

Iowa Plan for Trauma System Development 2022-2027 ADDENDUM

The Iowa Trauma System is a dynamic care coordination system that adapts to the evolving needs of patients, ensuring timely and efficient delivery of care across varying levels of trauma severity and geographic regions, while navigating the inherent political landscape that influences healthcare policy and resources. A strategic objective review was completed to evaluate progress toward the Iowa Plan for Trauma System Development 2022-2027 to evaluate progress and adjust strategies as needed to ensure the objectives are still relevant, achievable, and effective. For the reader's convenience, updates are presented in *teal italics*.

**Contextual note:* Iowa Governor Reynolds signed Executive Order Number 10 in January 2023, putting a moratorium on administrative rulemaking and instituted a comprehensive review of all existing administrative rules. The directive affected several action steps and timelines within this trauma system plan.

Priority 1: Trauma System Policy Development. Trauma System Plan. The state lead agency has a comprehensive written trauma system plan based on national guidelines. The plan integrates the trauma system with EMS, public health, emergency preparedness, and incident management.

Strategy 1.1: Develop a written trauma system plan in collaboration with community partners and stakeholders.

1.1a. Engagement of identified partners. *Completed.*

1.1b. Complete the state trauma plan. *Completed.*

1.1c. Share and obtain feedback from community partners and trauma system stakeholders. *Completed.*

1.1d. Trauma plan reviewed and approved by Department leadership. *Completed.*

Priority 2: Trauma System Policy Development. Statutory Authority and Administrative Rules. Comprehensive state statutory authority and administrative rules support trauma system leaders and maintain trauma system infrastructure, planning, oversight, and future development.

Strategy 2.1: Update administrative rules with the most up-to-date national benchmarks and guidelines.

2.1a. Engage the Verification Subcommittee of the TSAC to review and update trauma care facility criteria to the most current version of the ACS Resources for Optimal Care of the Injured Patient. *Completed for Level III*

standards. Updated Level IV standards have not been released by the ACS.

2.1b. Update administrative rule 641.134 to reflect decision of the Verification Subcommittee and TSAC on criteria for trauma care facility verification. *Completed.*

2.1c. Notice rules and work through the Administrative Rules and Review Committee process to update 641.134 to reflect decisions of the trauma system. *Completed.*

2.1d. Engage the Triage and Transport Subcommittee of the TSAC to review and update the Out of Hospital Destination Decision Protocols for adults and pediatrics based on the most current version of the National Guidelines for the Field Triage of Injured Patients. *Completed.*

2.1e. Update administrative rule 641.135 to reflect decision of the Triage and Transport Subcommittee and TSAC on criteria for OOHTTDDP. *Completed.*

2.1f. Notice rule and work through the ARRC process to update 641.135 to reflect decision of the trauma system. *Completed.*

2.1g. Engage the Data Management subcommittee of the TSAC to review and update the Trauma Registry Data Dictionary. *Completed.*

2.1h. Update administrative rule 641.136 to reflect any necessary changes related to the trauma registry. *Completed.*

2.1i. Notice rule and work through the ARRC process to update 641.136 to reflect decision of the trauma system. *Completed.*

Priority 3: Trauma System Policy Development. System Leadership. Trauma system leaders (lead agency, trauma center personnel, and other stakeholders) use a process to establish, maintain, and constantly evaluate and improve a comprehensive trauma system in cooperation with medical, professional, governmental, and other citizen organizations.

Strategy 3.1: Utilize the System Development Subcommittee to evaluate and improve the trauma system using the ACS COT Regional Trauma Systems: Optimal Elements, Integration, and Assessment Systems Consultation Guide.

3.1a. Convene the System Development Subcommittee of the TSAC to evaluate the trauma system utilizing the ACS COT Regional Trauma Systems: Optimal Elements, Integration, and Assessment Systems Consultation Guide. *Completed.*

3.1b. Prioritize the Optimal Elements for improvement based on group rating and create action plans to achieve SMART goals. *Completed.*

Strategy 3.2: Host an ACS COT Trauma Systems Consultation Program re-visit and utilize the final report for future trauma system performance improvement efforts.

3.2a. Initial meeting with ACS COT Trauma Systems Consultation Committee. *Completed.*

3.2b. Strategize with TSAC and local stakeholders on application and funding. *Completed.*

3.2c. Host a Trauma System Consultation visit. *Scheduled September 22-25, 2025.*

3.2d. Utilize the final report from the Trauma System Consultation Visit to set trauma system performance improvement goals for the next planning period. *Timeline remains January 2026 – July 2027.*

Priority 4: Trauma System Policy Development. Coalition Building and Community Support. The Lead agency informs and educates state, regional, and local constituencies and policymakers to foster collaboration and cooperation for system enhancement and injury control.

Strategy 4.1: Conduct a partnership evaluation and apply strategies to further partnership development to strengthen the trauma system in Iowa.

4.1a. Utilize the Partnership Assessment Tool to assess the current state of public and private partners within the trauma system. *Completed.*

4.1b. Analyze results and share the results with others. *Completed.*

4.1c. Consider opportunities for partnership development utilizing the Partnership Assessment Tool. *The Partnership Assessment Tool is no longer available for use. Iowa HHS, in collaboration with TSAC, will continue to explore opportunities for partnership on an ongoing basis.*

4.1d. The Partnership Assessment Tool is utilized every 2 years to compare and track public and private partnerships. *The Partnership Assessment Tool is no longer available for use. Iowa HHS, in collaboration with TSAC, will continue to compare and track partnerships ongoing, every October TSAC meeting, on the even years.*

Priority 5: Trauma System Assessment. Injury Epidemiology. There is a thorough description of injury epidemiology in the system jurisdiction using population-based data and clinical databases.

Strategy 5.1: Beyond the current annual data report, develop strategies to visualize trauma data for local, regional, and state use.

5.1a. Work with the System Evaluation Quality Improvement Subcommittee of TSAC to identify and prioritize data visualization strategies for public consumption. *Ongoing.*

The following priorities were added, based on the 2023 *Trauma Systems Consultation Guide: Essential Elements, Framework, and Assessment for State and Regional Trauma Systems*:

Priority 6: Trauma System Funding. The lead agency should establish a sustained funding mechanism for trauma system infrastructure.

Strategy 6.1: Explore funding sources to support infrastructure including, physical and staffing resources for trauma program administration and oversight, trauma center verification, data collection, data storage, data analysis, quality improvement activities, education, functions of TSAC, and support for disaster response and recovery, and military integration.

6.1a. Strategize with Iowa HHS, TSAC, and external partners on innovative trauma system funding mechanisms. Timeline: January 2026 – July 2027.

6.1b. Inform and educate the public and legislators about the state trauma system. Timeline: Ongoing.

Priority 7: Disaster Preparedness. The lead agency needs to be actively involved in disaster preparedness in collaboration with trauma system leaders for the local, regional, or national area of responsibility.

Strategy 7.1: A comprehensive emergency disaster preparedness and response plan, including integration of trauma system components, should be established and reviewed annually.

7.1a. Provide trauma program support and collaboration to review the comprehensive emergency disaster preparedness and response plan annually. Timeline: annually.

7.1b. Provide trauma subject matter expertise to ensure that trauma system resources are optimally integrated across the continuum of emergency response. Timeline: ongoing.

Strategy 7.2: Support and collaborate with all existing response entities to develop an operational network of Regional Medical Operations Centers (RMOCs) or Medical Operation Coordinating Centers (MOCCs) as a major component of the disaster preparedness plan. Timeline: January 2026 – July 2027.

7.2a. Assess resource utilization of the trauma system in simulated incidents or tabletop drills to identify gaps in response. Timeline: ongoing.

REFERENCES

1. American College of Surgeons Committee on Trauma. (2023). *Trauma Systems Consultation Guide: Essential Elements, Framework, and Assessment for State and Regional Trauma Systems*.