

Before the Iowa Department of Public Health

IN THE MATTER OF:

Covenant Medical Center
3421 West 9th Street
Waterloo, Iowa 50702-5401

Petitioner

CONSENT AGREEMENT

PROBATION

COMES NOW the Iowa Department of Public Health ("Department") and Covenant Medical Center ("Petitioner"), and pursuant to Iowa Code section 17A.10 and 641 Iowa Administrative Code 134.3 enter into the following settlement of this matter:

1. Petitioner is currently verified as a Regional (Level II) Trauma Care Facility with an expiration date of April 2013.
2. On October 15, 2012, the Petitioner submitted a Categorization Application for re-verification as a Regional (Level II) Trauma Care facility.
3. On November 14, 2012, the Department conducted a Survey Visit for verification in accordance with IAC 641—134.2(7).
4. During the Survey Visit, the Verification Survey Team Members identified 22 deficiencies from the "Iowa Trauma System Regional (Level II) Hospital and Emergency Care Facility Categorization Standards" as reported in the "Hospital and Emergency Care Facility Verification Survey Final Report."
5. The Department may deny verification of a trauma care facility if the facility has not been or will not be operated in in compliance with Iowa Code section 147A.23 or IAC 641—134 (IAC 641—134.3(1))
5. Petitioner agrees to enter into this Consent Agreement as a condition of obtaining verification as an Area (Level III) Trauma Care Facility. Execution of this Consent Agreement by all parties constitutes the resolution of this case. Petitioner waives the right to hearing and all

attendant rights, including the right to appeal, by freely and voluntarily agreeing to this Consent Agreement.

6. This Consent Agreement is subject to approval of the Department. If the Department approves this agreement, it becomes the final disposition of this matter. If the Department fails to approve this agreement, it shall be of no force or effect to either party.
7. This Consent Agreement shall be part of the permanent record of Petitioner and shall be considered by the Department in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.
8. This Consent Agreement is a public record available for inspection and copying in accordance with the requirements of Iowa Code chapters 22.
9. The Department's approval of this Consent Agreement shall constitute a FINAL ORDER of the Department and constitutes final agency action in this matter.

IT IS THEREFORE ORDERED:

10. The Department denies Petitioner's Categorization Application for re-verification as a Regional (Level II) Trauma Care facility
11. The Petitioner shall be verified as an Area (Level III) Trauma Care Facility until April 30, 2016.
12. The Petitioner's verification as an Area Level III Trauma Care Facility shall be placed on probation from the effective date of this Agreement until the Department has determined that the following deficiencies from the "Iowa Trauma System Area (Level III) Hospital and Emergency Care Facility Categorization Standards" have been corrected:
 - a) *Criterion Deficiency:* The trauma surgeon is lacking involvement in the decisions regarding bypass.
Criteria: (3-2): The trauma surgeon must be involved in the decision regarding bypass.

Recommended Resolution: Submit a plan/policy describing how the surgeon will be involved in the decision regarding bypass/diversion. Submit documentation demonstrating that a surgeon was involved in all bypass decisions for a three month period.

To be completed by: May 31, 2013

- b) *Criterion Deficiency:* The PIPS program is lacking a reliable method of data collection which obtains valid and objective information necessary to identify opportunities for improvement.

Criteria: (16-2) The PIPS program must be supported by a reliable method of data collection that consistently obtains valid and objective information necessary to identify opportunities for improvement.

Recommended Resolution: Submit a plan which demonstrates that the trauma data will be collected in a timely and reliable method.

To be completed by: May 31, 2013

- c) *Criterion Deficiency:* The criteria for a graded activation is lacking continuous evaluation by the performance improvement and patient safety program.

Criteria: (5-10): The criteria for a graded activation must be clearly defined by the TCF and continuously evaluated by the performance improvement and patient safety program (PIPS).

Recommended Resolution: Submit documentation demonstrating that graded activations are being evaluated by the PIPS program.

To be completed by: August 31, 2013

- d) *Criterion Deficiency:* (IAC 641—137.3) The trauma service medical director (TSMD) is lacking in documented 24 hours of continuing trauma education.

Criteria: (IAC 641—137.3) Continuing trauma education is required every four years of physicians who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient. Continuing trauma education for Iowa's trauma system includes 24 hours of continuing trauma education a minimum of 8 of which are formal.

Recommended Resolution: Submit continuing medical education for TSMD as identified in the criteria.

To be completed by: August 31, 2013

- e) *Criterion Deficiency: (IAC 641—137.3)* Trauma surgeons who take trauma call are lacking in the documented 24 hours of continuing trauma education.

Criteria: (IAC 641—137.3) Continuing trauma education is required every four years of physicians who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient. Continuing trauma education for Iowa's trauma system includes 24 hours of continuing trauma education a minimum of 8 of which are formal.

Recommended Resolution: Submit continuing medical education for TSMD as identified in the criteria.

To be completed by: August 31, 2013

- f) *Criterion Deficiency: IAC 641—137.3.* Neurosurgeons who take trauma call are lacking in the documented 24 hours of continuing trauma education.

Criteria: IAC 641—137.3. Continuing trauma education is required every four years of physicians who are identified or defined as trauma team members by a trauma care facility and who participate directly in the initial resuscitation of the trauma patient. Continuing trauma education for Iowa's trauma system includes 24 hours of continuing trauma education a minimum of 8 of which are formal.

Recommended Resolution: Submit continuing medical education for TSMD as identified in the criteria.

To be completed by: August 31, 2013

- g) *Criterion Deficiency:* Trauma registry data are not all collected and analyzed.

Criteria: (15-1) Trauma registry data must be collected and analyzed by every TCF. The registry is an essential management tool that contains detailed, reliable, and readily accessible information needed to operate a TCF.

Recommended Resolution: Submit a plan demonstrating that at a minimum, 80% of the trauma cases will be entered within 60 days of discharge. Compliance will be confirmed with data manager at Iowa Department of Public Health.

To be completed by: August 31, 2013

- h) *Criterion Deficiency:* The trauma registry does not have at least 80% of the trauma cases entered within 60 days of discharge.

Criteria: (15-4) The trauma registry should be concurrent. At a minimum, 80% of the trauma cases must be entered within 60 days of discharge.

Recommended Resolution: Submit a plan demonstrating that at a minimum, 80% of the trauma cases will be entered within 60 days of discharge. Compliance will be confirmed with data manager at Iowa Department of Public Health.

To be completed by: August 31, 2013

- i) *Criterion Deficiency:* The core general surgeon attendance at the trauma peer review committee is less than 50%.

Criteria: (16-21), (6-10) The core general surgeon attendance at the trauma peer review committee is at least 50%.

Recommended Resolution: Submit committee minutes showing attendance of core general surgeons. Additional verification of at least 50% attendance may be required during a periodic on site review within the next year.

To be completed by: August 31, 2013

- j) *Criterion Deficiency:* Lack of appropriate participation and acceptable attendance is not documented in the PIPS process

Criteria: (16-24) Evidence of appropriate participation and acceptable attendance must be documented in the PIPS process.

Recommended Resolution: Submit documentation demonstrating appropriate participation and acceptable attendance in the PIPS process. Additional verification of participation and attendance may be required during a periodic on site review within the next year.

To be completed by: August 31, 2013

- k) *Criterion Deficiency:* The orthopaedic trauma liaison or representative does not attend a minimum of 50% of the multidisciplinary peer review meetings.

Criteria: (9-13): The orthopaedic representative to the trauma PIPS program must attend a minimum of 50% of the multidisciplinary peer review meetings.

Recommended Resolution: Submit committee minutes showing attendance of the orthopaedic trauma liaison at the multidisciplinary peer review meetings. Additional verification of at least 50% attendance may be required during a periodic on site review within the next year.

To be completed by: August 31, 2013

- l) *Criterion Deficiency:* The anesthesia representative does not participate in the trauma PIPS program.

Criteria: (11-13) The anesthesia representative must participate in the trauma PIPS program.

Recommended Resolution: Submit documentation showing participation of the anesthesia representative in the trauma PIPS program. Additional verification of participation may be required during a periodic on site review within the next year.

To be completed by: August 31, 2013

- m) *Criterion Deficiency:* (11-14) The anesthesiology representative or designee to the trauma program does not attend at least 50% of the multidisciplinary peer review meetings.

Criteria: (11-14): The anesthesiology representative to the trauma program must attend at least 50% of the multidisciplinary peer review meetings.

Recommended Resolution: Submit committee minutes showing attendance of the anesthesiology representative at the multidisciplinary peer review meetings. Additional verification of at least 50% attendance may be required during a periodic on site review within the next year.


To be completed by: August 31, 2013

11. Petitioner shall notify the service directors of ambulance services that routinely transport trauma patients of the change of verification to an Area (Level III) Trauma Care facility. The Petitioner will maintain documentation of the notifications.
12. Petitioner shall notify the Trauma Coordinators of other Area (Level III) and Community (Level IV) Trauma Care Facilities that routinely transport transfer patients to Covenant Medical Center of the change of verification to an Area (Level III) Trauma Care facility. The Petitioner will maintain documentation of the notifications.
13. Nothing in this consent agreement prevents the Petitioner from obtaining re-verification as a Regional (Level II) Trauma Care Facility upon successful submission of a complete


Categorization Application for re-verification as a Regional (Level II) Trauma Care facility, verification by site visit, and approval by the Department.

14. In the event Petitioner violates or fails to comply with any of the terms or provisions of probation, the Department may initiate appropriate action to revoke or suspend Petitioner's verification or to impose other appropriate discipline.
15. There shall be no costs or monetary penalties issued as part of this consent agreement.
16. This Notice shall be part of the permanent record of the Department and shall be considered by the Department in determining the nature and severity of any disciplinary action to be imposed in the event of future violations.

AGREED AND ACCEPTED:



Jack Dusenbery
President
Covenant Medical Center
PETITIONER



Gerd W. Clabaugh
DEPUTY DIRECTOR AND
DIRECTOR, DIVISION OF ACUTE DISEASE
DIRECTOR, DIVISION OF ACUTE DISEASE
PREVENTION AND EMERGENCY RESPONSE

Dated this 8 day of March, 2013.

Dated this 14 day of March, 2013.

Copies mailed to:

Heather L. Adams
Assistant Attorney General
Hoover State Office Building
Des Moines, IA 50319