TETAF
TEXAS EMS TRAUMA & ACUTE CARE FOUNDATION

Texas Perinatal Services
A Program of the Texas EMS Trauma & Acute Care Foundation

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August 28, 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 significant efforts drafting the proposed Chapter 157 published in the Texas Register on August 2, 2024. As you know, the development of TETAF coincided with the last Chapter 157 rule update in 2006 and since that time TETAF has worked in partnership with DSHS to build the Texas Trauma System improving quality trauma care to more Texans.

TETAF appreciates the considerable time that has been put into these rules and offers comments that we believe will help to ensure quality care continues in the Texas trauma system. As proposed, we are concerned that in some areas these rules will be a step back from effective trauma care. TETAF, as a DSHS approved survey organization for level III and IV trauma facilities, provides a regulatory support role in providing a needed verification survey for designation, but also a consultative role with trauma experts surveying in facilities across the state providing information and mentorship to trauma facilities to increase quality of care for the injured patient. TETAF believes that these rules strain the relationship between DSHS and TETAF to improve trauma care to all trauma facilities. TETAF does not believe DSHS can serve effectively as mentor to improve quality of care while also serving the role as state regulator determining trauma designations.

TETAF is highly cognizant of the struggles and stresses of rural trauma facilities and TETAF's Board of Directors has been

actively involved in trying to determine ways to alleviate these pressures. TETAF will continue to seek solutions including recent development of the TETAF Rural Trauma System Development Fund that will provide funding and resources for eligible trauma facilities working to ensure that high quality trauma care can continue to be provided in every corner of the state.

We appreciate the opportunity to provide written formal comment and provide the following:

§157.2. Definitions.

(20) Basic Level IV trauma facility -- A hospital surveyed by a department-approved survey organization evaluating and admitting 101 or more trauma patients annually meeting NTDB registry inclusion criteria and meeting the state requirements and ACS standards, or a hospital surveyed by the department that evaluates and admits 100 or less trauma patients annually meeting NTDB registry inclusion criteria and meeting the state designation requirements for a Level IV trauma facility as described in §157.125 and §157.126 of this chapter.

Comment: There are two areas of this definition that TETAF requests modification: The definition of a hospital with 100 or less patients should include survey by the department "or a department-approved survey organization". Effective September 1, 2025, Level IV trauma facilities with 100 or less trauma patients will have the option to request a designation survey with a department-approved survey organization. Because of TETAF's historical relationship and the consultative nature of the survey, we believe some facilities will continue to elect to request a TETAF survey.

The definition should reference this, i.e.: Basic Level IV trauma facility – A hospital surveyed by a department-approved survey organization evaluating and admitting 101 or more trauma patients annually meeting NTDB registry inclusion criteria and meeting the state requirements and ACS standards, or a hospital surveyed by the department or a department-approved survey organization that evaluates and admits 100 or less trauma patients annually meeting NTDB registry inclusion criteria and meeting the state designation requirements for a Level IV trauma facility as described in §157.125 and §157.126 of this chapter.

The second modification is with the wording "evaluate and admit". This is ambiguous as some patients may be evaluated but may be transferred out or may die in the emergency department. More appropriate wording would be "Level IV facilities providing care to 101 or more trauma patients annually meeting NTDB registry inclusion criteria or 100 or less trauma patients annually meeting NTDB registry inclusion". Patients could meet the NTDB registry inclusion criteria without being both evaluated and admitted. This wording should be adjusted throughout 157.126.

More appropriate wording would be “A hospital surveyed by a department-approved survey organization ~~evaluating and admitting~~ providing care to 101 or more trauma patients annually meeting NTDB registry inclusion criteria and meeting the state requirements and ACS standards, or a hospital surveyed by the department or a department-approved survey organization that ~~evaluates and admits~~ provides care to 100 or less trauma patients annually meeting NTDB registry inclusion criteria and meeting the state designation requirements for a Level IV trauma facility as described in §157.125 and §157.126 of this chapter.

(146) Trauma medical director (TMD) – A physician meeting the requirements and demonstrating the competencies and leadership for the oversight and authority of the trauma program as defined by the level of designation and having the authority and oversight for the trauma program, including the performance improvement and patient safety processes, trauma registry, data management, peer review processes, outcome reviews, and participation in the RAC and system plan development.

Comment: Participation in the RAC was removed from TMD requirements throughout 157.126. TMD participation in the RAC is vital. TETAF requests that this requirement be maintained in the TMD definition and added throughout 157.126. However, consideration of the limitations to participation by some TMDs practicing in Level III and IV trauma facilities should be factored as RACs define participation.

Peer review will be impossible to complete without trauma medical director participation in the RAC.

§157.126 Trauma Facility Designation Requirements Effective on September 1, 2025.
(o) The survey team composition must be as follows:
(1) Level I or Level II facilities must be reviewed by a team consistent with the current ACS standards, currently participating in the management or oversight of trauma patients at a verified/designated Level I or II trauma facility and practicing outside of Texas. The facility's executive officers may request additional survey team members through the ACS.
(2) Level III facilities must be reviewed by a team consistent with the ACS current standards, currently participating in the management or oversight of trauma patients at a verified or designated Level I, II, or III trauma facility. The facility's executive officers may request additional survey team members through the survey organization.

Comment: As a point of reference, the current survey team composition for a Level I & II trauma facility in Texas is two trauma surgeons, one emergency physician and one trauma registered nurse. The current survey team for a Level III facility is one trauma surgeon and one trauma registered nurse. In the new, proposed rule, the survey team for Level I, II, and III hospitals must meet ACS

minimum standards, which currently require two surgeons. This removes the registered nurse (RN) from the survey team. While we strongly support cost containment for the hospitals, we question the cost savings versus the negative impact of losing the RN from the team. The RN offers a comprehensive review of program functions differing from the surgeon. Having at least one nurse surveyor and one surgeon surveyor complement each other well to provide a complete analysis of the program to improve trauma care.

In addition, the exclusion of the trauma nurse may increase survey costs by increasing the work required of the surgeon surveyor. Further, the removal of the nurse may decrease the number of surgeons willing to survey due to the elimination of a collaborative multi-disciplinary team. Most US states require an RN surveyor to be a part of the ACS review team, and we feel the addition of an RN should not be optional in Texas.

(o)The survey team composition must be as follows:
(3)(A) Level IV facilities evaluating and admitting 101 or more trauma patients annually meeting NTDB registry inclusion criteria must be reviewed by a surgeon and a trauma program manager currently participating in trauma patient management or oversight at a Level I, II, or III designated facility. The facility's executive officers may request additional surveyor team members through the department-approved survey organization.

Comment: We believe the survey team composition should specify a registered trauma nurse leader currently participating in the trauma program. The narrow use of only trauma program managers could eliminate highly qualified trauma nurse leaders from surveying.

(3)(B) Level IV facilities evaluating and admitting 100 or less trauma patients annually meeting NTDB registry inclusion criteria complete a designation survey with the department. The facility's executive officers may request, in writing, a designation survey with a department-approved survey organization. If a department-approved survey is requested, an emergency medicine physician or family practice physician, or surgeon currently serving in the role of a trauma medical director or trauma liaison, must complete the designation survey.

Comment: A Level IV facility completing a designation survey with the department will have its survey completed by one of the four nurse designation coordinators who are not required to have any prior or current trauma competencies. The Level IV facility survey requirements are not equivalent if performed by the state: a state nurse, is not required to have current nor relevant trauma expertise, vs. the department-approved survey organization, who must use a physician with emergency or trauma competencies. It is vital that any state or outside organization use surveyors with trauma competencies.

Additionally, if the facility requests a survey outside the department, the surveyor must be a physician who is an emergency medicine physician, family practice physician, or surgeon currently serving in the role of trauma medical director or trauma liaison from a Level I, II, or III hospital who meets the DSHS qualifications. Facilities do not have the option of a qualified trauma RN to perform the outside organization's survey. The intent appears to encourage the election of a department survey over a non-governmental entity survey, by imposing a higher level of professional on the hospital.

Through its 16 years of partnership with the department, as a department-approved survey organization, TETAF surveyors have gained extensive knowledge and experience and meet the DSHS survey guideline requirements to be a surveyor. If a hospital chooses to have their survey performed by TETAF, we strongly support their right to choose whether the TETAF qualified surveyor is a surgeon, other physician liaison or a trauma nurse leader.

Surveys provide an opportunity to ensure trauma facilities meet state requirements and they enhance the quality of trauma in those facilities they survey. When these surveys are completed by individuals currently involved in the practice of trauma, it improves patient care for all Texans.

GOVERNMENT GROWTH IMPACT STATEMENT

DSHS has determined that during the first five years that the rules will be in effect:

(1) the proposed rules will not create or eliminate a government program;
(2) implementation of the proposed rules will not affect the number of DSHS employee positions:
(3) implementation of the proposed rules will result in no assumed change in future legislative appropriations;
(4) the proposed rules will not affect fees paid to DSHS;
(5) the proposed rules will create new rules;
(6) the proposed rules will expand existing rules by providing telemedicine options in non-rural counties, allowing facilities to request an exception for a designation requirement, and providing structure for the designation appeal process;
(7) the proposed rules will not change the number of individuals subject to the rules; and
(8) the proposed rules will not affect the state's economy.

Comment: Per the rule's "Government Growth Impact Statement" it is indicated that the implementation of the proposed rules will not affect the number of DSHS employee positions nor change future legislative appropriations. We are concerned that the state will not be able to complete an estimated 100 plus additional Level IV surveys during a designation cycle without

additional resources. In TETAF's estimation, completion of an average of 35 surveys per year by the department, each requiring 10 medical record reviews, could not possibly be met with the current staff workloads without additional staff and resources. While cost containment for all hospitals should be considered, we do not believe it should be to the detriment of the trauma system by eliminating trauma experts or passing additional cost onto the Texas taxpayer.

The department is currently backlogged with trauma, stroke, maternal and neonatal surveys, with designation decisions sometimes delayed to the hospitals by months. In the past 2-3 years, contingent trauma designations have reached an all-time high with close to 3 out of 4 designations being granted with contingencies. When a hospital receives a contingent designation, they are required to have mandatory calls and reporting with the department, which are usually monthly or quarterly. This further lessens the bandwidth of the department to adequately perform over half of the 190 Level IV surveys without additional staff and resources or creating further backlogs.

TETAF was founded 17 years ago largely because the state could no longer fund and adequately manage the trauma survey process with qualified experts. TETAF is based on partnerships with hospitals and RACs across Texas and our mission is to strengthen regional health care delivery systems through collaboration, advocacy and education. The proposed rules move the department into the survey sector it withdrew from 17 years ago, to the detriment of TETAF, a private non-profit organization, that has remained steadfast in partnering with the state to meet state regulations and improve patient care.

(h) All facilities seeking trauma designation must meet the following requirements:

(21) Level I, II, and III facilities, and Level IV facilities evaluating and admitting 101 or more trauma patients annually meeting NTDB registry inclusion criteria must have an identified TPM responsible for monitoring trauma patient care throughout the continuum of care, from pre-hospital management to trauma activation, inpatient admission, and transfer or discharge, to include transfer follow-up as appropriate. The TPM must be a registered nurse with clinical background in trauma care and must have completed a trauma performance improvement course approved by the department and the Association for the Advancement of Automotive Medicine (AAAM) Injury Scaling Course. It is recommended to complete courses specific to the TPM role. The role must be only for that facility and cannot cover multiple facilities. The TPM authority and responsibilities are aligned with the current ACS standards for the specific level of designation.

Comment: TNCC/ATCN and ENPC/PALS certifications have been removed as specified requirements for the TPM. To maintain a current knowledge base for oversight of trauma care, we strongly support that the TPM should maintain these basic trauma certifications.

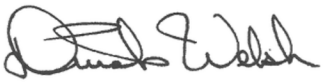
(32)(L) have blood bank capabilities including typing and cross-matching and have a minimum of two universal packed red blood cell units available;

Comment: There are some small, rural facilities who are only allotted one unit of O- PRBC from the blood bank at a time. Consideration should be given to facilities with blood bank supply limitations to not negatively impact their designation.

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