Texas Department of Health
Bureau of Emergency Management
TECHNICAL ASSISTANCE DOCUMENT

Trauma Designation Upgrade

At the November 2000 Governor's EMS and Trauma Advisory Council (GETAC) Trauma System Committee meeting, the Texas Department of Health Bureau of Emergency Management (BEM) was asked to clarify the method by which trauma facilities could be acknowledged for their enhanced capabilities by the trauma community in order to be able to achieve the patient "track record" necessary for a successful survey to become designated or upgrade their trauma designation status. Questions included:

1. When can a hospital start receiving patients whose trauma profile would normally trigger EMS triage to another hospital (e.g. higher designation level)?

2. What credentials should a facility provide as evidence of its enhanced capabilities to its local trauma community?

PRINCIPLES

*   BEM is allowed only to acknowledge the existing trauma designation status of a hospital (e.g., not designated, Designated Level III, Level IV Designation Applicant, etc.)

*   BEM supports Texas hospitals that choose to provide trauma medical services to their communities and who can provide enhanced levels of care expected of a specific level of designation.

*   BEM recognizes that facilities must develop "track records" so that clinical experience and adherence to essential criteria can be demonstrated at a designation\verification survey.

*   Regional Advisory Councils (RACs) -- the membership of which (Trauma Rule §157.122) is offered to all health care entities who care for trauma patients-- are by definition "the trauma community" of their geographical locations.

- Trauma Rule §157.123 specifies that a RAC's completed EMS\Trauma System Plan have, as one of its components, "planning for the designation of trauma facilities". One aspect of this could be that RACs assist their member organizations to achieve the highest level of trauma care that they are capable of providing.

- TDH recognizes that RAC memberships are comprised of leaders in Texas healthcare with the experience, vision, and wisdom to ensure that a process is adopted that allows for transcendence of political and special interests that distract from the best interests of patient care and the trauma community as a whole.

- Ultimately, it is the EMS provider who must make the decision as to the most appropriate destination for a patient.

RAC\TRAUMA FACILITY OPTIONS

1. A RAC may consider developing a method by which trauma facilities that are seeking a change in trauma designation status can present evidence of their enhanced capabilities to the trauma community. This process should include at a minimum:

    a. Evidence that the facility has formally notified BEM, and ACS if seeking Level I or II verification, of their intent to actively seek or change designation status as evidenced by enhanced services and programs and is keeping BEM apprised of their progress on an on-going basis.

    b. Enumeration of specific services being provided that are beyond the current level of designation.

2. A RAC's Performance\Quality Improvement Program should review adherence to RAC pre-hospital triage, facility triage, and transport guidelines -- all of which focus on transporting major and severe trauma patients to the closest, most appropriate facility.

3. A facility which has enhanced its trauma services must exercise judiciousness in describing itself to the RAC and when marketing its services to local communities. The facility may not use designation terms beyond those to which it is entitled based on its current designation in the information that it provides to the public.

    Examples:

    a. It is acceptable for a hospital to enumerate the specific resources\services it is providing (viz., trauma surgeons, trauma activation protocols, neurosurgery services, and a performance improvement program, etc.).

    b. It is unacceptable for a hospital to tell the public that it has met a higher level's capabilities because no verification\designation site survey has taken place that verifies the accuracy of this statement.