



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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Office of EMS/Trauma Systems Coordination Frequently Asked Questions Regarding Trauma

- Q: Do we submit to the state registry trauma admissions greater than 23 hours or trauma admissions greater than 48 hours? There is a discrepancy between the state registry data reporting rule (to report greater than 48 hours) and the funding rule 157.130 (which outlines admissions greater than 23 hours)?**
- A:** In Rule 157.130 and 157.131 (the “uncompensated trauma care funding rule”), “Trauma care” is defined as care provided to a patient with the outlined ICD-9 codes and was admitted as an inpatient greater than 23 hours (or who underwent operative intervention or who died in the emergency department or was dead upon arrival or was transferred in or out). It is not a requirement to submit to the state registry a patient who was admitted greater than 23 hours. On the uncompensated trauma care funding application, a facility may include a patient who was admitted greater than 23 hours and met the outlined ICD-9 codes. The state registry requirement is submission of a trauma patient admitted greater than 48 hours. The discrepancy was discussed at the Trauma Systems Committee and RAC Chairs and agreed upon to keep both requirements. Funding rules will open in 2011 and will allow for opportunity for input.
- Q: Is it required to submit hip fractures to the state registry?**
- A:** Hip fractures are to be included by definition in trauma registry rule. Hip fractures are not on the list of exclusions.
- Q: Are Registered Nurses that work PRN required to have TNCC?**
- A:** By rule, any nurse providing care to a trauma patient must have TNCC. There is no exemption for PRN nurses. Since the language is “all nursing staff,” it does not allow for exception to PRN nurses regardless of where they are based by cost center.

Texas Administrative Code 157.125(x): Attached Graphic (1) Advanced (Level III) Trauma Facility Criteria Standards and (y): Attached Graphic (1) Basic (Level IV) Trauma Facility Criteria Standards.

D. Patient Care Areas/Units. 1. Emergency Department

“f. At least one member of the registered nursing staff responding to the trauma team activation for a major or severe trauma resuscitation has successfully completed and holds current credentials in an advanced cardiac life support course* (e.g. ACLS or hospital equivalent), a nationally recognized pediatric advanced life support course (e.g. PALS or ENPC) and TNCC or ATCN or a DSHS-approved equivalent.

* a free-standing children’s facility is exempt from the ACLS requirement”

Texas Administrative Code 157.125(x): Attached Graphic (1) Advanced (Level III) Trauma Facility Criteria Standards and (y) Attached Graphic Basic (Level IV) Trauma Facility Criteria Standards.”

D. Patient Care Areas/Units. 1. Emergency Department

“h. 100% of nursing staff have successfully completed and hold current credentials in an advanced cardiac life support course (e.g. ACLS or hospital equivalent) a nationally recognized pediatric advanced life support course (e.g. PALS or ENPC) and TNCC or ATCN or a DSHS-approved equivalent, within 18 months of date of employment in the ED or date of designation.**

**Requirements for a free-standing children’s facility: 100% of nursing staff who care for trauma patients have successfully completed and hold current credentials in ENPC or in a nationally recognized pediatric advanced life support course and TNCC or ATCN or a DSHS-approved equivalent, within 18 months of date of employment in the ED or date of designation.”

Q: Where would we find death review criteria definitions to categorize reviews?

A: The Resources for Optimal Care of the Injured Patient 2006 (Green Book) Committee on Trauma American College of Surgeons book. Table 5. Definition of Terms page 107 – Nonpreventable, Potentially preventable, and Preventable.

Q: Clarification was requested regarding how the Advanced Trauma Life Support (ATLS) certification for a physician board-certified in Emergency Medicine should be verified during a designation survey.

A: Texas Administrative Code 157.125(x): Attached Graphic (1) Advanced (Level III) Trauma Facility Criteria Standards and (y) Attached Graphic (1) Basic (Level IV) Trauma Facility Criteria Standards. B. Physician Services. 2. Non-Surgical Specialties Availability

“a. An Emergency Medicine board-certified physician who is providing trauma coverage shall have successfully completed an ATLS Student Course or a DSHS-approved ATLS equivalent course.”

It is expected that the facility shall have on file a copy of the ATLS card from the physician or a letter from the American College of Surgeons stating that this course was successfully completed by this physician. It is not acceptable to have only documentation that states ATLS was a required course for their residency program, etc.

If the previous course completion verification cannot be obtained, then the ED Physician board-certified in Emergency Medicine must obtain current ATLS certification to meet the essential criterion.

All other physicians who provide ED trauma coverage and are not board certified in Emergency Medicine shall have current ATLS certification.

Q: How is substantial compliance defined as it relates to physician coverage in the essential criteria?

A: In general, essential criteria for designation must be in place 24\7. In determining whether a facility meets a specific criterion, DSHS 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 (e.g., regularly having only 27 days of neurosurgeon coverage).

Q: Are there restrictions/guidelines on what the hospitals can spend the Red Light Camera monies?

A: No.