

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Broadlawns Medical Center</p> <p>Trauma Care Facility Number: 000011</p>	<p>Case Number: T11-21-03</p> <p>NOTICE OF PROPOSED ACTION</p> <p>CITATION AND WARNING</p>
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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, the Iowa Department of Public Health 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) (f) 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. ... "Iowa Trauma System Area (Level IV) Hospital and Emergency Care Facility Categorization Criteria" (2013) is incorporated and adopted by reference for Area (Level III) hospital and emergency care facility categorization criteria...

b. ... "Iowa Trauma System Area (Level IV) Hospital and Emergency Care Facility Categorization Criteria" (2013)... are available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems).

The following resulted in issuance of this proposed action:

On March 20, 2014 the facility submitted the Self-Assessment Categorization Application (SACA). An on-site verification survey was conducted by a department Trauma Facility Verification Team on April 24, 2014. A number of deficiencies were noted in this survey, including failure to meet the following criteria:

Orthopedic Surgery

Criteria: Qualification for trauma care for any orthopedic surgeon on staff is board certification, regular participation in the care of musculoskeletal injured patients and attendance at > 50% of the physician (representative) peer review committee meetings. The orthopedic surgeon should also attend trauma program performance committee meetings.

Deficiency: Orthopedic surgery physician representative's attendance at peer review committee meetings is less than 50%.

Recommended Resolution: Submit documentation to the state trauma coordinator which demonstrates a commitment from orthopedic surgery in which an orthopedic physician representative will attend the peer review committee meetings equal to or greater than 50%. Monitor and document attendance for future verification.

On January 23, 2017, the facility submitted a Self-Assessment Categorization Application (SACA). An on-site verification survey was conducted by a department Trauma Facility Verification Team on March 1, 2017. During the March 1, 2017 on-site verification survey the following deficiency, recommended resolution and time frame for resolution were noted on the verification team report:

Orthopedic Surgery

Criteria: Qualification for trauma care for any orthopedic surgeon on staff is board certification, regular participation in the care of musculoskeletal injured patients and attendance at > 50% of the physician (representative) peer review committee meetings. The orthopedic surgeon should also attend trauma program performance committee meetings.

Deficiency: Orthopedic surgery physician representative's attendance at peer review committee meetings is less than 50%.

Recommended Resolution: Submit documentation to the state trauma coordinator which demonstrates a commitment from orthopedic surgery in which an orthopedic physician representative will attend the peer review committee meetings equal to or greater than 50%. Monitor and document attendance for future verification. This is to be provided 12 months from the date of receipt of this final report.

The facility failed to fully resolve the deficiency related to the orthopedic surgery criteria following the 2014 survey and the facility remains noncompliant with this criteria as demonstrated in the 2017 verification survey.

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 Level IV trauma criteria resolutions listed for each criteria in the time frame identified or failure to comply with relevant criteria during the verification period 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 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

4/5/17
Date

Division of Acute Disease Prevention and Emergency Response and Environmental Health