

STATE OF IOWA DEPARTMENT OF

Health ^{AND} Human

SERVICES

Trauma Program Manager Webinar

Program Updates and Upcoming Opportunities

August 26, 2022

Jill Wheeler, RN, BSN, CCRN, SCRN, TCRN
Trauma Nurse Coordinator
Bureau of Emergency Medical & Trauma Services

Updates from the State

DHS & IDPH alignment

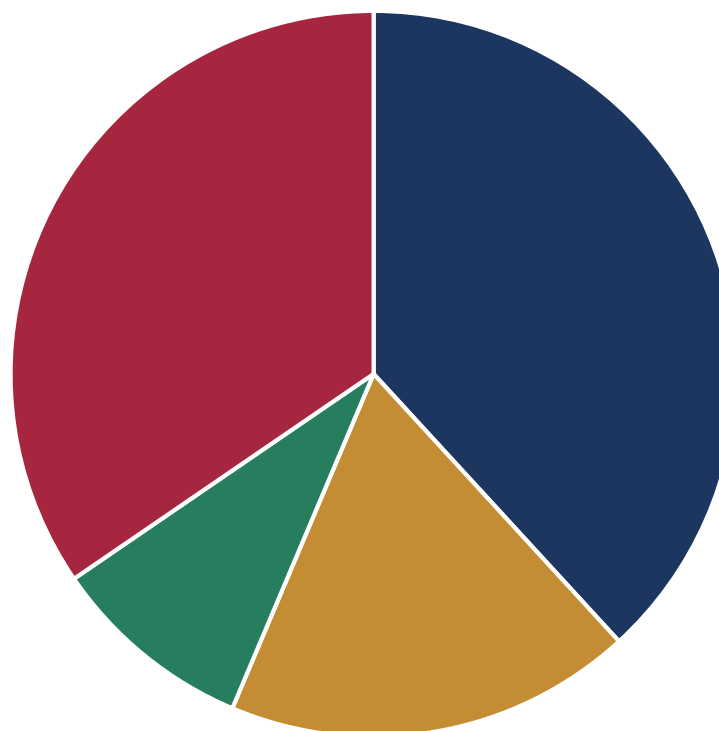
Department of Health and Human Services

Bureau of Emergency
Medical and Trauma
Services

Bureau of Emergency
Preparedness and
Response

2022 State Trauma Reverifications to date

- 21 Level IV paper reviews
- 10 Level IV virtual reviews
- 5 Level III virtual/on-site
- 19 remaining



■ Level IV paper ■ Level IV virtual ■ Level III virtual/on-site ■ Remaining

Trauma System Advisory Council Meetings

- Typically 3rd Tuesday of the month 1:00-4:00pm
 - Next: October 25th (pushed back 1 week)
 - January 17, 2023
 - April 28, 2023
- All are welcome

TSAC

TSAC Subcommittee Updates

Trauma Verification

- Workshops in process
 - *Resources for Optimal Care of the Injured Patient (2022 Standards)*
 - Level III criteria proposals
 - Level IV criteria TBD
 - Will present to TSAC in October
 - Update administrative rule in 2023 legislative session?

Trauma Triage & Transfer

- Next meeting TBD
 - Work through updated national Field Trauma Triage Guidelines (FTTG)
 - Potential updates to Out of Hospital Trauma Triage Destination Decision Protocol (OOHTTDDP)
 - Goal to update administrative rule in 2023 legislative session

Frequent Criteria Deficiencies & Recommendations

Criteria (2-13)

- Well-defined transfer plans are essential.
 - What are YOUR facility's capabilities and limitations?
 - What types of patients do you keep vs. transfer ASAP?
 - Use examples from other facilities when drafting your own guidelines – don't completely reinvent the wheel

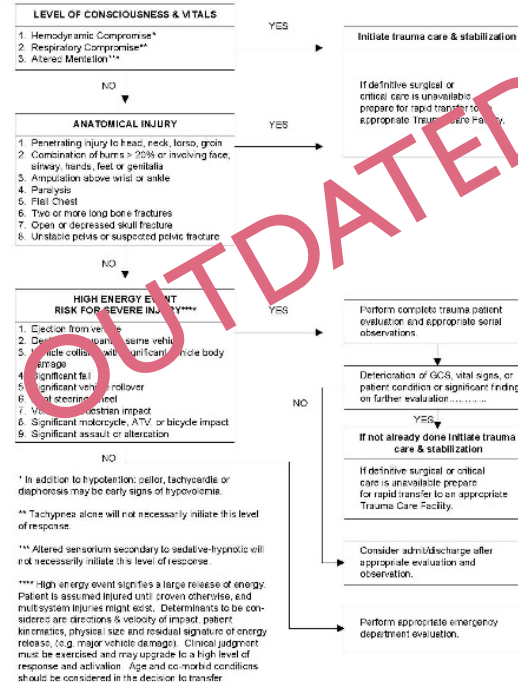
ECU Manual
F-388 Attachment E – Inter-Trauma Care Facility Triage & Transfer Protocol
Last Reviewed/Revised: 7/12

Iowa Department of Public Health, Bureau of EMS

IOWA TRAUMA SYSTEM

Inter-Trauma Care Facility Triage & Transfer Protocol

The following criteria shall be used for the identification of time critical injuries and appropriate transfer of trauma patients to appropriate Trauma Care Facilities.



EXAMPLE (will vary by facility resources)

Transferring Facility	EMERGENT	URGENT	SEMI-URGENT	Level III or IV to Level I or II
	<ul style="list-style-type: none"> - Deterioration of previously stable patient - Hemodynamically unstable - Need for MTP - Emergent need for emergent neurosurgery 	<ul style="list-style-type: none"> - High risk trauma - Urgent need for neurosurgery - High grade solid organ injury - Vascular injury - Burns >15% - Burns with inhalation injury 	<ul style="list-style-type: none"> - Surgical consults - Stable vitals - Resource not available - Stable ortho injury - Burns to face or hands 	
ED Arrival (or time of deterioration) to decision to transfer	GOAL: 30 minutes	GOAL: 90 minutes	GOAL: 3 hours	State Average ED LOS in 2020: 3 hours for non-activations 2 hours 21 minutes for trauma activations
Communication with physician	GOAL: 5 minutes	GOAL: 5 minutes	GOAL: 5 minutes	
Decision to transfer to EMS arrival at facility	GOAL: 15 minutes	GOAL: 45 minutes	GOAL: 45 minutes	
ED Arrival to Discharge (ED LOS)	GOAL: 1 hour	GOAL: 2 hours	GOAL: 3 hours	

Adapted from Kathleen Martin – ACS TPM Course 9/2021

Frequent Criteria Deficiencies & Recommendations

Criteria (2-8) and (5-15)

- **Level III:** surgeon will be in the ED (with adequate field notification) or <30 minutes from patient arrival
- **Level IV:** ED provider will be in the ED (with adequate field notification) or <30 minutes from patient arrival
- (5-15) “the team must be fully assembled within 30 minutes”
- The program must demonstrate that the surgeon’s (III) or ED provider’s (IV) presence is in compliance at least 80% of the time
- *Highest level* activations

Frequent Criteria Deficiencies & Recommendations

Criteria (2-19)

- PIPS program must have audit filters to review and improve pediatric AND adult patient care
- Filters/Indicators shall be:
 - Dynamic, but clearly outlined
 - Individualized to your program
 - Meaningful, specific, measurable
 - Include pediatric-specific
- Filters/indicators can measure progress and performance
- Filters catch occurrences that fall out of the expected norm
- Audit filters prompt a review, not necessarily “bad care”

Frequent Criteria Deficiencies & Recommendations

Criteria (2-19)

- What should we monitor?
 - Compliance with guidelines & protocols
 - Documentation issues
 - System issues
 - Response times, delays
 - Complications
 - Missed diagnoses
 - Adverse outcomes
 - Readmissions

7.2 PIPS Plan—TYPE II

Applicable Levels

LI, LII, LIII, PTCL, PTCII

Definition and Requirements

- All trauma centers must have a written PIPS plan that:
- Outlines the organizational structure of the trauma PIPS process, with a clearly defined relationship to the hospital PI program
 - Specifies the processes for event identification. As an example, these events may be brought forth by a variety of sources, including but not limited to: individual personnel reporting, morning report or daily sign-outs, case abstraction, registry surveillance, use of clinical guideline variances, patient relations, or risk management. The scope for event review must extend from prehospital care to hospital discharge.
 - Includes a list of audit filters, event review, and report review that must include, at minimum, those listed in the Resources section
 - Defines levels of review (primary, secondary, tertiary, and/or quaternary), with a listing for each level clarifies:
 - Which cases are to be reviewed
 - Who performs the review
 - Which cases are closed or must be advanced to the next level
 - Specifies the members and responsibilities of the trauma multidisciplinary PIPS committee
 - Outlines an annual process for identification of priority areas for PI, based on audit filters, event reviews, and benchmarking reports

Additional Information

None

Measures of Compliance

PIPS plan that meets criteria outlined in this standard

Resources

Audit filters, event or report reviews:

- Surgeon arrival time for the highest level of activation
- Delay in response for urgent assessment by the neurosurgery and orthopaedic specialists
- Delayed recognition of or missed injuries
- Compliance with prehospital triage criteria, as dictated by regional protocols
- Delays or adverse events associated with prehospital trauma care
- Compliance of trauma team activation, as indicated by program protocols
- Accuracy of trauma team activation protocols
- Delays in care due to the unavailability of emergency department physicians (Level III)
- Unanticipated return to the OR
- Unanticipated transfer to the ICU or intermediate care unit
- Transfers out of the facility for appropriateness and safety
- All nonsurgical admissions (excludes isolated hip fractures)
- Radiology interpretation errors or discrepancies between the preliminary and final reports
- Delays in access to time-sensitive diagnostic or therapeutic interventions
- Compliance with policies related to timely access to the OR for urgent surgical intervention
- Delays in response to the ICU for patients with critical needs
- Lack of availability of essential equipment for resuscitation or monitoring
- MTP activations
- Significant complications and adverse events
- Transfers to hospice
- All deaths: inpatient, died in emergency department (DIED), DOA
- Inadequate or delayed blood product availability
- Patient referral and organ procurement rates
- Screening of eligible patients for psychological sequelae
- Delays in providing rehab services
- Screening of eligible patients for alcohol misuse
- Pediatric admissions to nonpediatric trauma centers
- Neurotrauma care at Level III trauma centers
- Neurotrauma diversion

References

None

Frequent Criteria Deficiencies & Recommendations

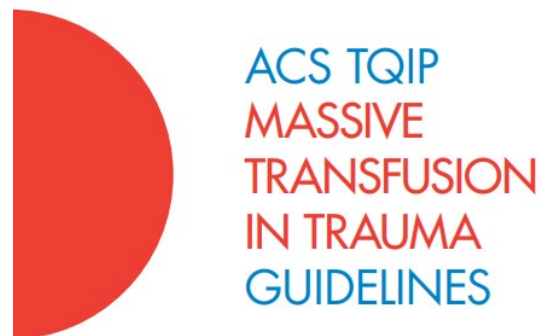
Criteria (3-7)

- Diversion/Bypass
 - System to notify dispatch & EMS
 - Prearrange alternative destinations with transfer agreements
 - Notify other centers
 - Maintain a diversion log
 - PIPS review all diversion events

Frequent Criteria Deficiencies & Recommendations

Criteria (11-84)

- Massive Transfusion Protocol
 - Collaborate with trauma service and blood bank
 - Trigger for activation
 - Roles & Responsibilities
 - Ratios
 - Adjunct therapies (ex:TXA)
 - Limitations
 - Process for cessation



Released October 2014

Frequent Criteria Deficiencies & Recommendations

Criteria (11-86)

- Current ATLS for Advanced practitioners
 - Within 1 year of hire
 - Still eligible for the 1 year COVID extension

Need current ATLS if the APP is...

- the only provider on the schedule
- participating in the initial evaluation of injured patients
- considered a member of the trauma team

Frequent Criteria Deficiencies & Recommendations

Criteria (11-87)

- Annual review of the advanced practitioners by the trauma medical director
 - **ANNUAL**
 - Signed off by the TMD
 - All APPs in the ED providing care to injured patients
 - Can be OPPE or FPPE
 - May be integrated with the facility's current performance evaluations (include trauma elements and TMD evaluation)

What should be included?

- Facility-specific
- Trauma orientation
- Skills maintenance
- Credentialing processes
- ATLS expiration date
- Scorecard
- Peer reviewed charts

Frequent Criteria Deficiencies & Recommendations

Level III

Criteria (5-11)

- Annual review of the trauma panel providers
 - Signed off by the TMD
 - OPPE or FPPE
 - May be integrated with the facility's current med staff performance evaluations (include trauma elements and TMD evaluation)

From the ACS Clarification Document:

The TMD is expected to assess the individual surgeon's adequacy of trauma care knowledge in the OPPE process that stems from the trauma center's PIPS process. For the specialty panel members (emergency medicine, neurosurgery, orthopaedic surgery, and intensive care units [icus]), the OPPE may be done by the specialty liaisons with approval of the TMD. This will also include the advanced practice providers (APPs) for those services. (rv 2/14/19)

Frequent Criteria Deficiencies & Recommendations

Criteria (16-5)

- All process and outcome measures must be documented within the trauma PIPS program's written plan and reviewed and updated **at least annually**.

What we look for:

- What is the last reviewed/revised date on the PIPS policy?
- Have new audit filters been added?
- What are the goals/focus for the year?
- Priority areas (based on audit filters, event reviews, benchmarking reports)

Frequent Criteria Deficiencies & Recommendations

Level III (but good for all levels!)

Criteria (16-13)

- Documentation (minutes) reflects the review of operational events and the analysis and proposed corrective actions
 - Thorough meeting minutes
 - Event identification
 - Plan of correction
 - Reevaluation
 - Loop closure

What we look for:

- Discussions happening
- Events identified for review
- What are you doing about it?
- Who is responsible?
- Are you reevaluating?
- Will this happen again to a similar patient?
- Problem solved?

Frequent Criteria Deficiencies & Recommendations

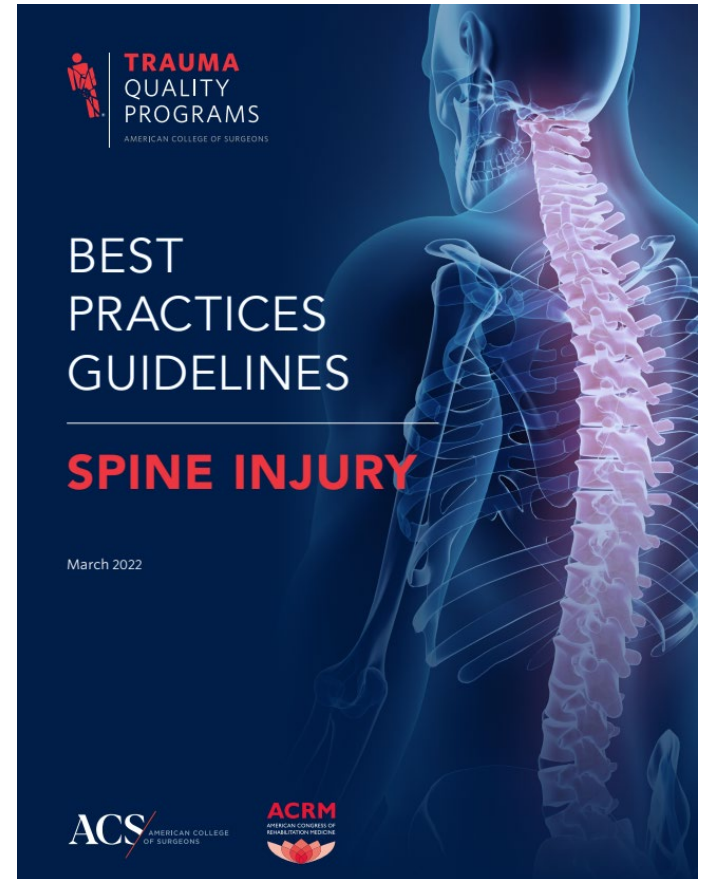
Criteria (18-2)

- Must have someone in a leadership position with **injury prevention** as part of job description
- Check your job description!
- Who is involved in injury prevention at your hospital?
 - Check their job description!

Frequent Recommendations

Spinal Care Policy

- ~~Spinal Immobilization~~
- “Spinal Motion Restriction”
- C-spine clearance guidelines
- Management guidelines
- ACS Spine Injury Best Practice Guidelines (2022)



Frequent Recommendations

Criteria (21-3)

- Brain death policy
 - Clinical criteria for brain death
 - Brain death testing
 - Notification to Iowa Donor Network
 - Facility specific

Frequent Recommendations

Anticoagulation Reversal Protocol

- Therapeutic options
- Indications for the use of each reversal agent

Frequent Recommendations

Rib Fracture Management Guidelines

- Admit vs. transfer
 - Age
 - # of rib fractures
 - Comorbidities
 - Hemodynamic status
 - Oxygen requirements
 - Surgical candidate
- Management
 - Respiratory
 - Mobilization
 - Pain
 - Assessment frequency
- Med/surg vs. ICU
- Interventions

Helpful Resources

Resources for Optimal Care of the Injured Patient (2014 Standards)

The sixth edition of the *Resources for Optimal Care of the Injured Patient (2014 Standards)* is available for download.

These standards are effective for verification/reverification visits prior to September 2023 and consultation visits prior to February 2023.

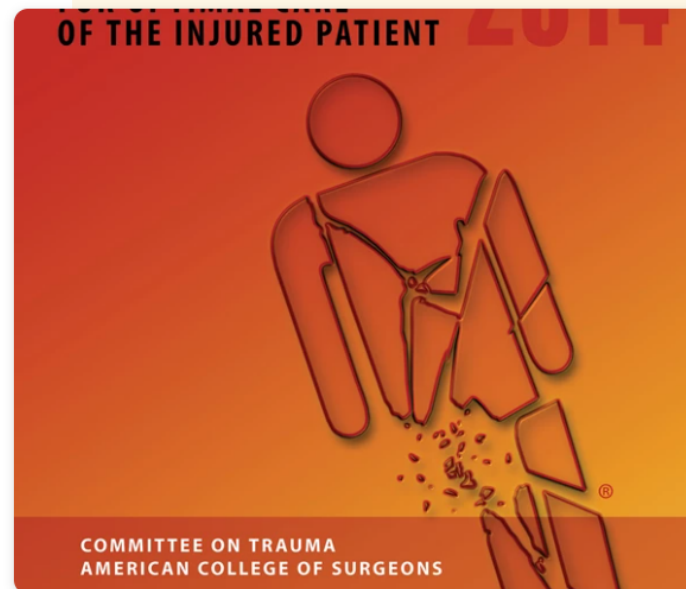
[Download the 2014 Standards](#)



[Purchase the 2014 Standards](#)

Download the [change log](#) and [clarification document](#) to view the edits made to the *Resources for Optimal Care of the Injured Patient (2014 Standards)* since its original release.

For more information on the 2014 Standards, please visit the [2014 Resources Repository](#).



The American College of Surgeons

Clarification Document

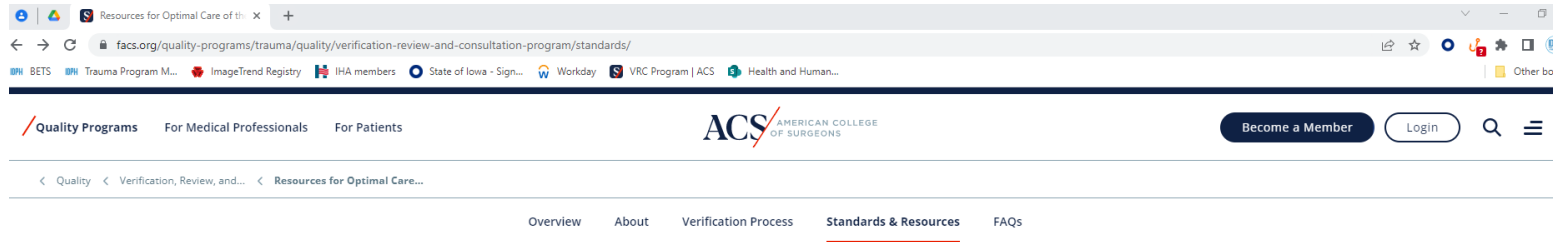
Resources for Optimal Care of the Injured Patient

By the Verification Review Committee

11/1/2021 2021

www.facs.org/quality-programs/trauma/tqp/center-programs/vrc/resources

ACS Resources Repository



TRAUMA PROGRAMS

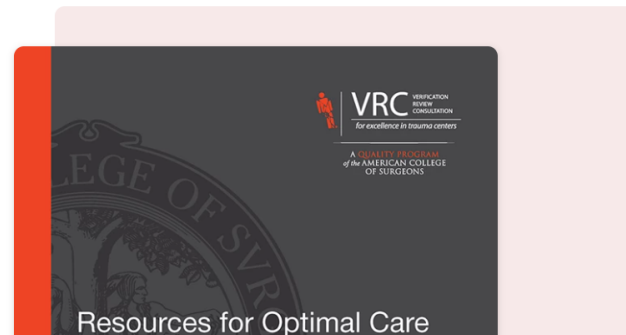
Resources for Optimal Care of the Injured Patient

1 Min Print Share

Resources for Optimal Care of the Injured Patient (2022 Standards)

The Verification, Review, and Consultation (VRC) program is pleased to announce the seventh edition of the *Resources for Optimal Care of the Injured Patient (2022 Standards)*.

These standards detail the principles regarding resources, performance improvement patient safety processes, data collection, protocols, research, and education for a trauma center. The VRC program



ACS Resources Repository

VRC VERIFICATION
REVIEW
CONSULTATION
for excellence in trauma centers

Program Scope, Personnel, and Services:
FTEs, Physicians, and their Requirements

**Resources for Optimal Care of the Injured
Patient (2022 Standards)**

Avery Nathens, MD, PhD, FACS
Trauma Medical Director
Trauma Quality Programs

facs.org/vrc

THE COMMITTEE ON TRAUMA

ACS AMERICAN COLLEGE OF SURGEONS

0:05 / 27:15

ACS Resources Repository

VRC VERIFICATION
REVIEW
CONSULTATION
for excellence in trauma centers

**Performance Improvement and Patient Safety (PIPS)
Resources for Optimal Care of the Injured
Patient (2022 Standards)**

Kelly Jung, RN, MS
Group Director of Trauma for Greater Colorado & Kansas
Centura Health

facs.org/vrc

THE COMMITTEE ON TRAUMA

ACS AMERICAN COLLEGE OF SURGEONS

0:12 / 24:09

<https://idph.iowa.gov/BETS>

- Website will be changing in the near future with the alignment to Iowa HHS

Upcoming Events

And Injury Prevention Materials

Iowa 2022 Trauma & Preparedness Conference

September 8-9



IDPH
IOWA Department
of PUBLIC HEALTH

THU SEP **08** **FRI** SEP **09**

IOWA 2022 TRAUMA & PREPAREDNESS CONFERENCE

The Meadows Events & Conference Center at Prairie Meadows, Altoona, IA

REGISTER

[ABOUT](#) [AGENDA](#) [SPEAKERS](#) [CONTINUING EDUCATION](#) [EXHIBITORS](#) [VENUE & LODGING](#) [CONTACT US](#)

ATS Webinar: Inter-Rater Reliability

September 13

Criterion (15-10)
data validity

- Consistency of data collection between registrars is enhanced by regularly conducting inter-rater reliability reviews. Actually doing IRR successfully can challenge any trauma center. Good IRR is not punitive, but educational. Good IRR can be of great benefit to all members of the registry team. Join us for a discussion focusing on the how 'tos' and some 'how nots' of the sensitive subject of inter-rater reliability.
- Objectives:
 - Define Inter-rater reliability
 - Discuss strategies for conducting IRR
 - Review tips/techniques for keeping feedback positive
- **Cost:** FREE *for Members* and \$25 *for Non-Members*
- <https://www.amtrauma.org/events/EventDetails.aspx?id=1655114&group=>

KNOWLEDGE SAVES LIVES

Car crashes are a leading cause of death for children 1 to 13. While you may already know the safest place for your youngest passengers is in the back seat—in a car seat, booster seat or seat belt—correctly choosing and using the right restraint may not be as simple as you think.

DID YOU KNOW?

- Every year, on average, more than a third of all kids under 13 killed in car crashes are not properly buckled up or in a car seat.
- Using car seats reduces the chance of infant and toddler fatalities by 71% and 54%, respectively.
- Every year, on average, more than 100,000 children under the age of 13 are injured in traffic crashes involving cars, SUVs, vans, and pickups.



IS YOUR CHILD IN THE RIGHT CAR SEAT?

FOR MORE INFORMATION VISIT
WWW.NHTSA.GOV/THERIGHTSEAT



U.S. Department of Transportation
National Highway Traffic Safety
Administration



NHTSA



Child Car
Safety

Child Passenger Safety Week September 18-24

National Seat Check Saturday September 24

2022 NHTSA Communications Calendar

Campaign Material Available at www.TrafficSafetyMarketing.gov

JANUARY

1/1
Happy New Year!

FEBRUARY

2/13
Super Bowl LVI
IMPAIRED DRIVING
Primary Message: *Face Down! Let Face Drive Drunk!*

MARCH

3/7 – 3/13
Vehicle Safety Recalls Week

3/17
St. Patrick's Day
IMPAIRED DRIVING
Primary Message: *Buzzed Driving Is Drunk Driving!*

APRIL

National Distracted Driving Awareness Month
4/4 – 4/11

U Drive. U Text. U Pay.
Distracted Driving
Primary Message: *U Drive. U Text. U Pay.*
Paid Media

4/20
Drug-Impaired Driving Campaign
Primary Message: *If You Feel Different, You Drive Different!*

MAY

National Youth Traffic Safety Month
Motorcycle Safety Awareness Month

5/1
National Heatstroke Prevention Day
HEATSTROKE AWARENESS
Paid Media

5/16 – 6/05
Click It or Ticket
Occupant Protection
Primary Message: *Click it or Ticket!*
Paid Media for National Enforcement

JUNE

6/20
National Ride to Work Day
MOTORCYCLE SAFETY
Primary Message: *Share the Road With Motorcyclist!*

JULY

Vehicle Theft Prevention Month
7/4

IMPAIRED DRIVING
DRUG-IMPAIRED DRIVING
Primary Messages:
Buzzed Driving Is Drunk Driving!
Drive Sober or Get Pulled Over!
Drive Sober or Get Pulled Over!
Drive Sober or Get Pulled Over!
If You Feel Different, You Drive Different!
Drive Right. Get a DUI!

AUGUST

8/17 – 9/5
Drive Sober or Get Pulled Over
Impaired Driving National Enforcement Mobilization
IMPAIRED DRIVING
DRUG-IMPAIRED DRIVING
Primary Messages:
Drive Sober or Get Pulled Over!
Drive Sober or Get Pulled Over!
If You Feel Different, You Drive Different!
Drive Right. Get a DUI!

8/22 – 9/1
Primary Messages:
Drive Sober or Get Pulled Over!
Drive Sober or Get Pulled Over!
If You Feel Different, You Drive Different!
Drive Right. Get a DUI!

SEPTEMBER

9/12 – 10/30
Rail Grade Crossing Campaign
Primary Message: *Stop. Look. Listen. Yield!*
Paid Media

9/18 – 9/24
Child Passenger Safety Week
OCCUPANT PROTECTION

9/24
National Seat Check Saturday

OCTOBER

Pedestrian Safety Month
9/12 – 10/30
Rail Grade Crossing Campaign
Primary Message: *Stop. Look. Listen. Yield!*
Paid Media

10/16 – 10/22
National Teen Driver Safety Week
TEEN DRIVING ISSUES

10/31
Halloween
IMPAIRED DRIVING
Primary Messages:
Buzzed Driving Is Drunk Driving!
If You Feel Different, You Drive Different!

NOVEMBER

11/23 – 11/27
Thanksgiving Holiday Travel
IMPAIRED DRIVING
DRUG-IMPAIRED DRIVING
Primary Messages:
Buzzed Driving Is Drunk Driving!
If You Feel Different, You Drive Different!

11/24
Thanksgiving Holiday Travel
OCCUPANT PROTECTION
Primary Message: *Buckle Up. Every Trip. Every Time.*

11/28 – 12/13
Pre-Holiday Season
IMPAIRED DRIVING
DRUG-IMPAIRED DRIVING
Primary Messages:
Buzzed Driving Is Drunk Driving!
If You Feel Different, You Drive Different!

DECEMBER

12/14 – 1/1/23
Holiday Season
IMPAIRED DRIVING
DRUG-IMPAIRED DRIVING
Primary Messages:
Drive Sober or Get Pulled Over!
Drive Sober or Get Pulled Over!
Drive Sober or Get Pulled Over!
If You Feel Different, You Drive Different!
Drive Right. Get a DUI!

12/26 – 12/31
TV Bureau of Advertising Roadblock
Primary Messages:
Buzzed Driving Is Drunk Driving!

U.S. Department of Transportation
National Highway Traffic Safety Administration

JANUARY

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NHTSA 2023 Communications Calendar

Campaign Material Available at www.TrafficSafetyMarketing.gov

JANUARY

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DECEMBER

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National Farm Safety & Health Week September 18-24



Falls Prevention Awareness Week

September 18-24

- 2022 Theme: *Strengthening Community Connections in Falls Prevention*
 - Free **Toolkit** from the National Council on Aging includes resources ranging from graphics, handouts, social media messages, press release templates, and more



Falls Prevention Awareness Week for Professionals

**Falls Prevention Awareness
Week Promotion Toolkit**

Iowa Falls Prevention Coalition Symposium September 20-21

8th Annual Iowa Falls Prevention Coalition Symposium

PREVENTION WEEK: Community Connections to Prevent Falls

SEPTEMBER 20-21, 2022 • VIA ZOOM



 **Falls Free®**
Iowa Falls Prevention Coalition

IOWA | Geriatric
Education
Center

 **UNIVERSITY OF IOWA**
HEALTH CARE

BLAI Updates on Concussion

September 20



Updates on Concussion

 **SEP** September 20th, 2022

 **11:00AM-12:00PM**

www.biaia.org | 855-444-6443 | info@biaia.org

The development of this project is supported through the Brain Injury Services Program (BISP) of Iowa, through contract 5883BI06 with the Iowa Department of Public Health (IDPH). The contents are the sole responsibility of the authors and do not necessarily represent the official views of IDPH.

Omaha 2022 Trauma Symposium

October 7



- Registration available soon

Questions

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STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES