

Comments received during the 30 day public comment period regarding proposed rule 157.125 – Requirements for Trauma Facility Designation & 157.128 – Denial Suspension and Revocation

I have a couple of comments regarding the proposed rules.
Rule 157.125

Proposed page 8 - (j) (2) and (3) -

The change here only affects level 3's as the 4's are still allowed to use the departmental credentialed surveyors. I thought the department could not provide surveyors at all and this would affect both.

Proposed - 11

(3) (B) Inconsistency in rule, essential criteria and discussions. The rule and criteria states compliancy with at least quarterly submissions. What happened to the 45 -day rule discussion?

Thanks.

Brenda Putz

Trinity Community Medical Center has comments on the proposed trauma rules for level 3 facilities. We understand the rationale for requiring OS coverage to be 24/7. This change will require all level 3's to have a minimum of two OS's on staff which is reasonable. In reality, with minimum coverage, there will be instances when one or both of the OR's will be unavailable for trauma call due to being in surgery, rounding at another facility, or on personal leave. In my opinion, the final rules should allow for flexibility in the formal back-up plan and clearly authorize the circumstances stated previously.

John L Simms, CEO

Trinity Medical Center
700 Medical Parkway
Brenham, TX 77833
979-830-2200

I am concerned about the Level IV criteria change proposed that increases the educational requirements (for initial designation) for nurses responding to trauma team activation to include ATLS. It is difficult for rural hospitals to have the money and staff to send our nurses for ACLS, PALS and TNCC. Adding ATLS is a burden.

Katherine Byard, RN, MS

Chief Nursing Officer
Memorial Hospital
Gonzales Healthcare System
P. O. Box 587
Gonzales, Texas 78629
phone: 830-672-7581 x 205
fax: 830-672-4319

Comments received during the 30 day public comment period regarding proposed rule 157.125 – Requirements for Trauma Facility Designation & 157.128 – Denial Suspension and Revocation

I would like to advocate for the reduction of the verification team down to the requirements of the ACS. Instead of an ED physician and a Trauma Coordinator site reviewer positions, I would recommend that Level Is and IIs have only the 2 trauma surgeons- or at least at the facilities discretion. Financially this is an unnecessary cost, and from the verifications reviews that I have been involved in since 1998, the contribution by the Trauma Coordinator **each time was nil**, and occasionally disruptive. As trauma centers struggle with the financial burden of trauma care, this is just an unnecessary expense.

As a trauma manager, during the ACS review, it is my goal to stay near one of the surgeons to answer questions, explain, and provide documents while the Trauma Medical Director is available for the other surgeon. Having additional site reviewers dilutes the information that is provided, since both the Trauma Medical Director and myself are the most knowledgeable overall about our program, and other team members may be assigned to the Trauma Coordinator and the ED Physician reviewers, so complete explanations may not be provided.

The value of the ED physician reviewer really reflects value to the trauma verification team not the individual facility. Whenever we have had an ACS consultation team of two surgeons, they were very thorough in review of the ED and the pre-hospital system, so essentially the ED physician on the verification team just lightens the load for the team, not really produce information or conclusions which would not be found by the surgeons. Of course if there is a mandate for the ED physician reviewer, I could see some value there, however, there is no value that I have seen from the Trauma Coordinator site reviewer position. It's a waste of her time and our money. I would recommend that the state do an internal survey of Level I and Level II trauma facilities and determine the value vs cost of this surveyor position. Due to the limited requirements for level III, and IV, and the fact that the state uses in-state trauma coordinators on their site reviews, this is a needed resource, however, it has not been a help to our Level II.

Dot Howard RN, MSN, CEN
Trauma Manager
Methodist Dallas Medical Center
1441 North Beckley Ave
Dallas, Texas 75203

Please let me clarify. I think if you make it mandatory for Level III's to have 24/7 ortho coverage it's going to make it difficult for hospitals because the ortho surgeons can pretty much hold the hospitals hostage and demand a lot more money for call. Also having all the surgeons attend 50% of the trauma meetings is going to prove very difficult to do. These guys are very busy and it is difficult to get time to go to yet another meeting. If the chair of surgery goes can't they get the info back to the rest of the surgeons.

Jackie Gondek, RN, BSN, MHA, CEN

Trauma Coordinator, Emergency Services

St. David's Medical Center

Comments received during the 30 day public comment period regarding proposed rule 157.125 – Requirements for Trauma Facility Designation & 157.128 – Denial Suspension and Revocation

Defined timely and sufficient application. Requires re-designating facility to have the application turned in a year prior to expiration and the survey report turned in 60 days prior to expiration.

One-year prior would have outdated data and positive progression in the trauma program would be old news. The application process is very complicated, and adding the timeline requirement would prove very difficult for facilities to meet. The re-designation application should be streamlined. I believe initial designation should continue to be extensive, but once a facility has achieved designation the application content requirements should be minimized and applicable to the facility's current standing. This would save time for the DSHS.

Aligns criteria with national standards – requires all Level III trauma facilities to provide orthopaedic surgical coverage 24/7.

Level III rural facilities such as Matagorda General Hospital are very fortunate to recruit one Orthopaedic physician. Our entire County's population is 37,957 and cannot support two surgeons. We are located greater than 30 miles from our nearest competitor; therefore sharing ortho. call is not only unlikely, it would be cost prohibitive. 24/7 call coverage will be impossible to meet.

Reneé Griffith, R.N.
MCHD Trauma Coordinator/Safety Officer
1115 Ave. G
Bay City, TX 77414

CHRISTUS Jasper Memorial is a Level IV facility with 14,000 to 15,000 visits per year in our Emergency Department. I am very excited that they chose to include the part about the .8 FTE's. This allows the facility to give extra man hours to the Trauma Coordinator to help ensure that the QI process is done in a timely fashion. This also allows the Trauma Coordinator to have dedicated time to the program. Many Trauma Coordinators in the smaller Level IV facilities wear several hats like myself. The Trauma Coordinators are also staff nurses, ED managers, etc., providing hands on care to patients. This does not leave much time for trauma QI and the many other jobs to be done.

It states that the trauma program **should** have a minimum of .8 FTE's dedicated to the trauma program not **shall** so it is left up to the discretion of the facility if they want to do this. From 1998 until 2003 I struggled trying to keep up with caring for patients, staffing the ED, as well as QI of the ED and trauma. There were many times I wanted to quit but did not because I truly believe in the Trauma Program. I personally have watched the program grow in our community and throughout the state. If you researched the turnover rate of the Trauma Coordinators in the Level IV facilities you would notice that they are replaced almost on a yearly if not more frequently basis. It is my opinion that the Level

Comments received during the 30 day public comment period regarding proposed rule 157.125 – Requirements for Trauma Facility Designation & 157.128 – Denial Suspension and Revocation

IV's who have a revolving door of new coordinators has not had the opportunities to excel in the program.

The new guidelines leave it up to the administration of the hospitals to decide if they wish to add .8 FTE's to the program. I am very pleased to say that our administration chose several years ago to provide extra help. A trauma registrar comes to our facility quarterly or more frequently depending on the number of traumas. The registrar's time goes toward the .8 FTE's which has taken work off of the coordinator.

We here at CHRISTUS Jasper Memorial Hospital are in agreement with the .8 FTE's. It was added in my opinion to help the Level IV facilities that saw a fairly large amount of trauma patients. This may not work for smaller facilities, ***but*** it is not mandated that they must do the .8 FTE's. Please keep that in mind when drafting your letter.

*Debra Harris, RN,
Director of Operative and Emergency/Trauma Services
CHRISTUS Jasper Memorial Hospital
1275 Marvin Hancock Drive
Jasper, TX. 75951*