

1 §157.125. Requirements for Trauma Facility Designation.

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3 (a) General Provisions. The goal of the trauma system is to reduce  
4 the morbidity and mortality of the trauma patient. The objective of the  
5 trauma system is to get the right patient, to the right place, at the right  
6 time, to receive the right care. The purpose of this section is to set forth the  
7 requirements for a health care facility to become a designated trauma  
8 facility.  
9

10 (1) The Department of State Health Services (department)  
11 shall determine the designation level for each health care facility by physical  
12 location, based on, but not limited to, the location's own resources and  
13 levels of care capabilities; Trauma Service Area (TSA) capabilities; and  
14 compliance with the essential criteria and standard requirements outlined in  
15 this section.  
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17 (2) The Office of Emergency Medical Services (EMS)/Trauma  
18 Systems Coordination (office) shall recommend to the Commissioner of the  
19 Department of State Health Services (commissioner) the trauma designation  
20 of a facility at the level the office deems appropriate.  
21

22 (3) Facilities eligible for trauma designation include:  
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24 (A) A hospital in the state of Texas, licensed or otherwise  
25 meeting the description (in accordance with Texas Administrative Code  
26 (TAC) Chapter 133 Hospital Licensing); a hospital owned and operated by  
27 the state of Texas, or a hospital owned and operated by the federal  
28 government; with the capability to provide stabilization and transfer or  
29 treatment for the major and severe trauma patient.  
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31  
32 (4) Each facility operating on a single hospital license with  
33 multiple locations (multi-location license) shall be considered  
34 separately by physical location for designation.  
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36 (5) Designation does not include provider based departments  
37 of the designated facility, which are not contiguous with the  
38 designated facility. If patients that meet trauma activation criteria are  
39 received by the facility, these patients must be included in the trauma  
40 registry and trauma performance improvement process.  
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42 (6) Departments or services within a facility shall not be  
43 separately designated.  
44

45 (7) A trauma facility designation is issued for the physical  
46 location and to the legal owner of the operations of the facility. If a  
47 designated facility has a change of ownership or a change of the  
48 physical location of the facility, the designation shall not be transferred  
49 or assigned.

50  
51 (8) The four levels of trauma designation and the  
52 requirements for each are as follows:

53  
54 (A) Comprehensive (Level I). The facility shall meet the  
55 current American College of Surgeons (ACS) essential criteria for  
56 a verified Level I trauma center and TAC 157.125 (j) in this  
57 section and the Texas trauma facility requirements for a Level III  
58 trauma facility.

59  
60 (B) Major (Level II). The facility shall meet the current  
61 ACS essential criteria for a verified Level II trauma center and  
62 TAC 157.125 (j) in this section and the Texas trauma facility  
63 requirements for a Level III trauma facility.

64 (C) Advanced (Level III). The facility shall meet TAC  
65 157.125 (j) and (m) requirements in this section.

66  
67 (D) Basic (Level IV). The facility shall meet TAC 157.125  
68 (j) and (n) requirements in this section.

69  
70 (9) In Active Pursuit of Designation (IAP) applies only to an  
71 undesignated facility that applies for trauma designation and is in  
72 active pursuit of designation in accordance with Texas Health and  
73 Safety Code, Chapter 780 Trauma Facilities and Emergency Medical  
74 Services, Section 780.004 (2)(i). In Active Pursuit is defined by the  
75 State for funding purposes and not by other entities.

76  
77 (b) Designation Process.

78  
79 (1) Facility Conferences.

80 (A) Application for an initial designation by a facility will  
81 require a pre-survey conference. The CEO, TMD and TPM of the  
82 facility shall attend a pre-survey conference at the department  
83 designated by the office. The purpose of the pre-survey  
84 conference, conducted by office staff, is to review and discuss  
85 the designation requirements for the applicable level prior to the  
86 initial onsite designation survey. The office may waive the pre-  
87 survey conference requirement.

88 (B) Application for redesignation determined to be a  
89 designation with contingencies or denial of designation will  
90 necessitate a conference. The CEO, TMD and TPM shall attend a  
91 conference at the department designated by the office. The  
92 purpose of the conference, conducted by office staff, is to review  
93 and discuss the corrective action plan (CAP) to achieve  
94 compliance with the rule. The office may waive the conference  
95 requirement.  
96

97 (2) Application Packet. A facility seeking designation, shall  
98 submit a completed application packet to include:  
99

100 (A) an accurate and complete designation application  
101 form for the appropriate level of requested  
102 designation;  
103

104 (B) full payment of the non-refundable, non-  
105 transferrable, designation fee as follows;  
106

107 (i) Level I and Level II applicants, the fee will be  
108 no more than \$10 per licensed bed with an upper limit of \$5,000 and a lower  
109 limit of \$4,000;  
110

111 (ii) Level III applicants, the fee will be no more  
112 than \$10 per licensed bed with an upper limit of \$2,500 and a lower limit of  
113 \$1,500; and  
114

115 (iii) Level IV applicants, the fee will be no more  
116 than \$10 per licensed bed with an upper limit of \$1000 and a lower limit of  
117 \$500.  
118

119 (C) a completed trauma designation survey report,  
120 including patient care reviews if required by the department, submitted no  
121 later than 180 days from the date of the survey;  
122

123 (D) a plan of correction (POC), detailing how the facility  
124 will correct any deficiencies cited in the survey report, to include: statement  
125 of the cited deficiency, the corrective action to ensure compliance with the  
126 requirement, the title of the individual(s) responsible for ensuring the  
127 correction action(s) is implemented, the date by which the corrective action  
128 will be implemented, not to exceed 90 days from the date the facility  
129 received the official survey report, and how the corrective action will be  
130 monitored;

131 (E) evidence of participation in the applicable Regional  
132 Advisory Council (RAC);

133  
134 (F) evidence of submission of data to the department  
135 trauma registry; and

136  
137 (G) any subsequent documents requested by the office.

138  
139 (3) If a facility seeking initial designation fails to meet the  
140 requirements in subsections (b)(1) – (2) above, the application shall  
141 be considered withdrawn by the facility.

142  
143 (4) Renewal of designation. The applicant shall submit the  
144 documents described in subsection (b)(2)(A) – (G) above, to the office  
145 at least 90 days prior to the designation expiration date.

146  
147 (5) If a facility seeking redesignation fails to meet the  
148 requirements in subsection (b)(2)(A) – (G) above, the application shall be  
149 denied and the original designation will expire on its expiration date.

150  
151 (c) Survey Process. A facility seeking designation shall undergo an  
152 onsite survey as outlined in this section.

153  
154 (1) The facility shall be responsible for scheduling a  
155 verification or trauma designation survey as follows:

156  
157 (A) Level I and II facilities shall request a trauma  
158 verification survey through the American College of Surgeons  
159 (ACS) trauma verification program;

160  
161 (B) Level III facilities shall request a trauma verification  
162 survey through the ACS trauma verification program, or request  
163 a trauma designation survey through an organization approved  
164 by the office; and

165  
166 (C) Level IV facilities shall request a trauma designation  
167 survey through an organization approved by the office.

168  
169 (2) The surveying organization shall notify the office of the  
170 date of the scheduled survey and shall schedule the members of the  
171 survey team.

172  
173 (A) The facility shall be responsible for any expenses  
174 associated with the survey.

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(B) The office, at its discretion, may appoint an observer to accompany the survey team. In this event, the cost for the observer shall be borne by the office.

(3) The survey team shall evaluate the facility's compliance and document the noncompliance with §157.125 by:

(A) reviewing documents;

(B) performing a minimum of ten patient care reviews on closed medical records;

(C) tour of the physical plant; and

(D) staff interviews to include:

(i) the Chief Executive Officer;

(ii) the Chief Nursing Officer;

(iii) the current Trauma Medical Director;

(iv) the current Trauma Program Manager;

(v) the current Executive Sponsor of the trauma program; and

(vi) general staff.

(4) The surveyor(s) shall provide the facility with a written, signed survey report regarding their evaluation of the facility's compliance/noncompliance with §157.125. This survey report shall be forwarded to the facility no later than 30 calendar days of the completion date of the survey. The facility is responsible for forwarding a copy of this report, including patient care reviews, to the office in the application packet if it intends to continue the designation process.

(5) The trauma designation application packet, survey report and patient care reviews in its entirety shall be part of a facility's performance improvement (PI)/Multidisciplinary Trauma PI and peer case review program and subject to confidentiality as articulated in the Health and Safety Code, §773.095.

(6) The office shall review the findings of the survey report, patient care reviews and any POC submitted by the facility to determine compliance with the requirements.

218 (7) A recommendation for designation will be made to the  
219 commissioner if the facility meets the requirements for  
220 designation found in this section.

221  
222 (8) If the commissioner concurs with the recommendation to  
223 designate, the facility shall receive a letter of designation valid for 3 years  
224 and a certificate of designation.

225  
226 (A) Display: The hospital shall display the trauma  
227 designation certificate and the current letter awarding designation from the  
228 Commissioner, in a public area of the licensed premises that is readily visible  
229 to patients, employees, and visitors.

230  
231 (B) The trauma designation certificate shall be valid only  
232 when displayed with the current letter awarding designation.

233  
234 (C) If the facility closes or loses trauma designation, the  
235 certificate shall be returned to the office.

236  
237 (D) Alteration: the trauma designation certificate and the  
238 award letter shall not be altered. Any alteration to either document  
239 voids trauma designation for the remainder of that cycle.

240  
241 (9) The facility shall have the right to withdraw its application  
242 at any time prior to being recommended for trauma facility  
243 designation by the office.

244  
245 (10) It shall be necessary to repeat the designation process as  
246 described in this section prior to expiration of a facility's designation or  
247 the designation expires.

248  
249 (11) The office shall post the current designation status of each  
250 facility on the office website.

251  
252 (12) If a facility disagrees with the office's decision regarding its  
253 designation status, the facility has a right to a hearing, in accordance with  
254 the department's rules for contested cases, and Government Code, Chapter  
255 2001.

256  
257 (d) Exceptions and Notifications

258  
259 (1) Written notification of an event or decision impacting the  
260 ability of a trauma facility to comply with designation  
261 criteria to maintain the current designation status, or to

262 increase the trauma facility's capabilities that affect the  
263 region, shall be provided to the following:

264  
265 (A) the emergency medical services providers within 24  
266 hours;

267  
268 (B) the healthcare facilities to which it customarily  
269 transfers-out and/or transfers-in trauma patients  
270 within 24 hours;

271  
272 (C) applicable RAC(s) within 24 hours; and

273  
274 (D) the office within 5 days.

275  
276 (2) If the healthcare facility is unable to comply with program  
277 requirements to maintain the current designation status, it shall submit to  
278 the office a POC as described in (b)(2)(D) of this section, and a request for a  
279 temporary exception to criteria. Any request for an exception shall be  
280 submitted in writing from an executive officer of the facility. The office shall  
281 review the request and the POC and either grant or deny the exception. If  
282 the healthcare facility has not come into compliance at the end of the  
283 exception period, the office may at its discretion elect one of the following:

284  
285 (A) allow the facility to request designation at the level  
286 appropriate to its revised capabilities;

287  
288 (B) redesignate the facility at the level appropriate to its  
289 revised capabilities; or

290  
291 (C) the facility may relinquish designation status.

292  
293 (e) Upgrade or Downgrade of designation levels.

294  
295 (1) An application for a higher or lower level designation may  
296 be submitted to the office at any time.

297  
298 (2) A designated trauma facility that is increasing its trauma  
299 capabilities may choose to apply for a higher level of trauma designation at  
300 any time. It shall be necessary to repeat the designation process for the  
301 higher level.

302  
303 (3) A designated trauma facility that is unable to maintain  
304 compliance with the level of the current designation may choose  
305 to apply for a lower level of trauma designation at any time. It

306 shall be necessary to repeat the designation process for the  
307 lower level. There shall be a desk review by the office to  
308 determine if and when a full survey shall be required.

309  
310 (f) Relinquishment of designation. If the facility chooses to  
311 relinquish its trauma designation, it shall provide at least a 30-day notice to  
312 the office, the applicable RAC(s), the emergency medical services providers,  
313 and healthcare facilities to which it customarily transfers-out and/or  
314 transfers-in trauma patients if it no longer provides trauma services.

315  
316 (g) A healthcare facility may not use the terms "trauma facility",  
317 "trauma hospital", "trauma center", or similar terminology in its signs,  
318 advertisements or in printed materials and information it provides to the  
319 public unless the healthcare facility is currently designated as a trauma  
320 facility according to the process described in this section.

321  
322 (h) The department shall have the right to review, inspect, evaluate,  
323 and audit all trauma patient records, trauma multidisciplinary performance  
324 improvement and peer case review committee minutes and other documents  
325 relevant to trauma care in any designated trauma facility or  
326 applicant/healthcare facility at any time to verify compliance with the statute  
327 and this rule, including the designation criteria. The department shall  
328 maintain confidentiality of such records to the extent authorized by the  
329 Texas Public Information Act, Government Code, Chapter 552, and  
330 consistent with current laws and regulations related to the Health Insurance  
331 Portability and Accountability Act of 1996 and/or any other relevant  
332 confidentiality law or regulation. Such inspections shall be scheduled by the  
333 office when deemed appropriate. The department shall provide a survey  
334 report with results, for surveys conducted by or contracted for the  
335 department, to the healthcare facility.

336  
337 (i) The office may grant an exception to this section if it finds that  
338 compliance with this section would not be in the best interests of the  
339 persons served in the affected local system.

340  
341 (j) Program Requirements.

342  
343 (1) Program Plan. The facility shall develop a written plan of  
344 the trauma program that includes a detailed description of the scope of  
345 services available to all trauma patients, defines the trauma patient  
346 population evaluated and/or treated by the facility, transferred, or  
347 transported by the facility, that is consistent with accepted professional  
348 standards of practice for trauma care, and ensures the health and safety of  
349 patients.



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(A) The written plan and the program policies and procedures shall be reviewed and approved by the facility’s governing body. The governing body shall ensure that the requirements of this chapter are implemented and enforced.

(B) The written program plan shall include, at a minimum:

(i) policies and procedures based on national evidence-based standards of practice of trauma care, that are adopted, implemented, and enforced for compliance by the facility, that governs the trauma program through all phases of care for all patient populations;

(ii) A periodic review and revision schedule for all trauma care policies and procedures;

(iii) written triage, stabilization and transfer guidelines for the trauma patient that include consultation and transport services;

(iv) the availability of all necessary equipment and services to provide the appropriate level of care and support of the patient population served;

(v) requirements for minimal credentials for all medical and healthcare staff participating in the care of trauma patients;

(vi) provisions for medical and healthcare staff education; including annual competency and skills assessment that is appropriate for the patient population served;

(vii) telemedicine utilization in the Emergency Department (ED);

(ix) the role of the hospitalist/intensivist physicians in the care of the trauma patient;

(x) provisions for consistent participation by the TMD, TPM, TR, or other members of the trauma program in the regional advisory council (RAC);

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(xi) a trauma staff registered nurse as a representative on the nurse staffing committee as established in accordance with TAC §§133.41(o)(2)(F);

(xii) identify a program sponsor who is a member of the executive leadership at the facility;

(xiii) contingency plans to ensure the immediate continuation of an active trauma program in the event that the Trauma Medical Director or the Trauma Program Manager position becomes vacant;

(2) Medical Records. Maintain medical records that contain information to justify and support the immediate evaluation, activation, resuscitation, diagnosis, treatment, and describe the patient’s progress and response to medication and interventions from arrival in the Emergency Department through hospital discharge.

(3) Performance Improvement Plan. The facility shall develop, implement, maintain, and evaluate an effective, ongoing, facility-wide, data-driven, outcomes based multidisciplinary performance improvement (PI) plan. The plan shall be individualized to the facility and meet the requirements described in this section.

(A) The Trauma PI plan shall be reviewed and approved by the facility’s governing body. The governing body shall ensure that the requirements of this section are implemented and enforced.

(B) The trauma PI plan shall include, at a minimum:

(i) A description of the facility's trauma program and the services provided. All facility services (including those services furnished under contract or arrangement) shall focus on decreasing deviations from the trauma standards of care to ensure achievement of optimal trauma outcomes, patient safety standards and cost effective care.

(ii) Demonstrate how the staff evaluate the standards of practice, provision of trauma care and patient services, identify opportunities for

438 improvement, develop and implement  
439 improvement plans, and evaluate the plan's  
440 outcomes until resolution is achieved. Evidence  
441 shall support that aggregate patient data,  
442 including identification and tracking of trauma  
443 patient complications or variances from  
444 standards of care, and levels of review is  
445 continuously reviewed for opportunities by the  
446 trauma multidisciplinary PI committee.

447  
448 (iii) Composition of the trauma multidisciplinary PI  
449 committee to include the trauma medical  
450 director (TMD), the trauma program manager  
451 (TPM), an executive officer of the facility, a  
452 trauma nurse active in the management of  
453 trauma patients, a trauma nurse active in the  
454 management of pediatric trauma patients as  
455 applicable, and physicians and surgeons that  
456 provide coverage or care to trauma patients,  
457 and other healthcare professionals  
458 participating in the care of major or severe  
459 trauma patients.

460  
461 (iv) Provisions for documentation of the  
462 attendance, activities, actions, and follow-up of  
463 outcomes, with ongoing monthly review of  
464 trauma center regulatory compliance, trauma  
465 patient outcomes, and trauma system  
466 performance from committee meetings.

467  
468 (v) A twelve-month summary of the Trauma PI  
469 process shall be provided to the governing  
470 body for review.

471  
472 (4) Texas EMS/Trauma Registry Requirements. Any designated  
473 trauma facility must submit accurate, timely, and complete trauma  
474 registry data to the Texas EMS/Trauma Registry.

475  
476 A. Initial designation. Six months of data prior to the  
477 initial designation survey must be uploaded to the  
478 Texas EMS/Trauma System Registry. Subsequent to  
479 initial designation, data shall be uploaded to the Texas  
480 EMS/Trauma Registry as indicated in Chapter 103,

481 Injury Prevention and Control of this title within 60 days  
482 of discharge with an 80% acceptance or accuracy rate.

483  
484 (ii) Re-designation. Data shall be uploaded to the  
485 Texas EMS/Trauma Registry as indicated in Chapter 103,  
486 Injury Prevention and Control of this title within 60 days of  
487 patient discharge with an 80% acceptance rate.

488  
489 (B) Data validation. The Trauma Registrar must  
490 participate in ongoing data validation through the initial hospital submission  
491 and/or the RAC.

492  
493 (5) Outreach and Education.

494  
495 (A) A defined individual to coordinate the facility's  
496 community outreach and education programs for the  
497 public and professionals is evident;

498  
499 (B) Provide education to and consultations with  
500 physicians of the community and outlying areas; and

501  
502 (C) Training programs in trauma continuing education  
503 provided by facility for staff and community members  
504 involved in trauma care based on needs identified from  
505 the PI program for:

506  
507 (i) staff physicians;

508 (ii) nurses;

509 (iii) Advanced Practice clinicians including Physician  
510 Assistants, Advanced Nurse Practitioners and  
511 Certified Registered Nurse Anesthetists;

512 (iv) allied health personnel

513 (v) specialty and community physicians;

514 (vi) prehospital personnel; and

515 (vii) other appropriate personnel involved in trauma  
516 care

517  
518 (6) Injury Prevention and Public Education.

519  
520 (A) A public education program to address the major  
521 injury problems identified within the facility's service  
522 area; and

523

524 (B) Coordination and/or participation in community  
525 and/or RAC injury prevention activities.

526  
527 (7) Pre-hospital EMS Communication. There shall be two-way  
528 communication with all pre-hospital emergency medical services vehicles.

529  
530 (8) Medical Staff. The facility must have an organized,  
531 effective trauma program that is recognized in the medical staff bylaws and  
532 approved by the governing body. Medical staff credentialing shall include a  
533 process for requesting and granting delineation of privileges for trauma care.

534  
535 (9) Medical Director. There shall be an identified Trauma  
536 Medical Director (TMD) responsible for the provision of trauma  
537 care and credentialed by the facility for the treatment of trauma  
538 patients.

539  
540 (i) The TMD shall be a member of the Medical  
541 Executive Committee (MEC);

542  
543 (ii) The TMD shall have responsibility for the  
544 overall clinical direction and oversight of the trauma service;

545  
546 (iii) The responsibilities and authority of the TMD  
547 shall include but are not limited to:

548  
549 (I) reviewing credentials of medical staff  
550 requesting privileges on the trauma team and making recommendations to  
551 the MEC for either approval or denial of such privileges;

552  
553 (II) ensuring that a published, on-call  
554 schedule and a backup on-call schedule is readily available to all staff in the  
555 emergency department, for obtaining surgical care for all surgical  
556 specialties;

557  
558 (III) regularly and actively participating in or  
559 on the trauma call panel;

560  
561 (IV) the authority to exclude those trauma  
562 team members from trauma call who do not maintain trauma program  
563 requirements;

564  
565 (V) ensuring the use of medical staff peer  
566 case review outcomes, including deviations from trauma standards of care  
567 trending, when considering re-credentialing members of the trauma team.

568 All follow-up and feedback from peer case review activity must be made  
569 available to the reviewers at the time of the onsite survey;

570  
571 (VI) developing and providing ongoing  
572 management of treatment protocols based on current standards of trauma  
573 care;

574  
575 (VII) participating in the ongoing education of  
576 the medical and nursing staff in the care of the trauma patient;

577  
578 (VIII) ensuring that the trauma  
579 multidisciplinary PI and peer case review meeting is specific to trauma care,  
580 is ongoing, is data driven and effective; TMD serves as chair of the trauma  
581 peer case review and the multidisciplinary PI committee meetings;

582  
583 (IX) participation in the applicable RAC(s) and  
584 reviewing the RAC(s) trauma system plan;

585  
586 (XI) participates in the facility, community,  
587 and regional disaster preparedness activities and has evidence of disaster  
588 response education

589  
590 (XII) evidence that the TMD is aware of the  
591 multidisciplinary team findings on all trauma patients;

592  
593 (XIII) averaging 9 hours of continuing trauma  
594 medical education (CME) annually;

595  
596 (XIV) maintains active staff privileges as  
597 defined in the facility's medical staff bylaws;

598  
599 (10) Trauma Program Manager (TPM). There shall be an  
600 identified Trauma Program Manager responsible for monitoring trauma  
601 patient care throughout the continuum of care and through discharge.

602  
603 (A) The TPM:  
604 (i) shall be a registered nurse;  
605  
606 (ii) is current in the Trauma Nurse Core Course  
607 (TNCC) or Advanced Trauma Course for Nurses  
608 (ATCN) or a DSHS-approved equivalent  
609 course;

610

- 611 (iii) is current in a nationally recognized pediatric  
612 advanced life support course (e.g. Pediatric  
613 Advanced Life Support (PALS) or the  
614 Emergency Nurse Pediatric Course (ENPC));  
615
- 616 (iv) has completed an office approved course  
617 designed for his/her role which provides  
618 essential information on the structure, process,  
619 organization and administrative responsibilities  
620 of a trauma program;  
621
- 622 (v) has completed a course designed for his/her  
623 role which provides essential information of a  
624 trauma PI program to include trauma  
625 outcomes and performance improvement (e.g.  
626 Trauma Outcomes Performance Improvement  
627 Course (TOPIC)) or an office approved  
628 equivalent course;  
629
- 630 (vi) has completed the Association for the  
631 Advancement of Automotive Medicine (AAAM)  
632 course or an office approved equivalent course  
633 within 24 months of becoming the trauma  
634 program manager;  
635
- 636 (vii) is responsible for the integration and  
637 monitoring of compliance of the trauma  
638 nursing standards of care;  
639
- 640 (viii) has evidence of disaster response education  
641
- 642 (ix) has the authority and oversight in collaboration  
643 with the TMD to:  
644
- 645 (I) monitor the clinical outcomes and  
646 system performance of the  
647 trauma program.  
648
- 649 (II) monitor trauma patient care from  
650 prehospital and arrival, through  
651 operative intervention(s), ICU  
652 care, stabilization, rehabilitation  
653 care, and discharge, through the

654 trauma performance  
655 improvement (PI) program;

- 656  
657 (x) participates in a leadership role in the facility  
658 through committee participation, facility-wide  
659 PI initiatives and emergency management  
660 (disaster) response committee.  
661 (xi) Participates in RAC activities through  
662 committee membership and regional  
663 emergency preparedness.  
664

665 (k) Trauma Designation Level I (Comprehensive). The facility shall  
666 meet the current American College of Surgeons (ACS) essential criteria for a  
667 verified Level I trauma center and TAC 157.125 (j) and (m) in this section  
668 **and the Texas Trauma Designation Level III (Advanced)**  
669 **requirements.**  
670

671 (l) Trauma Designation Level II (Major). The facility shall meet the  
672 current ACS essential criteria for a verified Level II trauma center and TAC  
673 157.125 (j) and (m) in this section **and the Texas Trauma Designation**  
674 **Level III (Advanced) requirements.** .  
675

676 (m) Trauma Designation **Level III** (Advanced). The facility shall  
677 meet the current ACS essential criteria for a Level III trauma center if  
678 verified by ACS; and TAC 157.125 (j) in this section; and the following  
679 requirements:  
680

681 (1) The Trauma Medical Director shall be a physician who is:

682  
683 (A) a board certified general surgeon or a general  
684 surgeon eligible for certification by the American Board of  
685 Surgery according to current requirements and currently  
686 credentialed in Advanced Trauma Life Support (ATLS) or an  
687 equivalent course approved by the office, or  
688

689 (B) a general surgeon who has continuously served  
690 as the Trauma Medical Director at the designated  
691 facility for the last consecutive 36 months and is  
692 currently credentialed in Advanced Trauma Life Support  
693 (ATLS).  
694

695 (2) General Surgery.  
696



697 (A) All surgeons who provide trauma coverage or  
698 participates in trauma call coverage shall:

699 (i) be board certified and currently credentialed  
700 in Advanced Trauma Life Support (ATLS); or  
701

702 (ii) prior to (the effective date of this rule) have  
703 continuously provided trauma coverage and participated in trauma call  
704 at the designated facility for the last consecutive 36 months and  
705 currently credentialed in Advanced Trauma Life Support (ATLS); and  
706

707 (iii) be appropriately credentialed through the  
708 trauma program;  
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710 (iv) average at least 9 hours of trauma-related  
711 continuing medical education annually;  
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713 (v) maintain compliance with trauma protocols as  
714 evidence through the PI process;  
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716 (vi) participate in the trauma PI program and  
717 attend at least 50% of the trauma multidisciplinary PI and  
718 peer case review trauma committee meetings;  
719

720 (vii) be present in the ED at the time of arrival for a  
721 full trauma team activation of a trauma patient; maximum  
722 response time 30 minutes from trauma team activation;  
723

724 (viii) be present in the ED within 60 minutes or less  
725 from a limited trauma team activation of a trauma patient;  
726 and  
727

728 (ix) be the admitting physician on all multi-system  
729 trauma patients requiring the consultation of one or more  
730 specialty services;  
731

732 (B) If a facility has a surgical residency program, and a  
733 team of surgical residents start the evaluation and treatment of  
734 the trauma patient, the team shall have, at a minimum, a  
735 postgraduate year 4 (PGY-4) or more senior surgical resident  
736 who is a member of the facility's residency program. The  
737 presence of a surgical resident does not take the place of the  
738 attending physician. The attending physician must be compliant  
739 with all response times.  
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(C) If the facility has a surgical residency program and a team of surgical residents start the evaluation and treatment of the trauma patient, the attending surgeon shall participate in all major therapeutic decisions, be present in the emergency department for major resuscitations, and be present during all phases of operative procedures.

(3) In addition to continuous general surgery coverage the facility shall have continuous orthopedic surgical coverage.

(4) Trauma Surgical Specialties.

(A) Orthopedic and Neurosurgery surgeons shall:

(i) be board certified or in the applicable surgical specialty; or

(ii) prior to (the effective date of this rule) have continuously provided trauma coverage and participated in trauma call at the designated facility for the last consecutive five years; and

(iii) be appropriately credentialed for trauma care by the TMD;

(iv) average at least 9 hours of trauma-related continuing medical education annually;

(v) maintain compliance with trauma protocols;

(vi) participate in the trauma multidisciplinary PI program and a designated liaison shall attend at least 50% of the trauma multidisciplinary and peer case review trauma committee meetings; and

(vii) at a minimum, orthopedic surgeons and neurosurgeons, participate in the published, on-call schedule and backup on-call schedule or plan readily available to all staff to obtain specialty surgical care.

784 (5) Emergency Medicine. Any emergency medicine physician  
785 who is providing trauma coverage shall be in-house 24 hours a day and  
786 shall:

787  
788 (A) be board certified in emergency medicine and have  
789 successfully completed ATLS; or

790  
791  
792 (C) prior to (the effective date of this rule) have  
793 continuously provided trauma coverage in the emergency department at the  
794 designated facility for the last consecutive five years and be currently  
795 credentialed in Advanced Trauma Life Support (ATLS); or an equivalent  
796 course approved by the office.

797  
798 (D) be board eligible in their applicable specialty and  
799 currently credentialed in Advanced Trauma Life Support (ATLS) or an  
800 equivalent course approved by the office; and

801 (E) be appropriately credentialed through the trauma  
802 program;

803  
804 (F) average at least 9 hours of trauma-related  
805 continuing medical education annually;

806  
807 (G) maintain compliance with trauma protocols as  
808 evidenced through the PI process; and

809  
810 (H) participate in the trauma multidisciplinary PI  
811 program and a designated liaison shall attend at least 50% of the trauma  
812 multidisciplinary PI and peer case review committee meetings.

813  
814 (6) Anesthesia Services. If the facility furnishes anesthesia  
815 services, it shall do so in compliance with 25 TAC 133.41  
816 Hospital Functions and Services. The anesthesiologist  
817 providing trauma coverage shall:

818  
819 (A) be a board certified anesthesiologist; or

820  
821 (B) be a candidate in the American Board of  
822 Anesthesiology examination system; or

823  
824 (C) prior to (the effective date of this rule) have  
825 continuously provided anesthesia coverage at the designated  
826 facility for the last consecutive five years; average at least 9  
827 hours of continuing medical education(CME) annually; and

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(D) be appropriately credentialed by the Trauma Medical Director for trauma care;

(E) maintain compliance with trauma protocols;

(F) a designated liaison shall attend at least 50% of the trauma multidisciplinary PI and peer case review committee meetings.

(7) Radiology Services.

(A) A radiologist shall be on-call and promptly available within 30 minutes of request from inside or outside the hospital. The response times shall be continuously monitored by the trauma PI program.

(B) The rate of change in interpretation of radiologic studies must be routinely monitored and reviewed with the radiology department. Identified cases should be reviewed to determine the reason for misinterpretation, adverse outcomes, and opportunities for improvement.

(8) Advanced Practice providers (advanced practice registered nurses, physician assistants or Certified Registered Nurse Anesthetist) utilized in the care of major and/or severe trauma patients, shall not be a substitute for the required physician response, in patient care planning nor in PI activities. Any Advanced Practice provider who provides care to trauma patients shall be current in ATLS, have defined trauma procedure credentialing, have 9 hours of CME annually, and be appropriately credentialed by the Texas Board of Nursing (TBON) or the Texas Medical Board (TMB) respectively.

(9) Nursing Staff. As part of the facility's trauma program approved by the governing body, the program will have an identified Trauma Program Manager with equivalent authority and responsibility as granted to other department or nurse managers. There shall be a demonstrated commitment by the facility for furthering the education and understanding of trauma standards of care for all nursing staff caring for the trauma patient.

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(10) Nursing Services for all critical care and patient care areas shall provide evidence of the following:

(A) all nurses caring for trauma patients throughout the continuum of care have ongoing documented knowledge and skills in trauma nursing for patients of all ages to include trauma specific orientation, annual clinical competencies, and continuing education;

(B) written standards on nursing care for trauma patients for all units (i.e. ED, ICU, OR, PACU, general inpatient) in the trauma facility shall be implemented;

(C) a facility approved acuity-based patient classification system is utilized to define workload and number of nursing staff to provide safe patient care for all trauma patients throughout their hospitalization;

(D) a written plan, developed by the hospital, for acquisition of additional staff on a 24 hour basis to support units with increased patient acuity, multiple emergency procedures and admissions (i.e. written surge plan.);

(E) a minimum of two registered nurses shall participate in initial resuscitations for full and limited trauma activations, have successfully completed and hold current credentials in an advanced cardiac life support course (ACLS); a nationally recognized pediatric advanced life support course (PALS or ENPC); and TNCC or ATCN; or an office approved equivalent for each course;

(F) nursing documentation for trauma patients is systematic, meets the trauma registry guidelines, and includes at a minimum: time of trauma activation, reason for activation, the sequence of care, primary and secondary survey with interventions, outcomes, serial vital signs, Glasgow Coma Score (GCS), consulting services assessment, plan of care with disposition and the response times of all trauma team members.

(G) documentation that 100% of nursing staff working in the Emergency Department (ED) and responding to trauma activations or caring for trauma patients have successfully completed and hold current credentials in an advanced cardiac

916 life support course (e.g. ACLS or hospital equivalent), a  
917 nationally recognized pediatric advanced life support course (e.g.  
918 PALS or ENPC) and TNCC or ATCN or a DSHS-  
919 approved equivalent, within 12 months of date of employment.  
920

921 (H) A stand-alone children's facility shall have documentation that 100%  
922 of nursing staff who care for trauma patients have successfully completed  
923 and hold current credentials in a nationally recognized pediatric advanced  
924 life support course (e.g. PALS or ENPC) and TNCC or ATCN or a DSHS-  
925 approved equivalent, within 12 months of date of employment in the ED.  
926 Stand-alone facilities must have provisions for ACLS standards of care.  
927

928 (11) Trauma Registrar. There shall be an identified Trauma  
929 Registrar, who is separate from but supervised by the TPM,  
930 who has:  
931

932 (A) appropriate education and training in injury severity  
933 scaling within 24 months of hire into the position of trauma  
934 registrar which includes:  
935

936 (i) the Association for the Advancement of Automotive  
937 Medicine (AAAM) course or an office approved  
938 equivalent; and  
939

940 (ii) the American Trauma Society (ATS) Trauma  
941 Registrar Course or an office approved equivalent; and  
942

943 (B) four hours of continuing education annually specific  
944 to trauma data quality.  
945

946 (12) Emergency Department Equipment. Equipment for the  
947 evaluation, resuscitation, and life support of the major and severe trauma  
948 patient or the complex neurosurgical or orthopedic injured patients of all  
949 ages shall be available for resuscitation, temperature warming and cooling  
950 management, hemorrhage control, hemodynamic monitoring, splinting and  
951 burn care.  
952

953 (13) Surgery Department. Equipment and services for the care  
954 of the trauma patient of all ages for operative interventions as defined  
955 by the center's trauma plan to include resuscitation, temperature  
956 warming and management, hemorrhage control, hemodynamic  
957 monitoring and splinting to ensure that trauma standards of care are  
958 met.  
959

960 (A) Operating Suite. Operating room services shall be  
961 available 24 hours a day. With advanced notice, the  
962 Operating Room shall be opened and ready to accept a  
963 patient within 30 minutes.

964  
965 (B) Post-Anesthesia Care Unit. A post-anesthesia care  
966 unit or surgical intensive care unit shall have registered  
967 nurses and other essential personnel available 24 hours a  
968 day.

969  
970 (14) Intensive Care Capability. Intensive care capability shall  
971 be available for the age specific care of trauma critical care patient and  
972 interventions as defined by the facility's trauma plan to include  
973 resuscitation, temperature warming and cooling management,  
974 hemorrhage control, hemodynamic monitoring and splinting to ensure  
975 that trauma standards of care are met.

976  
977 (A) Designated physician surgical director or surgical co-  
978 director responsible for setting policies, developing protocols and  
979 management guidelines related to trauma ICU patients. A  
980 physician providing this coverage must be a board certified or  
981 surgeon and meets the credentialing requirements as defined in  
982 the facility trauma program plan; or

983  
984 (B) A physician credentialed in surgical critical care on duty  
985 credentialed by the TMD in the ICU 24 hours a day  
986 or immediately available from in-hospital and meets the  
987 credentialing requirements as defined in the facility  
988 trauma program plan; or

989  
990 (C) Arrangements for 24-hour surgical coverage of all  
991 trauma patients shall be provided for emergencies and  
992 routine care. This coverage and response times shall  
993 be monitored through the trauma PI program.

994  
995 (15) Clinical Support Services.

996  
997 (A) Respiratory Services. Respiratory services shall be  
998 in-house and available 24 hours per day.

999  
1000 (B) Clinical Laboratory Service.

1001  
1002 (i) Laboratory services shall be in-house and  
1003 available 24 hours per day;

1004  
1005 (ii) a written policy and procedures for emergent  
1006 blood release for trauma resuscitations and for  
1007 massive transfusion procedures developed  
1008 collaboratively between the trauma service and  
1009 the blood bank and appropriate resources for  
1010 implementation;

1011  
1012  
1013 (C) Standard Radiological Services. An in-house  
1014 technician shall be available 24-hours a day or be on-call  
1015 and promptly available on-site within 30 minutes  
1016 of request. The radiology technician call back response  
1017 shall be continuously monitored for the trauma PI  
1018 program;

1019  
1020 (D) Special Radiological Capabilities shall be available for  
1021 the trauma patient as defined by the facility's trauma plan to  
1022 include:

1023  
1024 (i) Sonography;

1025  
1026 (ii) Computerized Tomography (CT). An in-house  
1027 CT technician shall be available 24-hours a day or be on-  
1028 call and promptly available on-site within 30 minutes of  
1029 request. The CT scan technician response times and CT  
1030 availability shall be continuously monitored for the trauma  
1031 PI program;

1032  
1033 (iii) Angiography of all types; and

1034  
1035 (iv) Nuclear scanning.

1036  
1037 (16) Specialized Capabilities/Services/Units.

1038  
1039 (A) Acute hemodialysis capability. A written transfer  
1040 plan which shall be implemented if the facility does not have the  
1041 capability for this standard.

1042  
1043 (B) Acute burn capability. Established procedures for  
1044 acute management of major or severe burn patients, a written  
1045 transfer plan, and prearranged transfer agreements to expedite  
1046 the transfer of acute burn patients to a higher level of specialized  
1047 burn care.



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(C) Spinal cord/head injury and rehabilitation management capability. Established procedures for acute management of identified spinal cord injury or moderate to severe head injury patients, a written transfer plan, and prearranged transfer agreements to expedite transfer of patients to a higher level of specialized care.

(D) Rehabilitation Medicine.

(i) A physician-directed rehabilitation service, staffed by personnel trained in rehabilitation care and equipped properly for care of the critically injured patient, or a written transfer plan when medically feasible to a rehabilitation facility and prearranged transfer agreements to expedite the transfer of rehabilitation patients.

(ii) The facility shall have the following services available for a critically injured patient:

(I) Physical therapy;

(II) Occupational therapy;

(III) Speech therapy; and

(IV) Social services.

(n) Trauma Designation **Level IV** (Basic). The Level IV trauma designated facility will meet the following requirements:

(1) The Trauma Medical Director shall be a physician who is:

(A) A Texas licensed physician currently practicing medicine in the facility;

(B) credentialed in Advanced Trauma Life Support (ATLS) or an equivalent course approved by the office;

(C) cover a minimum of ten call shifts per month at the trauma center.

(D) board certified in emergency medicine by the American Board of Emergency Medicine (ABMS or AOBEM), and

1091 currently credentialed in Advanced Trauma Life Support (ATLS)  
1092 or an equivalent course approved by the office; or  
1093  
1094 (E) board certified in their applicable medical or surgical  
1095 specialty and currently credentialed in Advanced Trauma  
1096 Life Support (ATLS) or an equivalent course approved by  
1097 the office; or  
1098  
1099 (F) has continuously served as the Trauma Medical  
1100 Director at the designated facility for the last consecutive five  
1101 years and is currently credentialed in Advanced Trauma Life  
1102 Support (ATLS) or an equivalent course approved by the office.  
1103  
1104 (2) Emergency Medicine. A physician providing trauma  
1105 coverage shall be on-call (if not in-house 24/7), promptly  
1106 available onsite within 30 minutes of request from inside  
1107 or outside the hospital and shall:  
1108  
1109 (A) be currently credentialed in Advanced Trauma Life  
1110 Support (ATLS) or an equivalent course approved by the office;  
1111 and  
1112  
1113 (B) be board certified in emergency medicine; or  
1114  
1115 (C) be board eligible in emergency medicine; or  
1116  
1117 (D) prior to (the effective date of this rule) have  
1118 continuously provided trauma coverage in the emergency department at the  
1119 designated facility for the last consecutive five years and currently  
1120 credentialed in Advanced Trauma Life Support (ATLS) or an equivalent  
1121 course approved by the office; or  
1122  
1123 (E) be board eligible in their applicable specialty; and  
1124  
1125 (F) be appropriately credentialed through the trauma  
1126 program;  
1127  
1128 (G) average at least 9 hours of trauma-related  
1129 continuing medical education annually;  
1130  
1131 (H) maintain compliance with trauma protocols as  
1132 evidenced through the trauma performance improvement process; and  
1133

1134 (I) participate in the trauma PI/multidisciplinary PI  
1135 program and a designated liaison shall attend at least 50% of the trauma  
1136 multidisciplinary PI and peer case review committee meetings.

1137  
1138 (3) Radiologist Services.

1139  
1140 (A) A radiologist shall be on-call and promptly available  
1141 within 30 minutes of request from inside or outside  
1142 the hospital. The radiologist call-back response times  
1143 shall be continuously monitored through the trauma  
1144 PI program.

1145 (B) The rate of change in interpretation of radiologic  
1146 studies must be routinely monitored and reviewed  
1147 with the radiology department. Identified cases  
1148 should be reviewed to determine the reason for  
1149 misinterpretation, adverse outcomes, and  
1150 opportunities for improvement.

1151  
1152 (4) Advanced practice clinicians utilized in the care of major  
1153 and/or severe trauma patients, shall not be a substitute for the  
1154 required physician response, in patient care planning, nor in PI  
1155 activities. Any Advanced practice clinician who provides care to  
1156 trauma patients shall be currently credentialed in ATLS and be  
1157 appropriately credentialed by the Texas Board of Nursing (TBON)  
1158 or the Texas Medical Board (TMB) respectively. If advanced  
1159 practice clinicians' supervision is provided through a physician  
1160 and telemedicine technology, specific protocols and performance  
1161 improvement measures must be documented and monitored.

1162  
1163 (5) Nursing Staff. As part of the facility's trauma program  
1164 approved by the governing body, the program will have an identified Trauma  
1165 Program Manager with equivalent authority and responsibility as granted to  
1166 other department or nurse managers. There shall be a demonstrated  
1167 commitment by the facility for furthering the education and understanding of  
1168 trauma standards of care for all nursing staff caring for the trauma patient.

1169  
1170 (6) Nursing Services for all critical care and patient care areas  
1171 shall provide evidence of the following:

1172  
1173 (A) all nurses caring for trauma patients throughout the  
1174 continuum of care have ongoing documented knowledge and skills in trauma  
1175 nursing for patients of all ages to include trauma specific orientation, annual  
1176 clinical competencies, and continuing education;

1177

1178 (B) written standards on nursing care for trauma  
1179 patients for all units (i.e. ED, ICU, OR, PACU, general inpatient) in the  
1180 trauma facility shall be implemented;

1181  
1182 (C) a facility approved acuity-based patient classification  
1183 system is utilized to define workload and number of nursing staff to provide  
1184 safe patient care for all trauma patients throughout their hospitalization;

1185  
1186 (D) a written plan, developed by the facility, for  
1187 acquisition of additional staff on a 24 hour basis to support units with  
1188 increased patient acuity, multiple emergency procedures and admissions  
1189 (i.e. written surge plan.);

1190  
1191 (E) all Registered nurses participating in initial  
1192 resuscitations for full and limited trauma activations, have successfully  
1193 completed and hold current credentials in an advanced cardiac life support  
1194 course (ACLS); a nationally recognized pediatric advanced life support  
1195 course ( PALS or ENPC); and TNCC or ATCN; or an office approved  
1196 equivalent for each course;

1197  
1198 (F) nursing documentation for trauma patients is  
1199 systematic and meets the trauma registry guidelines, includes at a  
1200 minimum: trauma activation times, the sequence of care, primary and  
1201 secondary survey with interventions, diagnostic evaluation, outcomes, serial  
1202 vital signs, GCS, consulting services assessment, plan of care with  
1203 disposition and the response times of all trauma team members.

1204  
1205 (G) documentation that 100% of nursing staff working in  
1206 the Emergency Department (ED) and responding to trauma activations or  
1207 caring for trauma patients have successfully completed and hold current  
1208 credentials in an advanced cardiac life support course (e.g. ACLS or hospital  
1209 equivalent), a nationally recognized pediatric advanced life support course  
1210 (e.g. PALS or ENPC) and TNCC or ATCN or a DSHS-approved equivalent,  
1211 within 12 months of date of assignment.

1212  
1213 (H) A stand-alone children's facility shall have  
1214 documentation that 100% of nursing staff who care for trauma  
1215 patients have successfully completed and hold current  
1216 credentials in a nationally recognized pediatric advanced life  
1217 support course (e.g. PALS or ENPC) and TNCC or ATCN or a  
1218 DSHS-approved equivalent, within 12 months of date of  
1219 employment in the ED.

1220  
1221

1222 (7) Identified Trauma Registrar who has had appropriate  
1223 education and training within 24 months of hire into the position of  
1224 trauma registrar which includes:

1225  
1226 (A) the Association for the Advancement of Automotive  
1227 Medicine (AAAM) course, or an office approved equivalent  
1228 course.

1229  
1230 (B) four hours of continuing education annually specific to  
1231 trauma data quality.

1232  
1233 (8) Emergency Department Equipment and Services. Equipment  
1234 and services for the evaluation, resuscitation, and life support for critically or  
1235 seriously injured patients of all ages shall be available for resuscitation,  
1236 temperature warming and cooling management, hemorrhage control,  
1237 hemodynamic monitoring and orthopedic splinting.

1238  
1239 (9) Clinical Support Services.

1240  
1241 (A) Respiratory Services. Respiratory services shall be  
1242 in-house and available 24 hours per day.

1243  
1244 (B) Clinical Laboratory Service.

1245  
1246 (i) Laboratory services shall be in-house and  
1247 available 24 hours per day;

1248  
1249 (ii) capability for immediate release of blood for a  
1250 transfusion; and

1251  
1252 (iii) protocol to obtain additional blood components.

1253  
1254 (C) Standard Radiological Capability/Services. An in-  
1255 house technician shall be available 24-hours a day or be on-  
1256 call and promptly available on-site within 30 minutes  
1257 of request. The on-call response time will be monitored  
1258 through the trauma performance improvement process.

1259  
1260 (D) Special Radiological Capability. A computerized  
1261 tomography(CT) technician shall be available 24-hours per day  
1262 on-call and promptly available on-site within 30 minutes of  
1263 request. The call-back response times shall be monitored  
1264 through the trauma PI program;

1265

1266 (10) Specialized Capabilities/Services/Units.

1267  
1268 (A) Acute burn capability. Established procedures for acute  
1269 management of major or severe burn patients, a written transfer  
1270 plan, and prearranged transfer agreements to expedite the  
1271 transfer of acute burn patients to a higher level of specialized  
1272 burn care.

1273  
1274 (A) Spinal cord/head injury and rehabilitation  
1275 management capability. Established procedures for  
1276 acute management of identified spinal cord injury or  
1277 moderate to severe head injury patients, a written  
1278 transfer plan, and prearranged transfer agreements to  
1279 expedite transfer of patients to a higher level of  
1280 specialized care.

1281  
1282 (o) Survey Team.

1283  
1284 (1) The multi-disciplinary survey team shall consist of the  
1285 following members:

1286  
1287 (A) Level I or Level II facilities shall be surveyed by The  
1288 American College of Surgeons (ACS) with a multi-disciplinary team that  
1289 includes at a minimum: 2 general surgeons, an emergency physician, and a  
1290 trauma program manager all currently active in the management of trauma  
1291 patients. Pediatric facilities shall be surveyed by the ACS with a multi-  
1292 disciplinary team that includes at a minimum: (2) general surgeons (one  
1293 must be pediatric), and a pediatric trauma program manager all currently  
1294 active in the management of pediatric trauma patients.

1295  
1296 (B) Level III facilities shall be surveyed by the ACS or  
1297 other office-approved organization, with a multi-disciplinary team that  
1298 includes at a minimum: a general surgeon and a trauma program manager  
1299 both currently active in the management of trauma patients. Pediatric  
1300 facilities shall be surveyed by the ACS or other office-approved organization,  
1301 with a multi-disciplinary team that includes at a minimum: a pediatric  
1302 general surgeon and a pediatric trauma program manager both currently  
1303 active in the management of pediatric trauma patients. An additional  
1304 surveyor may be requested by the facility, or required by the department.

1305  
1306 (C) Level IV facilities shall be surveyed by an office-  
1307 approved organization by a surveyor that is either at a minimum: a trauma  
1308 program manager or a trauma medical director, currently active in the  
1309 management of trauma patients. Pediatric facilities shall be surveyed by an

1310 office-approved organization by a surveyor that is either at a minimum: a  
1311 pediatric general surgeon, or a pediatric trauma program manager with  
1312 pediatric experience. An additional surveyor may be requested by the  
1313 facility, or required by the department.

1314

1315 (2) Each member of the survey teams described above shall:

1316

1317 (A) be currently employed at a designated trauma  
1318 facility that is greater than 100 miles from the requesting  
1319 facility;

1320

1321 (B) not be employed in the same TSA as the designating  
1322 facility;

1323

1324 (C) not be a current or former employee of the facility  
1325 that is the subject of the survey or of an affiliated facility;

1326

1327 (D) not be employed at a facility that is a primary  
1328 transfer facility with the facility being surveyed, with the  
1329 exception of a burn facility;

1330

1331 (E) not survey the facility program and physical location  
1332 on consecutive designation cycles; or participate as members of  
1333 the same Board, and

1334

1335 (F) not have been requested by the facility;

1336

1337 (G) not possess other potential conflict of interest  
1338 between the surveyor or the surveyor's place of employment and  
1339 the facility being surveyed.

1340

1341 (3) Each member of the survey team shall:

1342

1343 (A) have at least 5 years experience in the care of  
1344 trauma patients;

1345

1346 (B) be currently employed managing a trauma program  
1347 and practicing in the coordination of care for trauma patients;

1348

1349 (C) have direct experience in the preparation for and  
1350 successful completion of trauma facility designation for no fewer than 2  
1351 successful designation cycles;

1352

1353 (D) have successfully completed an office-approved  
1354 trauma facility site surveyor course and be successfully re-credentialed  
1355 every 4 years; and  
1356  
1357 (E) have current credentials as follows:  
1358  
1359 (i) for registered nurses: Trauma Nurses Core  
1360 Course (TNCC) or Advanced Trauma Course for Nurses (ATCN); and  
1361 Pediatric Advanced Life Support (PALS) or Emergency Nurses Pediatric  
1362 Course (ENPC);  
1363  
1364 (ii) for physicians: Advanced Trauma Life Support  
1365 (ATLS); and  
1366  
1367 (iii) have successfully completed a trauma designation surveyor internship.  
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1369