

**RESTRICTED DELIVERY CERTIFIED  
MAIL  
RETURN RECEIPT  
REQUESTED**

**Before the Iowa Department of Public Health**

<p>IN THE MATTER OF</p> <p>Methodist Jennie Edmundson 933 E. Pierce St. Council Bluffs, IA 51503-4652 Facility Number: 000052</p>	<p>Case: 000052-18-11</p> <p style="text-align: center;"><b>NOTICE OF PROPOSED ACTION</b></p> <p style="text-align: center;"><b>CITATION AND WARNING</b></p>
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Pursuant to the provisions of Iowa Code Sections 17A.18 and 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 Trauma Care 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 events have resulted in the issuance of this proposed action:

On January 24, 2019 Methodist Jennie Edmundson Hospital was issued a Letter of Warning for failure to comply with criteria for Level III trauma care facility categorization, as evidenced by criteria deficiencies (CD) related to surgeon arrival to trauma activations (CD 2-18), review of ICU admissions (CD 11-57), ATLS requirements for advanced practitioners (CD 11-86), annual review of advanced practitioners (CD 11-87), meaningful use of the registry (CD 15-3, 15-4), PIPS program (CD 16-2, 16-3, 16-17, 16-18, 16-19), and monitoring of over/undertriage rates (CD 16-7).

These deficiencies were resolved January 17, 2020, including the following six deficiencies noted below:

**Criteria (16 – 2)** – Problem resolution, outcome improvements, and assurance of safety (“loop closure”) must be readily identifiable through methods of monitoring, reevaluation, benchmarking, and documentation.

**Deficiency** – Problem resolution, outcome improvements, and assurance of safety (“loop closure”) is not easily identifiable in documentation submitted by the trauma program.

**Resolution** – Provide electronic documentation to the State of Iowa Trauma Coordinator which demonstrates problem resolution, outcome improvement, and assurance of safety (“loop closure”) within the PIPS process 12 months from the date of this final report.

**Criteria (16 – 7)** – Rates of under-triage and over-triage must be monitored and reviewed quarterly.

**Deficiency** – The trauma program has not demonstrated that under-triage and over-triage are monitored and reviewed quarterly through the PIPS process.

**Resolution** – Provide electronic documentation to the State of Iowa Trauma Coordinator which demonstrates adoption of a process wherein under-triage and over-triage are monitored and reviewed quarterly through the PIPS process 12 months from the date of this final report.

**Criteria (16 – 13)** – Documentation (minutes) reflects the review of operational events and, when appropriate, the analysis and proposed corrective actions.

**Deficiency** – The trauma program’s documentation does not reflect the review of operational events or the analysis and proposed corrective actions within the PIPS process.

**Resolution** – Provide electronic documentation to the State of Iowa Trauma Program which demonstrates clear documentation which reflects the review of operational events or the analysis and proposed corrective actions within the PIPS process 12 months from the date of this final report.

**Criteria (16 – 17)** – The multidisciplinary trauma peer review committee must systematically review mortalities, significant complications, and process variances associated with unanticipated outcomes and determine opportunities for improvement.

**Deficiency** – Documentation of the trauma peer review committee has not been provided to the state review team. There is no documentation that discussions were held on unanticipated outcomes or opportunities for improvement.

**Resolution** – Provide documentation to the State of Iowa Trauma Coordinator which demonstrates that the trauma peer review committee systematically reviews mortalities, significant complications, and process variances associated with unanticipated outcomes and determines opportunities for improvement 12 months from the date of the final report.

**Criteria (16 – 18)** - When an opportunity for improvement is identified, appropriate corrective actions to mitigate or prevent similar future adverse events must be developed, implemented, and clearly documented by the trauma PIPS program.

**Deficiency** – Clear documentation by the trauma PIPS program is not provided for adverse event mitigation.

**Resolution** – Provide electronic documentation to the State of Iowa Trauma Coordinator which demonstrates clear documentation by the trauma PIPS program for adverse event identification and corrective actions taken to mitigate or prevent similar future adverse events 12 months from the date of this final report.

**Criteria (16 – 19)** – An effective performance improvement program demonstrates through clear documentation that identified opportunities for improvement lead to specific interventions that result in an alteration in conditions such that similar adverse events are less likely to occur.

**Deficiency** – The trauma PIPS program has not demonstrated an effective process which demonstrates through clear documentation that identified opportunities for improvement lead to specific interventions that result in an alteration in conditions such that similar adverse events are less likely to occur.

**Resolution** – Provide electronic documentation to the State of Iowa Trauma Coordinator the adoption of a process by the trauma PIPS program which demonstrates through clear documentation that identified opportunities for improvement lead to specific interventions that result in an alteration in conditions such that similar adverse events are less likely to occur 12 months from the date of this final report.

On November 2, 2021, a virtual on-site trauma verification was conducted by a Department Trauma Facility Verification Team, and Methodist Jennie Edmundson Hospital failed to comply with criteria for Level III trauma care facility categorization, as evidenced by criteria deficiencies (CD) related to over/undertriage (CD 3-3), surgical evaluation (CD 5-16), PIPS program (CD 16(2-17), 16-3, 16-4, 16-10, 16-11, 16-12), and injury prevention in job description (CD 18-2). The facility also failed to fully resolve the criteria deficiencies related to PIPS program (CD 16-2, 16-7, 16-13, 16-17, 16-18, 16-19) following the 2018 reverification survey and the facility remains noncompliant with these criteria as demonstrated in the 2021 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 specified timeframe for resolution following the date of the Final Report 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 East 12<sup>th</sup> Street, 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.**



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Rebecca Curtiss, Bureau Chief  
Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

11/18/2021

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Date