

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Health and Human Services

IN THE MATTER OF: University of Iowa Health Care Medical Center Downtown 500 E. Market Street Iowa City, IA 52245-2633 Facility Number: 000067	Case Number: 000067-27-9 NOTICE OF PROPOSED ACTION CITATION AND WARNING
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Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.23 and Iowa Administrative Code (I.A.C.) 641—134.3(1) the Iowa Department of Health and Human Services is proposing to issue a **Citation and Warning** to the Trauma Care Facility identified above.

The Department may cite and warn a Trauma Care Facility when it finds that the facility has not operated in compliance with Iowa Code section 147A.23 and 641 IAC Chapter 134 including:

147A.23 (2)(c) Upon verification and the issuance of a certificate of verification, a hospital or emergency care facility agrees to maintain a level of commitment and resources sufficient to meet responsibilities and standards as required by the trauma care criteria established by rule under the subchapter.

Failure of the trauma care facility to successfully meet criteria for the level of assigned trauma care facility categorization. 641 IAC 134.2(2) and 641 IAC 134.2(7)b

641 IAC 134.2(7) (j) Trauma care facilities shall be fully operational at their verified level upon the effective date specified on the certificate of verification. Trauma care facilities shall meet all requirements of Iowa Code section 147A.23 and these administrative rules.

641 IAC 134.2 (3) Adoption by reference.

a. ... “ Criteria specific to Level III trauma care facilities identified in the “Resources for Optimal Care of the Injured Patient 2014” (6th edition) published by the American College of Surgeons Committee on Trauma is incorporated and adopted by reference for Level III hospital and emergency care facility categorization criteria...

b. “ Resources for Optimal Care of the Injured Patient 2014” (6th edition) published by the American College of Surgeons Committee on Trauma is available through the Iowa Department of Public Health, Bureau of Emergency and Trauma Services (BETS), Lucas State Office Building, Des Moines, Iowa 50319-0075, or the BETS Web site (<http://idph.iowa.gov/BETS/Trauma>).

The following resulted in issuance of this proposed action:

On March 25, 2021, the facility submitted the Self-Assessment Categorization Application (SACA). A virtual on-site verification was conducted by a Department Trauma Facility Verification team on June 16, 2021. During the June 16, 2021, verification survey, the following five deficiencies were noted on the verification Final Report dated June 23, 2021:

Criteria (5-13) – The criteria for a graded activation must be clearly defined by the trauma center, with the highest level of activation including the six required criteria listed in Table 2.

Deficiency – The hospital’s trauma activation criteria does not include the six required criteria listed in Table 2 of the Resources for the Optimal Care of the Injured Patient 2014.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator, which demonstrates adoption of the six required criteria for trauma activation into the hospital’s trauma activation criteria 12 months from the date of this final report.

Criteria (6-8) – Each member of the group of general surgeons must attend at least 50 percent of the multidisciplinary trauma peer review committee meetings.

Deficiency – Each member of the group of general surgeons did not attend at least 50 percent of trauma peer review committee meetings.

Resolution – Provide electronic documentation to the State of Iowa Trauma Coordinator which demonstrates each member of the group of general surgeons meeting the 50 percent attendance requirement to trauma peer review committee meetings 12 months from the date of this final report.

Criteria (11-59) - Many of the daily care requirements can be collaboratively managed by a dedicated ICU team, but the trauma surgeon must be kept informed and concur with major therapeutic and management decisions made by the ICU team.

Deficiency – The trauma surgeon is not kept informed and concur with major therapeutic and management decisions made by the ICU team.

Resolution – As a Type I deficiency, a letter will be sent to the board and CEO requesting a plan of correction be sent electronically to the State of Iowa Trauma Nurse Coordinator within 45 days of the receipt of the letter. Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates a process for the trauma surgeon to be kept informed and concur with major therapeutic and management decisions made by the ICU team six months from the approval date of the plan of correction.

Criteria (11-60) – For all levels of trauma centers, the timely response of credentialed providers to the ICU must be continuously monitored as part of the PIPS program.

Deficiency – The PIPS program has not demonstrated continuous monitoring of timely response of credentialed providers to the ICU.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator within 12 months from the date of this final report, demonstrating PIPS monitoring of credentialed provider response to the ICU.

Criteria (16-15) – Each member of the committee must attend at least 50 percent of all multidisciplinary trauma peer review committee meetings.

Deficiency – Each member of the committee has not attended at least 50% of all multidisciplinary trauma peer review committee meetings.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates each member of the multidisciplinary peer review committee attending at least 50% of meetings 12 months from the date of this final report.

The above five criteria deficiencies were fully resolved by June 27, 2022.

On March 29, 2024, the facility submitted the Self-Assessment Categorization Application (SACA). An on-site verification was conducted by a Department Trauma Facility Verification team on September 19, 2024. During the September 19, 2024 visit, the following criteria deficiencies were noted:

Criteria (6-8) - Each member of the group of general surgeons must attend at least 50 percent of the multidisciplinary trauma peer review committee meetings.

Deficiency – Each member of the group of general surgeons did not attend at least 50 percent of the multidisciplinary trauma peer review committee meetings.

Resolution - Provide electronic documentation to the Iowa Trauma System Coordinator which demonstrates each member of the group of general surgeons met the 50 percent attendance requirement to trauma peer review committee meetings 12 months from the date of this final report.

Criteria (11-86) - Advanced practitioners who participate in the initial evaluation of trauma patients must demonstrate current verification as an Advanced Trauma Life Support® provider.

Deficiency – Advanced practitioners who participate in the initial evaluation of injured patients, during the review period, are not current in ATLS and remain non-compliant during the site survey.

Resolution – Provide electronic documentation to the Iowa Trauma System Coordinator within 12 months of this final report, that advanced practitioners initially evaluating injured patients are current ATLS providers.

Criteria 16(2-9) - Trauma surgeon response to the emergency department.

Deficiency - The trauma center has not demonstrated surgeon response times to the emergency department for the highest-level activations are 30 minutes or less during the review period.

Trauma surgeon on-call response for the highest level of activation must be continuously monitored, variances documented, reviewed for reasons of delay, opportunities for improvement, and implementation of corrective actions.

Resolution – Provide electronic documentation to the Iowa Trauma System Coordinator which demonstrates trauma surgeon response times to the emergency department for the highest-level activations are 30 minutes or less during the review period. Continuous documentation of these variances are examined through the PIPS process which result in implementation of corrective actions.

Criteria (16-15) - Each member of the committee must attend at least 50 percent of all multidisciplinary trauma peer review committee meetings.

Deficiency – Each member of the committee did not attend at least 50 percent of the multidisciplinary trauma peer review committee meetings.

Resolution - Provide electronic documentation to the Iowa Trauma System Coordinator which demonstrates each member of the committee met the 50 percent attendance requirement to trauma peer review committee meetings 12 months from the date of this final report.

Criteria (16-16) - When these general surgeons cannot attend the multidisciplinary trauma peer review meeting, the trauma medical director must ensure that they receive and acknowledge the receipt of critical information generated at the multidisciplinary peer review meeting to close the loop.

Deficiency – During the review period, the trauma program did not demonstrate that critical information generated at the multidisciplinary peer review meeting, was relayed to absent members of the committee for loop closure assurance.

Resolution – Provide electronic documentation to the Iowa Trauma System Coordinator, in 12 months from the date of the final report, that a process has been implemented to assure critical information from the multidisciplinary peer review meetings have been distributed and acknowledged by those committee members that were absent from committee meetings

The facility the remains noncompliant with criteria (6-8), general surgeon attendance to multidisciplinary trauma peer review committee meetings and criteria (16-15) committee attendance requirements, as cited in the September 27, 2024, Final Report.

The facility is hereby **CITED** for failing to meet the above criteria of Level III trauma care facility categorization. The facility is **WARNED** that failing to successfully meet the Level III trauma criterion resolution listed for the criterion in a one-year period from the date of this final agency action, may result in further disciplinary action including suspension or revocation of the Trauma Care Facility Designation.

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 Health and Human Services, Bureau of Emergency Medical and Trauma Services, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319. If the request is made within the twenty (20) daytime 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) daytime period, the disciplinary action proposed herein shall become effective and shall be final agency action.

Margot McComas

Margot McComas, Bureau Chief
Iowa Department of Health and Human Services
Bureau of Emergency Medical and Trauma Services

September 27, 2024

Date