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April 29, 2024

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

Re: §157 Emergency Medical Care

Dear Ms. Klein:

The Texas EMS, Trauma & Acute Care Foundation (TETAF) would like to thank the Texas Department of State Health Services' (DSHS) Office of EMS/Trauma Systems for its monumental efforts drafting the proposed Chapter 157 that was first published in the *Texas Register* on January 19, 2024 and subsequently acquiring the duties of reviewing approximately 4,000 comments. We appreciate the endeavor of the team to develop rules that will ultimately strengthen the Texas Trauma System.

As this process continues, we believe it is necessary for the Texas Trauma System to understand the next steps and the new timeline. With much of the progress made during the most recent review of the proposed rules, we want to confirm where DSHS is in the process for submitting a new rule project for Chapter 157.

We appreciate that DSHS will make significant modifications to accommodate much of stakeholder feedback including the following changes:

- Where the proposed rules exceeded American College of Surgeons (ACS) requirements, most provisions will be modified to a similar standard as ACS, with a couple of small exceptions.
- Where stakeholders noted that the provisions would create an undue burden on facilities, many provisions will be modified to be consistent with ACS criteria or removed.
- Related to the four categories of Level IV facilities, DSHS will modify the Level IV provisions to include just two categories: 100 patients or less and Over 100 patients. For the low volume facilities, there would be fewer requirements.
- Related to the effective date of the designation portion of the rules, DSHS will modify the proposal such that those provisions would be effective September 1, 2025.

Noting the proposed modifications listed above, we would like to reinforce our past 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. 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.

Additionally, the survey team adjustments in the previously proposed rules 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.

In summary, we believe changes made in the proposed rules that have been withdrawn were consequential and would not have been beneficial to the Texas Trauma System.

TETAF wants to reaffirm its belief 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.

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

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

Regards,



Dinah Welsh

TETAF President/CEO

cc: Jennifer Shuford, MD, MPH

Timothy Stevenson, DVM, Ph.D., DACVM, DACVPM