

Red Tape Review Rule Report (Due: September 1, 2024)

Department Name:	Public Health	Date:	September 1, 2024	Total Rule Count:	3
IAC #:	641	Chapter/ SubChapter/ Rule(s):	136	Iowa Code Section Authorizing Rule:	147A.27
Contact Name:	Victoria L. Daniels	Email:	compliancerules@hhs.iowa.gov	Phone:	515-829-6021

PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE

What is the intended benefit of the rule?

High-quality data from the trauma registry are critical to inform quality improvement and measure the performance of the statewide trauma system. Providing guidance to hospitals on high-quality data reporting of injured patients allows enhanced epidemiologic analysis to improve outcomes of injured patients in Iowa. This allows for focused quality improvement activities and maximizes the value of trauma benchmarking with the goal of reduced morbidity and mortality from injuries.

Is the benefit being achieved? Please provide evidence.

The benefit is being achieved. Iowa has utilized the registry to improve outcomes of injured patients in Iowa through quality improvement and data analysis.

What are the costs incurred by the public to comply with the rule?

Healthcare providers may incur administrative costs associated with reporting the data.

What are the costs to the agency or any other agency to implement/enforce the rule?

Personnel and other administrative costs.

Do the costs justify the benefits achieved? Please explain.

Without quality injury data from hospitals, there would not be a method for analysis of opportunities for improvement within the state trauma system, data driven decision-making, and the reduction of morbidity and mortality from injury. This includes local injury trends, severity of injury, hospital resources, appropriate and timely care of the injured.

Are there less restrictive alternatives to accomplish the benefit? YES NO

If YES, please list alternative(s) and provide analysis of less restrictive alternatives from other states, if applicable. If NO, please explain.

Does this chapter/rule(s) contain language that is obsolete, outdated, inconsistent, redundant, or unnecessary language, including instances where rule language is duplicative of statutory language? [list chapter/rule number(s) that fall under any of the above categories]

PLEASE NOTE, THE BOXES BELOW WILL EXPAND AS YOU TYPE

136.1 – deleted definitions that were duplicative, redundant, or no longer relevant in light of other edits.
136.2 (1) – deleted adoptions by reference to the Department’s “Iowa Trauma Patient Data Dictionary” because programs at Iowa HHS that utilize registries do not have adopted data dictionaries within administrative rule.
136.2 (2) “a” – conforming edits
136.2 (2) “b” and “c” – deleted because the upload requirements are established in trauma care facility verification criteria.
136.2 (3) – deleted because this is normal public health practice.
136.2 (4) “a” – deleted as duplicative of Iowa Code
136.2 (4) “b” – deleted because this is accomplished through department policy.
136.2 (5) – deleted as duplicative of Iowa Code
136.2 (6) “b” – deleted restrictive terms
136.2 (6) “c” – deleted as redundant

RULES PROPOSED FOR REPEAL (list rule number[s]):

None

RULES PROPOSED FOR RE-PROMULGATION (list rule number[s] or include rule text if available):

136.1 - 3

***For rules being re-promulgated with changes, you may attach a document with suggested changes.**

METRICS

Total number of rules repealed:	0
Proposed word count reduction after repeal and/or re-promulgation	679
Proposed number of restrictive terms eliminated after repeal and/or re-promulgation	16

ARE THERE ANY STATUTORY CHANGES YOU WOULD RECOMMEND INCLUDING CODIFYING ANY RULES?

None at this time.