

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Indiana Township First Resp 1750 High St Knoxville, Iowa 50138-8951 Service #: 9636100	Case Number: 13-10-04 NOTICE OF PROPOSED ACTION SUSPENSION
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Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.5 and Iowa Administrative Code (I.A.C.) 641—132.10(3), the Iowa Department of Public Health is proposing to **Suspend** the service program authorization identified above.

The Department may suspend a service program authorization when the service program has committed any of the following acts or offenses:

Failure or repeated failure of the applicant or alleged violator to meet the requirements or standards established pursuant to Iowa Code chapter 147A or the rules adopted pursuant to that chapter.

IAC 641—132.10(3)f

Failure to correct a deficiency within the time frame required by the department.

IAC 641-132.10(3)i

An ambulance or nontransport service in this state that desires to provide emergency medical care, in the out-of-hospital setting, shall apply to the department for authorization to establish a program utilizing certified emergency medical care providers for delivery of care at the scene of an emergency or nonemergency, during transportation to a hospital, during transfer from one medical care facility to another or to a private home, or while in the hospital emergency department and until care is directly assumed by a physician or by authorized hospital personnel. Application for authorization shall be made on forms provided by the department. Applicants shall complete and submit the forms to the department at least 30 days prior to the anticipated date of authorization.

IAC 641—132.71(a)

A service program seeking nontransport authorization shall:

IAC 641—132.8(2)

For staffing purposes provide, as a minimum, a transport agreement.

IAC 641—132.8(2)b

Service program operational requirements. Ambulance and nontransport service programs shall:

IAC 641—132.8(3)

Complete and maintain a patient care report concerning the care provided to each patient. Ambulance services shall provide, at a minimum, a PCR verbal report upon delivery of a patient to a receiving facility and shall provide a complete PCR within 24 hours to the receiving facility.

IAC 641—132.8(3)a

Utilize department protocols as the standard of care. The service program medical director may make changes to the department protocols provided the changes are within the EMS provider's scope of practice and within acceptable medical practice. A copy of the changes shall be filed with the department.

IAC 641—132.8(3)b

Ensure that personnel duties are consistent with the level of certification and the service program's level of authorization.

IAC 641—132.8(3)c

Maintain current personnel rosters and personnel files. The files shall include the names and addresses of all personnel and documentation that verifies EMS provider credentials including, but not limited to:

(1) Current provider level certification.

IAC 641—132.8(3)d

Have a medical director and 24-hour-per-day, 7-day-per-week on-line medical direction available.

IAC 641—132.8(3)f

Ensure that appropriate service program personnel respond as required in this rule and that they respond in a reasonable amount of time.

IAC 641—132.8(3)g

Implement a continuous quality improvement program that provides a policy to include as a minimum:

(1) Medical audits

(2) Skills competency

(3) Follow-up (loop closure/resolution)

IAC 641—132.8(3)m

Document an equipment maintenance program to ensure proper working condition and appropriate quantities.

IAC 641—132.8(3)o

Equipment and vehicle standards. The following standards shall apply:
IAC 641—132.8(4)

All EMS service programs shall carry equipment and supplies in quantities as determined by the medical director and appropriate to the service program's level of care and available certified EMS personnel and as established in the service program's approved protocols.

IAC 641—132.8(4)b

Pharmaceutical drugs and over-the-counter drugs may be carried and administered upon completion of training and pursuant to the service program's established protocols approved by the medical director.

IAC 641—132.8(4)c

All drugs shall be maintained in accordance with the rules of the state board of pharmacy examiners.

IAC 641—132.8(4)d

Accountability for drug exchanges, distribution, storage, ownership, and security shall be subject to applicable state and federal requirements. The method of accountability shall be described in the written pharmacy agreement. A copy of the written pharmacy agreement shall be submitted to the department.

IAC 641—131.8(4)e

Preventative maintenance. Each ambulance service program shall document a preventative maintenance program.

IAC 641—132.8(5)

Medical director's duties include, but need not be limited to:

IAC 641—132.9(2)

Monitoring and evaluating the activities of the service program and individual personnel performance, including establishment of measurable outcomes that reflect the goals and standards of the EMS system.

IAC 641—132.9(2)c

Developing and approving an applicable continuous quality improvement policy demonstrating type and frequency of review, including an action plan and follow-up.

IAC 641—132.9(2)g

Supervising physicians, physician designees, or other appointees [are not] defined in the continuous quality improvement policy referenced in 132.9(2) "g."

IAC 641—131.9(3)

The medical director or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the qualified appointee. The

audit shall be in writing and shall include, but not be limited to:

- a. Reviewing the patient care provided by service program personnel and remedying any deficiencies or potential deviancies that may be identified regarding medical knowledge or skill performance.*
- b. Response time and the time spent at the scene.*
- c. Overall EMS system response to ensure that the patient's needs were matched to available resources including, but not limited to, mutual aid and tiered response.*
- d. Completeness of documentation.*

IAC 641—132.9(4)

The following events have led to this action:

The Bureau of EMS performed an on-site inspection of Indiana Township First Responders on June 19, 2013. At the time of the inspection, deficiencies were identified and the service was given 30 days to resolve the deficiencies. The service failed to correct the deficiencies identified within 30 days.

Indiana Township First Responders received a Notice of Proposed Action: Citation and Warning on September 7, 2013 for failure to correct the identified deficiencies. Indiana Township First Responders was warned that continued failure to correct the deficiencies could result in further disciplinary action, including suspension or revocation of the service program authorization. Indiana Township First Responders did not appeal the proposed action and the Citation and Warning became final agency action on October 8, 2013. As of the date of this action, Indiana Township First Responders has failed to correct the deficiencies identified above.

Reinstatement of service authorization shall require submission of a new service application, on-site inspection and compliance with all service program rules and regulations.

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 Medical Services, Lucas State Office Building, 321 E 12th St, 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
Center for Disaster Operations and Response

11/14/13
Date