

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Mary Greeley Medical Center Facility Number: 000065	Case Number: T65-15-05 NOTICE OF PROPOSED ACTION CITATION AND WARNING
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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 III) 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 III) 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 April 1, 2015 the facility submitted the Self-Assessment Categorization Application (SACA). An on-site verification visit was conducted by an IDPH Trauma Facility Verification Team on April 7, 2015.

Upon review and comparison during the April 2015 visit several of the 2011 deficiencies and required resolutions remain unresolved. These remaining deficiencies are noted below:

D. Clinical Capabilities

1. General Surgery

Deficiency: General surgery - one physician does not have ATLS, and many without adequate CME and low attendance at meetings.

Criterion: Trauma/general surgeons shall be currently verified in ATLS or successfully complete the course within one year of joining the trauma service. 24 hours of continuing trauma medical education is required every 4 years. 8 hours of the continuing medical education must be formal and 16 hours may be informal. Refer to 641 – 137(147A). Attendance at > 50% of the multidisciplinary physician peer review committee meetings is required.

Recommended Resolution: Submit verification of CME, ATLS and meeting attendance for general/trauma surgeons who do not meet the state requirements (Refer to Iowa Administrative Rules Refer to 641 – 137(147A)). If a surgeon is on a waiting list for ATLS please submit the date and upon completion submit verification to state trauma system coordinator.

E. Clinical Qualifications

2. Trauma/General Surgeons

Deficiency: One surgeon does not have ATLS, trauma-specific CME is insufficient and there is low attendance at physician peer review committee meetings.

Criteria: Qualification for trauma care for any general surgeon is board certification, regular participation as trauma team leader in the care of injured patients and attendance a committee meetings. The general/trauma surgeon should also attend trauma program performance committee meetings. Trauma/general surgeons shall be currently verified in ATLS or successfully complete the course within one year of joining the trauma service. 24 hours continuing trauma education every 4 years 1) 8 hours formal 2) 16 hours informal.

Recommended Resolution: Submit verification of CME, ATLS and meeting attendance for general/trauma surgeons who do not meet the state requirements (Refer to Iowa Administrative Rules Refer to 641 – 137(147A)). If a surgeon is on a waiting list for ATLS, submit date and upon completion submit verification to state trauma system coordinator.

3. Emergency Medicine

Deficiency: One Emergency Department physician does not have ATLS certification and physicians need documentation of required continuing trauma education.

Criteria: Current ATLS verification is required for all physicians (as defined by the facilities trauma alert policy) who work in the ED and are boarded in a specialty other than emergency medicine. Continuing trauma education requirement for physicians: 24 hours continuing trauma education every 4 years: 1) 8 hours formal 2) 16 hours informal.

Recommended Resolution: Submit verification of trauma CME and ATLS for those physicians who do not meet the state requirements. If a physician is on a waiting list for ATLS please submit the date, and upon completion submit verification to state trauma system coordinator.

4. Orthopedic Surgery

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

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.

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.

Additionally, during the April 7, 2015 on-site verification visit the following deficiencies, recommended resolutions and time frames for resolution were noted on verification team report:

B. Institutional Organization

Criteria: Ensures optimal and timely care.

Criteria deficiency: The trauma program shall involve multiple disciplines that transcend departmental hierarchies across the continuum of care. All of this should be shown by the participation and commitment of the multiple disciplines in the form of active engagement in peer review and process improvement committee meetings as well in the form of trauma-related CME. This continuous engagement is not active as evidenced by criterion deficiencies as they relate to trauma-related CME and lack of attendance at peer review/PI committee meetings by multiple trauma service disciplines.

Recommended Resolution: This can be rectified by submission of updated organizational chart to reflect the participation and commitment of the trauma program as they relate to the timely and optimal care of the injured patient, within 6 months of the final report.

D. Clinical Capabilities

General/trauma surgeon

Criteria: 24 hours continuing trauma education every 4 years 1) 8 hours formal 2) 16 hours informal.

Criterion deficiency: Not all trauma surgeons have provided document of the required 24 hours of trauma-related CME, or pediatric specific trauma-related CME.

Recommended resolution: This can be rectified by submission of evidence 24 hours of trauma-related CME, at least 8 of which is awarded in formal CME activities within 6 months of final verification report.

Emergency Medicine

Criteria: 24 hours of continuing trauma education every 4 years 1) 8 hours formal 2) 16 hours informal.

Criterion deficiency: Emergency Medicine Physician has not provided documentation of the required 24 hours of trauma-related CME.

Recommended resolution: This can be rectified by submission of evidence of 24 hours of trauma-related CME, of which at least 8 are awarded in formal CME activities within 6 months of final report.

Orthopedic Surgeon

Criteria: Physician peer review committee attendance $\geq 50\%$ is essential.

Criterion deficiency: Orthopedic Surgeon liaison does not meet the 50% attendance requirement for the trauma committee and performance improvement committee meetings.

Recommended resolution: This can be rectified by submission of 12 months of committee minutes that document of attendance. This must be provided within 12 months of the final verification report.

Criteria: Physician performance improvement committee attendance $\geq 50\%$ is essential.

Criterion deficiency: Orthopedic Surgeon liaison does not meet the 50% attendance requirement for the trauma committee and performance improvement committee meetings.

Recommended resolution: This can be rectified by submission of 12 months of committee minutes that document of attendance. This must be provided within 12 months of the final verification report.

J. Prevention

Criteria: Coordination and/or participation in community prevention activities (Essential).

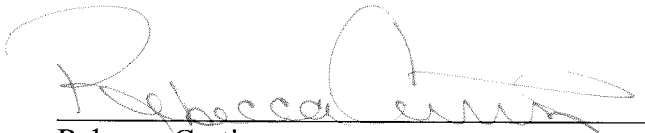
Criterion deficiency: Trauma Continuing Education. An Area (Level III) Trauma Care Facility is required to provide continuing trauma-related education programs for staff/community, physicians, nurses, allied health, and out of hospital personnel.

Recommended resolution: This can be rectified by submitting evidence of educational programs that have been provided to physicians, allied health, nurses, staff/community and out of hospital personnel within 12 months of final report.

The facility is hereby **CITED** for failing to meet the above criteria of Level III trauma care facility categorization. The facility is **WARNED** that failing to successfully meet all Level III trauma criteria resolutions listed for each 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 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
Emergency and Trauma Services
Division of Acute Disease Prevention, Emergency Response and Environmental Health

5/28/15
Date