

**147A.24 Trauma system advisory council established.**

1. A trauma system advisory council is established. The following organizations or officials may recommend a representative to the council:

- 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.

2. The council shall consist of seven members to be appointed by the director from the recommendations of the organizations in [subsection 1](#) for terms of two years. Vacancies on the council shall be filled for the remainder of the term of the original appointment. Members whose terms expire may be reappointed.

3. The voting members of the council shall elect a chairperson and a vice chairperson and other officers as the council deems necessary. The officers shall serve until their successors are elected and qualified.

4. The council shall do all of the following:

- a. Advise the department on issues and strategies to achieve optimal trauma care delivery throughout the state.
- b. Assist the department in the implementation of an Iowa trauma care plan.
- c. Develop 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 United States department of health and human services' health resources and services administration.
- d. Develop a process for the verification of the trauma care capacity of each facility and the issuance of a certificate of verification.
- e. Develop standards for medical direction, trauma care, triage and transfer protocols, and trauma registries.
- f. Promote public information and education activities for injury prevention.
- g. Review the rules adopted under [this subchapter](#) and make recommendations to the director for changes to further promote optimal trauma care.
- h. Develop, implement, and conduct trauma care system evaluation, quality assessment, and quality improvement.

5. Proceedings, records, and reports developed pursuant to [this section](#) constitute peer review records under [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 [this subchapter](#) shall be confidential pursuant to [section 272C.6, subsection 4](#).

[95 Acts, ch 40, §5](#); [98 Acts, ch 1100, §19](#); [2001 Acts, ch 74, §6](#); [2013 Acts, ch 129, §50 – 52](#); [2019 Acts, ch 85, §78](#)