

Panhandle RAC (TSA-A)

Questions and concerns related to proposed revisions to Basic (Level IV) Trauma Facility Criteria:

- Are the titles Trauma Program Manager and Trauma Coordinator considered one in the same? It appears that they may be used interchangeably within the draft document.
- Many facilities anticipate that it will be very difficult to get CEO/CFO to participate in trauma leadership education.
- Conflicting statements as to trauma related continuing medical education for the Trauma Medical Director. Is the requirement 9 hrs per year or an average of 9 hours per year?
- In one location the proposed revisions state that patient data shall be abstracted within 60 days of patient discharge. In the following section is a statement that data shall be submitted within 30 days of the end of the quarter. Can this be clarified?
- There are major financial issues regarding travel from the Panhandle to Austin for GETAC, TETAF, and TTCF meetings. Is there any way that participation via webcast could be considered participation?
- MAJOR concerns that the Emergency Medicine physician will be required to be in-house 24 hrs/day. Many of the small communities have a local physician on call and they may go home but have a very short response time.
- Recommend elimination of > and < symbols within the document.
- Midlevel practitioners can audit an ATLS class but they cannot obtain a card. Document states must have current ATLS.
- It is very difficult now just to get all the RN staff thru TNCC classes. Proposed change requires LVNs to have TNCC as well. Other providers (outside of RNs) are encouraged to attend TNCC, but they cannot be evaluated or verified (per TNCC Provider Manual, Sixth Edition, pg4)
- There are concerns regarding the required trauma budget process. Many of the very small facilities don't have specific trauma budgets and/or trauma is included in the ED budget.
- How do you establish a process to demonstrate that the Driver Responsibility Program is sustaining, enhancing and improving the trauma system?
- Significant concerns regarding the requirement for "dedicated staff for trauma". Especially in smaller facilities this is absolutely impractical as trauma volumes do not support a full time position.

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