



**East Texas Medical Center
Regional Healthcare System**

July 5, 2006

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OFFICE OF EMS/TS

Mr. Stephen C. Janda, Director
Office of EMS/Trauma Systems Coordination
Department of State Health Services
1100 West 49th Street
Austin, Texas 78756

Re. Proposed Changes to Trauma Facility Criteria

Dear Mr. Janda:

I am writing you today to express my concerns regarding the proposed rule changes for 25 TAC § 157.125 Requirements for Trauma Facility Designation. Specifically, I am concerned with a number of the proposed changes that impose additional staffing and physician coverage costs on Level III and IV trauma facilities which, even with the receipt of additional state funds for uncompensated trauma care, are still struggling financially. After years of effort to get the state to establish a system to enable trauma facilities to be reimbursed for a portion of their uncompensated trauma care, I am distressed to see the state now proposing additional requirements which will only serve as additional unfunded mandates offsetting what little gains we have made.

In particular, I am concerned with the new requirement for 24/7 orthopedic coverage for Level III facilities (25 TAC § 157.25(x)(B)(1)(b)). While full-time orthopedic coverage is certainly desirable for a Level III facility, in rural areas this may simply not be possible due to the limited number of orthopedic surgeons. I encourage you to maintain orthopedic coverage as a desirable, but not essential element for Level III facilities. In the alternative, the requirement should be clarified to provide that when full-time orthopedic coverage is not available due to the absence of the facility's orthopedic surgeon(s), this requirement may be satisfied by the use of formal transfer agreements with higher level of care facilities having orthopedic coverage. I have the same concern and comment regarding the proposed rule to make full-time neurosurgeon coverage an essential element for Level III facilities that may be fortunate enough to have a neurosurgeon in their community.

In addition, I am concerned with the new requirement for a full-time trauma nurse coordinator with at least 80% of his/her time devoted to the trauma program for Level III facilities (25 TAC § 157.25(x)(A)(3)(c)) and at least a 0.8 FTE trauma nurse coordinator for Level IV facilities (25 TAC § 157.25(y)(A)(2)(c)). Similarly, I am also concerned with the requirement for a separate full-time position for a trauma registrar for facilities with over 500 trauma registry cases. I strongly believe that it is inappropriate for the state to prescribe by rule

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or regulation the number of employees a facility must employ to meet a particular requirement for a given program. It is imperative in today's fiscal climate that each facility be given the flexibility to meet its trauma requirements in the most efficient way possible. As long as a trauma facility is meeting the requirements for a given designation, the state should not impose arbitrary staffing levels to accomplish any particular criteria.

Finally, it is my understanding that a new rule being proposed would require the use of the RAC's alternative dispute resolution (ADR) process for any unresolved issues between a hospital and medical air transport providers regarding the use of the hospital's helipad (25 TAC § 157.125(r)(4)(D)). This provision must be deleted or revised to clarify that the ADR process is non-binding, since the helipad is the private property of the hospital and must ultimately be under the control of the hospital.

If you have any questions or would like to discuss these concerns more fully, please do not hesitate to call me at (903) 676-1191.

Sincerely,



Patrick L. Wallace
Administrator