and ends with **[a**  
135 **bureau]** the Office's recommendation to the commissioner whether or not to  
136 designate the **[hospital]** applicant\health care facility and at what level(s). This  
137 phase also includes an appeal procedure governed by the Department's rules for a  
138 contested case hearing and by Chapter 2001 of the Texas Government Code..  
139
- 140 (3) **[The third phase is]** Third Phase—the final phase **[which]** begins with the  
141 commissioner reviewing the recommendation and ends with his/her final  
142 decision. **[This phase also includes an appeal procedure for the denial of a**  
143 **designation application in accordance with the Administrative Procedure**  
144 **Act, Government Code, Chapter 2001.]**  
145
- 146 (c) The **[bureau's]** Office's analysis of submitted application materials, which may result in  
147 recommendations for corrective action when deficiencies are noted, shall also include a  
148 review of:  
149
- 150 (1) the evidence of participation in RAC\system planning;  
151
- 152 (2) the completeness and appropriateness of the application materials submitted,  
153 including the submission of a non-refundable application fee as follows:  
154
- 155 (A) for comprehensive (Level I) and major (Level II) trauma facility  
156 applicants, the fee will be no more than \$10.00 per licensed bed with an  
157 upper limit of \$5,000 and a lower limit of \$ 4,000;  
158
- 159 (B) for **[general]** advanced trauma facility applicants, the fee will be no more  
160 than \$10.00 per licensed bed with an upper limit of \$2,500 and a lower  
161 limit of \$1,500; and  
162
- 163 (C) for basic trauma facility applicants, the fee will be no more than \$10.00  
164 per licensed bed with an upper limit of \$1000 and a lower limit of \$500.  
165
- 166 (d) When the application phase results in **[a bureau approval for a survey]**  
167 acknowledgement by the Office that the applicant\health care facility is seeking an  
168 appropriate level of designation or re-designation, **[the bureau shall notify]** the  
169 **[hospital]** applicant\health care facility **[to]** may then contract for the survey, as follows:  
170
- 171 (1) Level I and II applicants and all free-standing children's health care facilities  
172 shall request a survey through the ACS verification program.  
173
- 174 (2) Beginning July 1, 2005, Level III **[and IV]** applicants seeking designation or re-

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- 175 designation **[may]** shall request a survey through the ACS verification program  
176 or **[by a team of approved non- Texas Department of Health (Department)**  
177 **surveyors]** through a comparable organization approved by DSHS.  
178
- 179 Level IV applicants **[may]** shall request a survey through the ACS verification  
180 program or through a comparable organization approved by the Department, or  
181 by a team of [approved non-TDH (Department) surveyors] Department-  
182 credentialed surveyor(s) active in the management of trauma patients.  
183
- 184 (3) The applicant shall notify the **[bureau]** Office of the date of the planned survey  
185 and the composition of the survey team.  
186
- 187 (4) The applicant shall be responsible for any expenses associated with the survey.  
188
- 189 (5) The **[bureau]** Office, at its discretion, may appoint an observer to accompany the  
190 survey team. In this event, the cost for the observer shall be borne by the  
191 **[bureau]** Office.  
192
- 193 (6) The survey shall be completed within one year of the date of the receipt of the  
194 application by the Office**[approval of the application]**.  
195
- 196 (e) The survey team composition shall be as follows.  
197
- 198 (1) A survey team for a Level I[,] or Level II[, or lead Level III] trauma facility  
199 applicant shall be multi-disciplinary and include at a minimum: two general  
200 surgeons, an emergency physician, and a trauma nurse all active in the  
201 management of trauma patients. Free-standing children's health care facilities of  
202 all levels shall be surveyed by teams consistent with current ACS policy, and will  
203 include at a minimum: 1 pediatric surgeon; 1 general surgeon, 1 pediatric  
204 emergency physician; and 1 pediatric trauma nurse coordinator or a trauma nurse  
205 coordinator with pediatric experience.  
206
- 207 (2) **[Other]** Level III trauma facility applicants shall be surveyed by a survey team  
208 that is multi-disciplinary and include at a minimum [consisting of ] a trauma  
209 [nurse and] surgeon and a trauma nurse (Department-credentialed Level III  
210 trauma nurse surveyor or a trauma nurse provided by ACS at the request of the  
211 applicant), both active in the management of trauma patients.  
212
- 213 (3) Level IV trauma facility applicants shall be surveyed by a Department-  
214 credentialed representative, registered nurse or licensed physician. A second  
215 surveyor may be requested by the **[hospital]** applicanthealth care facility or the  
216 Department.  
217
- 218 (4) **[Non-Department surveyors]** Department credentialed surveyors must meet the  
219 following criteria:

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- 220  
 221 (A) have at least three years experience in the care of trauma patients;  
 222  
 223 (B) be currently employed in the coordination of care for trauma patients;  
 224  
 225 (C) have direct experience in the preparation for and successful completion  
 226 of trauma facility verification/designation;  
 227  
 228 (D) have successfully completed the Department-approved Trauma Facility  
 229 Site Surveyor Course and be successfully re-credentialed every 4 years;  
 230  
 231 (E) have current credentials as follows:  
 232 (i) Trauma Nurse Core Curriculum Course OR Advanced Trauma  
 233 Course for Nurses AND Pediatric Advanced Life Support OR  
 234 Emergency Nurse Pediatric Course for nurses; or  
 235 (ii) Advanced Trauma Life Support for physicians; and  
 236  
 237 (F) have successfully completed a site survey internship  
 238  
 239 (5) All members of the survey team, except Department staff, shall [should] come  
 240 from a **[public health region and/or] TSA [RAC]** outside the **[hospital's]**  
 241 applicant\health care facility's location and at least 100 miles from the applicant  
 242 **[hospital] applicant\health care facility**. There shall be no business or patient  
 243 care relationship or any potential conflict of interest between the surveyor and/or  
 244 the surveyor's place of employment and **[hospital] applicant\ applicant\health**  
 245 care facility being surveyed. –  
 246  
 247 (f) When an applicant **[hospital] applicant\health care facility** is notified of the individual  
 248 survey team **[composition] members**, it has 30 days from the date of the letter to alert the  
 249 **[bureau] Office** of potential conflict of interest concerns.  
 250  
 251 (g) The survey team shall evaluate the **[hospital] applicant\health care facility's** compliance  
 252 with the designation criteria, by:  
 253  
 254 (1) reviewing medical records, staff rosters and schedules, **[quality management]**  
 255 process improvement committee meeting minutes and other documents relevant  
 256 to trauma care;  
 257  
 258 (2) reviewing equipment and the physical plant; **[and]**  
 259  
 260 (3) conducting interviews with **[hospital] applicant\health care facility** personnel;  
 261  
 262 (4) evaluating compliance with participation in the EMS\Trauma Registry; and  
 263  
 264 (5) evaluating appropriate use of telemedicine capabilities where applicable

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(h) Findings of the survey team shall be forwarded to the **[hospital]** applicant\health care facility within 30 calendar days of the completion date of the survey. If a **[hospital]** applicant\health care facility wants to continue the designation process, the complete survey report, including patient care reviews, must be submitted to the Office **[bureau]** within six months of the completion date of the survey. Failure to timely do so will be deemed to be withdrawal by the applicant\health care facility of its application.

The site survey report in its entirety shall be part of a hospitals performance improvement program and subject to confidentiality as articulated in Chapter xxx of Texas Health and Safety Code.

(1) **[The bureau]** The Office shall review the findings for compliance with the criteria. If **[a hospital]** an applicant\health care facility does not meet the criteria for the level of designation deemed appropriate by the Office, **[for which it applied the bureau]** the Office shall notify the **[hospital]** applicant\health care facility of the requirements it must meet to achieve the appropriate level of designation **[at the appropriate level]**.

(2) A recommendation for designation shall be made to the commissioner based on compliance with the criteria.

(3) In the event there is a problem area in which a **[hospital]** applicant\health care facility does not comply with the criteria, **[the bureau]** the Office shall notify the **[hospital]** applicant\health care facility of deficiencies and recommend corrective action.

(A) The **[hospital]** applicant\health care facility shall submit a report to **[the bureau]** the Office which outlines the corrective action taken. **[The bureau]** The Office may require a second survey to insure compliance with the criteria. If the **[hospital and/or bureau]** Office **[report]** substantiates action that brings the **[hospital]** applicant\health care facility into compliance with the criteria, **[the bureau]** the Office shall recommend designation to the commissioner.

(B) If a **[hospital]** applicant\health care facility disagrees with [a bureau] the Office's decision regarding its designation application or status, it may request a secondary review by **[the]** a designation review committee. Membership on **[the]** a designation review committee will:

(i) be voluntary;

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- 310 (ii) be appointed by **[the bureau chief]** the Office director;
- 311
- 312 (iii) be representative of trauma care providers and **[all]** appropriate
- 313 levels of designated trauma facilities; and
- 314
- 315 (iv) include representation from the Department and the Trauma
- 316 **[Subcommittee of the statewide emergency systems advisory**
- 317 **committee]** Systems Committee of the Governor's EMS and
- 318 Trauma Advisory Council (GETAC).
- 319
- 320 (C) If **[the]** a designation review committee disagrees with **[the bureau]** the
- 321 Office's recommendation for corrective action, the records shall be
- 322 referred to the **[associate commissioner for health care quality and**
- 323 **standards]** assistant commissioner for regulatory services for
- 324 recommendation to the commissioner.
- 325
- 326 (i) **[The bureau]** The Office shall provide a copy of the survey report, for surveys
- 327 conducted by or contracted for by the Department, and results to the applicant **[hospital]**
- 328 applicant\health care facility.
- 329
- 330 (j) At the end of the secondary review and final phases of the designation process, if a
- 331 **[hospital]** applicant\health care facility disagrees with **[the bureau]** the Office's
- 332 recommendations, opportunity for an appeal in accordance with the Administrative
- 333 Procedure Act, Government Code, Chapter 2001 shall be offered.
- 334
- 335 (k) **[The bureau]** The Office may grant an exception to this section if it finds that
- 336 compliance with this section would not be in the best interests of the persons served in
- 337 the affected local system.
- 338
- 339 (l) The applicant**[hospital]** applicant\health care facility shall have the right to withdraw its
- 340 application at any time prior to being **[awarded]** recommended for trauma facility
- 341 designation by **[the bureau]** the Office.
- 342
- 343 (m) If the commissioner concurs with the recommendation to designate, the**[hospital]**
- 344 applicant\health care facility shall receive a letter and certificate of designation for three
- 345 years. Additional actions, such as a site review or submission of information, to maintain
- 346 designation may be required by the Department.
- 347
- 348 (n) It shall be necessary to repeat the designation process as described in this section prior to
- 349 expiration of a facility's designation or the designation will be considered expired:
- 350
- 351
- 352 (o) A designated trauma facility shall:
- 353
- 354 (1) notify **[the bureau]** the Office, **[and RAC the]** its RAC plus other affected

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355 RACs when appropriate, the health care facilities to which it customarily transfers-out  
356 trauma patients or from which it customarily receives trauma transfers-in within five  
357 days if temporarily unable to comply with designation standards;

358  
359 (2) notify **[the bureau]** the Office **[and the RAC]** its RAC plus other affected  
360 RACs when appropriate, the health care facilities to which it customarily transfers-out  
361 trauma patients or from which it customarily receives trauma transfers-in if it **[chooses**  
362 **to]** no longer provides trauma services commensurate with its designation level,  
363 as follows.

364  
365 (A) If the trauma facility chooses to apply for a lower level of designation, it  
366 may do so at any time; however, it shall be necessary to repeat the  
367 designation process as described in subsections (b) - (c) of this section.  
368 There shall be a paper review by **[the bureau]** the Office to determine if  
369 a full survey shall be required.

370  
371 (B) If the trauma facility chooses to **[permanently]** relinquish its designation, it  
372 shall provide at least 30 days notice to the RAC and **[the bureau]** the Office.

373  
374 (C) If a trauma facility permanently loses or adds capabilities beyond those that  
375 define its existing designation level, it shall notify BEM within 30 days of  
376 the change(s). It shall also be necessary to repeat the designation process as  
377 described in subsections (b) – (c) of this section. There shall then be a paper  
378 review by the Office of EMS/Trauma Systems Coordination to determine if  
379 and/or when a full survey shall be required.

380  
381 **(3)** notify the Office, its RAC plus other affected RACs when appropriate, the health  
382 care facilities to which it customarily transfers-out trauma patients or from which  
383 it customarily receives trauma transfers-in within 5 days if it is requesting an  
384 exception to essential criterion:

385  
386 (A) If the requested essential criterion exception is not critical to the  
387 operations of the applicant\health care facility’s trauma program, the  
388 Office will determine a 30-day to 90-day period from onset date of  
389 deficiency for the facility to achieve compliancy

390  
391 (B) If the requested essential criterion exception is critical to the  
392 operations of the applicant\health care facility’s trauma program, the  
393 Office will determine a no greater than 30-day period from onset date  
394 of the deficiency for the facility to achieve compliancy.

395  
396 (C) Essential criteria that are critical include neurological surgery  
397 capabilities ( Level I, II); orthopedic surgery capabilities (Level I, II,  
398 Lead Level III); general\trauma surgery capabilities (Level I, II, III);  
399 anesthesiology (Levels I, II, III); emergency physicians (all levels);

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- 400 trauma medical director (all levels); trauma nurse coordinator\program  
401 manager (all levels); trauma registry (all levels)  
402  
403 (D) If the requested essential criterion is “critical”, the Office will  
404 determine if the facility’s intent is to comply. If there is intent to come  
405 in to compliance, the facility will be given no longer than a 30-day  
406 window from onset date of deficiency to achieve compliancy. If it has  
407 not come into compliance at the end of this 30-day period, the Office  
408 of EMS\Trauma Systems may at its discretion elect one of the  
409 following:  
410  
411 1. Allow the facility to request designation at the level appropriate  
412 to its revised capabilities;  
413 2. Propose to re-designate the facility at the level appropriate to its  
414 revised capabilities;  
415 3. Propose to suspend the facility’s designation status. If the  
416 facility is amenable to this action, the Office will develop a plan  
417 for corrective action for the facility and a specific timeline for  
418 compliance by the facility;  
419 4. Propose to grant the facility a temporary exception to criteria for  
420 no longer than 90 days. BEM will develop a plan for corrective  
421 action for the facility and a specific timeline for compliance by  
422 the facility  
423  
424 (E) Suspensions of a facility’s designation status and exceptions to criteria  
425 for facilities will be documented on the Office website.  
426 (F) If the facility disagrees with a proposal by the Office, or is unable or  
427 unwilling to meet the Office-imposed timelines for completion of  
428 specific actions plans, it may request a secondary review by a  
429 designation review committee.  
430 (G) Membership on a designation review committee will be voluntary,  
431 appointed by the director of the Office of EMS\Trauma Systems  
432 Coordination; representative of trauma care providers; have no  
433 business relationship with the facility; and include representation from  
434 the Office of EMS\Trauma Systems Coordination and the GETAC  
435 Trauma Systems Committee.  
436 (H) The Office of EMS\Trauma Systems Coordination may at its  
437 discretion choose to activate a designation review committee at any  
438 time to solicit technical advice regarding criteria deficiencies  
439 (I) If the designation review committee disagrees with the Office of  
440 EMS\Trauma Systems Coordination’s recommendation for corrective  
441 actions, the case shall be referred to the assistant commissioner for  
442 regulatory services for recommendation to the commissioner.  
443 (J) At the end of the final phases of the secondary review process,  
444 opportunity for an appeal in accordance with the Administrative

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- 445 Procedure Act, Government Code, Chapter 2001 shall be offered if a  
 446 applicant\health care facility disagrees with the recommendations.  
 447 (K) Designated trauma facilities seeking exceptions to essential criteria  
 448 shall have the right to withdraw their request at any time prior to  
 449 resolution of the final appeal process.  
 450  
 451  
 452 (3) comply with the provisions within these sections, all current state and system  
 453 standards as described in this chapter, and all policies, protocols, and procedures  
 454 as set forth in the system plan;  
 455  
 456 (4) continue its commitment to provide the resources, personnel, equipment, and  
 457 response as required by its designation level; and  
 458  
 459 (6) participate in the state EMStrauma registry  
 460 a. data submission requirements for designation purposes are as  
 461 follows:  
 462 1. initial designation: six months of data prior to the initial  
 463 designation survey must be uploaded. Subsequent to  
 464 initial designation, data should be uploaded to the state  
 465 EMS\Trauma Registry on at least a quarterly basis (with  
 466 monthly submissions recommended) as indicated in 25  
 467 TAC 103.19 Electronic Reporting.  
 468 2. re-designation: the facility's trauma registry should be  
 469 current with at least quarterly up-loads of data (monthly  
 470 submissions recommended) as indicated in 25 TAC  
 471 103.19 Electronic Reporting.  
 472  
 473 (p) A **[hospital]** applicant\health care facility may not use the terms "trauma facility",  
 474 "trauma hospital", "trauma center", or similar terminology in its signs or advertisements  
 475 or in the printed materials and information it provides to the public unless the**[hospital]**  
 476 applicant\health care facility has been designated as a trauma facility according to the  
 477 process described in this section. This subsection also applies to **[hospitals]** health care  
 478 facilities whose designation has lapsed.  
 479  
 480 (q) A trauma facility shall not advertise or publicly assert in any manner that its trauma  
 481 facility designation affects its care capabilities for non-trauma patients or that its trauma  
 482 facility designation should influence the referral of non-trauma patients.  
 483  
 484  
 485 (r) **[The bureau]** The Office shall have the right to review, inspect, evaluate, and audit all  
 486 trauma patient records, trauma quality management committee minutes, and other  
 487 documents relevant to trauma care in any designated trauma facility at any time to verify  
 488 compliance with the statute and these rules, including the designation criteria. **[The**  
 489 **bureau]** The Office shall maintain confidentiality of such records to the extent authorized

Texas Administrative Code **Requirements for Trauma Facility Designation**  
Title 25, **Legend: (Proposed Amendments)**  
Part 1, Chapter 157,  
Subchapter G,  
RULE §157.125

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

490 by the Texas Public Information Act in Chapter 552 of the Texas Government Code  
491 **[the Government Code, Chapter 552, Public Information.]** and consistent with current  
492 laws and regulations related to the federal Health Insurance Portability And  
493 Accountability Act of 1996. Such inspections shall be scheduled by **[the bureau]** the  
494 Office when it deems it to be appropriate.

495  
496 (s) **[General]** Advanced (Level III) trauma facility criteria

497  
498 Figure 1: 25 TAC §157.125(s)

499  
500 (t) Basic (Level IV) trauma facility criteria.

501  
502 Figure 2: 25 TAC §157.125(t)

503