

1 TITLE 25 HEALTH SERVICES
2 PART 1 DEPARTMENT OF STATE HEALTH SERVICES
3 CHAPTER 157 EMERGENCY MEDICAL CARE
4 SUBCHAPTER A EMERGENCY MEDICAL SERVICES - PART A

5 §157.2. Definitions.

6 The following words and terms, when used in this chapter, have the following
7 meanings, unless the context clearly indicates otherwise:

8 (1) Abandonment--Leaving a patient without appropriate medical care once
9 patient contact has been established, unless emergency medical services personnel
10 are following the medical director's protocols or a physician directive, or the patient
11 signs a release; or turning the care of a patient over to an individual of lesser
12 education when advanced treatment modalities have been initiated.

13 (2) Accreditation--Formal recognition by a national association of a provider's
14 service or an education program based on standards established by that
15 association.

16 (3) Act--Emergency Health Care Act, Texas Health and Safety Code Chapter
17 773.

18 (4) Active pursuit of department designation as a trauma facility--An
19 undesignated facility that is recognized by the department after applying for
20 designation as a trauma facility and has met the requirement to be eligible for
21 uncompensated trauma care funds.

22 (5) Acute Stroke-Ready Level IV stroke facility--A hospital that is reviewed by a
23 department-approved survey organization and meets the national stroke standards
24 of care for an acute stroke-ready facility as described in §157.133 of this chapter
25 (relating to Requirements for Stroke Facility Designation). The hospital is
26 designated by the department, participates in its local Regional Advisory Council
27 (RAC), participates in the regional stroke plan, and submits data to the department,
28 as requested.

29 (6) Administrator of Record (AOR)--The administrator for an emergency medical
30 services (EMS) provider who meets the requirements of the Texas Health and
31 Safety Code §773.05712.

32 (7) Advanced Emergency Medical Technician (AEMT)--An individual who is
33 certified by the department and is minimally proficient in performing the basic life
34 support skills required to provide emergency prehospital or interfacility care and
35 initiating and maintaining, under medical supervision, certain advanced life support
36 procedures, including intravenous therapy and endotracheal or esophageal
37 intubation.

38 (8) Advanced Level II stroke facility--A hospital that completes a [designationsite](#)
39 survey with a department-approved survey organization and meets the national
40 stroke standards for Non-Comprehensive Thrombectomy Stroke Center. The

41 hospital is designated by the department, participates in the hospital's local RAC,
42 participates in the regional stroke plan, and submits data to the department, as
43 requested, as defined by §157.133 of this chapter.

44 (9) Advanced Level III trauma facility--A hospital surveyed by a department-
45 approved survey organization that meets the state requirements and American
46 College of Surgeons (ACS) standards for a Level III trauma facility as described in
47 §157.125 of this chapter (relating to Requirements for Trauma Facility
48 Designation). The hospital is designated by the department; provides care to a
49 defined trauma population based on the hospital's geographic location and
50 proximity to other trauma facilities; provides injury prevention and outreach
51 education; participates in its local RAC; submits data to the State Trauma Registry,
52 the National Trauma Data Bank (NTDB), and the Trauma Quality Improvement
53 Program (TQIP); and has appropriate services for dealing with stressful events for
54 the emergency/trauma care providers.

55 (10) Advanced life support (ALS)--Emergency prehospital or interfacility care
56 that uses invasive medical acts, which would include ALS assessment. The provision
57 of advanced life support must be under the medical supervision and control of a
58 licensed physician.

59 (11) Advanced life support assessment--Assessment performed by an AEMT or
60 paramedic that qualifies as advanced life support based upon initial dispatch
61 information, when it could reasonably be believed that the patient was suffering
62 from an acute condition that may require advanced skills.

63 (12) Advanced life support vehicle--A vehicle that is designed for transporting
64 the sick and injured and that meets the requirements of §157.11 of this chapter
65 (relating to Requirements for an EMS Provider License) as an advanced life support
66 vehicle and has sufficient equipment and supplies for providing an advanced level of
67 care based on national standards and the EMS provider's medical director-approved
68 treatment protocols.

69 (13) Advanced Practice Provider (APP)--A nurse practitioner, physician assistant,
70 or certified registered nurse anesthetist that has been reviewed and credentialed by
71 the facility and may have additional credentialing to participate in the trauma
72 program.

73 (14) Air ambulance provider--A person who uses, operates, maintains, or leases
74 a fixed-wing or rotor-wing air ambulance aircraft, equipped and staffed to provide a
75 medical care environment on-board appropriate to the patient's needs. The term air
76 ambulance provider is not synonymous with and does not refer to the Federal
77 Aviation Administration (FAA) air carrier certificate holder unless they also maintain
78 and control the medical aspects that are consistent with EMS provider licensure.

79 (15) Ambulance--A vehicle for transportation of the sick or injured patient to,
80 from, or between places of treatment for an illness or injury and that provides out-
81 of-hospital medical care to the patient.

82 (16) American College of Surgeons (ACS)--The organization that sets the
83 national standards for trauma center requirements, trauma verification, the
84 National Trauma Data Standards (NTDS), NTDB, TQIP, and regional system
85 integration and coordination.

86 (17) Approved survey organization--An organization that meets the
87 department's standards and expectations and is approved to complete designation
88 ~~site~~-surveys in Texas.

89 (18) Authorized ambulance vehicle--A vehicle authorized to be operated by the
90 licensed provider and that meets all criteria for approval as described in §157.11(e)
91 of this chapter.

92 (19) Bad debt--The unreimbursed cost for patient care to a hospital providing
93 trauma care.

94 (20) Basic Level IV trauma facility--A hospital surveyed by the department or a
95 department-approved survey organization ~~or defined survey process~~ that meets the
96 state requirements with Level IV facilities that admit and manage trauma patients
97 with ISS of 15 or greater and Level IV facilities admitting and managing more than
98 300 trauma patients that meet the National Trauma Data Bank registry inclusion
99 criteria meeting the ACS standards for a Level IV trauma facility as described in
100 §157.125 of this chapter. The hospital is designated by the department; ~~it~~ provides
101 trauma care to the hospital's population served in their geographic region; ~~it~~
102 participates in injury prevention and outreach education; ~~it~~ participates in its local
103 RAC; ~~it~~ submits data to the State Trauma Registry; ~~it~~ and has appropriate services for
104 dealing with stressful events for the emergency/trauma care providers.

105 (21) Basic life support (BLS)--Emergency prehospital or interfacility care that
106 uses noninvasive medical acts. The provision of basic life support will have sufficient
107 equipment and supplies for providing basic-level care based on national standards
108 and the EMS provider's medical director-approved treatment protocols.

109 (22) Basic life support vehicle--A vehicle that is designed for transporting the
110 sick or injured and that has sufficient equipment and supplies for providing basic
111 life support based on national standards and the EMS provider's medical director-
112 approved treatment protocols.

113 (23) Bypass--Direction given to a prehospital emergency medical services unit
114 by direct or online medical control or predetermined triage criteria to pass the
115 nearest hospital for the most appropriate facility. Bypass protocols must have local
116 physician input into their development and must be reviewed through the regional
117 performance improvement process.

118 (24) Calculation of the costs of uncompensated trauma care--A calculation of a
119 hospital's total costs of uncompensated trauma care for patients meeting the
120 hospital's trauma activation guidelines and meeting NTDB registry inclusion criteria
121 determined by summing its charges related to uncompensated trauma care as
122 defined in this chapter (relating to Emergency Medical Care), then applying the

123 cost-to-charge ratio derived in accordance with generally accepted accounting
124 principles.

125 (25) Candidate--An individual who is requesting emergency medical services
126 personnel certification, licensure, recertification, or re-licensure from the
127 department.

128 (26) Certificant--Emergency medical services personnel with current certification
129 from the department.

130 (27) Charity care--The unreimbursed cost to a hospital providing health care
131 services for an inpatient, emergency department, transferred, or expired person
132 classified by the hospital as "financially indigent."

133 (28) Commissioner--The commissioner of the Texas Department of State Health
134 Services.

135 (29) Comprehensive Level I stroke facility--A hospital surveyed by a
136 department-approved survey organization that meets the national standards of care
137 for a Comprehensive Stroke Center, participates in its local RAC, participates in the
138 regional stroke plan, and submits data to the department, as requested.

139 (30) Comprehensive Level I trauma facility--A hospital surveyed by a
140 department-approved survey organization that meets the state requirements and
141 ACS standards for a Level I trauma facility as described in §157.125 of this chapter
142 and designated by the department. A Level I trauma facility serves as a resource
143 trauma facility for its community and RAC. The facility must have continual access
144 to surgical and medical subspecialty services 24 hours a day, 7 days a week. A
145 comprehensive Level I trauma facility manages major, severe, and all types of
146 trauma injuries; provides ongoing educational opportunities on trauma-related
147 topics for health care professionals and the public; implements targeted injury
148 prevention programs with outcome measures; conducts trauma research;
149 participates in its local RAC; submits data to the State Trauma Registry, TQIP, and
150 the NTDB; and ensures availability of appropriate services for dealing with stressful
151 events for emergency/trauma care providers.

152 (31) ~~Concurrent performance improvement--Performance improvement reviews~~
153 ~~that occur from prehospital, trauma activation, or at the same time as the patient's~~
154 ~~hospital admission through to discharge. The primary level of review will be~~
155 ~~completed within 14 days of discharge, 80% of the time, beginning on the next~~
156 ~~operational business day of the patient's admission, and continuing throughout the~~
157 ~~patient's hospital course. All events are identified within 30 business days after the~~
158 ~~patient is discharged allowing for timely review, interventions, and corrective~~
159 ~~actions.~~

160 (32) Concurrent trauma registry abstraction--Trauma registry data abstraction
161 and registry data entry ~~occur during occurring at the same time as the patient's~~
162 ~~hospital admission, beginning on the next operational business day of the patient's~~
163 ~~admission, continuing throughout the hospital course, and is completed within 60~~

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164 days after the patient's discharge, ~~80% of the time. allowing for timely access to~~
165 ~~data for performance improvement reviews and decision-making.~~

166 (33) Consumer Protection Division (CPD)--A division within the Texas
167 Department of State Health Services responsible for the oversight of EMS provider
168 licensure, certification, and education, and complaint investigation. The division is
169 responsible for the hospital designation process for trauma, stroke, maternal, and
170 neonatal facilities; the RAC system development and advances; and funding, grant
171 management, and distribution of funding for the division.

172 (34) Contingent designation--A designation awarded to a facility with one to
173 three unmet designation requirements. The department develops a corrective
174 action plan (CAP) for the facility, and the facility must complete this plan and meet
175 requirements to remain designated. Contingent designations may require a focused
176 survey to validate requirements are met. The facility must demonstrate that
177 requirements are met to maintain designation.

178 (35) Contingent probationary designation--A designation awarded to a facility
179 with four or more unmet designation requirements. The department develops a CAP
180 for the facility and the facility must complete this plan and meet requirements to
181 remain designated. The facility may be required to submit documentation reflecting
182 the CAP to the department at defined intervals. Contingent probationary
183 designation may requires a full survey within 12 to 18 months after the original
184 survey date. The facility must demonstrate that requirements are met to maintain
185 designation.

186 (36) Corrective action plan (CAP)--A plan for the facility developed by the
187 department that describes the actions required of the facility to correct
188 requirements that are not met during their designation survey.

189 (37) Cost-to-charges ratio--A ratio that covers all applicable hospital costs and
190 charges relating to inpatient care determined by the Texas Health and Human
191 Services Commission from the hospital's Medicaid cost report.

192 (38) County of licensure--The county in which the physical address of a licensed
193 EMS provider is located, as indicated by the provider on the application for licensure
194 that is filed with the department.

195 (39) Course medical director--A Texas-licensed physician, approved by the
196 department, with experience in and current knowledge of emergency care who
197 must provide direction over all instruction and clinical practice required in EMS
198 training courses.

199 (40) Credit hour--Continuing education credit unit awarded for successful
200 completion of a unit of learning activity as defined in §157.32 of this chapter
201 (relating to Emergency Medical Services Education Program and Course Approval).

202 (41) Critically injured person--A person suffering major or severe trauma, with
203 severe multi-system injuries or major unisystem injury; the extent of the injury
204 may be difficult to ascertain; but has the potential of producing mortality or major

205 disability. Retrospectively, typically defined with an injury severity score of 25 or
206 greater.

207 (42) Definitive care--The phase of care in which therapeutic interventions,
208 treatments, or procedures are performed to stop or control an injury, illness, or
209 disease and promote recovery.

210 (43) Department--The Texas Department of State Health Services, Consumer
211 Protection Division, EMS/Trauma Systems Section for this chapter.

212 (44) Designated facility administrator--Administrator responsible for the
213 oversight, funding, contracts, and leadership of designated programs.

214 (45) Designated infection control officer--A designated officer who serves as a
215 liaison between the EMS employer and their employees who have been or believe
216 they have been exposed to a potentially life-threatening infectious disease through
217 a person who was treated or transported by the EMS provider.

218 (46) Designation--A formal recognition by the department of a hospital's
219 capabilities, commitment, care practices, and participation in the RAC to serve as a
220 trauma, ~~or stroke, neonatal, or maternal~~ facility.

221 (47) Designation appeal--The process for a hospital that has been downgraded
222 or denied a specific level of designation to appeal the designation decision and
223 provide information and justification that the hospital meets the criteria for a higher
224 level of designation.

225 (48) Designation survey--An on-site or virtual review of a trauma or stroke
226 facility applicant to determine if it meets the criteria for a particular level of
227 designation.

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228 (498) Dispatch--The sending of persons and equipment by EMS for assessment,
229 ~~and prompt,~~ efficient treatment, and transportation of a sick or injured patient, if
230 required.

231 (5049) Distance learning--A method of learning remotely without being in
232 regular face-to-face contact with an instructor in the classroom.

233 (510) Diversion--A procedure put into effect by a trauma or stroke health care
234 facility to ensure appropriate patient care when that facility is unable to provide the
235 level of care demanded by ~~are required for~~ trauma patient's injuries or stroke care
236 ~~stroke care~~ when the facility has temporarily ~~exhausted its resources~~ lost capacity or
237 capabilities.

238 (521) Emergency call--A call or other similar communication from a member of
239 the public, as part of a 9-1-1 system or other emergency access communication
240 system, made to obtain emergency medical services.

241 (532) Emergency care attendant (ECA)--An individual who is certified by the
242 department as minimally proficient in performing emergency prehospital care by

243 providing initial aid that promotes comfort and avoids aggravation of an injury or
244 illness.

245 (543) Emergency medical services (EMS)--Services used to respond to an
246 individual's perceived need for ~~immediate~~ medical care and to prevent death or
247 aggravation of physiological or psychological illness or injury.

248 ~~(55) EMS Medical Director--The licensed physician who provides medical~~
249 ~~supervision to the EMS personnel of a licensed EMS provider or a recognized first~~
250 ~~responder organization (FRO) under the terms of the Medical Practice Act (Texas~~
251 ~~Occupations Code Chapters 151 – 165) and rules promulgated by the Texas Medical~~
252 ~~Board; may also be called "off-line medical control."~~

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253 (564) Emergency medical services operator--A person who, as an employee of a
254 public or private agency ~~that as defined by Texas Health and Safety Code,~~
255 ~~§771.001,~~ receives emergency calls and may provide medical information or
256 medical instructions to the public during those emergency calls.

257 (575) Emergency medical services personnel--

- 258 (A) emergency care attendant (ECA);
- 259 (B) emergency medical technician (EMT);
- 260 (C) advanced emergency medical technician (AEMT);
- 261 ~~(D) emergency medical technician intermediate (EMT-I);~~
- 262 ~~(DE) emergency medical technician-paramedic (EMT-P);~~ or
- 263 ~~(EF) licensed paramedic (LP).~~

264 (586) Emergency medical services provider--A person who uses, operates, or
265 maintains EMS vehicles and EMS personnel to provide emergency medical services.

266 (59) Emergency Medical Services Times--

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267 (A) Time of Call--The date and time a phone rings at a public safety
268 answering point (PSAP) or other designated entity, requesting EMS services.

269 (B) Dispatch Time--The date and time a responding EMS provider is notified
270 by dispatch.

271 (C) En Route--The date and time the EMS vehicle starts moving to respond.

272 (D) On Scene--The date and time a responding EMS vehicle stops moving
273 when it arrives at the location of the response.

274 (E) At Patient Side--The date and time the EMS personnel of the responding
275 EMS vehicle arrives at the patient's side.

276 (F) Transport--The date and time the responding EMS vehicle leaves the
277 location of the response and starts moving toward the destination.

278 (G) Arrival Time--The date and time the responding EMS vehicle arrives with
279 the patient at the destination or transfer point.

280 (H) Transfer of Care--The date and time that patient care is transferred to
281 the destination health care staff or transfer point of health care.

282 (I) Back in Service--The date and time the EMS vehicle is back in service and
283 available for another response.

284 (6057) Emergency medical services vehicle--

285 (A) basic life support (BLS) vehicle;

286 (B) advanced life support (ALS) vehicle;

287 (C) mobile intensive care unit (MICU) vehicle;

288 (D) MICU rotor-wing and MICU fixed-wing air medical vehicles; or

289 (E) specialized emergency medical service vehicle.

290 (6158) Emergency medical services volunteer--EMS personnel who provide
291 emergency prehospital or interfacility care in affiliation with a licensed EMS provider
292 or a registered first responder organization (FRO) without remuneration, except for
293 reimbursement of expenses.

294 (6259) Emergency medical services volunteer provider--An EMS provider that
295 has at least 75 percent of the total personnel as volunteers and is a nonprofit
296 organization. See §157.11 of this chapter regarding fee exemption.

297 (639) Emergency medical technician (EMT)--An individual who is certified by the
298 department as minimally proficient in performing emergency prehospital care that
299 is necessary for basic life support and that includes the control of hemorrhaging and
300 cardiopulmonary resuscitation.

301 (641) Emergency medical technician-paramedic (EMT-P)--An individual who is
302 certified by the department as minimally proficient in performing emergency
303 prehospital or interfacility care in a health care facility's emergency or urgent care
304 clinical setting, including a hospital emergency room and a freestanding emergency
305 medical care facility, by providing advanced life support that includes initiation and
306 maintenance under medical supervision of certain procedures, including intravenous
307 therapy, endotracheal or esophageal intubation or both, electrical cardiac
308 defibrillation or cardioversion, and drug therapy.

309 (652) Emergency prehospital care--Care provided to the sick and injured within
310 a health care facility's emergency or urgent care clinical setting, including a hospital
311 emergency room and freestanding emergency medical care facility, ~~by EMS-~~
312 ~~personnel,~~ before or during transportation to a medical facility, including any
313 necessary stabilization of the sick or injured in connection with that transportation.

314 (63) Emergency transfer--An event in which a patient at a facility requires
315 emergent transport to another facility for stabilization or definitive care.

316 (64) En route--When an EMS vehicle is responding to an EMS dispatch or
317 transporting to a receiving facility.

318 (665) Event--A variation from the established care management guidelines or
319 system operations such as delays in response, delays in care, complications, or
320 death. An event or variation in care creates a need for review of the care or system
321 response to identify opportunities for improvement.

322 (676) Event resolution--An event, as described in paragraph ~~(65)~~(66) of this
323 section, that is identified and reviewed to determine if opportunities for
324 improvement in care or the system exist, with a specific action plan tracked with
325 data analysis to demonstrate that the action plan reached the desired outcomes to
326 achieve meet the desired goal, and ~~the~~ improved outcomes are sustained.

327 (687) Extraordinary emergency--A serious, unexpected event or situation
328 requiring immediate action to reduce or minimize disruption to established health
329 care services within the EMS and trauma care system.

330 (698) Field triage--The process of determining which facility is most appropriate
331 for patients based on injury severity, time-sensitive disease factors, and facility
332 availability. Refer to paragraph ~~(104)~~(105) of this section.

333 (7069) Financially indigent--An uninsured or underinsured patient unable to pay
334 for the trauma services rendered based on the hospital's eligibility system.

335 (71) First Responder Organization (FRO)--A group or association of certified EMS
336 personnel that work in cooperation with a licensed EMS provider.

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337 (720) Fixed location--The address as it appears on the initial or renewal EMS
338 provider license application in which the patient care records, and administrative
339 offices are located.

340 (731) Governmental entity--A county, a city or town, a school district, or a
341 special district or authority created in accordance with the Texas Constitution,
342 including a rural fire prevention district, an emergency services district, a water
343 district, a municipal utility district, and a hospital district.

344 (742) Governor's EMS and Trauma Advisory Council (GETAC)--A committee
345 appointed by the Governor of Texas that provides professional recommendations to
346 the EMS/Trauma System Section regarding EMS and trauma system development
347 and serves as a forum for stakeholder input. GETAC reviews and recommends
348 changes to rules, assesses the need for EMS and health care resources in rural
349 areas of the state, develops a strategic plan for refining the educational
350 requirements for certification and maintaining certification as EMS personnel,
351 regional system development, and advances the trauma and emergency health care
352 system of Texas. GETAC is supported by various committees defined by the council.

353 (753) Health care entity--A first responder, EMS provider, physician, nurse,
354 hospital, designated trauma facility, or a rehabilitation program.

355 (764) Inactive EMS provider status--The period when a licensed EMS provider is
356 not able to respond or be response-ready for an emergency or non-emergency
357 medical dispatch.

358 (775) Industrial ambulance--Any vehicle owned and operated by an industrial
359 facility as defined in the Texas Transportation Code §541.201⁷ and used for initial
360 transport or transfer of company employees who become urgently ill or injured on
361 company premises to an appropriate health care facility.

362 (786) Injury severity score (ISS)--An anatomical scoring system that provides
363 an overall score for trauma patients. The ISS standardizes the severity of trauma
364 injuries based on the three worst abbreviated injury scales (AIS) from the body
365 regions. These regions are the head and neck, face, chest, abdomen, extremity,
366 and external as defined by the Association for the Advancement of Automotive
367 Medicine (AAAM). The highest abbreviated injury score in the three most severely
368 injured body regions have their scores squared, then added together to define the
369 patient's ISS.

370 (A) ISS of 1-9 is considered moderate trauma injury.

371 (B) ISS of 10-15 is a major trauma injury.

372 (C) ISS of 16-24 is a severe trauma injury.

373 (D) ISS of 25 or greater is a critical trauma injury.

374 (797) Interfacility care--Care provided while transporting a patient between
375 health care facilities.

376 (780) Legal entity name--The name of the lawful or legally standing association,
377 corporation, partnership, proprietorship, trust, or individual. Has legal capacity to:

378 (A) enter into agreements or contracts;

379 (B) assume obligations;

380 (C) incur and pay debts;

381 (D) sue and be sued in its own right; and

382 (E) to be accountable for illegal activities.

383 (8179) Level of harm--A classification system that defines the impact of an
384 event to the patient. There are five levels of harm used to define the impact to the
385 patient as defined by the American Society for Health Care Risk Management:

386 (A) No harm - The patient was not symptomatic⁷ or no symptoms were
387 detected, and no treatment or intervention was required.

388 (B) Mild harm - The patient was symptomatic, symptoms were mild, loss of
389 function or harm was either minimal or intermediate but short-term, and no
390 interventions or only minimal interventions were needed.

391 (C) Moderate harm - The patient was symptomatic, required intervention
392 such as additional operative procedure, therapeutic treatment, or an increased
393 length of stay, required a higher level of care, or may experience ~~permanent or~~
394 long-term loss of function.

395 (D) Severe harm - The patient was symptomatic, required life-saving or
396 other major medical or surgical intervention, or may experience shortened life
397 expectancy, and may experience major permanent or long-term loss of function.

398 (E) Death - The event was a contributing factor in the patient's death.

399 (820) Levels of review--Describes the levels of performance improvement
400 review for an event in the quality improvement or performance improvement
401 patient safety plan. There are four levels of review:

402 (A) Primary level of review – Initial investigation of identified events by the
403 program's performance improvement personnel to capture the event details and to
404 validate and document the timeline, contributing factors, and level of harm. The
405 program manager usually addresses system issues with no level of harm, including
406 identifying the opportunities for improvement and action plan appropriate for the
407 event, keeping the trauma medical director (TMD) updated. This must be written in
408 the facility's performance improvement plan.

409 (B) Secondary level of review – The level of review by the TMD in which the
410 program personnel prepare the documentation and facts for the review. The
411 program medical director reviews the documentation and either agrees or corrects
412 the level of harm, defines the opportunities for improvement with action plans, or
413 refers to the next level of review.

414 (C) Tertiary level of review - The third level of review by the program to
415 evaluate care practices and compliance to defined management guidelines, identify
416 opportunities for improvement, and define a CAP. Minutes capturing the event,
417 discussion and identified opportunities for improvement with action plans must be
418 documented.

419 (D) Quaternary level of review – The highest level of review, which may be
420 conducted by an entity external to the program as an element of the performance
421 improvement plan.

422 (831) Licensee--A person who holds a current paramedic license from the
423 department, or a person who uses, maintains, or operates EMS vehicles and
424 provides EMS personnel to provide emergency medical services, and who holds an
425 EMS provider license from the department.

426 (842) Major Level II trauma facility--A hospital surveyed by a department-
427 approved survey organization that meets the ~~state requirements and ACS-~~

428 standards for a Level II trauma facility as described in §157.125 of this chapter.
429 The hospital is designated by the department; provides care to moderate, severe,
430 and critical trauma patients; provides educational opportunities on trauma-related
431 topics for health care professionals and the public; implements injury prevention
432 and outreach initiatives; participates in its local RAC; submits data to the State
433 Trauma Registry, TQIP, and the NTDB; and has appropriate services for dealing
434 with stressful events for emergency/trauma care providers.

435 (853) Major trauma patient--A person with injuries, or potential injuries, who
436 may benefit from treatment at a trauma facility. These patients may or may not
437 present with alterations in vital signs or level of consciousness or with obvious
438 significant injuries, but they have been involved in an event that produces a high
439 index of suspicion for significant injury and potential disability. Co-morbid factors
440 such as age or the presence of significant preexisting medical conditions/problems
441 are also considered. These patients initiate a system response to include field triage
442 to the most appropriate designated trauma facility. For performance improvement
443 purposes, these patients are also identified retrospectively by an ISS of 10-15.

444 (864) Medical control--The supervision of prehospital EMS providers and FROs
445 by a licensed physician. This encompasses on-line (direct voice contact) and off-line
446 (written protocol and procedural review).

447 ~~(85) Medical Director--The licensed physician who provides medical supervision
448 to the EMS personnel of a licensed EMS provider or a recognized FRO under the
449 terms of the Medical Practice Act (Texas Occupations Code Chapters 151--165)
450 and rules promulgated by the Texas Medical Board; may also be called "off line
451 medical control."~~

452 (876) Medical oversight--The assistance and management given to health care
453 providers and entities involved in regional EMS/trauma systems planning by a
454 physician or group of physicians designated to provide technical assistance to the
455 EMS Provider or FRO Medical Director.

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456 (887) Medical supervision--Direction given to EMS personnel by a licensed
457 physician under the terms of the Medical Practice Act (Texas Occupations Code
458 Chapters 151-165) and rules promulgated by the Texas Medical Board.

459 (898) Mobile intensive care unit--A vehicle that is designed for transporting the
460 sick or injured, meets the requirements of the advanced life support vehicle, and
461 has sufficient equipment and supplies to provide cardiac monitoring, defibrillation,
462 cardioversion, drug therapy, and two-way communication with at least one
463 paramedic on the vehicle when providing EMS.

464 (890) National EMS Compact--The agreement among states to allow the day-to-
465 day movement of EMS personnel across state boundaries in the performance of
466 their duties.

467 (910) National EMS Information System (NEMSIS)--A universal standard for how
468 patient care information resulting from an EMS response is collected.

469 (921) National Trauma Data Bank (NTDB)--The national repository for trauma
470 registry data, defined by the ACS with inclusion criteria and data elements required
471 for submission.

472 (932) National Trauma Data Standards (NTDS)--The American College of
473 Surgeons' standard data elements with definitions that are required for submission
474 to the NTDB, as defined in paragraph (91)(92) of this section.

475 (94) Non-contiguous Emergency Department--A hospital department located in
476 a separate building that is not contiguous with the designated facility. May be
477 referred to as a satellite emergency department.

478 (953) Off-line medical director--The licensed physician who provides approved
479 protocols and medical supervision to the EMS personnel of a licensed EMS provider
480 under the terms of the Medical Practice Act (Texas Occupations Code Chapters 151
481 - 165) and rules promulgated by the Texas Medical Board.

482 (964) Online course--A directed learning process comprising educational
483 information (articles, videos, images, web links), communication (messaging,
484 discussion forums) for virtual learning, and measures to evaluate the student's
485 knowledge.

486 ~~(95) On-scene time--The time the EMS vehicle, equipment, and staff arrive at~~
487 ~~the location of a dispatch for EMS, as stated in Texas Health and Safety Code~~
488 ~~§773.050 concerning Minimum Standards.~~

489 (976) Operational name--Name under which the business or operation is
490 conducted and presented to the world.

491 (987) Operational policies--Policies and procedures that are the basis for the
492 provision of EMS and that include such areas as vehicle maintenance; proper
493 maintenance and storage of supplies, equipment, medications, and patient care
494 devices; complaint investigations; multi-casualty incidents; and hazardous
495 materials; but do not include personnel or financial policies.

496 (994) Operations Committee--Committee that provides administrative oversight
497 for a hospital designated facility program or organization and is responsible for the
498 approval of protocols, patient management guidelines, or operational plan,
499 procedures changes within the program or system that have the potential to impact
500 care practices before implementing at the change to the program or organization.

501 (10099) Operative or surgical intervention--Any surgical procedure provided to
502 address trauma injuries for patients taken directly from the scene, emergency
503 department, or other hospital location to an operating suite for patients meeting the
504 hospital's trauma activation guidelines and meeting NTDB registry inclusion criteria.

505 (1010) Out of service vehicle--The period when a licensed EMS provider vehicle
506 is unable to respond or be response-ready for an emergency or non-emergency
507 response.

Commented [K(7)]: Revisions due to formal public comments received.

508 (1021) Performance Improvement and Patient Safety (PIPS) plan--The written
509 plan and processes for evaluating patient care, system response, and adherence to
510 established patient management guidelines; defining variations from care or system
511 response; assigning the level of harm and level of review; identifying opportunities
512 for improvement; and developing the CAP. The CAP outlines data analysis and
513 measures to track the action plan to ensure the desired changes are met and
514 maintained to resolve the event. The medical director, program manager, and
515 administrator have the authority and oversight of PIPS.

516 (1032) Plan of correction (POC)--A report submitted to the department by the
517 facility detailing how the facility will correct one or multiple requirements defined as
518 "not met" during a trauma designation ~~site~~-survey review that is reported in the
519 survey summary or documented in the self-attestation.

520 (1043) Practical exam--An evaluation that assesses the person's ability to
521 perceive instructions and perform motor responses, also referred to as a
522 psychomotor exam.

523 (1054) Prehospital triage--The process of identifying medical/injury acuity or the
524 potential for severe injury based upon physiological criteria, injury patterns, and
525 high-energy mechanisms and transporting patients to a facility appropriate for the
526 patient's medical/injury needs. Prehospital triage for injured patients or time-
527 sensitive disease events is guided by the approved prehospital triage guidelines in
528 the trauma and emergency health care system plan prehospital triage guidelines
529 ~~protocol~~ adopted by the RAC and approved by the department. May also be referred
530 to as "field triage" or "prehospital field triage."

531 (1065) Primary EMS provider response area--The geographic area in which an
532 EMS provider routinely provides EMS as agreed upon by a local or county
533 governmental entity or by contract.

534 (1076) Primary Level III stroke facility--A hospital that is designated by the
535 department and meets the department-approved national stroke standards of care
536 for a Primary Stroke Center, participates in its RAC, participates in the regional
537 stroke plan, and submits data as requested by the department.

538 (1087) Protocols--A detailed, written set of instructions by the EMS provider's
539 medical director, which may include delegated standing medical orders, to guide
540 patient care or the performance of medical procedures as approved. Includes a
541 written set of instructions for program medical directors to guide patient care or the
542 system response for stroke or trauma care.

543 (1098) Public safety answering point (PSAP)--The call center responsible for
544 answering calls to an emergency telephone number for ambulance services;
545 sometimes called "public safety access point" or "dispatch center."

546 (1109) Quality management--Quality assessment, quality improvement, and
547 performance improvement activities. See definition PIPS in paragraph ~~(101)-(102)~~
548 in this section.

\$49 (1110) Receiving facility--A health care facility to which an EMS vehicle may
\$50 transport a patient who requires prompt continuous medical care, or a facility that
\$51 is receiving a patient being transferred for definitive care.

\$52 (1124) Recertification--The procedure for renewal of EMS certification.

\$53 (1132) Reciprocity--The recognition of certification or privileges granted to an
\$54 individual from another state or recognized EMS system.

\$55 (1143) Regional Advisory Council (RAC)--A nonprofit organization that is
\$56 recognized by the department and is responsible for system coordination for
\$57 serving the State of Texas as the recognized health care coalition responsible for
\$58 the development, implementation and maintenance of the regional trauma and
\$59 emergency health care system within its geographic jurisdiction of the Trauma
\$60 Service Area. A Regional Advisory Council must maintain 501(c)(3) status. An
\$61 identified trauma service area (TSA) that has established bylaws and is approved by
\$62 the department as the coordinating agency responsible for system development;
\$63 coordination of health care services; and responsible for the development,
\$64 implementation, and maintenance of the regional trauma and emergency health
\$65 care system plan, performance criteria, and self-assessment within the geographic
\$66 jurisdiction of the TSA.

Commented [K(8)]: Revisions due to formal public comments received.

\$67 (1154) Regional Advisory Council Performance Improvement Plan--A written
\$68 plan of the RAC's processes to review identified or referred events, identify
\$69 opportunities for improvement, define action plans and data required to correct the
\$70 event, and establish measures to evaluate the action plan through to event
\$71 resolution.

\$72 (1165) Regional medical control--Physician supervision for prehospital EMS
\$73 providers in a given TSA or other geographic area intended to provide standardized
\$74 oversight, treatment, and transport guidelines, which should, at minimum, follow
\$75 the RAC's regional EMS/trauma system plan components related to these issues
\$76 and 22 Texas Administrative Code, §197.3 (relating to Off-line Medical Director).

\$77 (1176) Relicensure--The procedure for renewal of a paramedic license as
\$78 described in §157.40 of this chapter (relating to Paramedic Licensure); the
\$79 procedure for renewal of an EMS provider license as described in §157.11 of this
\$80 chapter.

\$81 (1187) Response pending status--The status of an EMS vehicle that just
\$82 delivered a patient to a final receiving facility and for which the dispatch center has
\$83 another EMS response waiting.

\$84 (1198) Response ready--When an EMS vehicle is equipped and staffed in
\$85 accordance with §157.11 of this chapter and is immediately available to respond to
\$86 any emergency call 24 hours per day, 7 days per week (24/7).

\$87 (1199) Rounding--The continual patient assessment of the progression of care to
\$88 ensure management guidelines are followed, identify potential complications or
\$89 variances in care, ensure measures to facilitate the patient and family's goals of

590 ~~care and inclusion in the care plan, and facilitate patient discharge planning and~~
591 ~~understanding of post-discharge instructions.~~

592 (120) Rural county--A county with a population of less than 50,000 based on the
593 latest estimated federal census population figures ~~.(waiting on OGC for opinion.)~~

594 (121) Scope of practice ~~or services~~--The procedures, actions, and processes that
595 EMS personnel are authorized permitted to undertake in keeping with the terms of
596 their professional license or certification and approved by their EMS provider's
597 medical director; ~~or the types of services and the resources to provide those~~
598 ~~services that a facility has available.~~

599 (122) Scope of Services--The types of services and the resources to provide
600 those services that a facility has available.

601 ~~(1232)~~ Severe trauma patient--A person with injuries or potential injuries
602 defined as high risk for mortality or disability and meets facility trauma activation
603 guidelines and meets NTDB registry inclusion criteria that benefit from definitive
604 treatment at a designated trauma facility. These patients may be identified by an
605 alteration in vital signs or level of consciousness or by the presence of significant
606 injuries and must initiate a level of trauma response defined by the facility,
607 including prehospital triage to a designated trauma facility. For performance
608 improvement purposes, these patients are also identified retrospectively by an ISS
609 of 16-24.

610 ~~(1243)~~ Simulation training--Training that is typically scenario-based or skill-
611 based utilizing simulated patients or system events to improve or test knowledge,
612 competencies, or skills.

613 ~~(124) Site survey--An on-site review of a trauma or stroke facility applicant to~~
614 ~~determine if it meets the criteria for a particular level of designation.~~

615 (125) Sole provider--The only licensed EMS provider in a geographically
616 contiguous service area and in which the next closest provider is greater than 20
617 miles from the limits of the area.

618 (126) Specialized EMS vehicle--A vehicle that is designed for responding to and
619 transporting sick or injured persons by any means of transportation other than by
620 standard automotive ground ambulance or rotor or fixed-wing aircraft and that has
621 sufficient staffing, equipment, and supplies to provide for the specialized needs of
622 the patient transported. This category includes watercraft, off-road vehicles, and
623 specially designed, configured, or equipped vehicles used for transporting special
624 care patients such as critical neonatal or burn patients.

625 (127) Specialty resource centers--Entities that care for specific types of patients
626 such as pediatric, cardiac, and burn injuries that have received certification,
627 categorization, verification, or other forms of recognition by an appropriate agency
628 regarding their capability to definitively treat these types of patients.

Commented [K(9)]: Revisions due to formal public comments received.

629 (128) Staffing plan--A document that indicates the overall working schedule
630 patterns of EMS personnel or hospital personnel.

631 (129) Standard of care--Care equivalent to what any reasonable, prudent
632 person of like education or certification level would have given in a similar situation,
633 based on ~~locally, regionally, and nationally~~ documented evidence-based practices or
634 adopted standard EMS curricula as adopted by reference in §157.32 of this chapter;
635 also refers to the documented standards of care that reflect evidence-based
636 practice.

637 (130) State EMS Registry--State repository for the collection of EMS response
638 data as defined by Chapter 103 of this title (relating to Injury Prevention and
639 Control).

640 (131) State Trauma Registry--State repository for the collection of reportable
641 injuries that meet the state inclusion criteria as defined by Chapter 103 of this title.

642 (132) Stroke--A time-sensitive medical condition that occurs when the blood
643 supply to the brain is reduced or blocked, caused by a ruptured blood vessel or clot,
644 preventing brain tissue oxygenation.

645 (133) Stroke activation--The process of mobilizing the stroke care team when a
646 patient screens positive for stroke symptoms; may be referred to as a "stroke alert"
647 or "code stroke."

648 (134) Stroke facility--A hospital that has successfully completed the designation
649 process and is capable of resuscitating and stabilizing, transferring, or providing
650 definitive treatment to stroke patients and actively participates in its local RAC and
651 system plan.

652 (135) Stroke Medical Director (SMD)--A physician that meets the department's
653 requirements for the stroke medical director and has the authority and oversight for
654 the stroke program, including the performance improvement process, data
655 management, and outcome reviews.

656 (136) Stroke Program Manager (SPM)--A registered nurse that meets the
657 requirements for the stroke program manager and has the authority and oversight
658 for the stroke program, including the performance improvement process, data
659 management, and outcome reviews.

660 (137) Substation--An EMS provider station location that is not the fixed station
661 and is likely to provide rapid access to a location to which the EMS vehicle may be
662 dispatched.

663 (138) Telemedicine medical service--A health care service delivered by a
664 physician licensed in this state, or a health professional acting under the delegation
665 and supervision of a physician licensed in this state and acting within the scope of
666 the physician's or health professional's license to a patient at a different physical
667 location than the physician or health professional using telecommunications or
668 technology as defined in Texas Occupations Code §111.001.

669 ~~(139) Tertiary exam--A documented reassessment of the admitted trauma~~
670 ~~patient within 24 hours of admission, which includes a detailed primary and~~
671 ~~secondary head-to-toe evaluation combined with the reassessment of pertinent labs~~
672 ~~and images, to identify new injuries that may require further evaluation. In~~
673 ~~situations where the patient's mental status is altered, or distracting injuries are~~
674 ~~present, the tertiary evaluation may need to be repeated multiple times until the~~
675 ~~mental status clears or the distracting injury lessens.~~

676 (13940) Transport mode--As documented on the patient care record, the usage
677 of emergency warning equipment~~or not of red lights and sirens~~ when responding to
678 an EMS dispatch and when transporting to a receiving facility.

679 ~~(141) Transport time--The time from when a patient is transported by EMS from~~
680 ~~the scene location to a receiving facility.~~

681 (1402) Trauma--An injury or wound to a living body caused by the application of
682 an external force or violence, including burn injuries, and meets the trauma
683 program's trauma activation guidelines, ~~and meets NTDB registry inclusion criteria.~~
684 ~~Poisonings, near drownings, and suffocations, other than those due to external~~
685 ~~forces, are to be excluded from this definition.~~

Commented [K(10)]: Revisions due to formal public comments received.

686 (1413) Trauma activation guidelines--Established criteria that identifies the
687 potential injury risk to the human body and defines the resources and response
688 times required to evaluate, resuscitate, and stabilize the trauma patient. The
689 guidelines must meet the national recommendations, but each trauma program
690 defines the activation guidelines for their facility. The facility chooses to have one
691 activation level, two activation levels, or three activation levels.

692 (A) The highest level of trauma activation is commonly based on
693 physiological changes in the patient's level of consciousness, airway or potential
694 respiratory compromise, hypotension or signs of shock, significant hemorrhage, or
695 evidence of severe trauma.

696 (B) The secondary level of trauma activation is commonly based on the
697 patient's physiological stability with anatomical injuries or mechanisms of injury
698 that have the potential for serious injuries.

699 (C) The third level of trauma activation is designed for low-energy or single-
700 system injuries that may require specialty service evaluation and intervention.

701 (1424) Trauma administrator--Administrator responsible for the facility
702 oversight, funding, contracts, and collaborative leadership of the program, and
703 serves as an interface with the chief executive team as defined by the facility's
704 organizational structure.

705 (1435) Trauma and emergency health care system plan--The inclusive system
706 that refers to the care rendered after a traumatic injury or time-sensitive disease or
707 illness where the optimal outcome is the critical determinant. The system
708 components encompass special populations, epidemiology, risk assessments,
709 surveillance, regional leadership, system integration, business/finance models,

710 prehospital care, definitive care facilities, system coordination for patient flow,
711 prevention and outreach, rehabilitation, emergency preparedness and response,
712 system performance improvement, data management, and research. These
713 components are integrated into the regional self-assessment and system plan.

714 (1446) Trauma care--Care provided to an injured patient meeting the hospital's
715 trauma activation guidelines and meeting NTDB registry inclusion criteria and the
716 continuum of care throughout the system, including discharge and follow-up care or
717 transfer.

718 (1457) Trauma Designation Review Committee--Committee responsible for
719 reviewing trauma designation appeals, reviewing requirement exception and waiver
720 requests, and outlining specific requirements not met in order to identify potential
721 opportunities to improve future rule amendments.

722 (1468) Trauma facility--A hospital that has successfully completed the
723 designation process and is capable of resuscitating and stabilizing or transferring or
724 providing definitive treatment to patients who meet trauma activation criteria, and
725 actively participates in its local RAC and system plan.

726 (1479) Trauma-informed care--Care that utilizes the core principles of safety,
727 trustworthiness, collaboration, empowerment, and peer support to foster patient-
728 centered care and engages the patient in their plan of care; practices that prevent
729 "secondary trauma" for the patient.

730 (14850) Trauma Medical Director (TMD)--A physician who meets the
731 requirements and demonstrates the competencies and leadership for the oversight
732 and authority of the trauma program as defined by the level of designation, and
733 who has the authority and oversight for the trauma program, including the
734 performance improvement and patient safety processes, trauma registry, data
735 management, peer review processes, outcome reviews, and participation in the
736 RAC and system plan.

737 ~~(151)(149)~~ Trauma patient--Any critically injured person who has been
738 evaluated by EMS, a registered nurse, or a physician, a registered nurse, or
739 emergency medical services personnel, and found to require medical care in a
740 meets trauma activation guidelines and meets NTDB registry inclusion criteria; and
741 requires care in a designated trauma facility based on local, regional, or national
742 standards.

743 ~~(152)(150)~~ Trauma Program Manager (TPM)--A registered nurse who in
744 partnership with the TMD and hospital administration is responsible for oversight
745 and authority of the trauma program as defined by the level of designation,
746 including the trauma performance improvement and patient safety processes, the
747 trauma registry, data management, injury prevention, outreach education,
748 outcomes reviews, and research as appropriate to the level of designation. ~~The TPM~~
749 ~~is responsible for regional participation and system planning, to include mass-~~
750 ~~casualty response.~~

Commented [K(11): Revisions due to formal public comments.

751 ~~(153)~~(151) Trauma Quality Improvement Program (TQIP)--The ACS risk-
752 adjusted benchmarking program that uses submitted data to evaluate specific types
753 of injuries and events to compare cohorts' outcomes with other trauma centers;
754 assists in defining opportunities for improvement in specific patient cohorts.

755 ~~(154)~~(152) Trauma registrar--An individual who meets the requirements and
756 whose job responsibilities include trauma patient data abstraction, trauma registry
757 data entry, injury coding, and injury severity scoring, in addition to registry report
758 writing and data management skills specific to the trauma registry and trauma
759 program.

760 ~~(155)~~(153) Trauma registry--A trauma facility database that captures required
761 elements of trauma care for each patient.

762 ~~(156)~~(154) Trauma service area (TSA)--Described in §157.122 of this chapter.

763 ~~(157)~~(155) Uncompensated trauma care--The sum of "charity care" and "bad
764 debt." Contractual adjustments in reimbursement for trauma services based upon
765 an agreement with a payor (including Medicaid, Medicare, Children's Health
766 Insurance Program (CHIP), or other health insurance programs) are not
767 uncompensated trauma care.

768 ~~(158)~~(156) Urban county--A county with a population of 50,000 or more based
769 on the latest estimated federal census population figures. (Waiting on OGC opinion)

770 ~~(159)~~(157) Verification--Process used by the ACS to review a facility seeking
771 trauma verification to validate that the defined standards are met with documented
772 compliance for successful trauma center verification. If a Level I or Level II facility
773 is not verified by the ACS, the department cannot designate the facility.

774 ~~(160)~~(158) When in service--The period of time when an EMS vehicle is
775 responding to an EMS dispatch, at the scene, or en_route to a facility with a patient.

776

777 TITLE 25 HEALTH SERVICES
778 PART 1 DEPARTMENT OF STATE HEALTH SERVICES
779 CHAPTER 157 EMERGENCY MEDICAL CARE
780 SUBCHAPTER G EMERGENCY MEDICAL SERVICES TRAUMA SYSTEMS

781 §157.123. Regional Advisory Councils.

782 (a) The department shall recognize a Regional Advisory Council (RAC) as the
783 coordinating entity for the development and advancement of the regional trauma
784 and emergency health care system within the defined trauma service area (TSA) as
785 described in §157.122 of this subchapter (relating to Trauma Service Areas).

786 (1) The department shall recognize only one RAC for each TSA.

787 (2) Trauma, prehospital, perinatal, stroke, cardiac, disaster response, and
788 emergency health care stakeholders in the TSA must be eligible for participation or
789 membership in the RAC.

790 (b) A RAC must meet the following department requirements to be recognized as a
791 RAC:

792 (1) maintain incorporation as an entity that is exempt from federal income tax
793 under §501(a) of the United States Internal Revenue Code of 1986, and its
794 subsequent amendments, by being listed as an exempt organization under
795 §501(c)(3) of the code, and to be eligible to receive, distribute, and utilize the
796 emergency medical services (EMS), Uncompensated Care and TSA allotments;

797 (2) submit required documentation to the department that includes, at a
798 minimum, the following:

799 (A) a summary of regional trauma, prehospital, pediatric, geriatric, perinatal,
800 stroke, cardiac, and emergency health care system activities;

801 (B) evidence of an annual summary of the EMS, trauma, and emergency
802 health care system performance improvement plan;

803 (C) ~~a completed regional self-assessment by the end of within the each~~
804 ~~oddfirst fiscal year, of the RAC's contract with the department and a current trauma~~
805 ~~and emergency health care system plan by the end of each during the even second~~
806 ~~fiscal year, with documented evidence that the performance criteria are met. of the~~
807 ~~department contract with documented evidence the performance criteria are met,~~
808 ~~as outlined in Texas Health and Safety Code §773.122 and §780.004;~~

809 ~~(i) the initial performance criteria and initial regional self-assessment are~~
810 ~~used for the years of 2024 and 2025; and~~

811 ~~(ii) the inclusive performance criteria and inclusive regional self-~~
812 ~~assessment are used for the year of 2026 and continuing years;~~

813 (3) maintain external financial audits and financial statements as defined by the
814 department in contract; and

Commented [K(12)]: Revisions based on formal public comments.

§15 (4) maintain a current website to communicate with regional stakeholders with
§16 regional bylaws, board members, completed self-assessment, and current trauma
§17 and emergency health care system plan posted.

Commented [K(13)]: Revisions align with formal public comments received.

818 (c) Each RAC must develop and maintain a regionally specific comprehensive
§19 trauma and emergency health care system plan. that integrates trauma,
§20 prehospital, pediatric, perinatal, stroke, cardiac, and emergency health care into
§21 the plan and is revised at a minimum of every two years utilizing the completed
§22 regional self-assessment. The plan must include all counties within the TSA and
823 must be based on current industry standards and guidelines.

824 (1) The system plan must address the following elements:

§25 (A) trauma, prehospital, pediatric, perinatal, stroke, and cardiac
826 epidemiology data resources available;

827 (B) integration of regional stakeholders, identified coalitions, and community
828 partners pertinent to the priorities and needs identified through the regional self-
829 assessment;

830 (C) regional guidelines for prehospital field triage and destination, treatment,
831 transport, and transfer of patients with time-sensitive health care injuries or
832 illnesses;

§33 (D) prevention and outreach activities guided by the trauma, prehospital,
§34 pediatric, perinatal, stroke, and cardiac data available;

835 (E) system coordination and patient flow;

836 (F) meaningful participation in regional disaster preparedness, planning,
837 response, recovery, after-action review, data tracking needs, and support of the
838 hospital preparedness stakeholders, including the identified health care coalition
839 and the department;

§40 (G) identification of system-wide health care education for trauma,
§41 prehospital, pediatric, perinatal, stroke, cardiac, and the emergency health care
§42 system sponsored or coordinated through the RAC;

843 (H) execution of a systems performance improvement plan that aligns with
§44 the state system department's trauma and emergency health care system
845 performance improvement plan, and includes regional outcome data;

§46 (I) current pediatric readiness capabilities for the regional prehospital and
§47 hospital environment and identifies opportunities to improve pediatric readiness
848 within the region;

849 (J) integration of public health and business community stakeholders; and

850 (K) guidelines to support regional research projects.

851 (2) All health care entities and identified coalition partners should participate in
852 the regional planning process.

853 (d) A RAC must collect from each hospital continual data within their TSA to
854 facilitate emergency preparedness and response planning for a public health
855 disaster, public health emergency, or outbreak of communicable disease, and
856 report the data to the department at least monthly via the electronic reporting
857 system specified by the department, consistent with Texas Health and Safety Code
858 §§81.027, 81.0443, 81.0444, and 81.0445.

859 (1) The data collected must include all adult and pediatric data specific to:

860 (A) general beds available and occupied;

861 (B) intensive care unit (ICU) beds available and occupied;

862 (C) emergency department visits in the last 24 hours;

863 (D) hospital admissions in the last 24 hours;

864 (E) ventilators available and in use; and

865 (F) hospital deaths in the last 24 hours.

866 (2) The department may request more or less frequent reporting or may request
867 different information from individual RACs to adequately respond to any public
868 health disaster, public health emergency, or outbreak.

869 (3) RACs must make the collected data publicly available by posting the data on
870 the RAC's internet website during any public health disaster or public health
871 emergency and, when asked by the department, during outbreaks not associated
872 with a public health disaster or emergency.

873 (e) A RAC with at least one county within the region located on the international
874 border of Texas and at least one county within the region that is adjacent to the
875 Gulf of Mexico must provide guidelines and protocols related to trauma patient
876 transfer and related services that meet the following requirements:

877 (1) The RAC must develop an advisory committee composed of equal
878 representation from designated trauma facilities within the RAC.

879 (2) The advisory committee must develop regional protocols for managing the
880 dispatch, triage, transport, and transfer of patients.

881 (A) The advisory committee must periodically review patient transfers
882 ensuring the applicable protocols are met.

883 (B) Each hospital and EMS provider operating within this TSA must collect
884 and report to the RAC data on patients transferred outside of the TSA following the
885 developed and approved regional protocols.

886 (C) The advisory committee and activities must be integrated into the
887 regional trauma and health care system plan.

888 (f) A RAC must meet the defined performance criteria to ensure the mission of the
889 regional system is maintained. A RAC must:

890 (1) notify the department and RAC membership within five days of the loss of
891 capabilities to maintain the infrastructure to oversee and maintain the regional
892 systems as required by the provisions within subsections (a) and (b) of this section
893 or the department contract;

894 (2) provide the department with a plan of correction (POC) no more than 90
895 days from the onset of the deficiency for the RAC; and

896 (3) comply with the provisions of subsections (a) and (b) of this section, all
897 current state and system standards as described in this chapter, and all guidelines
898 and procedures as set forth in the regional trauma and emergency health care
899 system plan.

900 (g) If a RAC chooses to relinquish services, it must provide at least a 30-day
901 written advance notice to the department, all RAC membership, RAC coalition
902 partners, and county judges within the impacted TSA.

903 (1) The RAC must submit a written plan to the department for approval before
904 the 30-day notice to relinquish services.

905 (2) The RAC funding and assets must be dissolved in accordance with state and
906 federal requirements.

907 (3) The department must consider options of realigning the TSA with another
908 RAC to continue services.

909 (h) The department has the authority to schedule conferences, in-person or virtual,
910 with an advanced 10-day notice to review, inspect, evaluate, and audit all RAC
911 documents to validate that the department RAC performance criteria are met.

912 (i) RACs must maintain virtual options for committee or other activity stakeholder
913 participation.

914 §157.125. Requirements for Trauma Facility Designation.

915 (a) The department designates hospital applicants as trauma facilities, which are
916 part of the trauma and emergency health care system.

917 (b) The facility seeking trauma designation submits a designation application to the
918 department. The department reviews the facility application documents for the
919 appropriate level of designation. The complete designation application must include
920 the following:

Commented [K(14): Revisions due to formal public comments received.

Commented [K(15): This to ensure rural EMS and rural facility participation as well other individuals participating in the RAC.

921 (1) an application packet for a requested level of trauma facility designation and
922 an annual summary of the trauma performance improvement and patient safety
923 (PIPS) plan;

Commented [K(16)]: Revisions due to formal public comments received.

924 (2) a completed department designation assessment questionnaire;

925 (3) the documented trauma designation site survey summary report that
926 includes findings of requirements met and medical record reviews;

927 (4) evidence of validation by the department-approved survey organization or
928 other process that the designation requirements are successfully met; and

929 (5) full payment of the non-refundable, non-transferrable designation fee.

930 (c) The department's designation unit reviews the designation application and
931 determines the level of designation requirements are met and forwards the
932 approval for designation to the Consumer Protection Division (CPD) Associate
933 Commissioner who awards the designation to the facility.

934 (d) Eligibility requirements for trauma designation.

935 (1) Health care facilities eligible for trauma designation include:

936 (A) a hospital in Texas, licensed or otherwise, in accordance with Chapter
937 133 of this title (relating to Hospital Licensing);

938 (B) a hospital owned and operated by the State of Texas; or

939 (C) a hospital owned and operated by the federal government, in Texas.

940 (2) Each hospital must demonstrate the capability to stabilize and transfer or
941 treat an acute trauma patient, have written trauma management guidelines for the
942 hospital, have a written operational plan, and have a written trauma PIPS plan.

943 (3) Each hospital operating on a single hospital license with multiple locations
944 (multi-location license) may apply for trauma designation separately by physical
945 location for each designation.

946 (A) Hospital departments or services within a hospital must not be
947 designated separately.

948 (B) Hospital departments located in a separate building that is not contiguous
949 with the designated facility must not be designated separately.

950 (C) Each non-contiguous emergency department of a hospital operating on a
951 single hospital license must have their trauma patient care and transfers monitored
952 through recognize, respond, resuscitate, and transfer patients using the same
953 trauma activation guidelines as the main hospital's trauma program. for trauma
954 patients.

Commented [K(17)]: Revisions due to formal public comments received.

955 (e) A facility is defined under subsection (d) of this section as a single location
956 where inpatients receive hospital services and inpatient care. if there are multiple

§57 ~~buildings covered under a single hospital license, each facility location where~~
§58 ~~inpatients receive hospital services and care may choose to seek designation.~~

959 (1) Each facility location must be considered separately for designation. The
960 department ~~defines~~determines the designation level ~~for each facility~~ based on the
961 facility's ability to demonstrate designation requirements are met.

962 (2) Each facility must submit a separate trauma designation application based
963 on its resources and the level of designation the facility is seeking.

964 ~~(3) If there are multiple hospitals covered under a single hospital license, each~~
965 ~~hospital or physical location where inpatients receive hospital services and care may~~
966 ~~seek designation. A facility with multiple locations that is applying for designation at~~
967 ~~one location may have other locations where the hospital provides services apply~~
968 ~~separately for designation if they all are under a single hospital license.~~

Commented [K(18)]: Revisions due to formal public comments received.

969 (4) Trauma designation is issued for the physical location and to the legal owner
970 of the operations of the designated facility and is non-transferable.

971 (f) Facilities seeking trauma designation must meet department-approved
972 requirements and have them validated by a department-approved survey
973 organization.

974 (g) The four levels of trauma designation are:

975 (1) Comprehensive trauma facility designation (Level I). The facility, including a
976 free-standing children's facility, must:

977 (A) meet the current American College of Surgeons (ACS) trauma verification
978 standards for Level I and receive a letter of verification from ACS;

979 (B) meet the state trauma facility requirements;

980 ~~(C) have the Trauma Medical Director (TMD) and Trauma Program Manager~~
981 ~~(TPM) actively participate and~~ meet the participation requirements for their local
982 RAC;

983 (D) have appropriate services for dealing with stressful events available to
984 emergency/trauma care providers; and

985 (E) submit quarterly trauma data to the State Trauma Registry, defined in
986 §103.2(14) of this title (relating to Definitions); and

987 ~~(F) annually submit a 12-month trauma performance improvement summary~~
988 ~~report to the department.~~

Commented [K(19)]: Removed due to formal public comments received.

989 (2) Major trauma facility designation (Level II). The facility, including a free-
990 standing children's facility, must:

991 (A) meet the current ACS trauma verification standards for Level II and
992 receive a letter of verification from the ACS;

993 (B) meet the state trauma facility requirements;

994 (C) ~~meet the participation requirements for their local RAC; have the TMD-~~
995 ~~and TPM actively participate in their local RAC;~~

996 (D) have appropriate services for dealing with stressful events available to
997 emergency/trauma care providers; and

998 (E) submit quarterly trauma data to the State Trauma Registry, defined in
999 §103.2(14) of this title (relating to Definitions).; ~~and~~

1000 ~~(F) annually submit a 12-month performance improvement summary report-~~
1001 ~~to the department.~~

1002 (3) Advanced trauma facility designation (Level III). The facility, including a
1003 free-standing children's facility, must:

1004 (A) meet the current ACS trauma verification standards for Level III and
1005 receive a letter of verification from the ACS, if utilizing the ACS as their survey
1006 organization, or complete a designation site survey conducted by a department-
1007 approved survey-organization ~~survey~~;

1008 (B) meet the ACS Level III standards and state trauma facility requirements;

1009 (C) ~~have the TMD and TPM actively participate and~~ meet the participation
1010 requirements for their local RAC;

1011 (D) have appropriate services for dealing with stressful events available to
1012 emergency/trauma care providers; and

1013 (E) submit ~~trauma quarterly trauma~~ data to the State Trauma Registry,
1014 defined in §103.2(14) of this title (relating to Definitions).; ~~and~~

1015 ~~(F) annually submit a 12-month performance improvement summary report-~~
1016 ~~to the department.~~

1017 (4) Basic trauma facility designation (Level IV). The facility, including a free-
1018 standing children's facility, must:

1019 (A) Level IV facilities that admits and manages patients with an ISS of 15 or
1020 greater or a Level IV facility admitting greater than 300 trauma admissions meeting
1021 the NTDB registry inclusion criteria, must meet the current ACS trauma verification
1022 standards for Level IV and complete a designationsite survey conducted by a
1023 department-approved survey-organization; ~~including or complete a facility self-~~
1024 ~~assessment and meet with the department~~;

1025 (iB) meet the state trauma facility requirements;

1026 (iiC) ~~have the TMD and TPM actively participate and~~ meet the participation
1027 requirements for their local RAC;

1028 (iiD) have appropriate services for dealing with stressful events available to
1029 emergency/trauma care providers; and

1030 (iiiE) submit quarterly trauma data to the State Trauma Registry, defined in
1031 §103.2(14) of this title (relating to Definitions).; and

1032 ~~(F) annually submit a 12-month performance improvement summary report~~
1033 ~~to the department.~~

1034 ~~(B) Level IV facilities that admit greater than 100 - 300 trauma admissions~~
1035 ~~meeting the NTDB registry inclusion criteria that are single system injuries or non-~~
1036 ~~complex injuries must meet the defined state designation requirements, and~~
1037 ~~complete a designation survey conducted by a department-approved survey-~~
1038 ~~organization; including~~

1039 ~~(i) participate in meet the participation requirements for their local RAC;~~

1040 ~~(ii) have appropriate services for dealing with stressful events available to~~
1041 ~~emergency/trauma care providers; and~~

1042 ~~(iii) submit quarterly trauma data to the State Trauma Registry, defined in~~
1043 ~~§103.2(14) of this title (relating to Definitions).~~

1044 ~~(C) Level IV facilities that admit 100 or less trauma admissions meeting the~~
1045 ~~NTDB registry inclusion criteria, must meet the defined state designation~~
1046 ~~requirements and complete a designation survey process by the department, or the~~
1047 ~~executive officers may request a survey through a department-approved survey~~
1048 ~~organization as requested by facility administration, including:~~

1049 ~~(i) participate in meet the participation requirements for their local RAC;~~

1050 ~~(ii) have appropriate services for dealing with stressful events available to~~
1051 ~~emergency/trauma care providers; and~~

1052 ~~(iii) submit quarterly trauma data to the State Trauma Registry, defined in~~
1053 ~~§103.2(14) of this title (relating to Definitions).~~

1054 ~~(h) A Level IV facility that admits trauma patients to their intensive care unit (ICU)~~
1055 ~~or performs operative interventions on injured patients meeting their trauma-~~
1056 ~~activation guidelines and meeting National Trauma Data Bank (NTDB) registry~~
1057 ~~inclusion criteria and have a projected injury severity score (ISS) of 11 or greater~~
1058 ~~must meet the Level III ACS verification standards for the laboratory, blood bank,~~
1059 ~~operating suite, ICU, and rehabilitation.~~

1060 ~~(i) Level IV facilities will continue to utilize the most current ACS criteria in addition~~
1061 ~~to the state trauma facility requirements to achieve designation.~~

1062 (j) All facilities seeking trauma designation must meet the following requirements:

1063 (1) Facilities must have documented evidence of participation in their RAC z
1064 including:

1065 ~~(A) evidence of submitting quarterly trauma registry data for the past three~~
1066 ~~years; and~~

1067 ~~(B) evidence the TMD and TPM are participating in the for trauma system~~
1068 ~~planning and regional disaster planning through the RAC.~~

1069 (2) Facilities must have evidence of quarterly trauma registry submissions to the
1070 State Trauma Registry for patients that meet NTDB registry inclusion criteria,
1071 following the NTDS definitions and state definitions.

1072 (3) Facilities must have EMS Communication capabilities.

1073 (4) Facilities must have provisions to capture the EMS wristband number or
1074 measures for patient tracking in their resuscitation documentation.

1075 (5) Facilities must have provisions to provide and document EMS hand-off.

1076 (6) Facilities must have landing zone capabilities with appropriate staff safety
1077 training.

1078 (7) Facilities must have provisions to provide EMS providers feedback.

1079 ~~(3) Facilities must demonstrate trauma registry performance measures for the~~
1080 ~~following:~~

1081 ~~—— (A) data validations and correction of issues identified; and~~

1082 ~~—— (B) measures to ensure accurate coding and ISS and that all patient profiles~~
1083 ~~submitted to the State Trauma Registry have an ISS.~~

1084 ~~(4) Facilities must maintain a written trauma operational plan for the program to~~
1085 ~~include:~~

1086 ~~—— (A) description of the scope of services available to support trauma care;~~

1087 ~~—— (B) trauma program authority and oversight;~~

1088 ~~—— (C) trauma population evaluated and treated by the trauma program to~~
1089 ~~identify those patients routinely admitted and those patients routinely transferred~~
1090 ~~for definitive care;~~

1091 ~~—— (D) trauma activation guidelines that meet the national recommendations;~~

1092 ~~—— (E) trauma management guidelines based on evidence based practice;~~

1093 ~~—— (F) trauma policies and procedures;~~

1094 ~~—— (G) description of the trauma program staffing;~~

1095 ~~—— (H) trauma medical staff credentialing and education requirements;~~

1096 ~~(I) measures for rounding on admitted trauma patients to complete a tertiary~~
1097 ~~exam and to facilitate the continuum of care through discharge or transfer;~~

Commented [K(20): Language removed to align with the ACS requirements as requested through formal public comment.

1098 ~~(J) data management procedures to ensure all performance improvement~~
1099 ~~documents and registry documents are secured to maintain confidentiality;~~
1100 ~~—— (K) measures to promote a safe culture;~~
1101 ~~—— (L) documented transfer guidelines with evidence of medical and nursing~~
1102 ~~staff education on trauma transfers;~~
1103 ~~—— (M) resources available for trauma patient population inpatient areas,~~
1104 ~~including the operating suite, ICU, general units, and rehabilitation services;~~
1105 ~~—— (N) evidence of staff orientation, skills credentialing, and ongoing education~~
1106 ~~for all areas providing care to injured patients that meet trauma activation~~
1107 ~~guidelines and meet NTDB registry inclusion criteria;~~
1108 ~~—— (O) ancillary services available to support the injured patients who meet~~
1109 ~~trauma activation guidelines and meet NTDB registry inclusion criteria;~~
1110 ~~—— (P) psychosocial support services for the trauma patient and families;~~
1111 ~~—— (Q) trauma operations committee with defined goals and objectives,~~
1112 ~~members, minutes, and attendance requirements;~~
1113 ~~—— (R) processes to ensure all trauma designation requirements are monitored~~
1114 ~~for compliance;~~
1115 ~~(S) trauma registry procedures;~~
1116 ~~—— (T) injury prevention resources;~~
1117 ~~—— (U) outreach education resources;~~
1118 ~~—— (V) TMD and TPM participation in the RAC;~~
1119 ~~—— (W) processes to provide EMS feedback and transfer follow up feedback;~~
1120 ~~—— (X) measures to support trauma research as appropriate for the level of~~
1121 ~~designation; and~~
1122 ~~(Y) succession planning for the TMD, TPM, and trauma registrar.~~
1123 ~~(5) The trauma program's written operational plan and all associated documents~~
1124 ~~must be approved by the trauma operations committee and forwarded to the~~
1125 ~~hospital's governing body for review and approval.~~
1126 ~~—— (6) Chief Executive Officer (CEO), Chief Nursing Officer (CNO), Chief Operating~~
1127 ~~Officer (COO), and Chief Medical Officer (CMO), and the trauma administrator have~~
1128 ~~documented evidence of implementing measures to continually promote a safe~~
1129 ~~culture.~~
1130 ~~(7) The hospital's CEO, CNO, COO, CMO, and the trauma administrator have~~
1131 ~~documented evidence of implementing trauma-informed care practices in all areas~~

Commented [K(21)]: Language removed due to formal public comments.

1132 of receiving, assessing, evaluating, and caring for injured patients, and psychosocial
1133 support or wellness programs for staff.

1134 ~~(8) The hospital's CEO, CNO, COO, Chief Financial Officer (CFO), and the trauma~~
1135 ~~administrator are responsible for providing adequate resources to ensure the~~
1136 ~~trauma program's performance improvement and patient safety processes and~~
1137 ~~trauma registry maintain concurrent operations.~~

1138 ~~(9) The hospital's CEO, CMO, trauma administrator, and TMD have measures in~~
1139 ~~place to:~~

1140 ~~—— (A) monitor the trauma physicians' contract deliverables, ensuring adequate~~
1141 ~~trauma coverage, with backup coverage when needed;~~

1142 ~~—— (B) ensure there are defined requirements for credentialing, education,~~
1143 ~~training, and timeliness of response to trauma activations;~~

1144 ~~—— (C) ensure attendance at required meetings, including RAC meetings;~~

1145 ~~—— (D) ensure disaster mass casualty response requiring surge intensive care or~~
1146 ~~operating room capabilities; and~~

1147 ~~—— (E) ensure all other physician designation requirements are met.~~

1148 ~~(10) The hospital's CEO, CNO, COO, CFO, and trauma administrator, in~~
1149 ~~conjunction with the TMD and TPM, establish processes to monitor and track:~~

1150 ~~—— (A) trauma fees and trauma patient uncompensated care;~~

1151 ~~—— (B) the operational cost of the trauma program;~~

1152 ~~—— (C) data required to complete the uncompensated care application; and~~

1153 ~~—— (D) how the uncompensated care funds are used to improve the facility's~~
1154 ~~trauma program and trauma care.~~

1155 ~~(811) All levels of trauma facilities must have written~~Written trauma
1156 management guidelines specific to the hospital that align with evidence-based
1157 practices and current national standards and must be reviewed a minimum of every
1158 three years. These guidelines must be specific to the trauma patient population
1159 evaluated, admitted, and managed by the facility. by the trauma operations-
1160 committee. Guidelines must be established for the following:

1161 (A) trauma activation and response time based on national
1162 recommendations;

1163 (B) trauma resuscitation and documentation;

1164 (C) consultation services response;

1165 (D) admission and transfer;

1166 ~~—— (E) burn injury management;~~

- 1167 ~~—— (F) management of trauma patients with a defined or suspected neurologic~~
1168 ~~deficit due to spinal cord injury, including neurogenic shock;~~
- 1169 ~~—— (G) management of patients with mild, moderate, and severe traumatic brain~~
1170 ~~injury;~~
- 1171 ~~—— (H) hemorrhage control and management of shock;~~
- 1172 ~~—— (I) complex orthopedic pelvic, acetabular, or long bone fractures,~~
1173 ~~hemodynamically unstable pelvic fractures, fractures with the potential for vascular~~
1174 ~~compromise, and partial or complete amputation of a long bone extremity;~~
- 1175 ~~—— (EJ) screening, management, and appropriate interventions or referral for~~
1176 ~~both suspected and confirmed abuse of all patient populations;~~
- 1177 ~~—— (K) measures to prevent over imaging for patients requiring transfer, and~~
1178 ~~processes to share medical images with the receiving facility;~~
- 1179 ~~—— (L) pain management for all populations;~~
- 1180 ~~—— (M) massive transfusion;~~
- 1181 ~~—— (N) management of the acutely injured pregnant patient that is greater than~~
1182 ~~20 weeks gestation;~~
- 1183 ~~—— (O) providing screening, interventions, and resources for substance use and~~
1184 ~~misuse and mental health;~~
- 1185 ~~—— (P) management guidelines for morbidly obese patients;~~
- 1186 ~~—— (Q) transfer processes to ensure that when the evaluating physician defines~~
1187 ~~an acutely injured patient who meets trauma activation guidelines and meets NTDB~~
1188 ~~registry inclusion criteria with a projected ISS of 11 or greater, the transfer must be~~
1189 ~~to a higher level trauma facility or specialty resource facility such as a burn center.~~
1190 ~~If the patient is not transferred to a higher level of trauma facility:~~
- 1191 ~~—— (i) the transfer must be reviewed through the trauma performance~~
1192 ~~improvement and patient safety process by the TMD for appropriateness of transfer~~
1193 ~~and the patient's outcome; and~~
- 1194 ~~—— (ii) the TMD's review must include feedback from the accepting facility;~~
- 1195 ~~—— (R) if greater than 15 percent of the patients meeting trauma activation~~
1196 ~~guidelines are less than 15 years of age, the facility must have pediatric~~
1197 ~~management guidelines, and if 15 percent of the patients meeting trauma~~
1198 ~~activation guidelines are 65 years or older, the facility must have geriatric trauma~~
1199 ~~management guidelines;~~
- 1200 ~~—— (S) patient and family-centered care;~~
- 1201 (95) (T) Facilities must have defined documentation standards pertinent to the
1202 care of trauma patients in all nursing units providing care to the trauma patient;

1203 ~~(106) Facilities must have~~The written trauma management guidelines
1204 ~~are appropriate for the trauma care provided that is monitored through the trauma PI~~
1205 ~~process. and~~

1206 ~~— (U) processes to measure and report adherence must be integrated into the~~
1207 ~~trauma PIPS plan and aggregately reported through the trauma operations~~
1208 ~~committee.~~

1209 (11712) The trauma program must have provisions for the availability of all
1210 necessary equipment and services to administer the appropriate level of care and
1211 support for the injured patient meeting the hospital's trauma activation guidelines
1212 and meeting NTDB registry inclusion criteria through the continuum of care to
1213 discharge or transfer.

1214 (1213) All levels of adult ~~Adult~~ trauma facilities must meet and maintain the
1215 Emergency Medical Services for Children's Pediatric Readiness Criteria as evidenced
1216 by the following:

1217 (A) annual completion of the online National Pediatric Readiness Project
1218 Pediatric Readiness Assessment Survey (<https://pedsready.org>), including a written
1219 plan of correction (POC)~~corrective action plan (CAP)~~ for identified opportunities for
1220 improvement that is monitored through the trauma PIPS plan until resolution;

1221 (B) pediatric equipment and resources immediately available at the facility,
1222 and staff with defined and documented competency skills and training on the
1223 pediatric equipment;

1224 (C) education and training requirements for Emergency Nursing Pediatric
1225 Course (ENPC) or Pediatric Advanced Life Support (PALS) for the nurses responding
1226 to pediatric trauma activations;

1227 (D) assessments and documentation include Glasgow Coma Score (GCS);
1228 complete vital signs to include temperature, heart rate, respirations, and blood
1229 pressure; pain assessment; and weight recorded in kilograms;

1230 (E) serial vital signs, GCS, and pain assessments are completed and
1231 documented for the highest level of trauma activations or when shock, a traumatic
1232 brain injury, or multisystem injuries are identified;

1233 (F) pediatric imaging guidelines and processes that address pediatric age or
1234 weight-based appropriate dosing for studies that impart radiation consistent with
1235 the ALARA (as low as reasonably achievable) principle;~~to monitor for over imaging;~~
1236 and

1237 (G) documented evidence that the trauma program has completed a
1238 minimum of one quarterly pediatric trauma resuscitation simulation with medical
1239 staff participation, including a completed critique that identifies opportunities for
1240 improvement that is integrated into the trauma performance improvement
1241 initiatives and tracked until the identified opportunities are corrected, and an adult
1242 trauma facility that has evidence of evaluating and managing 200 or more patients

Commented [K(22)]: Language modification due to formal public comment.

1243 less than 15 years of age with an ISS of 9 or greater are exempt from this
1244 requirement of pediatric trauma simulations. (Level IV facilities with 300 or less
1245 trauma admissions meeting the NTDB registry inclusion criteria are exempt from
1246 the quarterly trauma simulations.)

1247 (1314) Free-standing children's trauma facilities must have resources and
1248 equipment immediately available for adult trauma resuscitations, adherence to the
1249 nursing requirements for Trauma Nurse Core Course (TNCC) or Advanced Trauma
1250 Care for Nurses (ATCN), documented evidence that the trauma program has
1251 completed a minimum of one quarterly adult trauma resuscitation simulation with
1252 medical staff participation, including a completed critique that identifies
1253 opportunities for improvement that is integrated into the trauma performance
1254 improvement initiatives and tracked until the identified opportunities are corrected.
1255 Free-standing children's trauma facilities with evidence of evaluating and managing
1256 200 adult patients 15 years or older with an ISS of 9 or greater are exempt from
1257 this requirement for adult trauma simulations.

1258 (145) Rural Level IV trauma facilities in a county with a population less than
1259 30,000 may utilize telemedicine resources with an Advanced Practice Provider (APP)
1260 available to respond to the trauma patient's bedside within 15 minutes of
1261 notification, with written resuscitation and trauma management guidelines that are
1262 monitored through the trauma performance improvement and patient safety
1263 processes.

1264 (A) The APP must be current in Advance Trauma Life Support (ATLS),
1265 annually maintain an average 916-hours of trauma-related continuing medical
1266 education and demonstrate adherence to the trauma patient management
1267 guidelines and documentation standards.

1268 ~~(B) The on-call physician must respond within 30 minutes, when requested.~~

1269 (BC) The facility must have a documented telemedicine physician
1270 credentialing process.

1271 (CD) All assessments, physician orders, and interventions initiated through
1272 telemedicine must be documented in the patient's medical record.

1273 (156) Telemedicine in trauma facilities in a county with a population of 30,000
1274 or more, if utilized, must have a documented physician credentialing process,
1275 written trauma protocols for utilization of telemedicine that include physician
1276 response times, and measures to ensure the trauma management guidelines and
1277 evidence-based practice are monitored through the trauma performance
1278 improvement and patient safety processes.

1279 (A) Telemedicine cannot replace the requirement for the trauma on-call
1280 physician to respond to the trauma activations in-person, to conduct inpatient
1281 rounds, or to respond to the inpatient units, when requested.

1282 (B) All telemedicine assessments, physician orders, and interventions
1283 initiated through telemedicine must be documented in the patient's medical record.

1284 (C) Telemedicine services or the telemedicine physician may be requested to
1285 assist in trauma performance improvement committee reviews.

1286 ~~(167)~~ The TMD must define the role and expectations of the hospitalist or
1287 intensivist in providing care to the admitted injured patient that meets trauma
1288 activation guidelines and meets NTDB registry inclusion criteria.

1289 ~~(18) The trauma program has an identified administrator or executive leader
1290 who assists with the trauma program budget, oversight of trauma contracts,
1291 trauma billing, and securing transfer and transport agreements, and who attends a
1292 minimum of 50 percent of the trauma operations committee meetings annually.
1293 This individual serves as a trauma liaison to the CEO.~~

1294 (179) A trauma program designated registered nurse is a participating member
1295 of the nurse staffing committee.

1296 (1820) The facility maintains medical records that facilitate the documentation
1297 of trauma patient arrival, level of activation, physician response and team response
1298 times, EMS time-out, resuscitation, assessments, vital signs, GCS, serial evaluation
1299 of needs, interventions, patient response to interventions, reassessments, and re-
1300 evaluation through all phases of care to discharge or transfer out of the facility,
1301 including:

1302 ~~(A) integration of the EMS patient care records, including the EMS patient
1303 tracking or wristband tracking number; and~~

1304 ~~(B) substance misuse screening and interventions.~~

1305 (1924) The facility must have an organized, effective trauma service that is
1306 recognized in the medical staff bylaws or rules and regulations, and is approved by
1307 the governing body. Medical staff credentialing must include a process for
1308 requesting and granting delineation of privileges for the TMD to oversee the
1309 providers participating in trauma call coverage, the trauma panel, and trauma
1310 management through all phases of care. Level IV facilities admitting 300 or less
1311 trauma patients are exempt from this requirement.

1312 (20) Level I, II, III, Level IVs admitting trauma patients with an ISS of 15 or
1313 greater, and Level IV facilities admitting and managing greater than 300 trauma
1314 patients meeting the National Trauma Data Bank registry inclusion criteria must
1315 have a trauma medical director with requirements that are aligned with the current
1316 ACS standards. The trauma medical director must complete a trauma performance
1317 improvement course.

1318 ~~(22) The facility must identify a TMD responsible for the provision of trauma
1319 care. The TMD must be credentialed and privileged by the facility for the treatment
1320 of trauma patients through all phases of care to discharge or transfer. The TMD
1321 must have authority and oversight of the trauma program and be dedicated to only
1322 one trauma facility. The TMD must be a physician who meets the following criteria:~~

Commented [K(23)]: These requirements are deleted to align with the ACS and formal public comments.

1323 ~~———— (A) Level I, II, III and non-rural Level IV trauma facilities must have a TMD-~~
1324 ~~who:~~

1325 ~~———— (i) is a trauma or general surgeon that is board-certified or board-eligible;~~
1326 ~~———— (ii) demonstrates knowledge, expertise, and experience in caring for all~~
1327 ~~types of trauma injuries; and~~

1328 ~~———— (iii) preferably, has completed a trauma fellowship.~~

1329 ~~(B) Rural Level IV facilities that do not routinely admit patients meeting~~
1330 ~~trauma activation guidelines and meeting NTDB registry inclusion criteria to their~~
1331 ~~facility may choose to have a surgeon that is board-certified or board-eligible or an~~
1332 ~~emergency medicine physician that is board-certified or board-eligible, or a family~~
1333 ~~medicine physician that is board-certified or board-eligible and current in ATLS to~~
1334 ~~serve as the facility's TMD:~~

1335 ~~———— (i) if the individual serving as the Level IV TMD is not a surgeon or~~
1336 ~~emergency medicine physician or family medicine physician that is board-certified~~
1337 ~~or board-eligible, the physician must be current in ATLS; and~~

1338 ~~———— (ii) the physician must annually maintain 16 hours of trauma-related~~
1339 ~~continuing medical education.~~

1340 ~~(C) Regularly and actively participate in trauma care at the trauma facility~~
1341 ~~where TMD services are provided, including taking trauma call monthly or providing~~
1342 ~~coverage in the emergency department for Level IV facilities utilizing an emergency~~
1343 ~~medicine or family medicine physician as the TMD.~~

1344 ~~(D) Maintains current verification in ATLS or a department-recognized~~
1345 ~~equivalent course, and preferably, is an ATLS instructor.~~

1346 ~~———— (E) Demonstrates effective administrative skills and oversight of the trauma~~
1347 ~~PIPS plan, chairs the secondary level of performance reviews, chairs the trauma~~
1348 ~~operations committee, chairs the trauma multidisciplinary peer review committee,~~
1349 ~~and communicates and collaborates with trauma liaisons for emergency medicine,~~
1350 ~~orthopedics, neurosurgery, critical care, radiology, anesthesia, rehabilitation, and~~
1351 ~~other surgical and medical specialists.~~

1352 ~~———— (F) Has the responsibility for credentialing the trauma service surgeons~~
1353 ~~participating in the call schedule, advanced practice providers participating in~~
1354 ~~trauma care, and trauma liaisons, or appropriate physicians for the Level IV~~
1355 ~~facilities, utilizing established and approved guidelines.~~

1356 ~~(G) Is a member of the facility's disaster planning and preparedness~~
1357 ~~committee with a specific focus on mass casualty, multiple casualties, and events~~
1358 ~~requiring response planning and patient flow management for potential surges in~~
1359 ~~the operating suite or ICU.~~

1360 ~~———— (H) Collaborates with the trauma service surgeons participating in the call~~
1361 ~~schedule, advanced practice providers, trauma liaisons, TPM, trauma administrator,~~

1362 and nursing leaders to develop the trauma management guidelines for the trauma
1363 facility that are consistent with national evidence-based practice guidelines.

1364 ~~—— (I) Participates in the RAC trauma committee, disaster preparedness
1365 activities, and medical director committee as defined by the RAC bylaws.~~

1366 ~~—— (J) Has a documented job description that defines the TMD's authority and
1367 oversight of the trauma program through all phases of care.~~

1368 ~~—— (K) Completes a trauma performance improvement and patient safety course
1369 every four years or as updated; a course on the role of the TMD at least once; the
1370 Federal Emergency Management Agency (FEMA) Independent Study (IS) 100, 200,
1371 and 700 courses at least once or as updated; and a course on hospital
1372 preparedness, planning, and response to a disaster as defined by the ACS
1373 standards at least once.~~

1374 ~~(L) Provides or facilitates annual training for trauma surgeons, trauma
1375 liaisons, or other physicians (for Level IV facilities) on the facility's mass casualty
1376 response and focuses on the develop of surge capacity and capabilities for
1377 resuscitation, operating room, ICU, patient flow coordination, and job action sheets,
1378 which may be completed through table top simulation training or other educational
1379 measures in collaboration with the TPM, emergency department medical director,
1380 and the facility's emergency management leader.~~

1381 (21) Each designated trauma facility must have an identified TPM responsible for
1382 monitoring trauma patient care throughout the continuum of care, from pre-
1383 hospital management to trauma activation, inpatient admission, ~~rounding during~~
1384 ~~inpatient stay,~~ and transfer or discharge, to include transfer follow-up as
1385 appropriate. The TPM must be a registered nurse with clinical background in trauma
1386 care and must have completed a trauma performance improvement course and the
1387 Advancement of Automotive Medicine (AAAM) Injury Scaling Course. ~~It is~~
1388 ~~recommended the TPM complete courses specific to their role.~~ The role must be
1389 only for that facility and cannot cover multiple facilities. The TPM authority and
1390 responsibilities are aligned with the current ACS standards. ~~has the following~~
1391 ~~authority and responsibility to:~~

1392 ~~(A) identify and address trauma performance improvement and patient
1393 safety issues through all phases of care in the trauma facility, including validating
1394 and documenting identified events and preparing them for the secondary level of
1395 review, and implementing and tracking the action plans to address opportunities for
1396 improvement or managing the personnel completing these job functions;~~

1397 ~~(B) oversee or perform trauma registry data abstraction, entry, coding, and
1398 validation, injury prevention activities, and outreach education activities, and
1399 participate in RAC activities;~~

1400 ~~(C) organize, track, and follow through on the trauma performance
1401 improvement and patient safety processes to ensure resolution and reporting;~~

- 1402 (D) comply with the trauma registry processes outlined in the trauma-
1403 operations plan and data submission requirements to the State Trauma Registry;
- 1404 (E) oversee the injury prevention, outreach education, and research-
1405 initiatives of the trauma program in conjunction with the TMD;
- 1406 (F) co chair the trauma operations committee;
- 1407 (G) ensure documentation of record the minutes of the trauma-
1408 multidisciplinary peer review committee discussion;
- 1409 (H) attend specific facility wide meetings representing the trauma program;
- 1410 (I) participate in the RAC trauma committee, disaster preparedness-
1411 activities, and other committees as defined by the RAC bylaws;
- 1412 (J) assist with the orientation and education of staff in areas providing-
1413 trauma care;
- 1414 (K) serve as the trauma liaison with the facility risk and quality departments;
- 1415 (L) maintain certification in TNCC or ATCN, and ENPC or PALS; complete the
1416 Advancement of Automotive Medicine (AAAM) Injury Scaling Course at least once,
1417 as it is updated; complete a TPM course at least once; and complete a trauma-
1418 performance improvement course once and as the course is updated with
1419 significant changes; every four years, or as updated;
- 1420 (M) select to attend an alternate course on data management, rather than
1421 the AAAM Injury Scaling Course, and have processes in place for continual support
1422 for the trauma registry services, which may include outsourcing, when functioning
1423 at a Level IV rural trauma facility with an annual volume of fewer than 75 patients
1424 meeting NTDB registry inclusion criteria;
- 1425 (N) demonstrate expertise in trauma care, and have administrative-
1426 organization skills;
- 1427 (O) complete the FEMA IS 100, 200, and 300 courses and a disaster course-
1428 on hospital preparedness, planning, and response, with the option that Level IV
1429 facilities may choose alternate trainings to the IS 300 and to the disaster course on
1430 hospital preparedness, planning, and response;
- 1431 (P) routinely collaborate with the TMD, trauma liaisons, nursing leaders,
1432 staff, and other resources to identify opportunities for trauma facility
1433 improvements;
- 1434 (Q) routinely participate or assist with trauma care at the facility;
- 1435 (R) have a documented job description that defines the TPM's authority and
1436 oversight of the trauma program through all phases of care;
- 1437 (S) be a full-time employee of the facility to ensure that the TPM is current-
1438 with the facility's policies and procedures and available during business hours to-

1439 ~~address trauma-related issues to ensure concurrent processes and the hours-~~
1440 ~~dedicated to the trauma program are based on the number of injured patients who~~
1441 ~~meet trauma activation guidelines and meet NTDB registry inclusion criteria; and~~

1442 ~~(22) –(T) The facility’s~~ have an organizational structure ~~facilitates that allows-~~
1443 ~~the TPM’s to assess and review of~~ trauma care from admission to discharge, provide
1444 recommendations to improve care through all phases of care, and a reporting
1445 structure to an administrator that has the authority to recommend and monitor
1446 facility system changes and oversees the trauma program.

1447 ~~(24) Rural Level IV or Critical Access Hospital (CAH) facilities that annually have~~
1448 ~~75 or fewer patients that meet trauma activation guidelines, meet NTDB registry~~
1449 ~~inclusion criteria, and registry submissions demonstrate evidence that they do not~~
1450 ~~admit these patients to the hospital for injury management may choose to utilize a~~
1451 ~~part-time registered nurse in the TPM role, or to integrate the TPM responsibilities-~~
1452 ~~with the CNO, as long as the trauma performance improvement and trauma-~~
1453 ~~registry processes are concurrent, and resources are available to respond to the~~
1454 ~~facility for high trauma volume or high trauma acuity.~~

Commented [K(24)]: Language deleted to align with the ACS.

1455 ~~(25) The TMD, in conjunction with the trauma liaisons, defines the criteria and~~
1456 ~~credentialing guidelines for the trauma service surgeons and specialty surgeons-~~
1457 ~~covering the trauma call schedule. The criteria must include:~~

1458 ~~—— (A) board certification or board eligibility in a defined specialty;~~

1459 ~~—— (B) adherence to trauma activations guidelines and response times;~~

1460 ~~—— (C) participation in the trauma PIPS plan;~~

1461 ~~—— (D) compliance with ATLS and continuing medical education if not board-~~
1462 ~~certified or board-eligible;~~

1463 ~~—— (E) participation and attendance for trauma surgeons and trauma liaisons at~~
1464 ~~the trauma operations committee and trauma multidisciplinary peer review~~
1465 ~~committee meetings maintaining a minimum of 50 percent participation;~~

1466 ~~—— (F) participation for trauma surgeons and trauma liaisons in outreach~~
1467 ~~education and injury prevention initiatives;~~

1468 ~~—— (G) attendance at assigned facility wide committees such as the medical staff~~
1469 ~~committee, blood utilization committee, resuscitation committee, critical care-~~
1470 ~~committee, pharmacy committee, or prehospital committee;~~

1471 ~~—— (H) adherence to transfer guidelines;~~

1472 ~~(I) adherence to diversion guidelines;~~

1473 ~~—— (J) adherence to established evidence-based practice or trauma management~~
1474 ~~guidelines;~~

1475 ~~—— (K) adherence to supervision expectations; and~~

1476 ~~—— (L) specific activation guidelines, established in collaboration with orthopedic~~
1477 ~~surgery and neurosurgery, which require a 30-minute response to orthopedic and~~
1478 ~~neurosurgical trauma injuries and include monitoring compliance and reporting~~
1479 ~~aggregate response summaries at the operations committee.~~

1480 ~~(26) The TMD is responsible for the trauma call schedule for the trauma and~~
1481 ~~general surgeons, and for collaborating with trauma liaisons and other specialty~~
1482 ~~services to complete their trauma call schedule and to ensure trauma facility~~
1483 ~~coverage is adequate and that individuals are not on call for two facilities at the~~
1484 ~~same time. Trauma or general surgeons responsible for responding to trauma~~
1485 ~~activations must be dedicated to no more than one trauma facility while they are~~
1486 ~~on call.~~

1487 ~~(A) In Level III facilities, if the specialty physician on trauma call is covering~~
1488 ~~two facilities, there must be a documented contingency plan. The facility must have~~
1489 ~~documented guidelines for on-call practices. This process must be monitored~~
1490 ~~through the trauma PIPS plan and reported through the trauma operations~~
1491 ~~committee.~~

1492 ~~—— (B) In Level IV facilities that utilize an emergency medicine physician or~~
1493 ~~family medicine physician as their TMD and do not routinely admit patients to the~~
1494 ~~ICU or operative suite that meet their trauma activation guidelines and meet NTDB~~
1495 ~~registry inclusion criteria, the TMD is responsible for assisting with scheduling~~
1496 ~~physician coverage in the emergency department to ensure trauma requirements~~
1497 ~~are followed.~~

1498 (23) All levels of The trauma facilities ~~facility~~ must maintain a continuous trauma
1499 performance improvement patient safety plan. The plan must be data-driven and
1500 must:

1501 (A) identify define variances in care or system response events for review,
1502 including factors that led to the events ~~system issues~~, delays in care, hospital events
1503 such as complications, and all trauma deaths;

1504 (B) define the levels of harm;

1505 (C) define levels of review;

1506 (D) identify opportunities for improvement;

1507 (E) establish action plans to address the opportunities for improvement;

1508 (F) monitor the action plan until the desired change is met and sustained;

1509 (G) establish a concurrent PIPS process;

1510 (H) meet staffing standards that align with ~~meet~~ the ACS standards for
1511 performance improvement personnel; and

1512 (I) utilize terminology for classifying morbidity and mortality with the terms:

- 1513 (i) morbidity or mortality without opportunity;
- 1514 (ii) morbidity or mortality with opportunity for improvement; and
- 1515 (iii) morbidity or mortality with regional opportunity for improvement.

1516 (24) The trauma PIPS plan must be approved by the TMD, TPM, and the trauma
1517 operations committee and disseminated to all departments providing care to the
1518 trauma patient to ensure they are knowledgeable of their role in the trauma
1519 performance improvement plan and the data they present share at the trauma
1520 operations committee.

1521 (25) The Level I, II, III, Level IV facility admitting trauma patients meeting
1522 NTDB registry criteria must demonstrate that the TMD must chair the secondary
1523 level of performance review, the trauma multidisciplinary peer review committee,
1524 and co-chair the trauma operations committee with the TPM.

1525 (26) The trauma PIPS plan must outline the roles and responsibilities of the
1526 trauma operations committee and its membership.

1527 ~~(A) The required members of the trauma operations committee include:~~

- 1528 ~~(i) TMD and TPM;~~
- 1529 ~~(ii) performance improvement personnel and lead registry staff, if utilized;~~
- 1530 ~~(iii) administrator or executive leader;~~
- 1531 ~~(iv) nursing managers or leaders for units that provide trauma care;~~
- 1532 ~~(v) trauma surgeons, trauma liaisons, and representatives for the trauma-~~
1533 ~~APPs;~~
- 1534 ~~(vi) ancillary departments that support the trauma program, such as~~
1535 ~~diagnostic radiology, interventional radiology, laboratory, blood bank, respiratory~~
1536 ~~therapy, pharmacy, rehabilitation services, and EMS representatives, as~~
1537 ~~appropriate; and~~
- 1538 ~~(vii) managed care contract and billing leaders that attend the committee~~
1539 ~~meeting at least twice a year to review trauma finances and billing status, to share~~
1540 ~~current activities, and to identify opportunities for improvements. Attendance may~~
1541 ~~be in-person or virtually.~~

1542 ~~(B) Trauma facilities that participate in benchmarking programs must share~~
1543 ~~the facility's benchmark reports with the trauma operations committee to identify~~
1544 ~~successes and opportunities for improvement, develop action plans for the~~
1545 ~~identified opportunities, and monitor the action plan outcomes.~~

1546 (31) The trauma program must define who will attend the trauma-
1547 multidisciplinary peer review committee, have documentation that reflects their
1548 attendance, and monitor attendance to validate a minimum of 50 percent
1549 attendance.

Commented [K(25)]: Language deleted due to formal public comments.

1550 ~~(32) The trauma facility must complete a 12-month summary of the facility's~~
1551 ~~trauma PIPS plan, share the report with its facility quality program, and submit the~~
1552 ~~report to the department.~~

1553 (27) The trauma facility must document and include in its trauma PIPS plan the
1554 external review of the trauma verification and designation assessment pre-review
1555 questionnaire, designationsite survey documentsactivities, the designationsite
1556 survey summary report, including the medical record reviews, and all
1557 communication with the department.

1558 (287) Trauma facilities must submit required trauma registry data every 90 days
1559 or quarterly to the State Trauma Registry and have documented evidence of data
1560 validation and correction of identified errors or blank fields.

1561 ~~(A) The facility must have procedures that identify the trauma registry~~
1562 ~~inclusion criteria for the Texas reporting requirements. All trauma facilities must~~
1563 ~~include patients meeting NTDB registry inclusion criteria.~~

1564 ~~—— (B) Level I, II, and III trauma facilities must submit the validated trauma~~
1565 ~~registry data to the NTDB each quarter.~~

1566 ~~—— (C) The trauma registry processes must be concurrent. Registry data~~
1567 ~~abstraction, data entry, and coding must begin during the patient's hospital~~
1568 ~~admission and be completed within 60 days of the patient's hospital discharge,~~
1569 ~~transfer, or death. This requirement must be met at a minimum of 80 percent.~~

1570 ~~—— (D) The trauma registry must have sufficient personnel and technical~~
1571 ~~infrastructure support to ensure concurrent data abstraction and complete data~~
1572 ~~entry within the 60 day timeline.~~

1573 ~~(E) The trauma program must have documented procedures for trauma~~
1574 ~~registry validation, trauma registry data submission to the State Trauma Registry~~
1575 ~~and NTDB as appropriate, and to request data from the facility's trauma registry~~
1576 ~~that are approved by the TMD and TPM and are reviewed at the trauma operations~~
1577 ~~committee.~~

1578 (A) All levels of trauma facilities must demonstrate that the ~~The trauma facility~~
1579 ~~must meet the~~ current ACS standards for staffing requirements for the trauma
1580 registry are met.

1581 ~~(A) All trauma registrars must have a documented job description with~~
1582 ~~defined core functions and an organizational structure that reports to the TPM.~~

1583 ~~(B) All trauma registrars must complete the AAAM Injury Scaling Course, a~~
1584 ~~trauma registry course, and the current International Classification of Diseases~~
1585 ~~(ICD) coding class within 12 months of starting their role as a trauma registrar.~~

1586 ~~(C) Rural Level IV trauma facilities that have 75 or fewer injured patients~~
1587 ~~meeting NTDB registry inclusion criteria and do not admit trauma patients for~~
1588 ~~intensive care or trauma operative interventions may have the trauma registrar~~

1589 ~~attend an alternate data management course or outsource their registry-~~
1590 ~~requirements.~~

1591 (B) Trauma facilities that utilize a pool of trauma registrars must have an
1592 identified trauma registrar from the pool that is assigned to the facility to ensure
1593 data requests are addressed in a timely manner.

1594 ~~(E) The EMS wristband tracking number or patient tracking process must be-~~
1595 ~~included in the registry abstraction and submission of data to the State Trauma-~~
1596 ~~Registry.~~

1597 ~~(36) The trauma facility must have education requirements, certification~~
1598 ~~requirements, skills competency requirements, and evidence of trauma continuing~~
1599 ~~education for trauma nursing staff providing care for patients meeting trauma~~
1600 ~~activation guidelines and meeting NTDB registry inclusion criteria that are~~
1601 ~~monitored for compliance.~~

1602 ~~(A) There must be documented role specific orientation plans for new staff~~
1603 ~~for all units that provide trauma care.~~

1604 ~~(295) (B) All levels of trauma facilities must demonstrate that the registered~~
1605 ~~Registered nurses assigned to care for arriving patients that meet trauma activation~~
1606 ~~guidelines must have current TNCC or ATCN, ENPC or PALS, and Advanced Cardiac~~
1607 ~~Life Support certifications (ACLS). Those that are new to the facility or the facility's~~
1608 ~~trauma resuscitation area must meet these requirements within ~~12-18~~ months of~~
1609 ~~their hiring date.~~

1610 ~~(C) There must be documented evidence that the highest level of trauma~~
1611 ~~activation established by the facility has two registered nurses with the required~~
1612 ~~education, certifications, and training responding to the activation.~~

1613 ~~(D) Nurses providing care to the trauma patient through the continuum of~~
1614 ~~care must have documented evidence of trauma training and education for the~~
1615 ~~trauma population they care for, training in trauma informed care, and access to~~
1616 ~~trauma related continuing education.~~

1617 ~~(37) The trauma facility must provide outreach training programs for trauma-~~
1618 ~~related continuing education for staff, community trauma providers, APPs, nurses,~~
1619 ~~EMS, and other staff participating in trauma care or trauma system development.~~

1620 ~~(A) Level I trauma facilities must have documented evidence of outreach~~
1621 ~~education to the rural facilities in their regions and contiguous region, if a Level I~~
1622 ~~trauma facility is not available in the contiguous region, to include:~~

1623 ~~———— (i) trauma management guidelines for all injuries;~~

1624 ~~———— (ii) designation assistance;~~

1625 ~~———— (iii) transfers; and~~

1626 ~~———— (iv) trauma registry assistance.~~

Commented [K(26)]: Language removed due to formal public comments.

1627 (B) The outreach education job functions may be integrated into the TPM's
1628 job descriptions for the Level III and IV facilities.

1629 ——— (C) Level III and IV facilities may assist with RAC educational activities or
1630 collaborate with other health care systems to provide outreach education.

1631 (38) The trauma facility must have an individual responsible for injury
1632 prevention and public education (IPPE).

1633 (A) The Level III and IV facilities may integrate the IPPE job functions into
1634 the TPM job description, and IPPE activities may be integrated with RAC activities or
1635 provided in collaboration with other health care facilities.

1636 (B) Trauma facilities must participate in all statewide IPPE initiatives, such as
1637 the Stop the Bleed course, and provide the appropriate documentation to
1638 demonstrate their activities.

1639 (39) The trauma facility must have a comprehensive facility all-hazard disaster
1640 response and business continuity plan with procedures for establishing incident
1641 command and department-specific guidelines or job action sheets that guide
1642 actions and responses.

1643 — (30A) All Level I, II, III, Levels IVs admitting and managing patients meeting
1644 NTDB registry inclusion criteria with ISS of 15 or greater, and Level IV facilities
1645 admitting and managing greater than 300 patients meeting the NTDB registry
1646 inclusion criteria must have evidence the trauma trauma program surgeons, trauma
1647 liaisons, trauma program personnel, operating suite leaders, and critical care
1648 medical director and nursing leaders must complete a mass casualty response
1649 training on their role and potential job functions and a job action sheet, to ensure
1650 competency regarding measures for surge capacity, capabilities, and patient flow
1651 management from resuscitation to inpatient admission, operative suite, and critical
1652 care units or intensive care units during a multiple casualty or mass casualty event.

1653 (B) The trauma program must have documented evidence of an annual mass
1654 casualty or a no-notice multiple-casualty simulation training that integrates EMS
1655 and is planned by the TMD, emergency department medical director, TPM, trauma
1656 administrator, operating suite leaders, critical care leaders, and facility emergency
1657 management leaders.

1658 (40) The trauma facility must have a process in place to provide trauma patient
1659 outcomes and feedback to EMS providers.

1660 (A) The facility must have documented guidelines to provide EMS time-out
1661 for the arriving injured patient that are a collaborative outcome between the TMD,
1662 emergency department medical director, and the EMS medical directors.

1663 ——— (B) Trauma patient outcomes and feedback data must be handled in
1664 compliance with the Health Information Portability Accountability Act (HIPAA) and
1665 relevant state law.

1666 ~~—— (C) Processes must be established and agreed to between the TMD and the~~
1667 ~~EMS medical directors for the top three EMS transporting agencies to receive~~
1668 ~~trauma patient outcomes, feedback, and identified opportunities for improvement~~
1669 ~~for the patients they transport to the facility on a scheduled basis.~~

1670 ~~—— (D) Trauma facilities must provide EMS feedback within 30 days of arrival on~~
1671 ~~trauma patients the EMS providers transported to the facility, as requested.~~

1672 ~~(E) Feedback must include the first 24 hours of care, resuscitation~~
1673 ~~disposition, injury diagnosis available, operative interventions, and demographic~~
1674 ~~information.~~

1675 ~~—— (F) All identified EMS opportunities for improvement are shared with the~~
1676 ~~specific transporting EMS provider following HIPAA guidelines.~~

1677 ~~(3126) Level IV facilities that admit and manage trauma patients that meet the~~
1678 ~~NTDB registry inclusion criteria with an ISS of 15 or greater more must:~~

1679 ~~(A) meet the ACS Level IV requirements;~~

1680 ~~(B) have a general surgeon as their TMD who is current in ATLS, and meets~~
1681 ~~the ACS Level III requirements, must have completed a trauma performance~~
1682 ~~improvement course;~~

1683 ~~(C) have a trauma program manager that is a full-time registered nurse that~~
1684 ~~has completed a trauma performance improvement course and the AAAM Injury~~
1685 ~~Scoring Course, has evidence of completing 8 hours of trauma continuing~~
1686 ~~education annually, and meets the ACS Level III standards;~~

1687 ~~(D) have written trauma management guidelines specific to the trauma~~
1688 ~~patients admitted and managed at their facility that are monitored through the~~
1689 ~~trauma performance improvement process;~~

1690 ~~(E) meet the current standards requirements of the ACS Verification~~
1691 ~~Standards for Level III facilities requirements for radiology, laboratory, blood~~
1692 ~~bank, operating suite, intensive care, and rehabilitation;~~

1693 ~~(F) have provisions for a multidisciplinary trauma peer review committee and~~
1694 ~~a trauma operations committee;~~

1695 ~~(G) submit trauma registry data quarterly to the State Trauma Registry; and~~

1696 ~~(H) meet their local RAC participation requirements.~~

1697 ~~(3227) Level IV facilities that admit and manage 300 or more trauma patients~~
1698 ~~that meet NTDB registry inclusion criteria must:~~

1699 ~~(A) meet the current standards of the ACS for Level IV;~~

1700 ~~(B) have a trauma medical director that is current in ATLS and has completed~~
1701 ~~a trauma performance improvement course, and documentation of 8 hours of~~
1702 ~~trauma continuing medical education annually;~~

Commented [K(27)]: Revised language for better flow for the Level IV facilities.

1703 (C) have a trauma program manager that is a full-time registered nurse at
1704 the facility that has completed the trauma performance improvement course and
1705 the AAAM Injury Scoring Course, and documentation of completing 8 hours of
1706 trauma continuing education annually;

1707 (D) have written trauma management guidelines that are specific to the
1708 trauma patients admitted and managed that are monitored through the trauma
1709 performance improvement process;

1710 (E) have written trauma transfer guidelines that are monitored to identify the
1711 time of arrival, decision time for transfer, time of transport arrival, transfer
1712 time;

1713 (F) maintain a trauma performance improvement patient safety plan that at
1714 a minimum monitors:

1715 (i) trauma team activations;

1716 (ii) trauma team response;

1717 (iii) documentation guidelines;

1718 (iv) trauma management guidelines;

1719 (v) pediatric resuscitations;

1720 (vi) trauma patient transfers; and

1721 (vii) reviews all trauma deaths.

1722 (G) have provisions for a multidisciplinary trauma peer review committee
1723 and a trauma operations committee;

1724 (H) submit quarterly trauma registry data to the State Trauma Registry; and

1725 (I) meet their local RACs participation requirements.

1726 ~~(3328)~~ Level IV facilities that admit and manage greater than 100 to 300
1727 trauma patients that meet NTDB registry inclusion criteria that are single system
1728 injuries or non-complex injuries must:

1729 (A) have a TMD that oversees and monitors the trauma care provided that is
1730 current in ATLS;

1731 (B) have a TPM that is a registered nurse that is full-time at the facility with
1732 dedicated hours to the trauma program to ensure the trauma performance
1733 improvement patient safety plan and trauma registry is concurrent, has completed
1734 a trauma performance improvement course and AAAM Injury Scoring Course, and
1735 documented evidence of completing 8 hours of trauma continuing nursing education
1736 annually, _____

1737 _____ (C) have documented guidelines for trauma team activation with
1738 defined response times, resuscitation management guidelines, documentation
1739 guidelines for resuscitation through to admission, transfers, and discharge
1740 planning;

1741 _____ (D) have documented guidelines for trauma patient transfers and measures
1742 to monitor the transfers through the trauma performance improvement process to
1743 review the time of arrival, transfer decision time, transport arrival time, and time
1744 transferred.

1745 _____ (E) have documented management guidelines specific for the trauma
1746 patients admitted to their facility;

1747 _____ (F) complete an annual pediatric readiness assessment

1748 _____ (G) have a written trauma performance improvement patient safety
1749 plan that at minimum monitors:

1750 _____ (i) trauma team activations;

1751 _____ (ii) trauma team member response times;

1752 _____ (iii) documentation guidelines;

1753 _____ (iv) management guidelines;

1754 _____ (v) pediatric resuscitations;

1755 _____ (vi) transfer guidelines; and

1756 _____ (vii) reviews all trauma deaths.

1757 _____ (H) have provisions for a multidisciplinary trauma peer review committee
1758 and a trauma operations committee that may be integrated with hospital
1759 committees.

1760 _____ (I) Nursing staff responding to the trauma activations must have the required
1761 educational certification courses; and

1762 _____ (J) have clinical capabilities of radiology imaging, laboratory, and blood bank
1763 capabilities with two units of packed red blood cells (PRBC).

1764 (3429) Level IV facilities that admit and manage 100 or less trauma patients
1765 that meet NTDB registry inclusion criteria must:

1766 _____ (A) have a TMD that oversees and monitors the trauma care provided that is
1767 current in ATLS;

1768 ~~_____ (B) have a TMD that is board-certified or current in ATLS;~~

1769 _____ (B) have a TPM that is a registered nurse or have the TPM responsibilities be
1770 integrated into the Chief Nursing Officer (CNO); ~~that oversees and monitors the~~
1771 ~~trauma care provided;~~

- 1772 (i) TPM must complete a trauma performance improvement course; and
1773 (ii) a registry AAAM Injury Scoring Course; and
1774 (iii) oversees and monitors trauma care provided.
- 1775 (C) have documented guidelines for trauma team activation with and
1776 response times, resuscitation management, documentation standards for
1777 resuscitation through admission or transfers or ~~and discharge planning;~~
- 1778 (D) have documented management guidelines specific for the trauma
1779 patients admitted to their facility;
- 1780 (E) complete a pediatric readiness assessment survey;
- 1781 (F) have documented transfer guidelines that monitored to identify the
1782 arrival time, decision to transfer time, time of transport arrival, and time of
1783 transfer.
- 1784 (G) have a trauma performance improvement patient safety plan process-
1785 that at minimum monitors:
- 1786 (i) trauma team activations
1787 (ii) trauma team response times;
1788 (iii) documentation guidelines;
1789 (iv) management guidelines;
1790 (v) transfer guidelines; and
1791 (vi) reviews all trauma deaths.
- 1792 (H) Nursing staff responding to the trauma activations must have the
1793 required educational certification courses;
- 1794 (I) have provisions for a trauma multidisciplinary peer review process and
1795 operational oversight that may be integrated into the hospitals processes; and
- 1796 (J) have clinical capabilities of radiology imaging, laboratory, and blood bank
1797 capabilities with two units of packed red blood cells (PRBC); and-
- 1798 (K) participate in their local RAC.
- 1799 (k) A facility seeking trauma designation or renewal of designation must submit the
1800 completed designation application packet, have the required documents available at
1801 the time of the designation site-survey, and submit the survey summary and
1802 medical record reviews following the completed designationsite survey.
- 1803 (1) A complete application packet contains the following:
- 1804 (A) a trauma designation application for the requested level of designation;

1805 (B) a completed department ~~designation assessment pre-review~~ questionnaire
1806 ~~and documentation that no potential conflict of interest exists~~;

1807 (C) full payment of the designation fee and department remit form submitted
1808 to the department Cash Branch per the designation application instructions;

1809 (D) ~~evidence~~ of the ~~TMD and facility's trauma program participation TPM-~~
1810 ~~attendance~~ at RAC meetings throughout the designation cycle;

Commented [K(28)]: Revisions due to formal public comments received.

1811 (E) evidence of documented data validation and quarterly submission to the
1812 State Trauma Registry and NTDB for the past 12 months;

1813 (F) the documentation in subparagraphs (A) - (E) of this paragraph must be
1814 submitted to the department and department-approved survey organization no
1815 later than 45 days before the facility's scheduled ~~designationsite~~ survey.

1816 (2) The facility must have the required documents available and organized for
1817 the actual ~~designationsite~~ survey ~~review process~~, including:

1818 (A) documentation of a minimum of 12 months of trauma performance
1819 improvement and patient safety reviews, including minutes and attendance of the
1820 trauma operations meetings and the trauma multidisciplinary peer review
1821 committee meetings, all trauma-documented management guidelines or evidence-
1822 based practice guidelines, and all trauma-related policies, procedures, ~~protocols~~,
1823 and diversion times;

1824 (B) evidence of 12 months of trauma registry ~~submissions to the state~~
1825 ~~registry, data abstraction and data entry, with completed registry files~~
1826 ~~demonstrating 80 percent of files completed within 60 days of patient discharge,~~
1827 ~~transfer, or death~~;

1828 (C) documentation of all injury prevention, outreach education, public
1829 education, and research activities; and

1830 (D) documentation to reflect ~~the Texas~~ designation requirements ~~and that~~
1831 ~~ACS standards for verification~~ are met.

1832 (3) Not later than 90 days after the trauma ~~designationsite~~ survey, the facility
1833 must submit to the department the following documentation:

1834 (A) the documented trauma designation ~~site~~ survey summary report that
1835 includes the requirements met and not met, and the medical record reviews; and

1836 (B) a POC, if required by the department, which addresses all designation
1837 requirements defined as "not met" in the trauma designation ~~site~~ survey summary
1838 report and must include:

1839 (i) a statement of the cited designation requirement not met;

1840 (ii) a statement describing the corrective action taken by the facility
1841 seeking trauma designation to meet the requirement;

|

1842 (iii) the title of the individuals responsible for ensuring the corrective
1843 actions are implemented and monitored;

1844 (iv) the date the corrective actions are implemented;

1845 (v) a statement on how the corrective action will be monitored and what
1846 data is measured to identify change;

1847 (vi) documented evidence that the POC is implemented within 60 days of
1848 the survey date; and

1849 (vii) any subsequent documents requested by the department.

1850 (4) The application includes full payment of the non-refundable, non-
1851 transferrable designation fee listed:

1852 (A) For Level I and Level II trauma facility applicants, the fee will be no more
1853 than \$10 per licensed bed with an upper limit of \$5,000 and a lower limit of \$4,000.

1854 (B) For Level III trauma facility applicants, the fee will be no more than \$10
1855 per licensed bed with an upper limit of \$2,500 and a lower limit of \$1,500.

1856 (C) For Level IV trauma facility applicants, the fee will be no more than \$10
1857 per licensed bed with an upper limit of \$1000 and a lower limit of \$500.

1858 (5) All application documents except the designation fee will be submitted
1859 electronically to the department.

1860 (l) Facilities seeking initial trauma designation must complete a scheduled
1861 conference call with the department and include the facility's CEO, CNO, COO,
1862 trauma administrative or executive leader, TMD, and TPM before scheduling the
1863 designation ~~site~~-survey. The following information must be provided to the
1864 department before the scheduled conference call with the department:

1865 (1) job descriptions for the ~~trauma administrator~~, TMD, TPM, and trauma
1866 registrar;

1867 (2) trauma operational plan;

1868 (3) trauma PIPS plan;

1869 (4) trauma activation and trauma management guidelines; and

1870 (5) trauma registry procedures.

1871 (m) Facilities seeking designation renewal must submit the required documents
1872 described in subsection (l) of this section to the department no later than 90 days
1873 before the facility's current trauma designation expiration date.

1874 (n) The application will not be processed if a facility seeking trauma designation
1875 fails to submit the required application documents and designation fee.

1876 (o) A facility requesting designation at a different level of care or experiencing a
1877 change in ownership or a change in physical address must notify the department
1878 and submit a complete designation application packet and application fee.

1879 (p) Facilities will schedule a designation ~~site~~-survey with a department-approved
1880 survey organization. All aspects of the designation survey process must follow the
1881 department designation survey guidelines. All initial designation ~~site~~-surveys must
1882 be performed in person unless approval for virtual review is given by the
1883 department.

1884 (1) Facilities requesting Level I and II trauma facility designation must request a
1885 verification ~~site~~-survey through the ACS trauma verification program. This includes
1886 ~~facilities seeking pediatric Level I and II designation that are in the facility's main~~
1887 ~~campus and those that are~~-pediatric stand-alone facilities.

1888 (2) Level III facilities must request a designation site-survey through either the
1889 ACS trauma verification program or through a department-approved survey
1890 organization.

1891 (3) Level IV facilities that admit and manage trauma patients with an ISS of 15
1892 or greater or admit and manage more than 300 patients must schedule the
1893 designation survey with a department-approved survey organization.

1894 ~~(43)~~ Level IV facilities that admit and manage more than 100 to 300 patients
1895 meeting the NTDB registry inclusion criteria, must schedule a designation survey
1896 through a department-approved survey organization. The facility must request a
1897 designationsite survey with a department-approved survey organization or follow
1898 the defined departmental process.

1899 (54) Level IV facilities that admit 100 or less trauma patients meeting the NTDB
1900 registry inclusion criteria, must request aschedule the designation survey with the
1901 department. The facility's executive officers may request in writing contact the
1902 department to complete a designation survey with a or the facility's executive
1903 officers may choose a department-approved survey organization.

1904 (64) The facility must notify the department of the date of the scheduled
1905 ~~designation site~~-survey a minimum of 60 days before the survey.

1906 (75) The facility is responsible for any expenses associated with the
1907 ~~designationsite~~ survey.

1908 (86) ~~The~~ department, at its discretion, may appoint a designation coordinator to
1909 participate in the survey process. department-observer to accompany the survey-
1910 team with the observer-The designation coordinator's costs will be borne by the
1911 department.

1912 (q) The survey team composition must be as follows:

1913 (1) Level I or Level II facilities must be reviewed by a multidisciplinary team,
1914 consistent with current ACS standards, and include, at a minimum, two trauma or
1915 general surgeons with trauma expertise, an emergency medicine physician, and a

Commented [K(29)]: Revised due to clarification requested in formal public comment.

1916 TPM, all currently active in a verified trauma facility that currently participates in
1917 the management or oversight of trauma patients and practice outside of Texas. ~~All~~
1918 ~~aspects of the site designation survey process must follow the department survey~~
1919 ~~guidelines.~~

1920 (2) Level I or Level II adult and pediatric facilities must be reviewed by a
1921 multidisciplinary team, consistent with current ACS standards, and include, at a
1922 minimum, a pediatric surgeon, a trauma or general surgeon with trauma expertise,
1923 a pediatric emergency medicine physician, and a pediatric TPM, all currently active
1924 in a verified or designated trauma facility that currently participates in the
1925 management or oversight of pediatric trauma patients and practice outside of
1926 Texas. ~~All aspects of the designation site survey process must follow the~~
1927 ~~department survey guidelines.~~

1928 (3) Level III facilities must be reviewed by a multidisciplinary team consisting of
1929 a surgeon that is active in a trauma program and a trauma program manager or
1930 trauma program director that is currently participating that aligns with the ACS-
1931 minimal with trauma expertise and current participation in the management or
1932 oversight of trauma patients at a Level I, II, or III trauma designated facility. ~~All~~
1933 ~~aspects of the site designation survey process must follow the department survey~~
1934 ~~guidelines.~~

1935 ~~(A) Level III facilities evaluating 1,000 or more patients per year meeting~~
1936 ~~NTDB registry inclusion criteria must be reviewed by two trauma or general~~
1937 ~~surgeons, an emergency medicine physician, and a TPM.~~

1938 ~~(B) Level III facilities evaluating 300 to 999 patients per year meeting NTDB~~
1939 ~~registry inclusion criteria must be reviewed by two trauma or general surgeons, or~~
1940 ~~a trauma surgeon and emergency medicine physician, and a TPM.~~

1941 ~~(C) Level III facilities evaluating 299 or fewer patients per year meeting~~
1942 ~~NTDB registry inclusion criteria must be reviewed by a trauma or general surgeon,~~
1943 ~~and a TPM.~~

1944 (4) Level IV facilities' survey team is determined by the facility's number of
1945 trauma patient admissions that evaluate and admit patients who meet NTDB
1946 registry inclusion criteria and level of acuity. ~~must be reviewed by a~~
1947 ~~multidisciplinary team with trauma expertise, all currently participating in trauma~~
1948 ~~management or oversight at a Level I, II, or III designated facility. All aspects of~~
1949 ~~the site designation survey process must follow the department survey guidelines.~~

1950 (A) Level IV facilities that evaluate and admit and manage 1,000 or more
1951 trauma patients per year meeting NTDB registry inclusion criteria with an ISS of 15
1952 or higher, must be reviewed by a surgeon and a trauma program manager or
1953 trauma program director. a team that liagns with the ACS minimal review team.
1954 ~~two trauma or general surgeons, an emergency medicine physician, and a TPM, all~~
1955 ~~currently participating in trauma patient management or oversight at a Level I, II,~~
1956 ~~or III designated facility.~~

1957 (B) Level IV facilities that ~~evaluate and admit and manage 300 or more to~~
1958 ~~999 trauma~~ patients per year meeting NTDB registry inclusion criteria must be
1959 reviewed by a by a surgeon and a trauma program manager or trauma program
1960 director. team that aligns with the ACS minimal review team. trauma or general
1961 surgeon, an emergency medicine physician, or two trauma surgeons or general
1962 surgeons, and a TPM, all currently participating in trauma patient management or
1963 oversight at a Level I, II, or III designated facility.

1964 (C) Level IV facilities that ~~evaluate and admit and manage 1010 to 299-300~~
1965 ~~trauma~~ patients per year meeting NTDB registry inclusion criteria must be surveyed
1966 reviewed by a ~~trauma or general surgeon~~ if patients with an ISS of 9 to 14 are
1967 admitted to the facility. If the admitted patients do not have ISS of 9 to 14 then an
1968 emergency medicine physician or a family medicine physician who is currently
1969 servin ~~as~~ a trauma medical director can be the surveyor, or a surgeon may be
1970 the surveyor. The facility's executive officers may request in writing an additional
1971 survey team member. and a TPM, currently participating in trauma patient
1972 management or oversight at a Level I, II, or III designated facility.

1973 (D) Level IV facilities that ~~evaluate and admit and manage 10099 or~~
1974 ~~less fewer trauma~~ patients per year meeting NTDB registry inclusion criteria ~~risk will~~
1975 complete a department designation survey. The facility's executive officers may
1976 request in writing a designation survey with a department-approved survey
1977 organization. st be surveyed reviewed by a ~~trauma or general surgeon, or an~~
1978 ~~emergency medicine physician, or a TPM, currently participating in trauma patient~~
1979 ~~management or oversight at a Level I, II, or III designated facility.~~

1980 (E) Rural Level IV or CAH facilities that ~~evaluate fewer than 75 patients per~~
1981 ~~year meeting NTDB registry inclusion criteria and do not admit these patients to~~
1982 ~~their facility for trauma management, intensive care, or operative intervention will~~
1983 ~~follow the department self-assessment survey guidelines and meet with the~~
1984 ~~department to complete their designation survey.~~

1985 — (5) In Level III and Level IV facilities, the second surgeon may be replaced with
1986 an orthopedic surgeon for those facilities with predominately orthopedic trauma
1987 cases or a neurosurgeon for those facilities with neurotrauma cases. This individual
1988 must currently participate in trauma patient management at a designated Level I,
1989 II, or III trauma facility.

1990 (r) Trauma facilities seeking designation or redesignation and department-approved
1991 survey organizations must follow the department survey guidelines and ensure all
1992 surveyors follow these guidelines.

1993 (1) All members of the survey team for Level III or IV, except department staff,
1994 cannot be from the same TSA or a contiguous TSA of the facility's location. There
1995 must be no business or patient care relationship or any known conflict of interest
1996 between the surveyor or the surveyor's place of employment and the facility being
1997 surveyed.

Commented [K(30)]: Language removed due to formal public comments.

1998 (2) The facility must not accept surveyors with any known conflict of interest. If
1999 a conflict of interest is present, the facility seeking trauma designation must decline
2000 the assigned surveyor through the survey organization.

2001 (A) A conflict of interest exists when the surveyor has a direct or indirect
2002 financial, personal, or other interest which would limit or could reasonably be
2003 perceived as limiting the surveyor's ability to serve in the best interest of the
2004 public.

2005 (B) The conflict of interest may include a surveyor who, in the past four
2006 years:

2007 (i) has trained or supervised key hospital or medical staff in residency or
2008 fellowship;

2009 (ii) collaborated professionally with key members of the facility's
2010 leadership team;

2011 (iii) was employed in the same health care system in state or out of state;

2012 (iv) participated in a designation consultation with the facility;

2013 (v) had a previous working relationship with the facility or facility leader;

2014 (vi) conducted a designation survey for the facility; or

2015 (vii) is the EMS medical director for an agency that routinely transports
2016 trauma patients to the facility.

2017 (3) If a designation survey occurs with a surveyor who has a known conflict of
2018 interest, the trauma designation ~~site~~ survey summary report and medical record
2019 review may not be accepted by the department.

2020 (4) A survey organization must complete an application requesting to perform
2021 designation surveys in Texas and be approved by the department. Each
2022 organization must renew its application every four years.

2023 (s) Level I, II, and III facilities using the ACS verification program who do not
2024 receive a letter of verification and facilities surveyed by a department-approved
2025 survey organization with four or more requirements not met must schedule a
2026 conference call with the department.

2027 (t) If a health care facility seeking re-designation fails to meet the requirements
2028 outlined in subsection (j) of this section, the original designation will expire on its
2029 expiration date. The facility must wait six months and begin the process again if
2030 they choose to continue as a designated trauma facility.

2031 (u) If a facility disagrees with the designation level awarded by the department, the
2032 CEO, CNO, or COO may request an appeal, in writing, sent to the EMS/Trauma
2033 Systems Section Director not later than 30 days after receiving a designation
2034 award.

2035 (1) All written appeals are reviewed quarterly by the EMS/Trauma Systems
2036 Section Director in conjunction with the Trauma Designation Review Committee.

2037 (A) The Trauma Designation Review Committee consists of the following
2038 individuals for trauma designation appeals, exception requests, or contingent
2039 designation survey summaries:

2040 (i) Chair of Governor's EMS and Trauma Advisory Council (GETAC);

2041 (ii) Immediate past-chair of GETAC;

2042 (iii) Chair of the GETAC Trauma Systems Committee;

2043 (iv) Chair of the GETAC EMS Medical Directors Committee;

2044 (v) Chair of the GETAC Pediatric Committee;

2045 (vi) Current President of the Texas Trauma Coordinators Forum;

2046 (vii) three individuals who each have a minimum of 10 years of trauma
2047 facility oversight as an administrator, medical director, program manager or
2048 director, or program liaison, all selected by the current Chair of GETAC and
2049 approved by the EMS/Trauma Systems Section Director and CPD Associate
2050 Commissioner; and

2051 (viii) three department representatives from the EMS/Trauma Systems
2052 Section.

2053 (B) The Trauma Designation Review Committee meetings are closed to
2054 maintain confidentiality for all reviews.

2055 (C) The GETAC Chair and the Chair of the Trauma System Committee are
2056 required to attend the Trauma Designation Review Committee, in addition to a
2057 minimum of five of the other members, to conduct meetings with the purpose of
2058 reviewing trauma facility designation appeals, exception requests, and contingent
2059 designation survey summaries that identify requirements not met. Agreement from
2060 the of a majority of the members present is required.

2061 (2) If the Trauma Designation Review Committee supports the department's
2062 designation determination, the EMS/Trauma Systems Section Director will give
2063 written notice of the review and determination to the facility not later than 30 days
2064 after the committee's recommendation.

2065 (3) If the Trauma Designation Review Committee recommends a different level
2066 of designation, it will provide information to support a designation change to the
2067 department. The department reviews the recommendation and determines the
2068 approved level of designation. Additional actions, such as a focused review, re-
2069 survey, or submission of information and reports to maintain designation, may be
2070 required by the department for identified designation requirements that are not met
2071 or are partially met.

2072 (4) If a facility disagrees with the Trauma Designation Review Committee's
2073 recommendation and department's awarded level of designation, the facility may
2074 request a second appeal review with the department's CPD Associate Commissioner
2075 in writing and electronically submit to the EMS/Trauma Systems Section no later
2076 than 15 days after the date of the department's designation notice. If the CPD
2077 Associate Commissioner disagrees with the Trauma Designation Review
2078 Committee's recommendation, the CPD Associate Commissioner decides the
2079 appropriate level designation awarded. The department sends a notification letter of
2080 the second appeal decision within 30 days of receiving the second appeal request.

2081 (5) If the facility continues to disagree with the second level of appeal, the
2082 facility has a right to a hearing in the manner referenced for contested cases in
2083 Texas Government Code Chapters 1 and 2001.

2084 (v) All designated facilities must follow the exceptions and notifications process
2085 outlined in the following paragraphs.

2086 (1) A designated trauma facility must provide written or electronic notification of
2087 any significant change to the trauma program impacting the capacity or capabilities
2088 to manage and care for a trauma patient. The notification must be provided to the
2089 following:

2090 (A) all EMS providers that transfer trauma patients to or from the designated
2091 trauma facility;

2092 (B) the hospitals to which it customarily transfers out or from which it
2093 transfers in trauma patients;

2094 (C) applicable RACs; and

2095 (D) the department.

2096 (2) If the designated trauma facility is unable to meet the requirements to
2097 maintain its current designation, it must submit to the department a documented
2098 POC and a request for a temporary exception to the designation requirements. Any
2099 request for an exception must be submitted in writing from the facility's CEO and
2100 define the facility's timeline to meet the designation requirements. The department
2101 reviews the request and the POC and either grants the exception with a timeline
2102 based on access to care, including geographic location, other levels of trauma
2103 facilities available, transport times, impact on trauma outcomes, and the regional
2104 trauma system, or denies the exception. If the facility is not granted an exception
2105 or it does not meet the designation requirements at the end of the exception
2106 period, the department will elect one of the following:

2107 (A) review the exception request with the Trauma Designation Review
2108 Committee with consideration of geographic location, access to trauma care in the
2109 local area of the facility, and impact on the regional system;

2110 (B) re-designate the facility at the level appropriate to its revised
2111 capabilities;

2112 (C) outline an agreement with the facility to satisfy all designation
2113 requirements for the level of care designation within a time specified under the
2114 agreement, which may not exceed the first anniversary of the effective date of the
2115 agreement; or

2116 (D) accept the facility's surrender of its trauma designation certificate.

2117 (3) If the facility is relinquishing its trauma designation, the facility must provide
2118 30 days written advance notice of the relinquishment to the department. The
2119 facility informs the applicable RACs, EMS providers, and facilities to which it
2120 customarily transfers out or from which it transfers in trauma patients. The facility
2121 is responsible for continuing to provide trauma care services or ensuring a plan for
2122 trauma care continuity for 30 days following the written notice of relinquishment of
2123 its trauma designation.

2124 (w) A designated trauma facility may choose to apply for a higher level of
2125 designation at any time. The facility must follow the initial designation process
2126 described in subsection (j) of this section to apply for a higher level of trauma
2127 designation. The facility cannot claim or advertise the higher level of designation
2128 until the facility has received written notification of the award of the higher level of
2129 designation.

2130 (x) A hospital providing trauma services must not use or authorize the use of any
2131 public communication or advertising containing false, misleading, or deceptive
2132 claims regarding its trauma designation status. Public communication or advertising
2133 is deemed false, misleading, or deceptive if the facility uses these, or similar,
2134 terms:

2135 (1) trauma facility, trauma hospital, trauma center, functioning as a trauma
2136 center, serving as a trauma center, or similar terminology if the facility is not
2137 currently designated as a trauma center or designated trauma center at that level;
2138 or

2139 (2) comprehensive Level I trauma center, major Level II trauma center,
2140 advanced Level III trauma center, basic Level IV trauma center, or similar
2141 terminology in its signs, website, advertisements, social media, or in the printed
2142 materials and information it provides to the public that is different than the current
2143 designation level awarded by the department.

2144 (y) During a virtual, on-site, or focused designation review conducted by the
2145 department or a survey organization, the department or surveyor has the right to
2146 review and evaluate the following documentation to validate that designation
2147 requirements are met in this section and the Texas Health and Safety Code Chapter
2148 773:

2149 (1) trauma patient records;

2150 (2) trauma performance improvement plan and process documents;

2151 (3) appropriate committee documentation for attendance, meeting minutes, and
2152 documents demonstrating why the case was referred, the date reviewed, pertinent
2153 discussion, and any actions taken specific to improving trauma care and outcomes;
2154 and

2155 (4) documents relevant to trauma care in a designated trauma facility or facility
2156 seeking trauma facility designation to validate evidence that designation
2157 requirements are met.

2158 (z) The department and department-approved survey organizations must comply
2159 with all relevant laws related to the confidentiality of such records.

2160 §157.128. Denial, Suspension, and Revocation of Trauma Facility Designation.

2161 (a) An applicant facility's trauma application for designation may be denied, or a
2162 facility's trauma designation may be suspended or revoked for failure to meet
2163 designation requirements, and the following reasons:

2164 (1) failure to comply with the statute and this chapter;

2165 (2) willful preparation or filing of false reports or records;

2166 (3) fraud or deceit in obtaining or attempting to obtain designation status;

2167 (4) failure to submit trauma data to the State Trauma Registry;

2168 (5) failure to maintain required licenses, designations, and accreditations or
2169 when disciplinary action has been taken against the health care facility by a state or
2170 national licensing agency;

2171 (6) failure to have appropriate staff, equipment, or resources required for
2172 designation routinely available;

2173 (7) unauthorized disclosure of medical or other confidential information;

2174 (8) alteration or inappropriate destruction of medical records; or

2175 (9) refusal to render care because of a patient's race, color, gender, national
2176 origin, sexual preference, age, disability, medical problem, or inability to pay.

2177 (b) Intermittent failure of a facility to meet designation criteria shall not be grounds
2178 for denial, suspension, or revocation by the department, if the circumstances under
2179 which the failure occurred:

2180 (1) do not reflect an overall deterioration in quality of trauma care; and

2181 (2) are corrected within a reasonable timeframe by the facility.

2182 (c) If the department proposes to deny, suspend, or revoke a designation, the
2183 department must notify the facility at the address shown in the current department
2184 records. The notice must state the alleged facts that warrant the proposed action
2185 and state that the facility has an opportunity to appeal the proposed action through

2186 the Trauma Designation Review Committee as described in §157.125(u) of this
2187 subchapter or request a hearing in the manner referenced for contested cases in
2188 Texas Government Code Chapter 2001.

2189 (1) A request for a hearing shall be in writing and submitted to the department
2190 and postmarked within 15 days of the date the notice was sent.

2191 (2) If the healthcare facility fails to timely submit a written request for a
2192 hearing, it will be deemed to have waived the opportunity for a hearing and the
2193 proposed action will be ordered.

2194 (d) Six months after the denial of an applicant facility's designation, the applicant
2195 facility may reapply for facility designation.

2196 (e) One year after the revocation of a facility's designation, the facility may reapply
2197 for designation. The department may deny designation if the department
2198 determines that the reason for the revocation continues to exist or if the facility
2199 otherwise does not continuously meet the designation requirements.

2200 (f) The department will inform the facility of the potential funding implications
2201 related to the designation denial, suspension, or revocation as outlined in:

2202 (1) Title 1 of the Texas Administrative Code (TAC), Part 15, Chapter 355,
2203 Subchapter J, Division 4, §355.8052 and §355.8065; and

2204 (2) Section 157.130 of this subchapter (relating to Funds for Emergency Medical
2205 Services, Trauma Facilities, and Trauma Care Systems, and the Designated Trauma
2206 Facility and Emergency Services Account).

2207 §157.130. Funds for Emergency Medical Services, Trauma Facilities, and Trauma
2208 Care Systems, and the Designated Trauma Facility and Emergency Services
2209 Account.

2210 (a) Allocations determination under Texas Health and Safety Code §773.122 and
2211 Chapter 780.

2212 (1) Department determination. The department determines each year:

2213 (A) eligibility criteria for emergency medical services (EMS), trauma service
2214 area (TSA), and hospital allocations; and

2215 (B) the amount of EMS, TSA, and hospital allocations based on language
2216 described in Texas Health and Safety Code §773.122 and Chapter 780.

2217 (2) Eligibility requirements. To be eligible for funding from the accounts, all
2218 potential recipients must maintain the regional participation requirements.

2219 (3) Extraordinary emergency funding.

2220 (A) To be eligible to receive extraordinary emergency funding, an entity must
2221 meet the following requirements:

2222 (i) be a licensed EMS provider, a designated trauma facility, or a
 2223 recognized first responder organization (FRO);

2224 (ii) submit a completed application and any additional documentation
 2225 requested by the department; and

2226 (iii) provide documentation of active participation in its local Regional
 2227 Advisory Council (RAC).

2228 (B) Incomplete applications will not be considered for extraordinary
 2229 emergency funding.

2230 (4) EMS allocation.

2231 (A) The department will contract with each eligible RAC to distribute the
 2232 county funds to eligible EMS providers based within counties that are aligned with
 2233 the relevant TSA.

2234 (i) The department will evaluate submitted support documents per the
 2235 contract statement of work. Awarded funds must be used in addition to current
 2236 operational EMS funding of eligible recipients and must not supplant the operational
 2237 budget.

2238 (ii) Funds are allocated by county to be awarded to eligible providers in
 2239 each county. Funds are non-transferable to other counties within the RAC if there
 2240 are no eligible providers in a county.

2241 (B) Eligible EMS providers may contribute funds for a specified purpose
 2242 within the TSA when:

2243 (i) all EMS providers received communication regarding the intent of the
 2244 contributed funds;

2245 (ii) the EMS providers voted and approved by majority vote to contribute
 2246 funds; and

2247 (iii) all EMS providers that did not support contributing funds for the
 2248 specific purpose receive their total funding.

2249 (C) To be eligible for funding from the EMS allocation, providers must:

2250 (i) maintain and comply with all licensure requirements as described in
 2251 §157.11 of this chapter (relating to Requirements for an EMS Provider License);

2252 (ii) follow RAC regional ~~guidelines~~~~protocols~~ regarding patient destination
 2253 and transport in all TSAs in which they operate (verified by each RAC);

2254 (iii) follow actual patient ~~transport~~~~referral~~ patterns of each RAC to which it
 2255 provides services, if the provider is licensed in a county or contracted to provide
 2256 EMS in a contiguous county in a neighboring TSA;

Commented [K(31): Language modifications based on formal public comments.

2257 (iv) notify the RACs of any potential eligibility to receive funds and meet
2258 the RAC's participation requirements, if a provider is contracted to provide EMS
2259 within a county of any one TSA and whose county of licensure is another county not
2260 in or contiguous with that TSA; and

2261 (v) provide the department evidence of a contract or letter of agreement
2262 with each additional county government or taxing authority in which EMS is
2263 provided in any county beyond its county of licensure.

2264 (D) Inter-facility transfer letters of agreement and contracts or mutual aid
2265 letters of agreement and contracts do not meet this requirement.

2266 (E) Contracts or letters of agreement must be submitted to the department
2267 on or before the stated department contract deadline of the respective year and
2268 provide evidence of continued coverage throughout the effective contract dates for
2269 which the eligibility of the EMS provider is being considered.

2270 (F) EMS providers with contracts or letters of agreement on file with the
2271 department that meet the effective contract dates do not need to resubmit a copy
2272 of the contract or letter of agreement unless it has expired or will expire before the
2273 effective date of the next contract.

2274 (G) The submitted contracts or letters of agreement must include effective
2275 dates to determine continued eligibility.

2276 (H) EMS providers are responsible for ensuring that all necessary portions of
2277 their contracts or letters of agreement have been received by the department on or
2278 before the listed deadline to be considered for eligibility.

2279 (I) Air ambulance providers must meet the same requirements as ground
2280 transport EMS providers to be eligible to receive funds from a specific county other
2281 than the county of licensure.

2282 (J) If an EMS provider is licensed in a particular county for a service area that
2283 is considered a geo-political subdivision and whose boundary lines cross multiple
2284 county lines, it will be considered eligible for the EMS Allocation for all counties
2285 overlapped by that geo-political subdivision's boundary lines. Verification from local
2286 jurisdictions will be requested for every county that comprises the geo-political
2287 subdivision to determine funding eligibility for each county. The eligibility of EMS
2288 providers whose county of licensure is in a geo-political subdivision other than
2289 those listed in clauses (i) - (v) of this subparagraph will be evaluated on a case-by-
2290 case basis. Geo-political subdivisions include:

2291 (i) municipalities;

2292 (ii) school districts;

2293 (iii) emergency service districts (ESDs);

2294 (iv) utility districts; or

2295 (v) prison districts.

2296 (5) TSA allocation.

2297 (A) The department will contract with eligible RACs to distribute the funds for
2298 the operation of the 22 TSAs and for equipment, communications, education, and
2299 training for the areas.

2300 (B) To be eligible to distribute funding on behalf of eligible recipients in each
2301 county to the TSA, a RAC must be:

2302 (i) officially recognized by the department as described in §157.123 of
2303 this subchapter (relating to Regional Advisory Councils);

2304 (ii) in compliance with all RAC performance criteria ~~and expectations,~~
2305 have a current RAC self-assessment, and have a current regional trauma and
2306 emergency health care system plan; and

2307 (iii) incorporated as an entity that is exempt from federal income tax
2308 under Section 501(a), Internal Revenue Code of 1986, and its subsequent
2309 amendments by being listed as an exempt organization under Section 501(c)(3).

2310 (C) The TSA allocation distributed under this paragraph will be based on the
2311 relative geographic size and population of each TSA and on the relative amount of
2312 trauma care provided.

2313 (6) Hospital allocation. The department will distribute funds to designated
2314 trauma facilities to subsidize a portion of uncompensated trauma care provided or
2315 to enhance the facility's delivery of trauma care.

2316 (A) Funds distributed from the hospital allocations will be made based on:

2317 (i) the hospital being designated as a trauma facility by the department as
2318 defined in Texas Health and Safety Code Chapter 773;

2319 (ii) the percentage of the hospital's uncompensated trauma care cost for
2320 patients who meet the National Trauma Data Bank (NTDB) registry inclusion criteria
2321 relative to the total uncompensated trauma care cost reported for the identified
2322 patient population by qualified facilities that year;

2323 (iii) availability of funds; and

2324 (iv) submission of a complete application to the department within the
2325 stated time frame. Incomplete applications will not be considered.

2326 (B) Additional information may be requested by the department to determine
2327 eligibility for funding.

2328 (C) A designated trauma facility in receipt of funding from the hospital
2329 allocation that fails to maintain its designation as required in §157.125 of this
2330 subchapter (relating to Requirements for Trauma Facility Designation) must return

2331 to the department all hospital allocation funds received in the prior 12 months
2332 within 90 days of failure to maintain trauma designation.

2333 (D) The department may grant an exception to subparagraph (C) of this
2334 paragraph if it finds that compliance with this section would not be in the best
2335 interests of the persons served in the affected local system.

2336 (E) A facility must have no outstanding balance owed to the department or
2337 other state agencies before receiving any future disbursements from the hospital
2338 allocation.

2339 (7) Department allocations. The department's process for funding allocations
2340 defined in this subsection applies to the account defined in Texas Health and Safety
2341 Code Chapter 780 and includes designated trauma facilities and those in active
2342 pursuit of trauma designation in the funding allocation.

2343 (8) Department unawarded designation. An undesignated facility in active
2344 pursuit of designation but that has not been awarded a trauma designation by the
2345 department pursuant to Texas Health and Safety Code §780.004(i) must return to
2346 the account all funds received from the hospital allocation, plus a penalty of 10
2347 percent of the awarded amount.

2348 (b) Calculation methods. Calculation of county portions of the EMS allocation, the
2349 RAC portions of the TSA allocation, and the hospital allocation will be the following:

2350 (1) EMS allocation.

2351 (A) EMS allocation will be derived by adjusting the weight of the statutory
2352 criteria to ensure, as closely as possible, that:

2353 (i) 40 percent of the funds go to urban counties; and

2354 (ii) 60 percent of the funds go to rural counties.

2355 (B) An individual county's portion of the EMS allocation will be based on its
2356 geographic size, population, and the number of emergency health care runs,
2357 multiplied by adjustment factors determined by the department, so that the
2358 distribution approximates the required percentages for urban and rural counties.

2359 (C) The formula will be:

2360 (i) the county's population multiplied by an adjustment factor;

2361 (ii) plus, the county's geographic size multiplied by an adjustment factor;

2362 (iii) plus, the county's total emergency health care runs multiplied by an
2363 adjustment factor;

2364 (iv) divided by 3; and

2365 (v) multiplied by the total EMS allocation.

2366 (D) The adjustment factors will be manipulated so that the distribution
2367 approximates the required percentages for urban and rural counties.

2368 (E) Total emergency health care runs will be the number of emergency
2369 patient care records electronically transmitted to the department in a given
2370 calendar year by EMS providers.

2371 (2) TSA allocation.

2372 (A) The TSA allocation will be based on its relative geographic size,
2373 population, and trauma care provided as compared to all other TSAs.

2374 (B) The formula will be:

2375 (i) the TSA's percentage of the state's total population;

2376 (ii) plus, the TSA's percentage of the state's total geographic size;

2377 (iii) plus, the TSA's percentage of the state's total trauma care;

2378 (iv) divided by 3; and

2379 (v) multiplied by the total TSA allocation.

2380 (C) Total trauma care will be the number of trauma patient records
2381 electronically transmitted to the department in a given calendar year by EMS
2382 providers and hospitals.

2383 (3) Hospital allocation.

2384 (A) Distributions, including unexpended portions of the EMS and TSA
2385 allocations, are determined by an annual application process.

2386 (B) An annual application must be submitted each fiscal year. Incomplete
2387 applications will not be considered for the hospital allocation calculation.

2388 (C) Based on the information provided in the approved application, each
2389 facility will receive allocations as follows:

2390 (i) An equal amount, not to exceed 20 percent of the available hospital
2391 allocation, to reimburse designated trauma facilities and those facilities in active
2392 pursuit of designation under the program and not located in a rural county as
2393 defined in §157.2 of this chapter (relating to Definitions).

2394 (ii) Any funds not allocated in paragraphs (1) and (2) of this subsection
2395 will be included in the distribution formula in subparagraph (E) of this paragraph.

2396 (D) If the total cost of uncompensated trauma care for patients meeting
2397 NTDB registry inclusion criteria exceeds the amount appropriated from the account,
2398 minus the amount referred to in subparagraph (C)(i) of this paragraph, the
2399 department will allocate funds based on a facility's percentage of uncompensated

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2400 trauma care costs in relation to the total uncompensated trauma care cost reported
2401 by qualified hospitals for the funding year.

2402 (E) The hospital allocation formula for trauma designated facilities will be:

2403 (i) the facility's reported costs of uncompensated trauma care;

2404 (ii) minus any collections received by the facility for any portion of the
2405 facility's uncompensated trauma care previously reported for the purposes of this
2406 section;

2407 (iii) divided by the total reported costs of uncompensated trauma care by
2408 eligible facilities;

2409 (iv) multiplied by the total money available after reducing the amount to
2410 be distributed in subparagraph (C)(i) of this paragraph.

2411 (F) The reporting period of a facility's uncompensated trauma care must
2412 apply to costs incurred during the preceding calendar year.

2413 (c) Loss of funding eligibility. If the department finds that an EMS provider, RAC, or
2414 hospital has violated Texas Health and Safety Code Chapter 773 or fails to comply
2415 with this chapter, the department may withhold account monies for a period of one
2416 to three years, depending upon the seriousness of the infraction.

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2418 TITLE 25 HEALTH SERVICES
2419 PART 1 DEPARTMENT OF STATE HEALTH SERVICES
2420 CHAPTER 157 EMERGENCY MEDICAL CARE
2421 SUBCHAPTER G EMERGENCY MEDICAL SERVICES TRAUMA SYSTEMS

2422

2423 §157.123. Regional Emergency Medical Services/Trauma Systems.

2424 §157.125. Requirements for Trauma Facility Designation.

2425 §157.130. Emergency Medical Services and Trauma Care System Account and
2426 Emergency Medical Services, Trauma Facilities, and Trauma Care System Fund.

2427 §157.131. Designated Trauma Facility and Emergency Medical Services Account.

2428

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