

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Mercy Medical Center-Cedar Rapids Facility Number: 000068	Case Number: T68-15-05 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 March 31, 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 May 5, 2015.

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

Trauma Service

Criterion Deficiency: Level I (full alert) trauma alert activation is not being followed as written in Trauma Care Facility (TCF) policy.

Criteria: Trauma patients admitted to an Area TCF are not required to be admitted to a separate trauma service but may be admitted to the service of the surgeon caring for the patient. An Area TCF shall have policies and/or protocols, that 1) define how trauma care is managed to include, but not limited to, general surgeon consultation guidelines 2) define trauma team member roles responsibilities in the care of the trauma patient and 3) describe trauma performance improvement activities. The care of the patient with multisystem injuries shall be under the supervision of a trauma/general surgeon assigned to the trauma service.

Recommended Resolution: Submit documentation showing that trauma/general surgeon is supervising care of the trauma patient as written in TCF trauma alert policy for a Level I (full) alert. Submit documentation (committee minutes) demonstrating the above has been reviewed as part of the Performance Improvement Patient Safety (PIPS) process. Submit a plan demonstrating a commitment of trauma/general surgeons to follow TCF trauma alert policy for a Level I trauma team activation.

Additionally, during the May 5, 2015 on-site verification visit the following deficiencies, recommended resolutions and time frames for resolution were noted on 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.

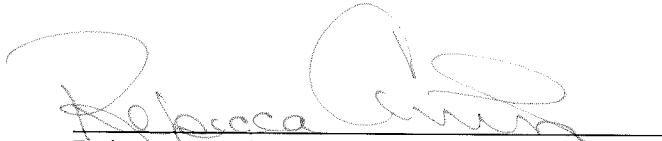
Criterion Deficiency: Currently 56% (261/470) trauma patients were admitted to a non-trauma service.

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.

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