



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 we believe positive changes were made to the survey composition teams based on formal written and oral comments, the Texas EMS, Trauma & Acute Care Foundation (TETAF) and the Texas Organization of Rural & Community Hospitals (TORCH) have new concerns with some of the proposed teams and do not believe all will be to the benefit of the trauma patient or system in all instances.

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

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Texas are merely composed of one physician. The RN trauma program manager or RN trauma program director brings operational knowledge and expertise to the survey that cannot be appreciated from a physician only review. TETAF and TORCH greatly value 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. At the very least, hospital facilities should have the opportunity to determine if they would rather have a physician or nurse surveyor.

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 and TORCH 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 and TORCH realize the formal posted comment period for the rules has closed but changes made in the new proposed rules are significant and we believe would not be beneficial to the Texas Trauma System. Many have devoted significant time to these rules, and we are appreciative of their efforts. With this investment we feel that it is vitally important to ensure that the Texas Trauma System continues to be a national gold standard where the injured trauma patient receives the very best care, and the system remains prepared for all incidents.

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

- 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 and TORCH respectfully provide these comments and recommendations to support the Texas Trauma System. Please feel free to contact us with any questions or concerns.

Regards,

Dinah Welsh

TETAF President/CEO

John Henderson

TORCH President/CEO