

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT
REQUESTED**

Before the Iowa Department of Health and Human Services

<p>IN THE MATTER OF</p> <p>Buena Vista Regional Medical Center 1525 W 5th Street Storm Lake, IA 50588-3027 Facility Number: 000012</p>	<p>Case: 000012-11-14</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;">CITATION AND WARNING</p>
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Pursuant to the provisions of Iowa Code Sections 17A.18 and 147A.23, and Iowa Administrative Code (I.A.C.) 641—134.3, 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 Trauma Care 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 IV 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 IV 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 events have resulted in the issuance of this proposed action:

On October 4, 2021, Buena Vista Regional Medical Center was cited for failure to comply with criteria for Level IV trauma care facility categorization, as evidenced by criteria deficiencies (CD) related to trauma registry concurrency (CD 15-6).

Criteria (15-6) – Trauma registries should be concurrent. At a minimum, 80 percent of cases must be entered within 60 days of discharge.

Deficiency – The trauma registry does not meet the requirement of 80 percent of cases entered within 60 days of discharge. Only 77 percent of cases were entered into the registry within 60 days of discharge for the reporting period.

Resolution – The State Statistical Research Analyst will run trauma registry concurrency reports for the 12 months following the date of this Final Report; to ensure standards are met for the trauma care facility to have entered at minimum 80 percent of cases within 60 days of discharge.

Criterion deficiency (15-6) was resolved on December 6, 2022.

On November 14, 2024, the State of Iowa Trauma System Coordinator reviewed the trauma registry concurrency report dated from August 1, 2022 to July 31, 2023. The trauma registry does not meet the requirement of 80 percent of cases entered within 60 days of discharge. Only 14 percent of cases were entered into the registry within 60 days of discharge for the reporting period. The facility has failed to resolve this criterion deficiency and remains noncompliant with criterion (15-6) related to trauma registry concurrency.

The facility is hereby **CITED** for failing to meet the above criteria of Level IV trauma care facility categorization. The facility is **WARNED** that failing to successfully meet the Level IV 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) 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.

Margot McComas

November 14, 2024

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

Date