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Before the Iowa Department of Public Health

IN THE MATTER OF: Laurel/Haverhill First Responders PO Box 45 Haverhill, Iowa 50120-0045 Service #: 9646800	Case Number: 15-08-07 NOTICE OF PROPOSED ACTION CITATION AND WARNING
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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 issue a **Citation and Warning** to the service program identified above.

The Department may issue a citation and warning when a 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

Specifically:

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—132.7(1)a

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

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

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)

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

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—132.9(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.


The following events have led to this action:

The Department performed an on-site inspection with the Laurel/Haverhill First Responders on July 2, 2015. 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 above within 30 days.

The service is hereby **CITED** for failing to correct service program deficiencies within 30 days. The service is hereby **WARNED** that failing to correct deficiencies or violating the Department's rules in the future may result in further disciplinary action, including suspension or revocation of Respondent's service program authorization.

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 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
Bureau of Emergency and Trauma Services

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8/27/15
Date