

CHAPTER 136  
TRAUMA REGISTRY

**641—136.1(147A) Definitions.** For the purposes of these rules, the following definitions shall apply:

“*Cases*” means trauma patients that meet the trauma registry inclusion criteria.

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

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

“*ICD10*” means International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM).

“*Inclusion criteria*” means criteria determined by the department and adopted by reference to determine which trauma patients are to be included in the trauma registry.

“*Reportable patient data*” means data elements and definitions determined by the department and adopted by reference to be reported to the trauma registry on trauma patients meeting the inclusion criteria.

“*Trauma care facility*” means a hospital or emergency care facility which provides trauma care and has been verified by the department as having Level I, Level II, Level III or Level IV care capabilities and has been issued a certificate of verification pursuant to Iowa Code section 147A.23(2)“c.”

“*Trauma patient*” means a victim of an external cause of injury that results in major or minor tissue damage or destruction caused by intentional or unintentional exposure to thermal, mechanical, electrical or chemical energy, or by the absence of heat or oxygen.

“*Trauma registry*” means the data repository operated by the department to collect and analyze reportable patient data on the incidence, severity, and causes of trauma, including the central registry for brain and spinal cord injuries (IAC 641—21.1(135)) and farm-related injuries.

[ARC 3106C, IAB 6/7/17, effective 7/12/17]

**641—136.2(147A) Trauma registry.**

**136.2(1)** Adoption by reference.

a. “Iowa Trauma Patient Data Dictionary” (January 2017) is incorporated by reference for inclusion criteria and reportable patient data to be reported to the trauma registry. For any differences which may occur between the adopted reference and this chapter, the administrative rules shall prevail.

b. “Iowa Trauma Patient Data Dictionary” is available through the Iowa Department of Public Health, Bureau of Emergency and Trauma Services (BETS), Lucas State Office Building, Des Moines, Iowa 50319-0075, or the BETS Web site (<http://idph.iowa.gov/BETS>).

**136.2(2)** A trauma care facility shall report data as follows:

a. Trauma care facilities shall submit reportable patient data identified in 136.2(1) electronically to the department. Data shall be submitted in a format approved by the department.

b. Trauma care facilities that enter required trauma data elements identified in 136.2(1) directly into the state registry shall, at a minimum, enter 80 percent of cases within 60 days of a patient’s discharge. Within 120 days of a patient’s discharge, 100 percent of cases shall be entered into the registry.

c. Trauma care facilities that submit required trauma data elements identified in 136.2(1) via upload shall, at a minimum, submit 80 percent of cases discharged within the previous 60 days of the first business day of every even-numbered calendar month. Within 120 days of a patient’s discharge or next scheduled data upload, 100 percent of cases shall be entered into the registry.

**136.2(3)** Reportable patient data compilations. The department shall prepare compilations for release or dissemination on reportable patient data entered into the trauma registry during the reporting period. The compilations shall include, but not be limited to, trends and patient care outcomes for local, regional and statewide evaluations. The compilations shall be made available to all providers submitting reportable patient data to the registry.

**136.2(4)** Access and release of reportable patient data and information.

a. The data collected by the trauma registry and furnished to the department pursuant to this rule are confidential records of the condition, diagnosis, care, or treatment of patients or former patients,

including outpatients, pursuant to Iowa Code section 22.7. The compilations prepared for release or dissemination from the data collected are not confidential under Iowa Code section 22.7(2). However, information which individually identifies patients shall not be disclosed and state and federal law regarding patient confidentiality shall apply.

*b.* The department may approve requests for reportable patient data for special studies and analysis provided:

(1) The request has been reviewed and approved by the department with respect to the scientific merit and confidentiality safeguards; and

(2) The department has given administrative approval for the proposal.

(3) The confidentiality of patients and trauma care facilities is protected pursuant to Iowa Code sections 22.7 and 147A.24.

*c.* The department may require those requesting the data to pay any or all of the reasonable costs associated with furnishing the reportable patient data.

**136.2(5)** Data collection methods. To the extent possible, activities under this rule shall be coordinated with other health data collection methods.

**136.2(6)** Quality assurance.

*a.* For the purpose of ensuring the completeness and quality of reportable patient data, the department or authorized representative may examine all or part of the patient's medical records as necessary to verify or clarify all reportable patient data submitted by a trauma care facility.

*b.* Review of a patient's medical record by the department shall be scheduled in advance with the trauma care facility and completed in a timely manner.

*c.* The director, pursuant to 641—Chapter 178, may grant a variance from the requirements of rules adopted under this chapter for a trauma care facility that meets the requirements of this chapter.

[ARC 9444B, IAB 4/6/11, effective 5/11/11; ARC 3106C, IAB 6/7/17, effective 7/12/17]

**641—136.3(147A) Offenses and penalties.** All complaints, offenses and penalties will be addressed pursuant to rule 641—134.3(147A).

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These rules are intended to implement Iowa Code section 147A.26.

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