



Trauma Program Manager Educational Webinar

MAY 28, 2021

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Bureau of Emergency and Trauma Services



Proclamation Dated: April 30, 2021

(Expires May 30, 2021 @ 2359)



SECTION THIRTY-THREE. Pursuant to Iowa Code § 29C.6(6) and Iowa Code § 135.144(3), and in conjunction with the Iowa Department of Public Health, I continue to temporarily suspend the regulatory provisions of Iowa Admin. Code r 641-136.2(2) related to trauma data registry reporting by trauma care facilities within certain timeframes. I hereby direct the Iowa Department of Public Health to provide additional guidance to trauma care facilities regarding the effect of this suspension. Iowans should not expect that this suspension will be extended beyond May 30, 2021.

SECTION THIRTY-FOUR. Pursuant to Iowa Code § 29C.6(6) and Iowa Code § 135.144(3), and in conjunction with the Iowa Department of Public Health, I continue to temporarily suspend the regulatory provisions of Iowa Admin. Code r 641-137.2 and 137.3 related to initial and continuing trauma education requirements for trauma team members. I hereby direct the Iowa Department of Public Health to provide additional guidance to trauma care facilities and trauma team members regarding the effect of this suspension. Iowans should not expect that this suspension will be extended beyond May 30, 2021.

Housekeeping Items

- ▶ Update on AAAM AIS courses
 - ▶ AAAM AIS courses are scheduled
 - ▶ AIS08 is Wednesday mornings in July – 0730-1130
 - ▶ AIS15 is Wednesday mornings in August – 0730-1130
- ▶ Update on American Trauma Society TPMC
 - ▶ Awaiting signed contract from ATS for TPMC prior to planning
- ▶ The return of traditional *on-site* re-verifications is being discussed



Upcoming Opportunities



Iowa Trauma Coordinators
Virtual Conference Series
May 28 | June 4 | June 18 | June 25

IOWA HOSPITAL ASSOCIATION
We care about Iowa's health

The graphic features several thick, colorful arrows (blue, orange, green, light blue) pointing in various directions, creating a sense of movement and connectivity. The text is positioned in the lower right of the graphic area.

- ▶ Starts today! 10:30 am – 11:30 am
 - ▶ Electrical Fatalities
- ▶ Next sessions:
 - ▶ June 4 - Geriatric Trauma
 - ▶ June 18 – Pediatric Trauma Pearls of Wisdom
 - ▶ June 25 – Post-traumatic Growth: Finding Benefits Within Challenges
- ▶ Register at www.ihaonline.org

Upcoming Opportunities

- ▶ Impact Teen Drivers– Train the Trainers workshop
 - ▶ Friday, July 23rd (during TPM Webinar) 10:00am – 12:00pm ***2 hours**
 - ▶ Will be sending out a separate meeting invitation
 - ▶ Include your injury prevention staff
- ▶ STOP THE BLEED Ambassadors
 - ▶ <https://nationalstopthebleeday.org/ambassador-program/>
 - ▶ Provides toolkits, social media & print materials, and more
 - ▶ Additional community involvement



Upcoming Opportunities

- ▶ TSAC Verification Sub-Committee
 - ▶ Opportunity for State involvement
 - ▶ Virtual meetings on an as needed basis
- ▶ ACS Advisory Council to the COT rural Trauma Subcommittee
 - ▶ In search of better representation of the rural perspective
 - ▶ Multidisciplinary in nature: nurses, physicians, APPs, EMS
 - ▶ Quarterly virtual meetings
 - ▶ [Nomination forms](#) due by **June 30, 2021**



FAQs



- ▶ Q: Do Advanced Practitioners who work in the ED need ATLS if they are not responding to trauma activations?
 - ▶ A: Short answer, No. If the midlevel/PA/ARNP is not functioning as the provider caring for the trauma patient, they do not need to meet the ATLS requirement. IT IS HIGHLY RECOMMENDED to have all APP's in the ED ATLS certified, as some injured patients do not meet activation criteria or the patient may get upgraded. If the APP is the only provider in the ED, they should have current ATLS.
- ▶ Q: How up-to-date do transfer agreements need to be?
 - ▶ A: If the agreement includes “auto-renew” language, most agreements are effective until a facility opts out. However, it is strongly recommended to update transfer agreements when there are changes in facility names, and review the terms on a regular basis.

FAQs



- ▶ Q: Is “universal screening for alcohol use” a lab draw or UA?
 - ▶ A: No. What we are looking for with Criterion (18-3) is that trauma admissions are being screened for their alcohol use, typically in the form of an admission history question. In the [ACS Clarification Document](#), it states 80% of patients admitted with a hospital stay of >24 hours must be screened. (Formerly 100%)
- ▶ Q: Does the injury date matter for whether or not a patient is included in the registry? (Ex: kicked by cow 5 days prior to coming to ED and now has rib fractures and needs chest tube)
 - ▶ A: No, not in Iowa. The National inclusion criteria specify the injury date must be within 14 days of initial hospital encounter, but the State criteria make no such exemption.

FAQs

- ▶ Q: If a transferred patient ends up expiring at the tertiary facility days later, does it count as a death for the transferring facility?
 - ▶ A: No, this would not count as a death for the transferring facility.



Self-Assessment Categorization Application (SACA)

- ▶ Be as descriptive as possible
- ▶ When in doubt, over-explain and provide additional supporting documents



Frequent SACA Clarifications



▶ EMS-related:

Is there a copy of state-approved protocols for each service on file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a list of services and their authorization levels, including state EMS field coordinator contact information on file?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

- ▶ Important to know how to locate
- ▶ <https://idph.iowa.gov/BETS/EMS/protocols>

State Approved EMS Protocols



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Administrative Rules

- > Advisory Council
- > Emergency Medical Services For Children (EMSC)
- > EMS Disciplinary Actions
- > Provider Information
- > Service Information

Service Program Authorization and Re-Authorization

Data

EMS Data Registry

> **EMS Clinical Guidelines and Protocols**

Resources

AMANDA Portal Resources

System Standards

EMS Clinical Guidelines and Protocols

State approved protocols for all levels of service authorization and the approved trauma transfer protocols are available here.

Your suggestions for protocol improvements are always welcome and can be submitted to the QASP subcommittee members or your EMS field staff.

- [EMS Protocols - March 2018](#)
- [EMS Protocols - March 2018](#) (Word Document, zipped)
- [Summary of Protocol Changes for 2018](#)

National Model EMS Clinical Guidelines, Version 2.2 – January 2019

In September 2014, the National Association of State EMS Officials (NASEMSO) released the first (inaugural) version of the *National Model EMS Clinical Guidelines*. Since the September 2014 release, the *National Model Clinical Guidelines* continues to be utilized by EMS practitioners, EMS agencies, medical directors, and other healthcare organizations both in the US and internationally. Version 2.2 released in January of 2019 reflects the most recent updates to the *National EMS Clinical Guidelines*. The intent of the Clinical Guidelines is to assist in a command approach to assessment and treatment of potential patients that EMS providers may encounter.

The *National EMS Clinical Guidelines* provides detailed information on patients and treatment options, it does not replace local protocols. The Clinical Guidelines should be viewed as a reference when developing or enhancing local protocols.

The Bureau of Emergency and Trauma Services (BETS) has worked with the Emergency Medical Services Advisory Council (EMSAC) to format the *National EMS Clinical Guidelines, Version 2.2*, into an electronic version that can be easily accessed and searched for specific patient conditions or presentations.

EMS Field Coordinators



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Bureau of Emergency and Trauma Services > Emergency Medical Services > Service Information > Service Program Authorization and Re-Authorization

Service Program Initial Authorization or Re-Authorization

Initial Service Program Authorization

An entity that desires to provide emergency medical care services in the out-of-hospital setting in this state shall apply to the department for service program authorization.

- Initial Service Program Authorization Application Sept. 2020
- Service Program Authorization Checklist 2020
- Online Inspection Guidance Document September 2020
- Onsite Inspection Form September 2020

Service Program Re-Authorization

A service program seeking renewal of current authorization shall complete a process initiated by the department at least 90 days prior to the current authorization expiration date which will include the service program base of operations and all associated satellites and affiliates. Service programs will be contacted by a field coordinator staff member with further guidance for the re-authorization process.

- Service Program Re-Authorization Checklist 2020
- Online Inspection Guidance Document September 2020
- Onsite Inspection Form September 2020

Additional Assistance or Guidance

Please contact an [EMS Field Coordinators](#) for assistance if:

- Your currently authorized EMS service wishes to change the level or type of service.
- Your currently authorized EMS service wishes to add satellite or affiliate services.

Administrative Rules

- > Advisory Council
- > Emergency Medical Services For Children (EMSC)
- > EMS Disciplinary Actions
- > Provider Information
- > Service Information
 - > **Service Program Authorization and Re-Authorization**
 - Data
 - EMS Data Registry
 - EMS Clinical Guidelines and Protocols
 - Resources
 - AMANDA Portal Resources
 - System Standards
- Workshops
- Training Programs Information

Frequent SACA Clarifications



► Surgery-related:

Surgical Department:				
Surgical Department	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
OR-Registered nurses available 24 hours per day (in house or on call)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
OR available for emergencies	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Endoscope available	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Bronchoscope available	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
PACU	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
PACU-Registered nurses available 24 hours per day (in house or on call)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, explain staffing on-call policy and monitoring of response time (OR and PACU):				
<div style="background-color: #e6f2ff; height: 80px;"></div>				



Frequent SACA Clarifications



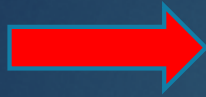
- ▶ Rehabilitation Services:

- ▶ *Explain* the integration within the trauma team

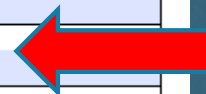
- ▶ Does PT/OT get consulted with each trauma admission?
 - ▶ Do they attend multidisciplinary trauma committee meetings?
 - ▶ Is physical therapy doing injury prevention activities? Take credit!

Rehabilitation Services	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
Explain the integration of Rehabilitation Services within the trauma team:		

Frequent SACA Clarifications



Answer the questions below based on one calendar year prior to SACA submission	From:	To:
Number of ED visits during period noted above (includes pts DC to home):		
Number of <u>trauma</u> patients admitted to your facility during period noted above:		
Number of <u>trauma</u> patients transferred to a Level I/II/III trauma center during period noted above: (based upon your facility definition of <u>trauma</u> patient)		
Number of <u>trauma deaths</u> at your facility, including DOA's, in the last <u>three years</u> :		
Percent of autopsies performed on trauma deaths:		
How many trauma referrals were made to the regional organ procurement organization in the last 12 months:		
How many trauma patient donors in the last 12 months:		
Number of patients meeting trauma code activation criteria in the last year:		
Number of "Trauma Codes/Alerts" <u>activated</u> in the last year:		
Number of trauma patients meeting the definition for registry inclusion criteria: (Registry inclusion criteria noted below)		



Iowa Donor Network can provide you with an organ referral and donation activity report

Frequent SACA Clarifications

- ▶ Burn Policy:
 - ▶ Reflect the capabilities of your facility
 - ▶ Utilize your transfer burn center for guidance
- ▶ Transfer Protocol:
 - ▶ What patients do you have the resources to keep? What patients do you transfer?
 - ▶ Consideration for early transfer
- ▶ Bypass/Diversion Policy:
 - ▶ Include bypass/diversion log



Frequent SACA Clarifications



- ▶ TPM list of active involvement:
 - ▶ Spreadsheets work well
 - ▶ Distinguish the level of involvement: State, Regional, Service Area, & National
- ▶ Trauma Specific Education and Outreach
 - ▶ Spreadsheets work well
 - ▶ Distinguish your audience: Community, EMS, Hospital, etc.
 - ▶ Social media posts, PT activities, brochures, posters, formal classes, etc.
 - ▶ Take credit for everything!

Frequent SACA Clarifications

- ▶ Trauma Organizational Chart
 - ▶ We like to see a direct link between the TMD and TPM to demonstrate the collaboration in leading the program
- ▶ Spinal Policy
 - ▶ Update with “spinal motion restriction” language
 - ▶ Consider inclusion of c-spine clearance algorithms



Resources

- ▶ [Trauma Program Manager Manual](#)
- ▶ [BETS Trauma Website](#)
- ▶ [American College of Surgeons Verification Website](#)



Thank you

- ▶ Thank you all for continuing to improve outcomes for injured patients in Iowa. I am here to assist with the success of your programs, so please reach out with any questions that you may have along the way.
- ▶ Next TPM webinar: July 23 – 10:00am-12:00pm via Zoom **(2 hours)**
 - ▶ Topic: Impact Teen Drivers - Train the Trainers workshop
 - ▶ **Note: June 25 TPM webinar cancelled due to ITC conference**
- ▶ **Jill Wheeler**
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 - ▶ (515) 201-4735

