

Figure: 25 TAC §157.125(y)(1)

### **Basic (Level IV) Trauma Facility Standards**

1. A Level IV Trauma Facility shall be an active participant on the regional advisory council (RAC) of its trauma service area (TSA).
2. A Level IV Trauma Facility is available to stabilize all major and severe trauma patients 24 hours per day/7 days per week. Diversion of such patients to other facilities should be made rarely and only when resources are not available in the emergency department (ED) to stabilize and transfer these patients.
3. A Level IV Trauma Facility shall have an established relationship with the tertiary trauma facility(ies) to which it routinely transfers, to include such things as:
  - written transfer agreements
  - prospective dialogue regarding appropriate pre-transfer diagnostic laboratory and radiological studies so that each is cognizant of the other's performance expectations
  - consideration of a single phone call transfer-request process
  - provision of feedback regarding transfers as part of the performance improvement (PI) program.
4. A Level IV trauma facility shall have age-specific policies/processes that demonstrate knowledge of the special resources potentially needed by injured patients of all ages, and is cognizant of the pediatric capabilities of the hospitals to which it customarily effectuates transfers so that it can determine the most appropriate facility.
5. A Level IV Trauma Facility shall have an established relationship with the EMS providers who transport to the facility to facilitate adequate pre-arrival notification, appropriate documentation, and appropriate pre-hospital care.
6. The patient shall be treated according to current practice per standards and protocols within the capability of the facility. A Level IV trauma facility shall notify the regional emergency healthcare community when a usually-provided service, either "essential" or "desired", is not available.
7. A Level IV trauma facility with on-call general surgeon(s) shall, in close collaboration with the appropriate RAC members, have guidelines that balance its capability to take critical trauma patients to the operating room for life/limb saving procedures with the customary "stabilize and transfer" standard for a Level IV trauma facility without surgical capabilities.
8. The major or severe trauma patient shall be met on arrival in the ED by a team of healthcare professionals as defined in the trauma activation protocols and credentialed by the hospital. When a physician other than the on-call emergency physician participates in the management of care, that physician shall also be credentialed by the hospital and must meet the trauma education requirements of the emergency physician.
9. Throughout their hospital stay, trauma patients shall be cared for by healthcare professionals with documented education and skill in the assessment and care of injuries.
10. The major or severe trauma patient shall be rapidly assessed, resuscitated, and stabilized according to established trauma management guidelines including ATLS, TNCC, ATCN, and ENPC.
11. Disposition decisions shall be made expeditiously by a physician at the hospital and preparations for transfer begun as soon as possible after arrival at the facility.
12. Major or severe trauma patients who are intentionally retained longer than 2 hours, except where medically appropriate, shall receive the same level of care as the highest available within its TSA or within the TSA to which the patient's condition warrants transfer-out.
13. All healthcare professionals participating in the care of major or severe trauma patients must participate in the PI program, and each discipline shall have representation at PI meetings.

14. The medical records of all major and severe trauma patients, including autopsy results when available, shall be reviewed concurrently and retrospectively by the trauma program's PI process for appropriateness and quality of care. Deviations from standards of care shall be addressed through a documented trauma PI process.
15. Standards and time frames for trauma registry data entry and abstraction of PI issues shall be developed, and shall be no longer than 45 days after the patient's hospital discharge date.
16. The Texas Hospital Standard Data Set essential items shall be uploaded to the State EMS/Trauma Registry on at least a quarterly basis.
17. A Level IV trauma facility shall participate in the PI program of the RAC in the TSA where it is located, and shall also participate as requested by executive boards in the PI program of RACs into which the facility has transferred a patient.
18. The appropriateness of transferring-out major or severe trauma patients presenting to the ED of a Level IV trauma facility with on-call surgeon(s) shall be subject to 100% review in the hospital's PI program.