

1 §157.125. Requirements for Trauma Facility Designation.

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3 (a) General Provisions. The goal of the trauma system is to reduce the morbidity and
4 mortality of the trauma patient. The objective of the trauma system is to get the right patient, to
5 the right place, at the right time, to receive the right care. The purpose of this section is to set
6 forth the requirements for a health care facility to become a designated trauma facility.
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8 (1) The Department of State Health Services (department) shall determine the
9 designation level for each location, based on, but not limited to, the location's own resources and
10 levels of care capabilities; Trauma Service Area (TSA) capabilities; and compliance with the
11 essential criteria and standard requirements outlined in this section.
12

13 (2) The Office of Emergency Medical Services (EMS)/Trauma Systems
14 Coordination (office) shall recommend to the Commissioner of the Department of State Health
15 Services (commissioner) the trauma designation of a facility at the level the office deems
16 appropriate.
17

18 (3) Facilities eligible for trauma designation include:
19

20 (A) A General Hospital, licensed or otherwise meeting the description
21 (in accordance with Texas Administrative Code (TAC) Hospital Licensing Section 133.21)
22

23 (B) a general hospital owned and operated by the state of Texas, or
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25 (C) a general hospital owned and operated by the federal government.
26

27 (i) Each facility operating on a single general hospital license
28 with multiple locations (multi-location license) shall be considered
29 separately for designation.
30

31 (ii) Designation does not include provider based departments
32 of the designated facility, which are not contiguous with the designated
33 facility; and
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35 (iii) Departments or services within a facility shall not be
36 separately designated.
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38
39 (4) a trauma facility designation is issued for the physical location and to the
40 legal owner of the operations of the facility. If a designated facility has a change of ownership or
41 a change of the physical location of the facility, the designation shall not be transferred or
42 assigned.
43

44 (5) The four levels of trauma designation and the requirements for each are as
45 follows:
46

47 (A) Comprehensive (Level I) trauma facility designation. The facility
48 shall meet the current American College of Surgeons (ACS) essential criteria for a verified Level
49 I trauma center.

50
51 (B) Major (Level II) trauma facility designation. The facility shall
52 meet the current ACS essential criteria for a verified Level II trauma center.

53
54 (C) Advanced (Level III) trauma facility designation. The facility shall
55 meet the "Level III Program Requirements" in subsection (m) of this section, or the facility shall
56 meet the current ACS essential criteria for a verified Level III trauma center.

57
58 (D) Basic (Level IV) trauma facility designation. The facility shall
59 meet the Level IV Program Requirements in subsection (n) of this section.

60
61 (6) In Active Pursuit of Designation (IAP) -- subsection applies only to an
62 undesignated facility in accordance with Texas Administrative Code (TAC) Designated
63 Trauma Facility and Emergency Medical Services Account Section 157.131(a)(10).

64
65 (b) Designation Process.

66
67 (1) Initial designation of a trauma facility. The CEO, TMD and TPM of the
68 facility shall attend a presurvey conference at the office designated by the department.
69 The purpose of the presurvey conference, conducted by department staff, is to review and
70 discuss the designation requirements for the applicable level prior to the initial onsite
71 designation survey. The department may waive the presurvey conference requirement.

72
73 (2) Application. A facility seeking designation, shall submit a completed
74 application to include:

75
76 (A) an accurate and complete designation application form for the
77 appropriate level of requested designation, including full payment of the non-refundable, non-
78 transferrable, designation fee as follows;

79
80 (i) Level I and Level II trauma facility applicants, the fee will
81 be no more than \$10 per licensed bed with an upper limit of \$5,000 and a lower limit of \$4,000;

82
83 (ii) Level III trauma facility applicants, the fee will be no more
84 than \$10 per licensed bed with an upper limit of \$2,500 and a lower limit of \$1,500; and

85
86 (iii) Level IV trauma facility applicants, the fee will be no more
87 than \$10 per licensed bed with an upper limit of \$1000 and a lower limit of \$500.

88
89 (B) any subsequent documents submitted by the date requested by the
90 office;

91
92

93 (C) a completed trauma designation survey report, including patient
94 care reviews, if required by the department, submitted no later than 180 days from the date of the
95 survey;

96
97 (D) a plan of correction (POC), detailing how the facility will correct
98 any deficiencies cited in the survey report, to include: statement of the cited deficiency, the
99 corrective action to ensure compliance with the requirement, the title of the individual(s)
100 responsible for ensuring the correction action(s) is implemented, the date by which the corrective
101 action will be implemented, not to exceed 90 days from the date the facility received the official
102 survey report, and how the corrective action will be monitored.;

103
104 (E) evidence of participation in the applicable Regional Advisory
105 Council (RAC); and

106
107 (F) evidence of submission of data to the department trauma registry.
108

109 (3) If a facility seeking initial designation fails to meet the requirements in
110 subsections (b)(1) – (2) above, the application shall be considered withdrawn by the
111 facility.

112
113 (4) Renewal of designation. The applicant shall submit the documents
114 described in subsection (b)(2)(A) – (F) above, to the office at least 90 days prior to the
115 designation expiration date.

116
117 (5) If a facility seeking redesignation fails to meet the requirements in
118 subsection (b)(2)(A) – (F) above, the application shall be denied and the original designation will
119 expire on its expiration date.

120
121 (c) Survey Process. A facility seeking designation shall undergo an onsite survey as
122 outlined in this section.

123
124 (1) The facility shall be responsible for scheduling a verification or trauma
125 designation survey as follows:

126
127 (A) Level I and II facilities shall request a trauma verification survey
128 through the American College of Surgeons (ACS) trauma verification program;

129
130 (B) Level III facilities shall request a trauma verification survey
131 through the ACS trauma verification program, or request a trauma designation
132 survey through an organization approved by the office; or

133
134 (C) Level IV facilities shall request a trauma designation survey
135 through an organization approved by the office.

136
137 (2) The surveying organization shall notify the office of the date of the
138 scheduled survey and shall schedule the members of the survey team.

139
140 (A) The facility shall be responsible for any expenses associated with
141 the survey.
142
143 (B) The office, at its discretion, may appoint an observer to accompany
144 the survey team. In this event, the cost for the observer shall be borne by the office.
145
146 (3) The survey team shall evaluate the facility's compliance and document the
147 noncompliance with this section 157.125 by:
148
149 (A) reviewing documents, including a minimum of 10 closed medical
150 records per surveyor;
151 (B) tour of the physical plant; and
152
153 (C) staff interviews to include:
154
155 (i) the Chief Executive Officer
156 (ii) the Chief Nursing Officer
157 (iii) the current Trauma Medical Director
158 (iv) the current Executive Sponsor of the trauma program
159
160 (4) The surveyor(s) shall provide the facility with a written, signed survey
161 report regarding their evaluation of the facility's compliance / noncompliance with §157.125.
162 This survey report shall be forwarded to the facility no later than 30 calendar days of the
163 completion date of the survey. The facility is responsible for forwarding a copy of this report,
164 including patient care reviews, to the office if it intends to continue the designation process.
165
166 (5) The trauma designation survey report and patient care reviews in its
167 entirety shall be part of a facility's quality assessment and performance improvement
168 (QAPI)/Multidisciplinary Trauma PI and peer review program and subject to confidentiality as
169 articulated in the Health and Safety Code, §773.095.
170
171 (6) The office shall review the findings of the survey report, patient care
172 reviews and any POC submitted by the facility to determine compliance with the requirements.
173
174 (7) A recommendation for designation will be made to the commissioner if the
175 facility meets the requirements for designation found in this section.
176
177 (8) If the commissioner concurs with the recommendation to designate, the
178 facility shall receive a letter of designation valid for 3 years and a certificate of designation.
179
180 (A) Display: The hospital shall prominently and conspicuously display
181 the trauma designation certificate and the current letter awarding designation from the
182 Commissioner, in a public area of the licensed premises that is readily visible to patients,
183 employees, and visitors.
184

185 (B) The trauma designation certificate shall be valid only when
186 displayed with the current letter awarding designation.

187
188 (C) If the facility closes or loses trauma designation, the certificate
189 shall be returned to the office.

190
191 (D) Alteration: the trauma designation certificate and the award letter
192 shall not be altered. Any alteration to either document voids trauma designation for the
193 remainder of that cycle.

194
195 (9) The facility shall have the right to withdraw its application at any time prior to
196 being recommended for trauma facility designation by the office.

197
198 (10) It shall be necessary to repeat the designation process as described in this
199 section prior to expiration of a facility's designation or the designation expires.

200
201 (11) The office shall post the current designation status of each facility on the
202 office website.

203
204 (12) If a facility disagrees with the office's decision regarding its designation
205 status, the facility has a right to a hearing, in accordance with the department's rules for contested
206 cases, and Government Code, Chapter 2001.

207
208 (d) Exceptions and Notifications

209
210 (1) Any event or decision impacting the ability of a trauma facility to comply
211 with any critical elements, as defined in (c)(1-2) of this section or an increase in the trauma
212 facility's resources that affect the region, the facility shall notify in writing within 5 calendar
213 days :

214 (A) the office,
215 (B) applicable RAC(s),
216 (C) the emergency medical services providers, and
217 (D) the healthcare facilities to which it customarily transfers-out and/or
218 transfers-in trauma patients.

219
220 (2) If the healthcare facility is unable to comply with program requirements to
221 maintain the current designation status, it shall submit to the office a POC as described in (b)(2)
222 (D) of this section, and a request for a temporary exception to criteria. Any request for an
223 exception shall be submitted in writing from an executive officer of the facility. The office shall
224 review the request and the POC and either grant or deny the exception. If the healthcare facility
225 has not come into compliance at the end of the exception period, the office may at its discretion
226 elect one of the following:

227
228 (A) allow the facility to request designation at the level appropriate to
229 its revised capabilities;

230

231 (B) redesignate the facility at the level appropriate to its revised
232 capabilities; or

233
234 (C) suspend the facility's designation status or the facility may
235 relinquish designation status.

236
237 (e) Upgrade or Downgrade of designation levels.

238
239 (1) An application for a higher or lower level designation may be submitted to
240 the office at any time.

241
242 (2) A designated trauma facility that is increasing its trauma capabilities may
243 choose to apply for a higher level of trauma designation at any time. It shall be necessary to
244 repeat the designation process for the higher level. The facility must notify the RAC when the
245 facility's trauma capabilities have changed.

246
247 (3) A designated trauma facility that is unable to maintain compliance with
248 the level of the current designation may choose to apply for a lower level of trauma designation
249 at any time. It shall be necessary to repeat the designation process for the lower level. There shall
250 be a paper review by the office to determine if and when a full survey shall be required. The
251 facility must notify the office within 5 days of the date that it no longer provides trauma services
252 commensurate with its designation level.

253
254 (f) Relinquishment of designation. If the facility chooses to relinquish its trauma
255 designation, it shall provide at least 30 day notice to the department, the applicable RAC(s), the
256 emergency medical services providers, and healthcare facilities to which it customarily transfers-
257 out and/or transfers-in trauma patients if it no longer provides trauma services.

258
259 (g) A healthcare facility may not use the terms "trauma facility", "trauma hospital",
260 "trauma center", or similar terminology in its signs, advertisements or in printed materials and
261 information it provides to the public unless the healthcare facility is currently designated as a
262 trauma facility according to the process described in this section.

263
264 (h) The office shall have the right to review, inspect, evaluate, and audit all trauma
265 patient records, trauma QAPI/performance improvement and peer review committee minutes and
266 other documents relevant to trauma care in any designated trauma facility or applicant/healthcare
267 facility at any time to verify compliance with the statute and this rule, including the designation
268 criteria. The office shall maintain confidentiality of such records to the extent authorized by the
269 Texas Public Information Act, Government Code, Chapter 552, and consistent with current laws
270 and regulations related to the Health Insurance Portability and Accountability Act of 1996. Such
271 inspections shall be scheduled by the office when deemed appropriate. The office shall provide a
272 survey report with results, for surveys conducted by or contracted for the department, to the
273 healthcare facility.

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275 (i) The office may grant an exception to this section if it finds that compliance with
276 this section would not be in the best interests of the persons served in the affected local system.

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(j) Program Requirements.

(1) Program Plan. The facility shall develop a written plan of the trauma program that includes a detailed description of the scope of services available to all trauma patients, defines the trauma patient population evaluated and/or treated by the facility, transferred, or transported by the facility, that is consistent with accepted professional standards of practice for trauma care, and ensures the health and safety of patients.

(A) The written plan and the program policies and procedures shall be reviewed and approved by the facility's governing body. The governing body shall ensure that the requirements of this chapter are implemented and enforced.

(B) The written program plan shall include, at a minimum:

(i) policies and procedures based on national evidence-based standards of practice of trauma care, that are adopted, implemented, and enforced for compliance by the facility, that governs the trauma program through all phases of care for all patient populations;

(ii) A periodic review and revision schedule for all trauma care policies and procedures;

(iii) written triage, stabilization and transfer guidelines for the trauma patient that include consultation and transport services;

(iv) the availability of all necessary equipment and services to provide the appropriate level of care and support of the patient population served;

(v) a written policy and procedure for massive transfusion developed collaboratively between the trauma service and the blood bank and appropriate resources for implementation;

(vi) requirements for minimal credentials for all staff participating in the care of trauma patients;

(vii) provisions for staff education; including annual competency and skills assessment that is appropriate for the patient population served;

(viii) telemedicine utilization in the Emergency Department (ED);

(ix) the role of the hospitalists in the care of the trauma patient;

323 (x) provisions for consistent participation by the TMD, TPM,
324 TR, or other members of the trauma program in the regional advisory
325 council (RAC);
326
327 (xi) a trauma staff registered nurse as a representative on the
328 nurse staffing committee as established in accordance with TAC
329 §§133.41(o)(2)(F);
330
331 (xii) identify a program sponsor who is a member of the
332 executive leadership at the facility;
333
334 (xiii) contingency plans to ensure the immediate continuation of
335 an active trauma program in the event that the Trauma Medical Director or
336 the Trauma Program Manager position becomes vacant;
337
338 (2) Medical Records. Maintain medical records that contain information to
339 justify and support the immediate evaluation, activation, resuscitation, diagnosis, treatment, and
340 describe the patient's progress and response to medication and interventions from arrival in the
341 Emergency Department through discharge. Records include evidence of documentation of the
342 following as appropriate:
343 (i) Trauma team response times, mechanism of injury,
344 assessments, interventions, and response to interventions;
345
346 (ii) Vital signs and other information necessary for ongoing
347 monitoring of the patient's condition; and
348
349 (iii) Daily physician notes by the admitting physician and all
350 sub-speciality physicians participating in the patient's care;
351
352 (3) Quality Assessment and Performance Improvement Plan. The facility
353 shall develop, implement, maintain, and evaluate an effective, ongoing, facility-wide,
354 data-driven, outcomes based multidisciplinary quality assessment and performance
355 improvement (QAPI) plan. The plan shall be individualized to the facility and meet the
356 requirements described in this section.
357
358 (A) The Trauma QAPI plan shall be reviewed and approved by the
359 facility's governing body. The governing body shall ensure that the
360 requirements of this section are implemented and enforced.
361
362 (B) The trauma QAPI plan shall include, at a minimum:
363
364 (i) A description of the facility's trauma program and the
365 services provided. All facility services (including those
366 services furnished under contract or arrangement) shall
367 focus on decreasing deviations from the trauma standards

- 368 of care to ensure achievement of optimal trauma outcomes,
369 patient safety standards and cost effective care.
370
- 371 (ii) Demonstrate how the staff evaluate the provision of trauma
372 care and patient services, identify opportunities for
373 improvement, develop and implement improvement plans,
374 and evaluate the implementation of those plans until
375 resolution is achieved. Evidence shall support that
376 aggregate patient data, including identification and tracking
377 of trauma patient complications or variances from
378 standards of care, is continuously reviewed for trends by
379 the trauma multidisciplinary QAPI committee.
380
- 381 (iii) Composition of the Trauma Multidisciplinary QAPI
382 committee to include the trauma medical director (TMD),
383 the trauma program manager (TPM), an executive officer
384 of the facility, a trauma nurse active in the management of
385 trauma patients, a trauma nurse active in the management
386 of pediatric trauma patients as applicable, and physicians
387 and surgeons that provide coverage or care to trauma
388 patients, and other healthcare professionals participating in
389 the care of major or severe trauma patients.
390
- 391 (iv) Committee meeting documentation of the attendance,
392 activities, actions, and follow-up with ongoing monthly
393 review of key elements of trauma care.
394
- 395
- 396 (4) Outreach and Education.
397
- 398 (A) A defined individual to coordinate the facility's community outreach
399 and education programs for the public and professionals is evident;
400
- 401 (B) Provide education to and consultations with physicians of the
402 community and outlying areas; and
403
- 404 (C) Training programs in trauma continuing education provided by facility
405 for staff and community members involved in trauma care based on
406 needs identified from the QAPI program for:
- 407 (i) staff physicians;
408 (ii) nurses;
409 (iii) Advanced Practice clinicians including Physician
410 Assistants and Advanced Nurse Practitioners;
411 (iv) allied health personnel
412 (v) specialty and community physicians;
413 (vi) prehospital personnel; and

- 414 (vii) other appropriate personnel involved in trauma care
415
416 (5) Injury Prevention and Public Education.
417
418 (A) A public education program to address the major injury problems
419 identified within the facility's service area; and
420
421 (B) Coordination and/or participation in community and/or RAC injury
422 prevention activities.
423
424 (6) Medical Staff. The facility must have an organized, effective trauma
425 program that is recognized in the medical staff bylaws and approved by the governing body.
426 Medical staff credentialing shall include a process for requesting and granting delineation of
427 privileges for trauma care.
428
429 (7) Medical Director. There shall be an identified Trauma Medical Director
430 (TMD) responsible for the provision of trauma care and credentialed by the
431 facility for the treatment of trauma patients.
432
433 (i) The TMD shall be a member of the Medical Executive
434 Committee (MEC);
435
436 (ii) The TMD shall have responsibility for the overall clinical
437 direction and oversight of the trauma service;
438
439 (iii) The responsibilities and authority of the TMD shall include
440 but are not limited to:
441
442 (I) reviewing credentials of medical staff requesting
443 privileges on the trauma team and making recommendations to the MEC for either approval or
444 denial of such privileges;
445
446 (II) ensuring that a published, on-call schedule and a
447 backup on-call schedule is readily available to all staff in the emergency department, for
448 obtaining surgical care for all surgical specialties;
449
450 (III) regularly and actively participating in or on the
451 trauma call panel;
452
453 (IV) the authority to exclude those trauma team members
454 from trauma call who do not maintain trauma program requirements;
455
456 (V) ensuring the use of medical staff peer review
457 outcomes, including deviations from trauma standards of care trending, when considering re-
458 credentialing members of the trauma team. All follow-up and feedback from peer review activity
459 must be made available to the reviewers at the time of the onsite survey;

460
461 (VI) developing and providing ongoing maintenance of
462 treatment protocols based on current standards of trauma care;
463
464 (VII) participating in the ongoing education of the
465 medical and nursing staff in the care of the trauma patient;
466
467 (VIII) ensuring that the trauma QAPI/Multidisciplinary PI
468 and peer review meeting is specific to trauma care, is ongoing, is data driven and effective; TMD
469 serves as chair of trauma QAPI committee meetings;
470
471 (IX) participation in the applicable RAC(s) and
472 reviewing the RAC(s) trauma system plan;
473
474 (XI) participates in the facility, community, and regional
475 disaster preparedness activities.
476
477 (XII) evidence that the TMD is aware of the
478 multidisciplinary team findings on all trauma patients;
479
480 (XIII) averaging 9 hours of continuing trauma medical
481 education (CME) annually;
482
483 (XIV) maintains active staff privileges as defined in the
484 facility's medical staff bylaws;
485
486 (8) Trauma Program Manager (TPM). There shall be an identified Trauma
487 Program Manager responsible for monitoring trauma patient care throughout the continuum of
488 care and through discharge.
489
490 (A) The TPM:
491 (i) shall be a registered nurse;
492
493 (ii) is current in the Trauma Nurse Core Course (TNCC) or
494 Advanced Trauma Course for Nurses (ATCN) or a DSHS-
495 approved equivalent;
496
497 (iii) is current in a nationally recognized pediatric advanced life
498 support course ((e.g. Pediatric Advanced Life Support
499 (PALS) or the Emergency Nurse Pediatric Course
500 (ENPC));
501
502 (iv) has completed a course designed for his/her role which
503 provides essential information on the structure, process,
504 organization and administrative responsibilities of a trauma

- 505 program (e.g. Trauma Coordinators Core Course (TCCC)
506 or an office approved equivalent course);
507
- 508 (v) has completed a course designed for his/her role which
509 provides essential information of a trauma PI program to
510 include trauma outcomes and performance improvement
511 (e.g. Trauma Outcomes Performance Improvement Course
512 (TOPIC) or an office approved equivalent course);
513
- 514 (vi) is responsible for the integration of trauma nursing
515 standards of care;
516
- 517 (vii) has the responsibility and authority to:
518
- 519 (I) monitor the clinical outcomes, direction
520 and oversight of the trauma program.
521
- 522 (II) monitor trauma patient care from ED
523 arrival through operative intervention(s),
524 ICU care, stabilization, rehabilitation care,
525 and discharge, including the trauma
526 performance improvement (PI) program;
527
- 528 (viii) participates in a leadership role in the facility including the
529 facility-wide QAPI Committee, community, and regional
530 emergency management (disaster) response committee; and
531
- 532 (k) Trauma Designation Level I (Comprehensive). The facility shall meet the current
533 American College of Surgeons (ACS) essential criteria for a verified Level I trauma center.
534
- 535 (l) Trauma Designation Level II (Major). The facility shall meet the current ACS
536 essential criteria for a verified Level II trauma center.
537
- 538 (m) Trauma Designation Level III (Advanced). The Level III trauma designated
539 facility will meet the following requirements:
540
- 541 (1) The Trauma Medical Director shall be a physician who is:
542
- 543 (A) a board certified general surgeon or a general surgeon eligible for
544 certification by the American Board of Surgery according to current requirements
545 or an equivalent course approved by the office; or
546
- 547 (B) a general surgeon who has continuously served as the Trauma Medical
548 Director at the designated facility for the last consecutive five years
549 and is currently credentialed in Advanced Trauma Life Support
550 (ATLS).

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(2) General Surgery.

(A) All surgeons who provide trauma coverage or participates in trauma call coverage shall:

(i) be board certified in general surgery and successfully completed ATLS; or

(ii) be board eligible in general surgery and currently credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the office; or

(iii) prior to (the effective date of this rule) have continuously provided trauma coverage and participated in trauma call at the designated facility for the last consecutive five years and be currently credentialed in Advanced Trauma Life Support (ATLS); and

(iv) be appropriately credentialed through the trauma program;

(v) average at least 9 hours of trauma-related continuing medical education annually;

(vi) maintain compliance with trauma protocols;

(vii) participate in the trauma QAPI program and attend at least 50% of the trauma multidisciplinary and peer review trauma committee meetings;

(viii) be present in the ED at the time of arrival for a full trauma team activation of a trauma patient; maximum response time 30 minutes from trauma team activation;

(ix) be present in the ED within 60 minutes or less when called for a limited trauma team activation; and

(x) be the admitting physician on all multi-system trauma patients requiring the consultation of one or more specialty services;

(B) If a facility has a surgical residency program, and a team of surgical residents start the evaluation and treatment of the trauma patient, the team shall have, at a minimum, a postgraduate year 4 (PGY-4) or more senior surgical resident who is a member of the facility's residency program. The presence of a surgical resident does not take the place of the attending physician. The attending physician must be compliant with all response times.

597 (C) If the facility has a surgical residency program and a team of
598 surgical residents start the evaluation and treatment of the trauma patient, the
599 attending surgeon shall participate in all major therapeutic decisions, be present in
600 the emergency department for major resuscitations, and be present during all
601 phases of operative procedures.
602

603 (3) In addition to continuous general surgery coverage the facility shall have
604 continuous orthopedic surgical coverage.
605

606 (4) Trauma Surgical Specialties.
607

608 (A) Orthopedic and Neurosurgery surgeons shall:
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610 (i) be board certified or board eligible in the applicable
611 surgical specialty; or
612

613 (ii) prior to (the effective date of this rule) have continuously
614 provided trauma coverage and participated in trauma call at the
615 designated facility for the last consecutive five years; and
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617 (iii) be appropriately credentialed through the trauma service;
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619 (iv) average at least 9 hours of trauma-related continuing
620 medical education annually;
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622 (v) maintain compliance with trauma protocols;
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624 (vi) participate in the trauma QAPI/Multidisciplinary PI
625 program and a designated liaison shall attend at least 50%
626 of the trauma multidisciplinary and peer review trauma
627 committee meetings; and
628

629 (vii) at a minimum, orthopedic surgeons and neurosurgeons,
630 participate in the published, on-call schedule and backup
631 on-call schedule or plan readily available to all staff to
632 obtain specialty surgical care.
633

634 (5) Emergency Medicine. Any emergency medicine physician who is
635 providing trauma coverage shall be in-house 24 hours a day and shall:
636

637 (A) be board certified in emergency medicine and have successfully
638 completed ATLS; or
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640 (B) be board eligible in emergency medicine and currently credentialed
641 in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the office; or
642

643 (C) prior to (the effective date of this rule) have continuously provided
644 trauma coverage in the emergency department at the designated facility for the last consecutive
645 five years and be currently credentialed in Advanced Trauma Life Support (ATLS); or
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647 (D) be board eligible in their applicable specialty and currently
648 credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the
649 office; and
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651 (E) be appropriately credentialed through the trauma program;
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653 (F) average at least 9 hours of trauma-related continuing medical
654 education annually;

655 (G) maintain compliance with trauma protocols; and
656
657

658 (H) participate in the trauma QAPI/Multidisciplinary PI program and a
659 designated liaison shall attend at least 50% of the trauma multidisciplinary PI and peer review
660 committee meetings.
661

662 (6) Anesthesia Services. If the facility furnishes anesthesia services, it shall do so
663 in compliance with 25 TAC 133.41 Hospital Functions and Services. The
664 anesthesiologist providing trauma coverage shall:
665

666 (A) be a board certified anesthesiologist; or
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668 (B) be a candidate in the American Board of Anesthesiology
669 examination system; or
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671 (C) prior to (the effective date of this rule) have continuously provided
672 anesthesia coverage at the designated facility for the last consecutive five years;
673 average at least 9 hours of continuing medical education annually; and
674

675 (D) be appropriately credentialed through the trauma program;
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677 (E) maintain compliance with trauma protocols;
678

679 (F) participate in the trauma QAPI/Multidisciplinary PI program; and
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681 (G) a designated liaison shall attend at least 50% of the trauma
682 multidisciplinary PI and peer review committee meetings.
683

684 (7) Radiology Services.
685

686 (A) A radiologist shall be on-call and promptly available within 30
687 minutes of request from inside or outside the hospital. This system
688 shall be continuously monitored by the trauma PI program.

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- (B) The rate of change in interpretation of radiologic studies must be routinely monitored and reviewed with the radiology department. Identified cases should be reviewed to determine the reason for misinterpretation, adverse outcomes, and opportunities for improvement.

- (8) Advanced Practice clinicians (advanced practice registered nurses or physician assistants) utilized in the care of major and/or severe trauma patients, shall not be a substitute for the required physician response, in patient care planning nor in QAPI activities. Any Advanced Practice clinician who provides care to trauma patients shall be current in ATLS and be appropriately credentialed by the Texas Board of Nursing (TBON) or the Texas Medical Board (TMB) respectively.

- (9) Nursing Staff. As part of the facility’s trauma program approved by the governing body, the program will have an identified Trauma Program Manager with equivalent authority and responsibility as granted to other department or nurse managers. There shall be a demonstrated commitment by the facility for furthering the education and understanding of trauma standards of care for all nursing staff caring for the trauma patient.

- (10) Nursing Services for all critical care and patient care areas shall provide evidence of the following:
 - (A) all nurses caring for trauma patients throughout the continuum of care have ongoing documented knowledge and skills in trauma nursing for patients of all ages to include trauma specific orientation, annual clinical competencies, and continuing education;

 - (B) written standards on nursing care for trauma patients for all units (i.e. ED, ICU, OR, PACU, general inpatient) in the trauma facility shall be implemented;

 - (C) a facility approved acuity-based patient classification system is utilized to define workload and number of nursing staff to provide safe patient care for all trauma patients throughout their hospitalization;

 - (D) a written plan, developed by the hospital, for acquisition of additional staff on a 24 hour basis to support units with increased patient acuity, multiple emergency procedures and admissions (i.e. written surge plan.);

 - (E) a minimum of two registered nurses shall participate in initial resuscitations for full and limited or trauma activations, have successfully completed and hold current credentials in an advanced cardiac life support course

734 (ACLS); a nationally recognized pediatric advanced life support course (PALS or
735 ENPC); and TNCC or ATCN; or an office approved equivalent for each course;

736
737 (F) nursing documentation for trauma patients is systematic, meets the
738 trauma registry guidelines, and includes at a minimum: the sequence of care,
739 primary and secondary survey with interventions, outcomes, serial vital signs,
740 Glasgow Coma Score (GCS), consulting services assessment, plan of care with
741 disposition and documents the response time of all trauma team members.

742
743 (G) documentation that 100% of nursing staff working in the
744 Emergency Department (ED) and responding to trauma activations or caring for
745 trauma patients have successfully completed and hold current credentials in an
746 advanced cardiac life support course (e.g. ACLS or hospital equivalent), a
747 nationally recognized pediatric advanced life support course (e.g. PALS or
748 ENPC) and TNCC or ATCN or a DSHS-approved equivalent, within 18 months
749 of date of employment in the ED.

750
751 (H) A stand-alone children's facility shall have documentation that
752 100% of nursing staff who care for trauma patients have successfully completed
753 and hold current credentials in a nationally recognized pediatric advanced life
754 support course (e.g. PALS or ENPC) and TNCC or ATCN or a DSHS-approved
755 equivalent, within 18 months of date of employment in the ED.

756
757 (11) Texas EMS/Trauma Registry Requirements. Any designated trauma
758 facility must participate in the Texas EMS/Trauma Registry. Participation
759 shall include:

760
761 (A) Data submission for designation purposes.

762
763 (i) Initial designation. Six months of data prior to the initial
764 designation survey must be uploaded to the Texas EMS/Trauma System Registry. Subsequent to
765 initial designation, data shall be uploaded to the Texas EMS/Trauma Registry as indicated in
766 Chapter 103, Injury Prevention and Control of this title within 45 days of discharge with a 90%
767 acceptance or accuracy rate.

768
769 (ii) Re-designation. Data shall be uploaded to the Texas
770 EMS/Trauma Registry as indicated in Chapter 103, Injury Prevention and Control of this title
771 within 45 days of patient discharge with a 90% acceptance rate.

772
773 (B) Identified Trauma Registrar who has appropriate education,
774 training in injury severity scaling, and four hours of continuing education annually specific to
775 trauma data quality.

776
777 (C) Data validation. The Trauma Registrar must participate in ongoing
778 data validation through the department and/or the RAC PI committee.

779

780 (12) Trauma Registrar. There shall be an identified Trauma Registrar, who is
781 separate from but supervised by the TPM, who has had appropriate training within 24 months of
782 hire into the position of trauma registrar which includes:
783

784 (A) the Association for the Advancement of Automotive Medicine
785 (AAAM) course or a an office approved equivalent; and
786

787 (B) the American Trauma Society (ATS) Trauma Registrar Course or an
788 office approved equivalent.
789

790 (13) Pre-hospital EMS Communication. There shall be two-way
791 communication with all pre-hospital emergency medical services vehicles.
792

793 (14) Emergency Department Equipment. Equipment for the evaluation,
794 resuscitation, and life support for critically or seriously injured patients of all ages shall be
795 available for resuscitation, temperature warming and cooling management, hemorrhage control,
796 hemodynamic monitoring and orthopedic splinting.
797

798 (A) The facility shall provide equipment and supplies in compliance with
799 25 TAC 133.41 Hospital Functions and Services (e)(3)-(4).
800

801 (B) Additional Required Emergency Department Equipment.
802

803 (i) Mechanical ventilator;
804

805 (ii) Supraglottic airway management device (LMA);
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807 (iii) Quantitative end tidal CO₂ monitor;
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809 (iv) Central venous pressure monitoring equipment;
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811 (v) Internal age-specific paddles;
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813 (vi) Standard intravenous fluids and administration devices,
814 including large-bore intravenous catheters and a rapid
815 infuser system;
816

817 (vii) Sterile surgical sets for procedures standard for emergency
818 care including but not limited to: thoracostomy,
819 thoracotomy, diagnostic peritoneal lavage, venous
820 cutdown, central line insertion, airway
821 control/cricothyrotomy;
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823 (viii) Current length-based pediatric body weight & tracheal tube
824 size evaluation system, resuscitation medications and
825 equipment that are dose-appropriate for all ages;

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(ix) Long bone stabilization capability;

(x) Pelvic stabilization capability; and

(xi) Thermal control equipment for patients and a rapid warming device for blood and fluids;

(15) Surgery Department Equipment and Services. Services for the care of the trauma patient for operative interventions as defined by the center's trauma plan to include resuscitation, temperature warming and management, hemorrhage control, hemodynamic monitoring and orthopedic splinting to ensure that trauma standards of care are met.

(A) Equipment. Appropriate equipment to ensure that trauma standards of care are met.

(B) Services.

(i) Operating Suite. Operating room services shall be available 24 hours a day. With advanced notice, the Operating Room shall be opened and ready to accept a patient within 30 minutes.

(ii) Post-Anesthesia Care Unit. A post-anesthesia care unit or surgical intensive care unit shall have registered nurses and other essential personnel available 24 hours a day.

(16) Intensive Care Capability. Intensive care capability shall be available for the trauma critical care patient and interventions as defined by the facility's trauma plan to include resuscitation, temperature warming and cooling management, hemorrhage control, hemodynamic monitoring and orthopedic splinting to ensure that trauma standards of care are met.

(A) Designated physician surgical director or surgical co-director responsible for setting policies, developing protocols and management guidelines related to trauma ICU patients. A physician providing this coverage must be a board certified or board-eligible surgeon and meets the credentialing requirements as defined in the facility trauma program plan; or

(B) A physician credentialed in critical care on duty in the ICU 24 hours a day or immediately available from in-hospital and meets the credentialing requirements as defined in the facility trauma program plan.

(C) Arrangements for 24-hour surgical coverage of all trauma patients shall be provided for emergencies and routine care. This system shall be continuously monitored by the trauma PI program;

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- (17) Clinical Support Services.
 - (A) Respiratory Services. Respiratory services shall be in-house and available 24 hours per day.
 - (B) Clinical Laboratory Service. Laboratory services shall be in-house and available 24 hours per day;
 - (C) Standard Radiological Services. An in-house technician shall be available 24-hours a day or be on-call and promptly available on-site within 30 minutes of request. . This system shall be continuously monitored by the trauma PI program;
 - (D) Special Radiological Capabilities shall be available for the trauma patient as defined by the facility's trauma plan to include:
 - (i) Sonography;
 - (ii) Computerized Tomography. In-house CT technician 24-hours per day or on-call and promptly available on-site within 30 minutes of request. This system shall be continuously monitored by the trauma PI program;
 - (iii) Angiography of all types; and
 - (iv) Nuclear scanning.
- (18) Specialized Capabilities/Services/Units.
 - (A) Acute hemodialysis capability. A Transfer plan shall be implemented if there is no capability for this standard.
 - (B) Organized Burn Care. Established criteria for care of major or severe burn patients and/or a process to expedite the transfer of burn patients to a burn center or higher level of care to include written protocols and written transfer plan.
 - (C) Spinal cord/head injury rehabilitation management capability.
 - (i) In circumstances where a designated spinal cord injury rehabilitation center exists in the region, a transfer plan must be in effect.
 - (ii) In circumstances where a moderate to severe head injury center exists in the region, a transfer plan must be in effect.
 - (D) Rehabilitation Medicine.

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(i) A physician-directed rehabilitation service, staffed by personnel trained in rehabilitation care and equipped properly for care of the critically injured patient, or transfer plan when medically feasible to a rehabilitation facility and a process to expedite the transfer of rehabilitation patients to include written protocols, or a written transfer plan.

(ii) The facility shall have the following services available for a critically injured patient:

(I) Physical therapy;

(II) Occupational therapy;

(III) Speech therapy; and

(IV) Social services.

(n) Trauma Designation Level IV (Basic). The Level IV trauma designated facility will meet the following requirements:

(1) The Trauma Medical Director shall be a physician who is:

(A) board certified in emergency medicine by the American Board of Emergency Medicine (ABMS or AOBEM), or eligible for board certification in emergency medicine and currently credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the office; or

(B) board certified or board eligible in their applicable medical or surgical specialty and currently credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the office; or

(D) has continuously served as the Trauma Medical Director at the designated facility for the last consecutive five years and is currently credentialed in Advanced Trauma Life Support (ATLS).

(2) Emergency Medicine. A physician providing trauma coverage shall be on-call (if not in-house 24/7), promptly available onsite within 30 minutes of request from inside or outside the hospital and shall:

(A) be board certified in emergency medicine and have successfully completed ATLS; or

(B) be board eligible in emergency medicine and currently credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the office; or

964
965 (C) prior to (the effective date of this rule) have continuously provided
966 trauma coverage in the emergency department at the designated facility for the last consecutive
967 five years and be currently credentialed in Advanced Trauma Life Support (ATLS); or
968

969 (D) be board eligible in their applicable specialty and currently
970 credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the
971 office; and
972

973 (E) be appropriately credentialed through the trauma program;
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975 (F) average at least 9 hours of trauma-related continuing medical
976 education annually;
977

978 (G) maintain compliance with trauma protocols; and
979

980 (H) participate in the trauma QAPI/multidisciplinary PI program and a
981 designated liaison shall attend at least 50% of the trauma multidisciplinary PI and peer review
982 committee meetings.
983

984 (3) Radiology Services.
985

986 (A) A radiologist shall be on-call and promptly available within 30
987 minutes of request from inside or outside the hospital. This system
988 shall be continuously monitored by the trauma PI program.
989

990 (B) The rate of change in interpretation of radiologic studies must be
991 routinely monitored and reviewed with the radiology department.
992 Identified cases should be reviewed to determine the reason for
993 misinterpretation, adverse outcomes, and opportunities for
994 improvement.
995

996 (4) Advanced Practice clinicians (advanced practice registered nurses or physician
997 assistants) utilized in the care of major and/or severe trauma patients, shall not be
998 a substitute for the required physician response, in patient care planning nor in
999 QAPI activities. Any Advanced Practice clinician who provides care to trauma
1000 patients shall be current in ATLS and be appropriately credentialed by the Texas
1001 Board of Nursing (TBON) or the Texas Medical Board (TMB) respectively.
1002

1003 (5) Nursing Staff. As part of the facility's trauma program approved by the
1004 governing body, the program will have an identified Trauma Program Manager with equivalent
1005 authority and responsibility as granted to other department or nurse managers. There shall be a
1006 demonstrated commitment by the facility for furthering the education and understanding of
1007 trauma standards of care for all nursing staff caring for the trauma patient.
1008

1009 (6) Nursing Services for all critical care and patient care areas shall provide
1010 evidence of the following:
1011
1012 (A) all nurses caring for trauma patients throughout the continuum of
1013 care have ongoing documented knowledge and skills in trauma nursing for patients of all ages to
1014 include trauma specific orientation, annual clinical competencies, and continuing education;
1015
1016 (B) written standards on nursing care for trauma patients for all units
1017 (i.e. ED, ICU, OR, PACU, general inpatient) in the trauma facility shall be implemented;
1018
1019 (C) a facility approved acuity-based patient classification system is
1020 utilized to define workload and number of nursing staff to provide safe patient care for all trauma
1021 patients throughout their hospitalization;
1022
1023 (D) a written plan, developed by the hospital, for acquisition of
1024 additional staff on a 24 hour basis to support units with increased patient acuity, multiple
1025 emergency procedures and admissions (i.e. written surge plan.);
1026
1027 (E) a minimum of two registered nurses shall participate in initial
1028 resuscitations for full and limited or trauma activations, have successfully completed and hold
1029 current credentials in an advanced cardiac life support course (ACLS); a nationally
1030 recognized pediatric advanced life support course (PALS or ENPC); and TNCC or ATCN; or an
1031 office approved equivalent for each course;
1032
1033 (F) nursing documentation for trauma patients is systematic and meets
1034 the trauma registry guidelines, includes at a minimum:: the sequence of care, primary and
1035 secondary survey with interventions, outcomes, serial vital signs, GCS, consulting services
1036 assessment, plan of care with disposition and documents the response time of all trauma team
1037 members.
1038
1039 (G) documentation that 100% of nursing staff working in the
1040 Emergency Department (ED) and responding to trauma activations or caring for trauma patients
1041 have successfully completed and hold current credentials in an advanced cardiac life support
1042 course (e.g. ACLS or hospital equivalent), a nationally recognized pediatric advanced life
1043 support course (e.g. PALS or ENPC) and TNCC or ATCN or a DSHS-approved equivalent,
1044 within 18 months of date of employment in the ED.
1045
1046 (H) A stand-alone children's facility shall have documentation that
1047 100% of nursing staff who care for trauma patients have successfully completed
1048 and hold current credentials in a nationally recognized pediatric advanced life
1049 support course (e.g. PALS or ENPC) and TNCC or ATCN or a DSHS-approved
1050 equivalent, within 18 months of date of employment in the ED.
1051
1052 (8) Texas EMS/Trauma Registry Requirements. Any designated trauma facility
1053 must participate in the Texas EMS/Trauma Registry. Participation shall include:
1054

- 1055 (A) Data submission for designation purposes.
1056
1057 (i) Initial designation. Six months of data prior to the initial
1058 designation survey must be uploaded to the Texas EMS/Trauma System Registry. Subsequent to
1059 initial designation, data shall be uploaded to the Texas EMS/Trauma Registry as indicated in
1060 Chapter 103, Injury Prevention and Control of this title within 45 days of discharge with a 90%
1061 acceptance or accuracy rate.
1062
1063 (ii) Re-designation. Data shall be uploaded to the Texas
1064 EMS/Trauma Registry as indicated in Chapter 103, Injury Prevention and Control of this title
1065 within 45 days of patient discharge with a 90% acceptance rate.
1066
1067 (B) Identified Trauma Registrar who has had appropriate training
1068 within 24 months of hire into the position of trauma registrar which includes:
1069
1070 (i) the Association for the Advancement of Automotive
1071 Medicine (AAAM) course, or
1072
1073 (ii) other office approved equivalent course; and
1074
1075 (V) four hours of continuing education annually specific
1076 to trauma data quality.
1077
1078 (C) Data validation. The Trauma Registrar must participate in ongoing
1079 data validation through the department and/or the RAC PI committee.
1080
1081 (9) Pre-hospital EMS Communication. There shall be two-way
1082 communication with all pre-hospital emergency medical services vehicles.
1083
1084 (10) Emergency Department Equipment and Services. Equipment and services
1085 for the evaluation, resuscitation, and life support for critically or seriously injured patients of all
1086 ages shall be available for resuscitation, temperature warming and cooling management,
1087 hemorrhage control, hemodynamic monitoring and orthopedic splinting.
1088
1089 (A) Equipment. The facility shall provide equipment and supplies in
1090 compliance with 25 TAC 133.41 Hospital Functions and Services (e)(3)-(4).
1091
1092 (B) Additional Required Emergency Department Equipment.
1093
1094 (i) Airway control and ventilation equipment including
1095 laryngoscope and endotracheal tubes of all sizes;
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1097 (ii) Mechanical ventilator;
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1099 (iii) Supraglottic airway management device (e.g. LMA);
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- 1101 (iv) Quantitative end tidal CO₂ monitor;
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1103 (v) Apparatus to establish central venous pressure monitoring
1104 equipment;
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1106 (vi) Standard intravenous fluids and administration devices,
1107 including large-bore intravenous catheters and a rapid infuser system;
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1109 (vii) Sterile surgical sets for procedures standard for emergency
1110 care including but not limited to: thoracostomy, central line insertion, and
1111 airway control/cricothyrotomy;
1112
1113 (viii) Current length-based pediatric body weight & tracheal tube
1114 size evaluation system, resuscitation medications and equipment that are
1115 dose-appropriate for all ages;
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1117 (ix) Long bone stabilization capability;
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1119 (x) Pelvic stabilization capability;
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1121 (xi) Thermal control equipment for patients and a rapid
1122 warming device for blood and fluids;

1123
1124 (11) Clinical Support Services.

1125
1126 (A) Respiratory Services. Respiratory services shall be in-house and
1127 available 24 hours per day.

1128
1129 (B) Clinical Laboratory Service. Laboratory services shall be in-house
1130 and available 24 hours per day;

1131
1132 (C) Standard Radiological Capability/Services. An in-house
1133 technician shall be available 24-hours a day or be on-call and promptly
1134 available on-site within 30 minutes of request.

1135
1136 (D) Special Radiological Capability. In-house Computerized Tomography
1137 technician 24-hours per day or on-call and promptly available on-site within 30
1138 minutes of request. This system shall be continuously monitored by the trauma PI
1139 program;

1140
1141 (12) Specialized Capabilities/Services/Units.

1142
1143 (A) Organized Burn Care. Established criteria for care of major or severe
1144 burn patients and/or a process to expedite the transfer of burn patients
1145 to a burn center or higher level of care to include written protocols and

1146 a written transfer plan for patients requiring a higher level of care or
1147 specialty services.

1148
1149 (B) Spinal cord/head injury rehabilitation management capability.

1150
1151 (i) In circumstances where a designated spinal cord injury
1152 rehabilitation center exists in the region, transfer plan must
1153 be in effect.

1154
1155 (ii) In circumstances where a moderate to severe head injury
1156 center exists in the region, transfer plan must be in effect.

1157
1158 (o) Survey Team.

1159
1160 (1) The multi-disciplinary survey team shall consist of the following members:

1161
1162 (A) Level I or Level II facilities shall be surveyed by The American
1163 College of Surgeons (ACS) with a multi-disciplinary team that includes at a minimum: 2 general
1164 surgeons, and a trauma nurse all currently active in the management of trauma patients.
1165 Pediatric facilities shall be surveyed by the ACS with a multi-disciplinary team that includes at a
1166 minimum: (2) pediatric trauma surgeons, and a Pediatric Trauma Program Manager all active in
1167 the management of pediatric trauma patients.

1168
1169 (B) Level III facilities shall be surveyed by the ACS or other office-
1170 approved organization, with a multi-disciplinary team that includes at a minimum: a trauma
1171 surgeon and a trauma nurse, both currently active in the management of trauma patients.
1172 Pediatric facilities shall be surveyed by the ACS, or an office-approved equivalent organization
1173 with a multi-disciplinary team that includes at a minimum: a pediatric trauma surgeon, a
1174 pediatric trauma nurse with pediatric experience. An additional surveyor may be requested by the
1175 facility, or required by the department.

1176
1177 (C) Level IV facilities shall be surveyed by an office-approved
1178 organization by a surveyor that is either at a minimum: a registered nurse or a licensed physician,
1179 currently active in the management of trauma patients. Pediatric facilities shall be surveyed by an
1180 office-approved organization by a surveyor that is either a pediatric trauma surgeon, or a
1181 pediatric trauma nurse, or a Trauma Program Manager with pediatric experience. An additional
1182 surveyor may be requested by the facility, or required by the department.

1183
1184 (2) Each member of the survey teams described above shall:

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1186 (A) be currently employed at a designated trauma facility that is greater
1187 than 100 miles from the requesting facility;

1188
1189 (B) not be employed in the same TSA as the designating facility;

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1191 (C) not be a current or former employee of the facility that is the
1192 subject of the survey or of an affiliated facility;
1193
1194 (D) not be employed at a facility that is a primary transfer facility with
1195 the facility being surveyed, with the exception of a burn facility;
1196
1197 (E) not survey the facility program and physical location on
1198 consecutive designation cycles; and
1199
1200 (F) not have been requested by the facility;
1201
1202 (G) not possess other potential conflict of interest between the surveyor
1203 or the surveyor's place of employment and the facility being surveyed.
1204
1205 (3) Each member of the survey team shall:
1206
1207 (A) have at least 5 years experience in the care of trauma patients;
1208
1209 (B) be currently employed in the management of or providing direct
1210 care services to trauma patients;
1211
1212 (C) have direct experience in the preparation for and successful
1213 completion of trauma facility designation for no fewer than 2 successful designation cycles;
1214
1215 (D) have successfully completed an office-approved trauma facility
1216 site surveyor course and be successfully re-credentialed every 4 years; and
1217
1218 (E) have current credentials as follows:
1219
1220 (i) for registered nurses: Trauma Nurses Core Course (TNCC)
1221 or Advanced Trauma Course for Nurses (ATCN); and Pediatric Advanced Life Support (PALS)
1222 or Emergency Nurses Pediatric Course (ENPC);
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1224 (ii) for physicians: Advanced Trauma Life Support (ATLS);
1225 and
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1227 (iii) have successfully completed a trauma designation surveyor
1228 internship.
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