

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Martha S. Morgan 3090 390<sup>th</sup> Street Story City, Iowa 50248</p> <p>Certification #: PM-00-003-44</p>	<p>Case Number: 17-06-03</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;"><b>SUSPENSION/PROBATION</b></p>
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Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7, the Iowa Department of Public Health is proposing to **SUSPEND** your EMS certification indefinitely and then place your certification on **PROBATION** for a two-year period following successful completion of the terms and conditions.

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

*Failure to comply with the terms of a department order or the terms of a settlement agreement or consent order.*

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

*Negligence in performing emergency medical care*

*Iowa Code Section 147A.1a; IAC 641—131.7(3)a and IAC 641—131.7(3)e (1-4)*

*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.*

The following incidents resulted in issuance of this proposed action:

Your certification is currently under probation with the Bureau of Emergency and Trauma Services for negligence in performing medical care. The probationary action required remedial training in cardiac emergencies and managing cardiac arrest patients, a course in advance cardiac life support and an Advanced Medical Life Support Program. The terms also require quarterly meetings with the service medical director to review treatment decisions of all calls on which

you respond as an emergency medical care provider when cardiac monitoring measures are utilized. You have not complied with the terms and conditions of your probation, you reported completion of required probationary terms and conditions of probation on quarterly probation submission report however, you have failed to submit verification demonstrating specific completion of the terms and conditions required.

Your employment has since been terminated from a service for continuous serious errors in judgement and significant deficits in competency and thought process with regard to patient care. The Department's peer review process indicates the care you provided in May of 2017 constitutes professional incompetency.

Your Suspension shall be subject to the following terms and conditions. Once the following requirements are successfully completed, you may apply with the Bureau of Emergency and Trauma Services for rescission of the suspension of your certification:

- a. You shall successfully complete a paramedic refresher course at an Iowa authorized EMS training Program. This course 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 the National Registry cognitive exam for paramedics. This course 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 the National Registry practical exam for paramedics. This course shall be in addition to those required for renewal of your certification. You are responsible for all costs associated with this requirement.


Upon successful completion of the above terms and conditions you may apply for rescission of the suspension. Upon approval of the application by the Department your certification will then be placed under probation for a two-year period and shall be subject to the following terms and conditions:

- a. 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.
- b. 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.
- c. 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.
- d. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- e. 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.

- f. 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.
- g. You shall notify the bureau of any change in address within one week of said change.
- h. 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.
- i. 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

11/3/2017  
Date