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1 **Figure 2: 25 TAC §157.125 (t)**
2

3 **Basic (Level IV) Trauma Facility Standards**
4

- 5 1. A Level IV Trauma Facility will be will be an active participant [**in its**] on the [regional
6 **EMS/Trauma System] regional advisory council (RAC) of its trauma service area (TSA).
7**
- 8 2. A Level IV Trauma Facility will have an established relationship with the tertiary trauma facility
9 (ies) in the Trauma Service Area, to include such things as written transfer agreements,
10 prospective dialogue regarding appropriate pre-transfer diagnostics, consideration of a single
11 phone call transfer-request process, and provision of feedback regarding transfers as part of the
12 performance improvement program.
13
- 14 3. A Level IV Trauma Facility will have an established relationship with the EMS Providers who
15 transport to the facility to facilitate adequate pre-arrival notification, appropriate documentation,
16 and appropriate pre-hospital care.
17
- 18 4. A Level IV Trauma Facility is available to stabilize all major and severe trauma patients 24 hours
19 per day/seven days per week. Diversion of such patients to other facilities should be made rarely
20 and only when resources are not available in the emergency department to stabilize and transfer
21 these patients.
22
- 23 5. The severe or major trauma patient will be met on arrival at the Emergency Department by a team
24 of health care professions credentialed by the hospital with documented education and skill in the
25 assessment and care of injuries. When a physician other than the on-call emergency physician
26 participates in the care management prior to the transfer, that physician shall also be credentialed
27 by the hospital and must meet the trauma education requirements of the emergency physician.
28
- 29 6. The severe or major trauma patient will be rapidly assessed, resuscitated, and stabilized according
30 to [**ATLS/TNCC standards.**] established trauma management guidelines including ATLS,
31 TNCC, ATCN, and ENPC.
32
- 33 7. The patient will be treated per established standards and protocols within the capability of the
34 facility. A Level IV trauma facility will notify the regional emergency healthcare community
35 when a usually-provided service, either “essential” or “desired”, is not available.
36
- 37 8. Disposition decisions will be made expeditiously by a physician at the hospital and preparations
38 for transfer begun as soon as possible after arrival at the facility [**as possible**].
39
- 40 9. Severe or major trauma patients who are [**inappropriately**] intentionally retained longer than 2
41 hours, except where retention is medically appropriate, will receive the same level of care as the
42 highest available within [**the**] its Trauma Service Area[.] or within the Trauma Service area to
43 which the patient’s condition warranted transfer-out.
44

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

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- 45 10. All severe or major trauma patients' charts will be reviewed by the [hospital] trauma program's
46 PI process for appropriateness and quality of care provided by the hospital. Patients included in
47 the review will include, but are not necessarily limited to: all deaths; all trauma team activations
48 (including those discharged from the ED); all major\severe trauma admissions ; transfers-in and
49 transfers-out; and re-admissions 48-hours after discharge. Deviations from standard will be
50 addressed through a documented trauma performance improvement process.
51
- 52 11. All healthcare professionals participating in the care of major and severe trauma patients must
53 participate in the PI program, and each discipline shall have representation at PI meetings.
54
- 55 12. Standards and time frames for trauma registry data entry shall be developed, and shall be no
56 longer than 45 days after the patient's hospital discharge date.
57
- 58 13. The state data set essential items will be uploaded to the state EMS\trauma registry on at least a
59 quarterly basis.
60
- 61 14. The use of telemedicine shall not be used in lieu of the physical presence of physicians to care for
62 major and severe trauma patients, including all trauma team activations.
63
- 64 15. The physical presence of physician assistants and\or nurse practitioners shall not be used in lieu
65 of the physical presence of physicians to care for major and severe trauma patients, including all
66 trauma team activations.
67
- 68 16. A Level IV trauma facility shall adopt guidelines that lead to early identification of patients who
69 require transfer to a higher level of care, and then transfer them as soon as possible.
70
- 71 17. Pre-transfer diagnostic laboratory and radiological studies performed at a Level IV trauma facility
72 should in no way delay the early transfer of critical trauma patients who have been identified as
73 requiring a higher level of care.
74
- 75 18. A Level IV trauma facility and all higher-level designated trauma facilities to which it transfers
76 major\severe trauma patients should prospectively discuss the issue of pre-transfer diagnostic
77 laboratory and radiological studies so that each is cognizant of each other's performance
78 expectations.
79
- 80 19. A Level IV trauma facility shall participate in the performance improvement program of the
81 regional advisory council (RAC) in the trauma service area (TSA) where it is located, and shall
82 also participate as requested by executive boards in the performance improvement program of
83 RACs in TSAs to which the facility has transferred a patient.

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19. A Level IV trauma facility develops pediatric -specific policies\processes that demonstrate knowledge of the special resources potentially needed by injured pediatric patients, and is cognizant of the pediatric capabilities of the hospitals to which it customarily effectuates transfers so that it can determine the most appropriate facility.
20. A Level IV trauma facility with on-call general surgeon(s) shall, in close collaboration with appropriate Regional Advisory Council (RAC) members, have guidelines that balance its capability to take critical trauma patients to the operating room for life\limb saving procedures with the usual “stabilize and transfer” standard for a Level IV trauma facility without surgical capabilities.
21. The appropriateness of transferring-out severe or major trauma patients presenting to the ED of a Level IV trauma facility with on-call surgeon(s) shall be subject to 100% review in the hospital’s performance improvement (PI) program