

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

**Before the Iowa Department of Public Health**

IN THE MATTER OF  Jacob J. Bierbrodt 107 College Avenue Charles City, Iowa 50616-3827  Certification: PM-10-112-19	Case: 16-10-13  <b>NOTICE OF PROPOSED ACTION</b>  <b>PROBATION</b>
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Pursuant to the provisions of Iowa Code Sections 17A.18 and 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7, the Iowa Department of Public Health is proposing to place the emergency medical care provider certification identified above on **PROBATION** for a period of two years from the effective date of this notice.

The Department may place an EMS provider on probation when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

*Negligence in performing emergency medical care*

*Iowa Code Section 147A.7(1)(a); IAC 641—131.7(3)a*

*Professional incompetency. Professional incompetency includes, but is not limited to:*

- (1) A substantial lack of knowledge or ability to discharge professional obligations within the scope of practice.*
- (2) A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other EMS providers in the state of Iowa acting in the same or similar circumstances.*
- (3) A failure to exercise the degree of care which is ordinarily exercised by the average EMS provider acting in the same or similar circumstances.*
- (4) Failure to conform to the minimal standard of acceptable and prevailing practice of certified EMS providers in this state.*

*Iowa Code Section 147A.7(1)(e); IAC 641—131.7(3)e*

The following events have led to this notice:

You have on multiple occasions provided incomplete or poor documentation of patient care including:

1. In May of 2013, you failed to document a physical examination or known injuries, patient's pain level, or response to interventions for patient # 1.
2. In August of 2013, you failed to document a physical examination or airway management for patient # 1.
3. In May of 2014, you failed to document airway/ventilation status upon arrival, an initial patient assessment, or confirmation of correct endotracheal tube placement for patient #3.
4. In October of 2014, you failed to document a physical examination for patient # 4.
5. In December of 2015, you failed to document a complete patient assessment or vital signs for patient # 5.
6. In December of 2015, you failed to document cervical spine assessment for patient # 6.
7. In December of 2015, you failed to document respiratory assistance provided and if supplemental oxygen was provided for patient # 7.

8. In February of 2016, you failed to document 12-Lead EKG checks or pulse checks for patient # 8.
9. In March 2016, you failed to document an interpretation of a 12 lead EKG, inaccurately documented an airway device and failed to document a pulmonary exam before placement of an airway device for patient # 9.

The following patient care issues have also been identified:

1. In May of 2013, you failed to provide treatment for hypotension for patient # 1. You also failed to provide adequate amount of analgesia and failed to check the patient's vital signs in a timely fashion.
2. In August of 2013, you failed to provide interventions for hypotension and tachycardia for patient #2.
3. In May of 2014, you failed to provide airway assurance and management prior to establishing an interosseous infusion for patient #3.
4. In October of 2014, you failed to provide any intervention for hypoglycemia for patient # 4.
5. In December of 2015, you failed to assure airway management or control until after cardiac monitor applied, failed to complete pulse checks, failed to perform CPR prior to attaching a mechanical CPR device, and failed to administer epinephrine for patient # 5.
6. In December of 2015, you failed to provide cervical immobilization when indicated for patient # 6.
7. In December 2016, you failed to initiate IV or IO access for potentially very unstable patient for patient # 7.
8. In February of 2016, you failed to follow standard protocol and administer recommended medication for shock-resistant dysrhythmia for patient # 8.
9. In March 2016, you concurrently administered medications that can cause significant alteration of mental status and side effects that are detrimental with primary impression of stroke for patient # 9.


Your probation shall be subject to the following terms and conditions:

- a. You shall successfully complete two hours of continuing education in the area of Clinical Behavior/Judgment: Decision Making based on the National Emergency Medical Services Education Standards for the Paramedic level during the period of probation. Prior to attending a course, you shall submit the proposed course name and course syllabus. These hours shall be in addition to those required for renewal of your certification. You are responsible for all costs associated with this requirement.
- b. You shall successfully complete two hours of continuing education in the area of Clinical Behavior/Judgment: Assessment based on the National Emergency Medical Services Education Standards for the Paramedic level during the period of probation. Prior to attending a course, you shall submit the proposed course name and course syllabus. These hours shall be in addition to those required for renewal of your certification. You are responsible for all costs associated with this requirement.
- c. You shall successfully complete one hour of continuing education in the area of Documentation based on the National Emergency Medical Services Education Standards for the Paramedic level during the period of probation. Prior to attending a course, you shall submit the proposed course name and course syllabus. These hours shall be in addition to those required for renewal of your certification. You are responsible for all costs associated with this requirement.
- d. You shall participate in quarterly meetings with the medical director of any service with which you are rostered to review treatment decisions and documentation. Twenty percent of calls on which you responded as an emergency medical care provider will be randomly selected for review.

- e. You shall submit quarterly reports to the Department (filed no later than January 10, April 10, July 10, and October 10) which shall include the following information:
  - i. The time period covered by the report
  - ii. Verification that you have complied with the terms of probation as specified in this Notice.
- f. You shall make a personal appearance before the Department upon request. You shall be given reasonable notice of the date, time, and place of appearance.
- g. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- h. You shall notify any current or prospective employer, to include direct supervisors, service directors and medical directors, of the terms, conditions and restrictions imposed by this notice. Within fifteen days of this notice taking effect, or of undertaking new employment, your direct supervisor, service director and medical director shall report to the Department, in writing, acknowledging that the employer and medical director have read this document and understand the requirements.
- i. You shall notify any EMS training program you enroll in for courses leading to certification or endorsement of the reasons for this probation. Within fifteen days of this notice taking effect, or entering an EMS training program, the training program director and medical director shall report to the bureau, in writing, acknowledging that the training program and medical director have read this document and understands it.
- j. You shall notify the bureau of any change in address within one week of said change.
- k. In the event you violate or fail to comply with any of the terms or provisions of your probation, the department may initiate appropriate action to revoke or suspend your certification or to impose other appropriate discipline.
- l. This Notice shall be part of the permanent record of the Department and shall be considered by the bureau in determining the nature and severity of any disciplinary action to be imposed in the event of future violations.

**You have the right to request a hearing concerning this notice of disciplinary action.** A request for a hearing must be submitted in writing to the Department by certified mail, return receipt requested, within twenty (20) days of receipt of this Notice of Proposed Action. The written request must be submitted to the Iowa Department of Public Health, Bureau of Emergency and Trauma Services, Lucas State Office Building, 321 East 12<sup>th</sup> Street, Des Moines, Iowa 50319. If the request is made within the twenty (20) day time limit, the proposed action is suspended pending the outcome of the hearing. Prior to, or at the hearing, the Department may rescind the notice upon satisfaction that the reason for the action has been or will be removed.

**If no request for a hearing is received within the twenty (20) day time period, the disciplinary action proposed herein shall become effective and shall be final agency action.**

  
Rebecca Curtiss, Bureau Chief  
Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

6/27/17  
Date