



TETAF Summary of Formal Written Comments to §157 Proposed Trauma Rules

TETAF's comments are largely focused on ensuring that the Texas Trauma System continues to strive for improved patient care for all injured trauma patients across the state by ensuring that quality is paramount to the care provided.

To summarize and condense our comments, TETAF is concerned with the following proposed major areas of change within the proposed rules. Full comments can be found in our formal written comment letter.

- TETAF strongly believes the use of trauma nurse leader surveyors should be continued at all levels of care. As proposed, the trauma nurse leader surveyor requirement will be completely removed from the Level I, II, III and most Level IV trauma surveys. The trauma nurse surveyor provides a comprehensive review of program functions differing from the surgeon/physician surveyors. Removing the trauma nurse surveyor will also decrease the opportunity to improve the quality and value of the outside survey that ultimately strengthens trauma programs and the care provided to trauma patients.
- Cognizant of the struggles and stresses of rural trauma facilities, TETAF will continue to determine ways to alleviate pressures to facilities that choose to survey with TETAF. We will continue to strive to deliver surveys that provide quality and value to all facilities with surveyors who have trauma leadership competencies. The survey process is a unique opportunity for trauma experts to engage and mentor trauma peers in hospitals being surveyed. TETAF endeavors to maintain this opportunity to improve the quality of care.
- A Level IV facility completing a designation survey with DSHS will have its survey completed by a state nurse coordinator who is not required to have any prior or current trauma competencies. If the same facility were to request a survey with TETAF by the proposed rule, a TETAF surveyor would have to be a surgeon or other trauma physician liaison. The Level IV facility survey requirements are not equivalent if performed by the state or the department-approved survey organization, TETAF.
- While trauma medical directors are often stretched thin, removing their required participation in the regional advisory council (RAC) would be detrimental to the regional systems of care.
- Definitions referring to NTDB registry inclusion criteria should not require that a patient is "evaluated and admitted". Not all trauma patients are both evaluated and admitted but can still meet NTDB inclusion criteria.



- Trauma program managers should be required to maintain TNCC/ATCN and ENPC/PALS certifications to maintain a current knowledge base of trauma care.
- Rural facilities only allotted one unit of O- PRBC from a blood bank at a time should not be penalized for these limitations.
- Without question if the proposed rules are adopted as written, TETAF's role to improving the quality of trauma care in Texas will be significantly minimized. While there is a negative implication to TETAF as a partnering organization, we firmly believe that the most significant detriment will be to the quality of the standards established that built the trauma system Texas has today.