

**PUBLIC HEALTH DEPARTMENT[641]**

**Adopted and Filed**

Pursuant to the authority of Iowa Code section 147A.27, the Department of Public Health hereby rescinds Chapter 138, “Trauma System Evaluation Quality Improvement Committee,” and adopts a new Chapter 138, “Trauma System Advisory Council,” Iowa Administrative Code.

Iowa Code section 147A.25, which provided for the creation of the Trauma System Evaluation Quality Improvement Committee, was repealed by 2013 Acts, chapter 129, section 57. Relevant sections pertaining to confidentiality and documentation were added to Iowa Code section 147A.24, which establishes the Trauma System Advisory Council. New Chapter 138:

- Defines the purpose and duties of the Trauma System Advisory Council.
- Outlines appointment to and membership of the Council.
- Identifies parameters for meetings and subcommittees and the duties of Council officers.
- Outlines confidentiality requirements and documentation associated with data and peer review.
- Identifies reimbursable expenses of Council members.
- Defines Council composition.

The new chapter provides the Council structure and direction to serve in an advisory role to the Department.

The Trauma System Advisory Council reviewed and unanimously approved the proposed new chapter on January 19, 2016. Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 2448C** on March 16, 2016. No public comment was received. These rules are identical to those published under Notice of Intended Action.

The Department adopted these rules on May 11, 2016.

After analysis and review of this rule making, no impact on jobs has been found.

These rules are intended to implement Iowa Code section 147A.24.

These rules will become effective July 13, 2016.

The following amendment is adopted.

Rescind 641—Chapter 138 and adopt the following **new** chapter in lieu thereof:

CHAPTER 138

TRAUMA SYSTEM ADVISORY COUNCIL

**641—138.1(147A) Definitions.** For the purpose of these rules, the following definitions shall apply:

“*Department*” means the Iowa department of public health.

“*Director*” means the director of the Iowa department of public health.

“*Emergency medical care provider*” means emergency medical care provider as defined in rule 641—131.1(147A).

“*Trauma care system*” means an organized approach to providing personnel, facilities, and equipment for effective and coordinated trauma care.

“*TSAC*” means the trauma system advisory council established pursuant to Iowa Code section 147A.24.

**641—138.2(147A) Purpose and duties.**

**138.2(1)** The TSAC shall advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state.

**138.2(2)** Duties of the TSAC shall include, but not be limited to:

a. Annually reviewing Iowa Administrative Code rules related to the trauma care system to make recommendations to the department for changes to further promote optimal trauma care, including but not limited to review of this chapter and the following chapters:

- (1) 641—Chapter 134, Trauma Care Facility Categorization and Verification.
- (2) 641—Chapter 135, Trauma Triage and Transfer Protocols.

(3) 641—Chapter 136, Trauma Registry.

(4) 641—Chapter 137, Trauma Education and Training.

*b.* Assisting the department in development and implementation of an Iowa trauma care plan inclusive of all aspects of the statewide trauma system utilizing a system assessment and annual benchmarking.

*c.* Developing and maintaining criteria for the categorization of all hospitals and emergency care facilities according to their trauma care capabilities. These categories shall be for Levels I, II, III, and IV, based on the most current guidelines published by the American College of Surgeons' committee on trauma, the American College of Emergency Physicians, and the model trauma care plan of the U.S. Department of Health and Human Services' Health Resources and Services Administration. These criteria are established in 641—Chapter 134, and TSAC shall, pursuant to paragraph 138.2(2) "a," annually review the criteria.

*d.* Developing and maintaining a process for the verification of the trauma care capacity of each facility and the issuance of a certificate of verification. This process is established in 641—Chapter 134, and TSAC shall, pursuant to paragraph 138.2(2) "a," annually review the process.

*e.* Developing and maintaining standards for medical direction, trauma care, and triage and transfer protocols. These standards are established in 641—Chapter 135, and TSAC shall, pursuant to paragraph 138.2(2) "a," annually review these standards.

*f.* Developing and maintaining standards for trauma registries. These standards are established in 641—Chapter 136, and TSAC shall, pursuant to paragraph 138.2(2) "a," annually review these standards.

*g.* Collaborating with the department to develop trauma standards for medical direction, procedures, and protocols to support a statewide trauma system.

*h.* Developing, implementing, and conducting trauma care system evaluation, quality assessment, and quality improvement in coordination with the department.

*i.* Partnering with the department to promote public information and educational activities for injury prevention and in support of the statewide trauma system.

#### **641—138.3(147A) Appointment and membership.**

**138.3(1)** The members of TSAC shall be appointed by the director from the recommendations of the organizations listed in subrule 138.3(4).

**138.3(2)** Appointments shall be for two-year staggered terms, which shall expire on June 30.

**138.3(3)** Vacancies shall be filled in the same manner in which the original appointments were made for the balance of the unexpired term.

**138.3(4)** Membership. The voting membership of the TSAC shall be comprised of one representative nominated from each of the following organizations:

*a.* American Academy of Pediatrics.

*b.* American College of Emergency Physicians, Iowa chapter.

*c.* American College of Surgeons, Iowa chapter.

*d.* Department of public health.

*e.* Governor's traffic safety bureau.

*f.* Iowa Academy of Family Physicians.

*g.* Iowa Emergency Medical Services Association.

*h.* Iowa Emergency Nurses Association.

*i.* Iowa Hospital Association representing rural hospitals.

*j.* Iowa Hospital Association representing urban hospitals.

*k.* Iowa Medical Society.

*l.* Iowa Osteopathic Medical Society.

*m.* Iowa Physician Assistant Society.

*n.* Iowa Society of Anesthesiologists.

*o.* Orthopedic System Advisory Council of the American Academy of Orthopedic Surgeons, Iowa representative.

- p.* Rehabilitation services delivery representative.
- q.* Iowa's Medicare quality improvement organization.
- r.* State medical examiner.
- s.* Trauma nurse coordinator representing a trauma registry hospital.
- t.* University of Iowa, Injury Prevention Research Center.

**138.3(5) Absences.**

- a.* Three unexcused absences in a 12-month period shall be grounds for the director to request nomination of an alternate representative to fill the position.
- b.* Absences may be excused by notification provided to the chairperson prior to the meeting.
- c.* The chairperson of the TSAC shall be charged with providing notification of absences to the department.

**641—138.4(147A) Officers.**

**138.4(1)** Officers of the TSAC shall consist of a chairperson and a vice chairperson, who shall be elected at the first meeting of each fiscal year.

- a.* Officers may serve no more than three consecutive terms as chairperson or vice chairperson.
- b.* Vacancies in the office of chairperson shall be filled by elevation of the vice chairperson.
- c.* Vacancies in the office of vice chairperson shall be filled by election at the next meeting after the vacancy occurs.

**138.4(2) Duties of officers.**

- a.* The chairperson shall:
  - (1) Preside at all meetings of the TSAC,
  - (2) Appoint such subcommittees as deemed necessary, and
  - (3) Designate the chairperson of each subcommittee.
- b.* The vice chairperson shall:
  - (1) Perform the duties of the chairperson if the chairperson is absent or unable to act. When so acting, the vice chairperson shall have all the powers of and be subject to all restrictions upon the chairperson.
  - (2) Perform such other duties as may be assigned by the chairperson.

**641—138.5(147A) Meetings.**

**138.5(1)** The TSAC shall establish a meeting schedule on an annual basis to conduct its business. There shall be a minimum of four meetings per year.

- a.* Meetings may be scheduled as business requires, but notice to members must be given at least five working days prior to the meeting date.
- b.* Notice given four weeks in advance is encouraged to accommodate the schedules of professional members.

**138.5(2)** Any TSAC member who is unable to attend the meeting will notify the chairperson.

**138.5(3)** A majority of appointed members constitutes a quorum.

**138.5(4)** When a quorum is present, a position is carried by affirmative vote of the majority of those present. No official business that requires a vote of the membership shall be conducted without a quorum present.

**138.5(5)** Persons wishing to make a presentation to the TSAC shall submit the request to the chairperson not less than 14 days prior to the meeting. Presentations may be made at the discretion of the chairperson.

**138.5(6)** Persons wishing to submit written materials should do so at least 14 days in advance of the scheduled meeting to ensure that TSAC members have adequate time to receive and evaluate the materials.

**138.5(7)** TSAC may conduct meetings by electronic means pursuant to Iowa Code section 21.8.

**641—138.6(147A) Subcommittees.** TSAC may designate one or more subcommittees to perform such duties as may be deemed necessary.

**641—138.7(147A) Confidentiality.**

**138.7(1)** The data collected by and furnished to the department pursuant to Iowa Code section 147A.26 are confidential records of the condition, diagnosis, care, or treatment of patients or former patients, including outpatients, and shall not be public record under Iowa Code chapter 22. The confidentiality of patients is to be protected, and the laws of this state shall apply with regard to patient confidentiality.

**138.7(2)** Proceedings, records, and reports reviewed or developed pursuant to Iowa Code section 147A.24 constitute peer review records under Iowa Code section 147.135 and are not subject to discovery by subpoena or admissible as evidence. All information and documents received from a hospital or emergency care facility under Iowa Code chapter 147A shall be confidential pursuant to Iowa Code section 272C.6(4).

**138.7(3)** TSAC or subcommittees of TSAC may enter into closed session proceeding pursuant to Iowa Code section 21.5.

**138.7(4)** All council and subcommittee members shall sign a confidentiality agreement not to divulge or discuss information obtained during a TSAC or subcommittee closed session proceeding. The signed confidentiality statements shall be kept on file at the department.

**641—138.8(147A) Documentation.**

**138.8(1)** The department, pursuant to Iowa Code section 21.3, shall keep minutes of open session proceedings.

**138.8(2)** The department, pursuant to Iowa Code section 21.5, shall also maintain minutes and tape recordings of closed session proceedings.

**641—138.9(147A) Expenses of advisory council members.** The following may be considered necessary expenses for reimbursement of TSAC members when the expenses are incurred on behalf of TSAC business and are subject to established state reimbursement rates:

1. Reimbursement for travel in a private car.
2. Actual lodging and meal expenses, including sales tax on lodging and meals.
3. Actual expense of public transportation.

**641—138.10(147A) Council composition.** The council's composition shall be developed and maintained pursuant to Iowa Code chapter 69.

These rules are intended to implement Iowa Code chapter 147A.

[Filed 5/17/16, effective 7/13/16]

[Published 6/8/16]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 6/8/16.