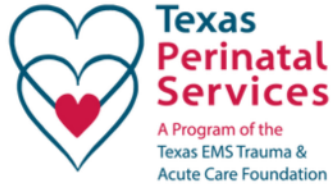




TEXAS EMS TRAUMA &  
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April 2, 2024

Jennifer Shuford, MD, MPH  
Timothy Stevenson, DVM, Ph.D., DACVM,  
DACVPM  
Jorie Klein, RN  
Texas Department of State Health Services  
1100 West 49th Street  
Austin, TX 78756-3199

Re: Proposed rule changes - §157.125  
Requirements for Trauma Facility Designation

Dear Dr. Shuford, Dr. Stevenson, and Ms.  
Klein:

On Wednesday, March 20, 2024, a new proposed rule §157.125 Requirements for Trauma Facility Designation was shared with the Governor's EMS Trauma Advisory Council (GETAC). While changes were made to the survey composition teams based on formal written and oral comments, we believe that the shift in these changes is not to the benefit of the trauma patient or system in all instances.

We would like to comment on the provision that hospitals who admit 100 or fewer patients will have a survey by the department or, if the hospital chooses, a department approved survey organization. Historically, TETAF came into existence to fulfill the survey need for Level III and IV hospitals which the Texas Department of State Health Services (DSHS) could not support, either from a budgetary or staffing standpoint. TETAF believes credentialed surveyors currently practicing in trauma facilities, or retired within the last three years, that

successfully led a facility through designation surveys provide a strong expertise and practical knowledge base to surveyed facilities focused on improving patient care. The department has not increased its trauma designation staff or its budget to support approximately 90 surveys which would qualify for this review. TETAF has spoken with our stakeholder organizations and their concerns regarding trauma costs were related to the cost increase in the proposed rule published January 19, 2024, which would incur if the survey team doubled or more in size, which currently is either one RN or one RN and one surgeon, depending on admissions.

Additionally, the proposed survey team adjustments would reduce the team for a Level IV hospital, that admits between 101 and 300, to either one surgeon if the injury severity score (ISS) of one or more patients is 9-14, or one physician (emergency doctor, family medicine, or surgeon) if the ISS is less than 9 and removed the registered nurse (RN) completely from this survey team. While we understand both a physician and nurse were not added to a team in an effort to reduce the cost of a survey, we feel eliminating a nurse entirely from the survey team, which is the current practice, will jeopardize the overall quality of the survey. No trauma surveys in Texas are merely composed of one physician. TETAF greatly values the perspective of both the RN and physician surveyors equally and believe the new proposed rules undervalue the role of the trauma nurse's professional perspective in trauma programs and surveys.

The proposed rules, page 53 and line 1993, address that surveyors cannot be from the same trauma service area (TSA) or a contiguous TSA. TETAF worked closely with the department and has a letter from DSHS dated August 16, 2023, which made slight exceptions defining contiguous RACs to be valid through January 1, 2026, and re-evaluated by the department at that time. TETAF would like to confirm this will still be in effect with the adoption of the proposed rules as there is no mention of these exceptions in the rules.

TETAF realizes the formal posted comment period for the rules has closed but changes made in the new proposed rules are consequential and we believe would not be beneficial to the Texas Trauma System. We believe it is paramount to ensure the Texas Trauma System remains prepared for all incidents and for the injured trauma patient to receive the best care.

In summary, TETAF firmly believes that all hospitals, regardless of size, should be surveyed by leaders in trauma care.

- Level IV trauma facilities that admit 100 or fewer patients should be surveyed by a surveyor who is currently practicing in or recently retired from a designated Texas trauma facility and has expertise in leading a trauma program through successful designation.
- For Level IV trauma facilities admitting between 101 and 300 should include a surgeon, emergency doctor, family medicine doctor, or a registered nurse involved in trauma program leadership. Team composition should be selected by the trauma facility.
- Affirmation that exceptions made for surveyors from contiguous TSAs in the DSHS determination letter dated August 16, 2023, remain in effect.

TETAF respectfully provides these comments and recommendations to support the Texas Trauma System.

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

Regards,



**Wanda Helgesen, RN**

TETAF Board of Directors, Chair



**Dan Little, M.D.**

TETAF Survey Verification Committee, Chair