

RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

IN THE MATTER OF	Case: 13-07-02
Thomas W. Mackey 811 Cedar Street Tipton, Iowa 52772-1113	NOTICE OF PROPOSED ACTION
Certification: PM-10-002-19	PROBATION

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 one year 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.7.1e; IAC 641—131.7(3)e

The following events have led to this notice:

On June 5, 2013, you failed to provide appropriate care to a female patient complaining of a severe headache and nausea. In reviewing your documentation of this call the following areas of concern were identified:

1. Patient's headache was not documented as chief complaint
2. Patient's orientation/mental status was not assessed prior to providing medication
3. No vital signs were obtained by the EMS crew prior to treatment
4. No respiratory rate was recorded even though you documented "possible hyperventilation"
5. No subjective pain assessment obtained and documented
6. Valium administered but not indicated based on the service's patient care protocol
7. Excessive amount of Valium administered
8. Allergies not confirmed and documented prior to administering medications
9. Current medications being taken by the patient not confirmed and documented prior to administering medications

10. Failure to document the service or provider to who patient care was transferred
11. Failure to complete proper documentation and assessment
12. Failure to properly administer medications

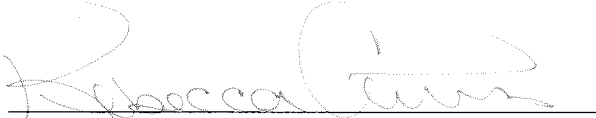
Your probation shall be subject to the following terms and conditions:

- a. You shall successfully complete four hours of continuing education in the area of advanced medical assessment and treatment 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 documentation 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 participate in quarterly meetings with the medical director of any service on whose roster you are on to review treatment decisions of ten percent, randomly selected, of calls on which you responded as an emergency medical care provider.
- d. 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.
- e. 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.
- f. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- g. 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 understands it.
- h. 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.
- i. You shall notify the bureau of any change in address within one week of said change.
- j. 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.
- k. 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 12th 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

6/16/15

Date