

Trauma Facility Designation Rule Exception Request

GENERAL INFORMATION

Facilities requesting an exception to a Texas Administrative Code, Section 157.126 trauma facility designation requirements must complete this form and send it to the attention of the EMS Trauma Systems Section Director at EMS-Trauma@dshs.texas.gov.

The request will be reviewed by the Trauma Designation Review Committee at their next scheduled meeting. The committee meets quarterly after September 1, 2025, aligning with the [GETAC meeting dates](#).

Note: A request for exception to a trauma designation rule must be approved prior to scheduling a trauma designation survey.

FACILITY

Facility Name

Facility Address

Level of Designation Requested

Date of Designation Expiration

Trauma Medical Director

Trauma Program Manager/Director

Trauma Administrator

Primary Contact Email

Primary Contact Phone

Primary Contact Address

RAC

TRAUMA DESIGNATION EXCEPTION

It is important to note that a facility can only request one exception to a trauma designation requirement. If an exception is requested, the facility must demonstrate all other designation requirements are met. Trauma designation exceptions are specific to the state requirements. Exemptions specific to the American College of Surgeons standards are not considered.

Please define the specific requirement for which your facility is requesting an exception

If your facility is requesting an exception due to board certification or board eligibility, you must complete the "Alternate Pathway Document" for that physician and include it with the exception request and complete the following tables.

If you are a Level IV facility managing 101 or more trauma patients meeting the National Trauma Data Bank registry inclusion criteria, and requesting to not include a surgeon surveyor, you must complete the following tables.

TABLE 1: COMPLETE TABLE REFLECTING THE FIRST YEAR OF DESIGNATION CYCLE

ISS Review	Total Patient Meeting NTDB criteria in Registry	ED to OR	ED to ICU Admissions	ED Transferred Out	All Deaths
0-9					
10-15					
16-24					
≥25					
Total Patients					

TABLE 2: COMPLETE TABLE REFLECTING SECOND YEAR OF DESIGNATION CYCLE

ISS Review	Total Patient Meeting NTDB criteria in Registry	ED to OR	ED to ICU Admissions	ED Transferred Out	All Deaths
0-9					
10-15					
16-24					
≥25					
Total Patients					

TABLE 3: COMPLETE TABLE REFLECTING THIRD YEAR OF DESIGNATION CYCLE

ISS Review	Total Patient Meeting NTDB criteria in Registry	ED to OR	ED to ICU Admissions	ED Transferred Out	All Deaths
0-9					
10-15					
16-24					
≥25					
Total Patients					

If your facility is requesting an exception due to managing 100 or less or 101 or more patients meeting the National Trauma Data Bank registry inclusion criteria, please complete the following table.

TABLE 4:

Total Patients Meeting NTDB Registry Criteria	First Year of Trauma Designation Cycle	Second Year of Trauma Designation Cycle	Third Year of Trauma Designation Cycle
Total Number of Patients meeting NTDB Criteria Admitted to Facility			

Total Number of These Patients Admitted for Observation			
Total Number NTDB Criteria Patients Transfers Out			
Total Number NTDB Criteria Patients That Expired			
Total Number of Patients			

If you are requesting a trauma designation exception for other requirements, please provide detailed documentation of why you are making this request.

- Define list the rule requirement, the services you currently provide related to this requirement and the reason for the exception.
- Include the patient population and ISS breakdown.
- Please define all measures your facility has initiated to address the requirement and list the barriers you have encountered.
- Provided the information in an attachment to this exception request document.

QUESTIONS/CLARIFICATION

If you have questions or need further clarification, please contact a member of the DSHS [designation team](#) or Jorie Klein, MSN, MHA, BSN, at jorie.klein@dshs.texas.gov or at 512-535-8538.

FACILITY SIGNATURES

Trauma Medical Director	Date
Trauma Program Manager	Date
Trauma Administrator	Date

Email completed and signed form and any necessary attachments to:
EMS-Trauma@dshs.texas.gov.

Please note:

The request for an exception to a trauma designation requirement, must be reviewed by the Trauma Designation Review Committee and approved prior to scheduling your designation survey.