

Trauma Facility Designation Physician Requirement Exception Request

GENERAL INFORMATION

Facilities who have physicians in roles that do not meet specific requirements, have the option of completing this document to request an exception for that specific physician.

Examples may include:

- No board certification or board eligibility
- No board certification or eligibility in required specialty such as general surgery, emergency medicine or family medicine.

The completed exception request is sent to the Trauma Designation Review Committee at DSHS.EMS-Trauma@dshs.texas.gov. The exception request is reviewed by the Trauma Designation Review Committee at the next committee meeting.

NOTE: The designation requirement exception request must be received and reviewed by the committee prior to the facility scheduling a site survey.

REQUIRED INFORMATION

The facility must provide the following information when requesting a specific designation requirement exception due to board certification, board eligibility, or a variance regarding the physician specialty required.

Attachment 1

Documented evidence of training equivalent to the specific designation requirement.

Attachment 2

Evidence of 36 hours of trauma-related CME during the designation cycle. The hours of CME can be prorated if the physician was not at the facility or in the role for the 3 years of the designation cycle and must reflect 12 hours of CME for each year. The CME hours must include 3 hours of pediatric trauma-related CME each year.

Attachment 3

Evidence of current verification in ATLS if related to the trauma medical director or physician covering in the emergency department providing trauma care in the emergency setting or trauma activations or trauma resuscitations.

Attachment 4

Evidence of membership in at least one national or regional trauma organization and must have attended at least one meeting during the reporting year. The organization needs to be specific to the role in the designation requirement.

Attachment 5

Documented evidence of leading the Trauma Performance Improvement Patient Safety Plan (PIPS) processes if in the trauma medical director (TMD) role and meet all other requirements of the TMD role. If in a trauma liaison role, they must have documented evidence of attendance in the PIPS process and meet all requirements of the liaison role except for the board certification, board eligibility, or specific physician specialty. Must have an attendance rate of 50 percent or more at the PIPS multidisciplinary meetings during the designation cycle or prorated for the time in the role.

Attachment 6

Evidence of physician privileges at the facility and credentialed to provide trauma care.

Attachment 7

Must demonstrate care decisions and outcomes comparable to that of physicians in similar roles. Care is monitored by the TMD or specialty liaison as appropriate. TMD care is monitored by a system facility's TMD. If not part of a hospital system, the Chief Medical Officer, Chief of Surgery, or Chief of Staff is responsible for monitoring the care provided.

Attachment 8 (If applicable)

If the physician has an approved designation requirement exception for board certification, board eligibility, or physician specialty requirement, and remains in the same role at the same facility, the physician will need to provide documented evidence of 36 hours of trauma-related CME with 9 of those hours dedicated to pediatric trauma-related education, and a current ATLS at the next trauma designation survey. These documents are reviewed by the survey team during the designation survey.

If you have questions or need further clarification, please contact the designation team at DSHS.EMS-Trauma@dshs.texas.gov, or Jorie Klein by email jorie.klein@dshs.texas.org or phone at 512-535-8538.