

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Mary Greeley Medical Center 1111 Duff Ave Ames, IA 50010-5745 Facility Number: 000065</p>	<p>Case Number: T65-07-05</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;">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(1) 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 III 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 III hospital and emergency care facility 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 February 5, 2018 the facility submitted the Self-Assessment Categorization Application (SACA). An on-site verification was conducted by a Department Trauma Facility Verification team on March 2, 2018. The final report dated March 19, 2018 noted criteria deficiencies for over-triage and under-triage reporting, bypass protocol, annual provider evaluations, trauma activation, physician anesthesiologist liaison, multidisciplinary peer review meeting attendance, registry concurrency, and disaster committee. These deficiencies were resolved before April 2019, including the following three deficiencies noted below:

Criteria (11-12) – In Level III trauma centers participation in the trauma PIPS program by the anesthesia liaison is essential.

Deficiency – The anesthesia liaison has not participated in the trauma PIPS program

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates participation in the trauma PIPS committee by the appointed anesthesiology liaison 12 months from the date of this final report.

Criteria (11-13) – The anesthesiology liaison to the trauma program must attend at least 50 percent of the multidisciplinary peer review meetings, with documentation by the trauma PIPS program.

Deficiency – The anesthesiology liaison to the trauma program has not attended 50 percent of the multidisciplinary peer review meetings.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates a 50% or greater attendance record to the multidisciplinary trauma peer review committee by the anesthesiology liaison 12 months from the date of this final report.

Criteria (16-15) – Each member of the committee must attend at least 50 percent of all multidisciplinary trauma peer review committee meetings.

Deficiency – Each member of the committee has not attended at least 50% of all multidisciplinary trauma peer review committee meetings.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates each member of the multidisciplinary peer review committee attending at least 50% of meetings 12 months from the date of this final report.

On February 15, 2021 the facility submitted the SACA. A virtual on-site verification was conducted by a Department Trauma Facility Verification team on April 19, 2021. During the April 19, 2021 virtual on-site verification survey the following three deficiencies were noted on the verification team report:

Criteria (11-12) – In Level III trauma centers participation in the trauma PIPS program by the anesthesia liaison is essential.

Deficiency – The anesthesia liaison has not participated in the trauma PIPS program

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates participation in the trauma PIPS committee by the appointed anesthesiology liaison 12 months from the date of this final report.

Criteria (11-13) – The anesthesiology liaison to the trauma program must attend at least 50 percent of the multidisciplinary peer review meetings, with documentation by the trauma PIPS program.

Deficiency – The anesthesiology liaison to the trauma program has not attended 50 percent of the multidisciplinary peer review meetings.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates a 50% or greater attendance record to the multidisciplinary trauma peer review committee by the anesthesiology liaison 12 months from the date of this final report.

Criteria (16-15) – Each member of the committee must attend at least 50 percent of all multidisciplinary trauma peer review committee meetings.

Deficiency – Each member of the committee has not attended at least 50% of all multidisciplinary trauma peer review committee meetings.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates each member of the multidisciplinary peer review committee attending at least 50% of meetings 12 months from the date of this final report.

The facility failed to fully resolve the deficiencies related to anesthesia liaison participation in the multidisciplinary PIPS program criteria following the 2018 survey and the facility remains noncompliant with this criteria as demonstrated in the 2021 verification survey.

Additionally, during the 2021 virtual on-site verification survey, the following criteria deficiencies were identified:

Criteria (2-3) – Trauma centers must be able to provide the necessary human and physical resources (physical plant and equipment) to properly administer acute care consistent with their level of verification.

Deficiency – The facility has not provided the trauma program manager the necessary time or additional personnel to carry out the functions of the program.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates an increase in FTE to support the TPM role 12 months from the date of this final report.

Criteria (15-3) – The trauma registry is essential to the performance improvement and patient safety (PIPS) program and must be used to support the PIPS process.

Deficiency – The trauma registry is not used to support the PIPS process.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates the use of the trauma registry to support the PIPS process 12 months from the date of this final report.

Criteria (15-4) – Furthermore, these (registry) findings must be used to identify injury prevention priorities that are appropriate for local implementation.

Deficiency – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates use of the trauma registry to identify injury prevention priorities that are appropriate for local implementation 12 months from the date of this final report.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates use of the trauma registry findings to identify injury prevention priorities that are appropriate for local implementation 12 months from the date of this final report.

Criteria (18-1) – Trauma centers must have an organized and effective approach to injury prevention and must prioritize those efforts based on local trauma registry and epidemiologic data.

Deficiency – The trauma center does not have an organized and effective approach to injury prevention that is prioritized based on the local trauma registry.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates the use of trauma registry data to organize effective injury prevention efforts 12 months from the date of this 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 during the 12 month time frame following the date of this citation and warning 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

May 7, 2021
Date

Division of Acute Disease Prevention and Emergency Response and Environmental Health