

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Monroe County Hospital 6580 165<sup>th</sup> Street Albia, IA 52531-8893 Facility Number: 000080</p>	<p>Case Number: T80-24-06</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</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, 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 IV 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 IV 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 6, 2018 the facility submitted the Self-Assessment Categorization Application (SACA). A paper verification was conducted by a Department Trauma Facility Verification survey nurse on August 15, 2018. The final report dated August 15, 2018 noted criteria deficiencies for well-defined transfer plans, multi-disciplinary peer review, diversion policy, PIPS program, advanced practitioner annual review, use and maintenance of the trauma registry, trauma organizational chart, injury prevention, and brain death protocol. The facility was informed as to the resolutions required by the department at that time.

These deficiencies were fully resolved September 11, 2019, including the following three deficiencies noted below:

Criteria (2-13) – Well-defined transfer plans are essential. Collaborative treatment and transfer guidelines reflecting the Level IV facilities' capabilities must be developed and regularly reviewed, with input from higher-level trauma centers in the region.

Deficiency – The trauma program does not have collaborative treatment and transfer guidelines reflecting the capabilities of the facility that are developed and regularly reviewed with input from higher-level trauma centers in the region.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates development of collaborative treatment and transfer guidelines that are developed with input from a higher-level trauma center 12 months from the date of the final report.

Criteria (11-87) – The trauma program must also demonstrate appropriate orientation, credentialing processes and skill maintenance for advanced practitioners, as witnessed by an annual review by the trauma medical director.

Deficiency – The trauma facility has not provided documentation of a process for an annual review for advanced practitioners by the trauma medical director to ensure appropriate orientation, credentialing processes and skill maintenance.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator within 12 months from the date of the final report which demonstrates the adoption of an annual review process for advanced practitioners by the trauma medical director which will ensure appropriate orientation, credentialing processes and skill maintenance.

Criteria (16(2-17)) – The processes of event identification and levels of review must result in the development of corrective action plans, and methods of monitoring, reevaluation, and benchmarking must be present.

Deficiency – The trauma program has not demonstrated a process for event identification and levels of review that result in the development of corrective action plans, and does not have methods of monitoring, reevaluation, and benchmarking.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator within 12 months from the date of the final report, demonstrating the adoption and implementation of a process for event identification and levels of review which result in the development of corrective action plans, and methods of monitoring, reevaluation, and benchmarking.

On March 31, 2021 the facility submitted the SACA. A virtual on-site verification was conducted by a Department Trauma Facility Verification team on June 9, 2021. During the June 9, 2021 virtual on-site verification survey the following three deficiencies were noted on the verification team report:

Criteria (2-13) – Well-defined transfer plans are essential. Collaborative treatment and transfer guidelines reflecting the Level IV facilities' capabilities must be developed and regularly reviewed, with input from higher-level trauma centers in the region.

Deficiency – The trauma program does not have collaborative treatment and transfer guidelines reflecting the capabilities of the facility that are developed and regularly reviewed with input from higher-level trauma centers in the region.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates development of collaborative treatment and transfer guidelines that are developed with input from a higher-level trauma center 12 months from the date of the final report.

Criteria (11-87) – The trauma program must also demonstrate appropriate orientation, credentialing processes and skill maintenance for advanced practitioners, as witnessed by an annual review by the trauma medical director.

Deficiency – The trauma facility has not provided documentation of a process for an annual review for advanced practitioners by the trauma medical director to ensure appropriate orientation, credentialing processes and skill maintenance.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator within 12 months from the date of the final report which demonstrates the adoption of an annual review process for advanced practitioners by the trauma medical director which will ensure appropriate orientation, credentialing processes and skill maintenance.

Criteria (16(2-17)) – The processes of event identification and levels of review must result in the development of corrective action plans, and methods of monitoring, reevaluation, and benchmarking must be present.

Deficiency – The trauma program has not demonstrated a process for event identification and levels of review that result in the development of corrective action plans, and does not have methods of monitoring, reevaluation, and benchmarking.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator within 12 months from the date of the final report, demonstrating the adoption and implementation of a process for event identification and levels of review which result in the development of corrective action plans, and methods of monitoring, reevaluation, and benchmarking.

The facility failed to fully resolve the deficiencies related to well-defined transfer plans, advanced practitioner annual review, and 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 (15-6) – Trauma registries should be concurrent. At a minimum, 80 percent of cases must be entered within 60 days of discharge.

Deficiency – The trauma registry is not concurrent. Prior to the Governor’s Emergency Disaster Proclamation, only 20% of cases were entered within 60 days of discharge during the reporting period.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates the trauma registry concurrency meeting the benchmark of 80 percent of cases entered within 60 days of discharge during the 12 months following the date of the final report.

Criteria (18-2) – Each trauma center must have someone in a leadership position that has injury prevention as part of his or her job description.

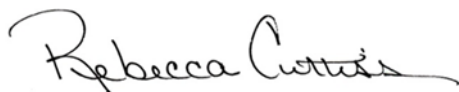
Deficiency – The trauma center does not have someone in a leadership position that has injury prevention as part of his or her job description.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator within 12 months from the date of the final report, demonstrating someone in a leadership position that has injury prevention as part of his or her job description.

The facility is hereby **CITED** for failing to meet the above criteria of Level IV trauma care facility categorization. The facility is **WARNED** that failing to successfully meet all Level IV trauma criteria resolutions listed for each criteria during the 12 month time frame 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 E 12<sup>th</sup> 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.**



June 25, 2021

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Rebecca Curtiss  
Bureau Chief

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Date

Division of Acute Disease Prevention and Emergency Response and Environmental Health