

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Mercy Iowa City 500 E Market Street Iowa City, IA 52245 Petitioner</p>	<p>CONSENT AGREEMENT</p> <p>PROBATION</p>
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COMES NOW the Iowa Department of Public Health ("Department") and Mercy Iowa City ("Petitioner"), and pursuant to Iowa Code section 17A.10 and 641 Iowa Administrative Code 134.3 enter into the following settlement of this matter:

1. Petitioner is currently verified as a Level III Trauma Care Facility with an expiration date of August 1, 2018.
2. On August 19, 2015 the Petitioner was issued a Citation and Warning by the Bureau of Emergency and Trauma Services for failure to comply with the "Iowa Trauma System Area (Level III) Hospital and Emergency Care Facility Categorization Standards."
3. On July 20, 2018, the Petitioner submitted a Categorization Application for re-verification as a Level III Trauma Care facility.
4. On August 10, 2018, the Department conducted a Survey Visit for verification in accordance with IAC 641—134.2(7).
5. During the Survey Visit, the Verification Survey Team Members identified deficiencies from the "Resources for the Optimal Care of the Injured Patient 2014" (6th Edition) as reported in the "Hospital and Emergency Care Facility Verification Survey Final Report."
6. The Department may deny verification of a trauma care facility if the facility has not been or will not be operated in compliance with Iowa Code section 147A.23 or IAC 641—134 (IAC 641—134.3(1))
7. Petitioner agrees to enter into this Consent Agreement as a condition of obtaining verification as a Level III Trauma Care Facility. Execution of this Consent Agreement by all parties

constitutes the resolution of this case. Petitioner waives the right to hearing and all attendant rights, including the right to appeal, by freely and voluntarily agreeing to this Consent Agreement.

8. This Consent Agreement is subject to approval of the Department. If the Department approves this agreement, it becomes the final disposition of this matter. If the Department fails to approve this agreement, it shall be of no force or effect to either party.
9. This Consent Agreement shall be part of the permanent record of Petitioner and shall be considered by the Department in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.
10. This Consent Agreement is a public record available for inspection and copying in accordance with the requirements of Iowa Code chapters 22.
11. The Department's approval of this Consent Agreement shall constitute a FINAL ORDER of the Department and constitutes final agency action in this matter.

IT IS THEREFORE ORDERED:

12. The Petitioner's verification as a Level III Trauma Care Facility shall be placed on probation from the effective date of this Agreement until the Department has determined that the following deficiencies from the "Resources for the Optimal Care of the Injured Patient 2014" (6th Edition) have been corrected:

a) Chapter 5: Hospital Organization and The Trauma Program

- (i) Criteria (5 – 9) – The trauma medical director must have the authority to manage all aspects of trauma care.*

Deficiency – The trauma program has not provided a trauma specific organizational chart demonstrating the trauma medical director has the authority to manage all aspects of trauma care.

Resolution - Provide electronic documentation to the State of Iowa Trauma Coordinator which demonstrates the adoption of a trauma specific organizational

chart by the trauma program which demonstrates the trauma medical director has the authority to manage all aspects of trauma care within 12 months from the date of the final report dated October 9, 2018.

(ii) *Criteria* - Programs that admit more than 10% of injured patients to non-surgical services must review all non-surgical admissions through the trauma PIPS process.

Deficiency - The trauma program cannot demonstrate that all non-surgical admissions are reviewed through the trauma PIPS process.

Resolution - Provide electronic documentation to the State of Iowa Trauma Coordinator which demonstrates the adoption of a process to review all non-surgical admissions through the trauma PIPS process within 12 months from the date of the final report dated October 9, 2018.

b) *Chapter 11: Collaborative Clinical Services*

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

Deficiency - Participation by the anesthesia liaison in the trauma PIPS program is lacking at the trauma center.

Resolution - Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates participation by the anesthesia liaison in the Trauma PIPS program within 12 months from the date of the final report dated October 9, 2018.

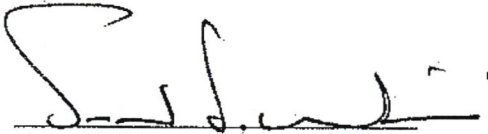
(ii) *Criteria* - The anesthesiology liaison to the trauma program must attend at least 50 percent of the multidisciplinary peer review meetings, with documentation by the trauma PIPS program.

Deficiency - The anesthesiology liaison to the trauma program does not attend at least 50 percent of the multidisciplinary peer review meetings.

Resolution - Provide electronic documentation to the State of Iowa Trauma Coordinator which demonstrates the attendance to multidisciplinary peer review meetings meeting the benchmark of 50 percent by the anesthesiology liaison within 12 months from the date of the final report dated October 9, 2018.

13. If Mercy Iowa City does not have the capacity or capability to fully resolve criterion deficiencies by the given deadlines, the hospital may elect to submit a self-assessment categorization application for verification as a Level IV Trauma Care Facility. In the event the petitioner elects to be identified as a Level IV Trauma Care Facility:
 - a. Petitioner shall notify the Trauma Coordinators of other Level III and Level IV Trauma Care Facilities that routinely transport transfer patients to Mercy Iowa City of the change of verification to a Level IV Trauma Care facility.
 - b. Petitioner shall notify the service directors of ambulance services that routinely transport trauma patients of the change of verification to a Level IV Trauma Care facility.
 - c. The Petitioner will maintain documentation of the notifications.
14. Nothing in this consent agreement prevents the Petitioner from obtaining re-verification as a Level III Trauma Care Facility upon successful submission of a complete Categorization Application for re-verification as a Level III Trauma Care facility, verification by site visit, and approval by the Department.
15. In the event Petitioner violates or fails to comply with any of the terms or provisions of probation, the Department may initiate appropriate action to revoke or suspend Petitioner's verification or to impose other appropriate discipline.
16. There shall be no costs or monetary penalties issued as part of this consent agreement.
17. This Notice shall be part of the permanent record of the Petitioner and shall be considered by the Department in determining the nature and severity of any disciplinary action to be imposed in the event of future violations.

AGREED AND ACCEPTED:



Sean Williams
CEO
Mercy Iowa City
PETITIONER



Rebecca Curtiss
Bureau Chief
Emergency and Trauma Services
Division of Acute Disease Prevention,
Emergency Response and Environmental Health

Dated this 9th day of October, 2018.

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Copies mailed to:

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