

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Mercy Medical Center-Iowa city Facility Number: 000067	Case Number: T67-19-08 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.

Pursuant to 641 IAC 134.3 (1), 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 June 30, 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 August 11, 2015.

Upon review and comparison during the August 11, 2015 visit several of the deficiencies noted from the on-site verification visit on March 29, 2012 which required resolutions remain unresolved. These remaining deficiencies are noted below:

Deficiencies:

B. INSTITUTIONAL ORGANIZATION

Trauma Service:

Criterion Deficiency: Greater than 10% of injured/trauma patients are admitted to a non-surgical service; presently about 40% or greater are admitted to hospitalist / neurologist / pediatrician. Some of these, likely, should have had a Trauma Surgeon evaluation, at least consult.

Criteria: (5-11) Trauma programs that admit more than 10% of injured patients to nonsurgical services must demonstrate the appropriateness of that practice through the PIPS process. A preplanned and coordinated approach defining which patients need to be seen in consultation by or admitted to the trauma service or other specialty services is valuable.

(5-15) Injured patients may be admitted to individual surgeons, but the structure of the program must allow the TSMD to have oversight authority for the care of these injured patients.

Recommendation: Submit a plan to state trauma coordinator that demonstrates a preplanned and coordinated approach defining which patients need to be seen in consultation by or admitted to the trauma service or other specialty services. This plan should define which patients would be admitted to non-surgical services. The plan should also indicate that all admissions that will be followed by the Performance Improvement Patient Safety (PIPS) program.

Trauma Team/Trauma Activation

Criterion Deficiency: The criteria for a graded activation were unclear, and the activations were not evaluated by the performance improvement and patient safety program.

Criteria: (5-10) the criteria for a graded activation must be clearly defined by the TFC and continuously evaluated by the PIPS program.

Recommendation: Submit an update to the trauma activation policy, perhaps with a rewrite of the policy for two-level response including a plan for continuous review by PIPS program.

E. CLINICAL QUALIFICATIONS

General/Trauma Surgeon

Criterion Deficiency: One of the trauma surgeons ATLS certification has expired.

Criteria: 641—137.3(147A) 24 hours of continuing trauma education: 8 hours formal (ATLS refresher course required), 16 hours informal. For any differences which may occur between the adopted references (criteria 6-11) and these administrative rules, the administrative rules shall prevail.

Recommendation: Submit documentation which shows a date in which the trauma surgeon will take an ATLS course, and upon completion, please submit expiration date to state trauma system coordinator.

Additionally, during the August 11, 2015 on-site verification visit the following deficiencies, resolutions and time frames for resolution were noted on the verification team report:

B. Institutional Organization

Trauma Service

Criteria: The trauma service represents a structure of care for the injured patient. The care of the patient with multisystem injuries shall be under the supervision of a trauma/general surgeon assigned to the trauma service. All other injured patients, with the exclusion of isolated hip fractures from a same level fall or minor isolated single system injuries, must be admitted to or seen in consultation by a trauma/general surgeon assigned to the trauma surgeon.

Criterion Deficiency: Currently trauma patients were admitted to a hospitalist.

Recommended resolution: This can be rectified by submission of data evidence reflecting consistent and routine admission of trauma patients to the trauma/general surgeon assigned to the trauma service within 12 months of the final verification report.

D. Clinical Capabilities

Formal Credentialing Policy for the Trauma program

Criteria: Each trauma care facility shall have a formal credentialing policy for general/trauma surgeons, emergency medicine physicians, neurosurgeons (if routinely available), and orthopedic surgeons (if routinely available) participating on the trauma service/team that establishes trauma-specific credentials that exceed those required for general hospital privileges.

Criterion Deficiency: Current formal credentialing policy does not exist for general/trauma surgeons, emergency medicine physicians, and orthopedic surgeons who routinely participate on the trauma service/team.

Recommended Resolution: The formal credentialing policy shall include a minimum, but not be limited to: 1. Board Certification, 2. Physician peer review committee attendance, 3. Trauma program performance committee attendance, 4. ATLS, 5. Continuing trauma education. 6. Care of the pediatric patient. This corrected formal credentialing policy to be provided within 2 months of final verification report.

Trauma/General Surgeon

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

Criterion deficiency: Trauma/General 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 attendance within 12 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 attendance within 12 months of final report.

Anesthesia

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

Criterion deficiency: Anesthesia 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 attendance within 12 months of final report.

Laboratory

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

Criterion deficiency: Laboratory 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 attendance within 12 months of final report.

H. Performance Improvement

In-house trauma registry with participation in state registry

Criteria: The trauma registry should be current. At a minimum, 80% of the trauma cases must be entered with 60 days of discharge.

Criteria Deficiency: In-house trauma registry with participation in state registry. Registry input should be accomplished on a regular basis with completion within 2 months of patient discharge. Providing data to the state registry will allow the PIPS program to obtain reports that can be used for benchmarking their program against other programs of their size. Currently only 25% of patient data is submitted to the trauma registry within 60 days of patient discharge.

Recommended Resolution: Utilize ImageTrend Trauma Data Registry system, at a customized level, in order to track PI audits and filters. Consistently participate in state level committees such as the IHA (Iowa Hospital Association)-ITC (Iowa Trauma Coordinator) or Trauma System Advisory Council Sub-Committees. This can be rectified by submission of documentation of regular attendance and participation in state level committees within 12 months of final verification report.

Orthopedic Surgeon

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 attendance within 12 months of final report.

Anesthesiology

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

Criterion deficiency: One core Anesthesiology 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 attendance within 12 months of final report.

N. Pediatrics

Criteria: The Trauma Service Medical Director should decide what credentials are needed for the trauma surgeons to provide trauma care to pediatric patients. This is to be based on the training and experience of the surgeons taking trauma call and the availability of pediatric surgeons with trauma experience. Credentialing requirements need to be documented for each surgeon. The pediatric PIPS activity shall include specific indicators/audit filters in the trauma PIPS program.

Criterion deficiency: Formal credentialing policy does not include the assessment, stabilization and transfer credentialing required for treatment of pediatric patients.

Recommended resolution: This can be rectified by submission of an updated credentialing policy to include the assessment, stabilization and transfer of pediatric patients within 12 months of final verification report.

Pediatric Audit Filters/PIPS process

Criteria: The pediatric PIPS activity shall include specific indicators/audit filters in the trauma PIPS program.

Criterion deficiency: PIPS process does not address specific pediatric filters.

Recommended resolution: This can be rectified by submission of updated pediatric specific indicators/audit filters within 6 months of final verification report.

H. Performance Improvement

Anesthesiology

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

Criterion deficiency: One core Anesthesiology 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 attendance.

Criteria: Physician performance improvement committee attendance $\geq 50\%$ is essential.
Criterion deficiency: One core Anesthesiology 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 attendance.

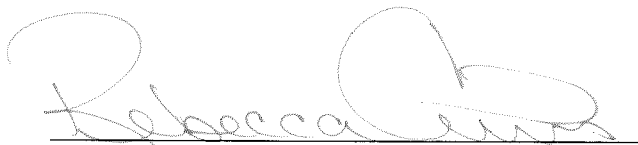
Radiology

Criteria: The department/division/section of radiology should have a liaison to the trauma service who is a member of both trauma committees. This individual is either the chief/director or his/her designee and is responsible for communication between the TSMD, trauma committee and the members of his/her department/division/section.
Criterion deficiency: Radiology liaison does not meet the 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 radiology attendance.

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 criterion 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

8/19/15
Date