TETAF
TEXAS EMS TRAUMA & ACUTE CARE FOUNDATION

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PUBLIC COMMENT LETTER

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Texas Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199

Via electronic submission to:
DSHS.EMS-TRAUMA@dshs.texas.gov

Re: Draft Trauma Resource Document

Dear Ms. Stevenson:

The Texas EMS, Trauma & Acute Care Foundation (TETAF) appreciates the opportunity to submit public comment on the Texas Department of State Health Services' (DSHS) draft of the Trauma Resource Document. TETAF has provided more than 1,000 trauma surveys for Texas trauma hospitals in the last 11 years. As the premier surveying entity for Level III and Level IV Texas trauma centers, TETAF understands the challenges hospitals face 24/7 to ensure the necessary resources are continuously available to highly skilled providers ensuring comprehensive, quality care to patients impacted by traumatic events.

With consideration based on TETAF's established role in the verification of trauma centers in Texas, TETAF provides the following comments to the Trauma Resource Document:

1. Page 1 – Lines 13 – 15:

"The Department of State Health Services (department) shall determine the designation level for each health care facility by...; Trauma Service Area (TSA) capabilities..."

The determination of designation level should always be based on facility resources, capabilities, and compliance with essential criteria excluding any approved waivers. The statement regarding TSA capabilities could lend to a certificate of need consideration which is not appropriate.

2. Page 1 – Lines 41 – 44 and Page 2 – Lines 45 – 46:

"Designation does not include provider-based departments of the designated facility, which are not contiguous with the designated facility. If patients that meet trauma activation criteria are received by the facility, (and are transferred into the designated facility,) these patients must be included in the trauma registry and trauma performance improvement process."

Language should be added to clarify inclusion of these patients in the trauma registry and trauma PI. Language included could be as included in parenthesis. Facilities view these "departments" as part of their own facility so the statement, "If patients meet..." could mean they are included already when the intent of the language is to only include patients transferred to another facility.

3. Page 5 – Lines 196 – 198:

"A completed trauma designation survey report, including patient care reviews ~~if required by the department~~..."

All facilities are required to submit medical record reviews, correct? When would there be an instance they would not be required? The language with strikethrough should be deleted.

4. Page 14 – Lines 595 – 597, 605 (and potentially others):

"Submitted ~~to and~~ received and accepted by the Texas EMS/Trauma Registry."

This language is in multiple areas. Consider adding language which requires a facility to review errors and resubmit data as indicated.

5. Page 15 – Lines 627 – 628:

"...identified from the PI Program and/or current best practice models for..."

Consider additional language to ensure there is ongoing best practice education.

6. Page 16 – Line 678:

"On-call schedule and a back-up on-call schedule readily available to relevant staff in the emergency department, for obtaining surgical care for all surgical specialties. (When a physician takes call at only one facility, a back-up call plan should be readily available with all activations of the back-up call plan monitored through the Trauma PI process for additional resource needs.)"

Is a posted back-up call schedule required when a surgeon takes call only at one facility? Prior rules allowed a back-up plan when surgeons only took call at one facility. Posting a back-up call schedule requires back-up call pay which is frequently rarely activated and an additional expense to the facility.

7. Page 32 – Lines 1364 – 1367:

"...(viii) a designated liaison, or one predetermined alternate, shall attend at least 50% of the trauma multidisciplinary PI and peer case review committee meetings."

Language is needed to define if the Emergency Medicine TMD can be the liaison or if this should be in addition to the TMD. Facilities allow the TMD to represent Emergency Medicine in current practice.

8. Page 36 – Line 1536:

"Education and training within 24 months of hire into the position of trauma registrar which includes..."

Allowing 2 years of data entry with minimal training and education results in poor quality data which has been an ongoing issue in Texas. Prior rule stated 18 months which allowed poor quality data for a lengthy time as well. To address one of the registry issues in Texas, training should be required within 12 months of hiring.

9. Page 38 – Lines 1617 – 1620:

"...(B) Level III facilities shall be surveyed by the ACS or other department-approved organization, with a multi-disciplinary team that includes at a minimum: a trauma/general surgeon who (has experience and expertise in trauma program oversight, trauma PI and is currently involved in the care of the trauma patient.) ~~serves as a trauma medical director...~~"

Level I and Level II surveyors provided by the ACS are not required to be currently serving as a trauma medical director. Surveying Level III's and Level IV's should not be restricted to only current trauma medical directors, but should have knowledge, experience and expertise in the oversight of a trauma program.

10. Page 38 – Lines 1651 – 1653:

"Not be a current ~~or former employee of the facility or of an affiliated facility~~ employee of the facility or the system; or a past employee of the facility within 10 years that is the subject of the survey."

With the current practice of merging systems, surveyors not having been in the same system is impossible criteria to meet.

11. Page 39 – Line 1662:

"Participate as members of the same Board..." (This line should be deleted.)

All trauma surveyors are encouraged to remain active in statewide and national organizations. In Texas, this could mean participating on the same boards. For instance, ACS surveyors may be on the COT for ACS; the board of EAST. TETAF surveyors may be on the TTCF board, the STN board and many others. Participating in these organizations enhances the knowledge and capability of the surveyor. All surveyors are expected to review without bias. Many know each other through professional organizations, however that does not mean the professional relationship

would result in preferential reviews. This rule questions the integrity of all surveyors, ACS and TETAF alike. The GETAC structure and meetings requires professional participation. If surveyors participate in GETAC, is that considered an opportunity for bias or enhancement of knowledge of the system?

12. There is no discussion on the appropriate allotment of time to ensure trauma program managers are provided administrative support to maintain the program, ensure compliance to criteria and most importantly, ensure ongoing continuous quality assurance and optimal outcomes for patients. Language such as:

Administrative support of the trauma patient ensures the Trauma Program Manager position has enough hours dedicated to the trauma program to ensure standard of care is being met, compliance to the TAC 157.125, concurrent record reviews to identify immediate care issues, trauma education as identified through Trauma PI and regional system participation through the Regional Advisory Council.

TETAF respectfully provides these comments and recommendations in an effort to further evolve and support the Texas Trauma System, Texas trauma hospitals and ultimately, Texas trauma patients. It is our hope that with the joint efforts by DSHS and trauma system stakeholders the revised trauma rule will positively enhance trauma designation requirements and result in greater quality care for trauma patients in Texas.

Please feel free to contact me with any questions or concerns.

Regards,

Dinah S. Welsh
President and Chief Executive Officer