

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Hansen Family Hospital 920 S. Oak Street Iowa Falls, IA 50126 Facility Number: 000027</p>	<p>Case Number: T027-09-10</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;"><b>CITATION AND WARNING</b></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) (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 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 resulted in issuance of this proposed action:

On July 28, 2017 the facility submitted the Self-Assessment Categorization Application (SACA). A paper verification was conducted by a Department Trauma Nurse Survey Team Member on August 24, 2017. During the paper verification a deficiency was identified that required resolution by August 24, 2018.

Upon review on September 17, 2018 the 2017 deficiency and required resolution remains unresolved. The remaining deficiency is noted below:

**Criteria** - Trauma care facilities shall have a responsible individual or individuals who shall coordinate, direct and complete the collection and reporting of data to the department in accordance with the Iowa Code/Administrative Rules 641—136 (147A). Registry input should be accomplished on a regular basis with completion within two months.


**Deficiency** – Average percentage validity score for data entered into the ImageTrend Registry is 41% and only 60% of incidents are entered within 60 days.

**Resolution** – Facility will provide an electronic summary report to the State of Iowa Trauma Coordinator one year after receipt of the final report dated August 24, 2017, supporting improvement in timely and valid data entry to meet state standards.

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 all Level IV trauma criteria resolutions listed for the criteria in the time frame identified 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 12<sup>th</sup> 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.**

  
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Rebecca Curtiss, Bureau Chief  
Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

10/11/18  
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Date