

# IDPH FY 15 Budget Request – Public Protection, Technology Reinvestment Fund, & Resource Management

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## TRAUMA SYSTEM EVALUATION

In coordination with the Trauma Systems Advisory Council, IDPH is requesting a one-time appropriation to host a facilitation team from the American College of Surgeons (ACS) to assess Iowa’s trauma system strengths and weaknesses. The ACS team will assist the Department in assessing the trauma system in Iowa to identify needed improvement, and provide a benchmark to measure progress toward trauma system development goals. The ACS Trauma Systems Consultation Program is not a verification or designation process. It is a voluntary program to assist the state’s trauma system in making needed improvements. Following the consultation, ACS will prepare a report that provides a current assessment of the trauma system and recommendations for future trauma system development. The system improvements that are identified and addressed will result in improved patient outcomes, as well as improved efficiencies within the trauma system that may result in reduced health care costs.

Description (Public Protection)	Estimated Cost
ACS Assessment	\$75,000

The estimated cost includes: An ACS consultation team visit to provide technical assistance and consultation regarding processes, quality improvement and injury prevention. Additional costs include venue rental for a three day visit, travel and per diem for participants, as well as miscellaneous expenses.

## TRAUMA & EMS REGISTRY SOFTWARE REPLACEMENT

IDPH is requesting a one-time appropriation from the Technology Reinvestment Fund for purchase of the software system and an ongoing appropriation from the General Fund for the maintenance of it. The goal of the system is to collect statewide injury data to determine trends and positively affect patient care outcomes. Iowa Code and IDPH administrative rules require a verified trauma care facility to submit reportable patient data that is used to evaluate and assess patient and system outcomes. IDPH awarded a contract to Digital Innovation in 2002 for development and implementation of the current system. This trauma data collection system is still in use and is known as “Collector”. It is not web based and must be maintained on individual user computers at every trauma center in Iowa.

Emergency Medical Service (EMS) transport agencies are required to submit patient care record data points from 911 and emergency medical service transports. IDPH contracted in 2003 with Intermedix to provide a statewide system to collect the data. This system is called “WebCur” and provides an online account for all Iowa licensed transport services to submit the required data.

The technology used for “Collector” and “WebCur” is outdated and no longer compatible with new technology and data requirements (e.g. ICD-10 coding). Given the age of these systems and the speed of technological change, the Department recognizes a need to vastly improve the ease of data capture, the quality of information captured by the system, information sharing between EMS and hospitals, technical efficiency of the system and the timeliness of quality of care reporting at the facility and service level. Failure to update this technology will result in lost data and lost capacity to receive reportable data, as well as lost capacity to effectively use the data for system improvements for better patient outcomes.

Description	Amount of Revenue
Estimated initial cost (Technology Reinvestment Fund)	\$150,000
Estimated Annual Maintenance (Resource Management)	\$65,000