

**RESTRICTED DELIVERY CERTIFIED
MAIL
RETURN RECEIPT
REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF</p> <p>Osceola Regional Health Center 600 9th Ave N Sibley, IA 51249-1012 Facility Number: 000085</p>	<p>Case: 000085-04-11</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;">CITATION AND WARNING</p>
--	--

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 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 events have resulted in the issuance of this proposed action:

On September 5, 2018 Osceola Regional Health Center was issued a Letter of Warning for failure to comply with criteria for Level IV trauma care facility categorization, as evidenced by criteria deficiencies (CD) related to PIPS process (CD 2-1, 16(2-17), 16-5, 16-10, 16-11), treatment and transfer guidelines (CD 2-13), PIPS audit filters (CD 2-19), regional participation (CD 2-20), prehospital training (CD 2-21), prehospital participation (CD 3-1), prehospital protocols (CD 3-2), PIPS review of transfers (CD 4-3), annual review of advanced practitioners (CD 11-87), burn center transfer agreement (CD 14-1), registry to support the PIPS process (CD 15-3), injury prevention priorities from registry findings (CD 15-4, 18-1), registry concurrency (CD 15-6), data validity (CD 15-10), and injury prevention in leadership job description (CD 18-2).

These deficiencies were resolved November 22, 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. Transfer guidelines and agreements between facilities are crucial and must be developed after evaluating the capabilities of rural hospitals and medical transport agencies.

Deficiency – The hospital does not have collaborative treatment and transfer guidelines which reflect the Level IV facility’s capabilities that are regularly reviewed with input from higher-level trauma centers in the region.

Resolution – Provide electronic documentation to the State of Iowa Trauma Coordinator which demonstrates the development of collaborative treatment and transfer guidelines reflecting the capabilities of the Level IV facility 12 months from the date of this final report.

Criteria (2-19) – Level IV trauma centers a PIPS program must have audit filters to review and improve pediatric and adult patient care.

Deficiency – The facility does not have audit filters to review and improve pediatric and adult patient care.

Resolution – Provide electronic documentation to the State of Iowa Trauma Coordinator which demonstrates the adoption of audit filters to review and improve pediatric and adult patient care 6 months from the date of this 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 Coordinator which demonstrates the addition of injury prevention to the job description of someone in a leadership position 12 months from the date of this final report.

On October 11, 2021, a paper review for trauma verification was conducted by a Department Trauma Facility Verification Team. The following criteria deficiencies were noted on the verification team final 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. Transfer guidelines and agreements between facilities are crucial and must be developed after evaluating the capabilities of rural hospitals and medical transport agencies.

Deficiency – The hospital does not have collaborative treatment and transfer guidelines which reflect the Level IV facility’s capabilities that are regularly reviewed with input from higher-level trauma centers in the region.

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

Criteria (2-19) – Level IV trauma centers a PIPS program must have audit filters to review and improve pediatric and adult patient care.

Deficiency – The facility does not have audit filters to review and improve pediatric patient care.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator within 6 months from the date of this final report, which demonstrates the adoption of pediatric audit filters to review and improve patient care.

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 this final report, which demonstrates the addition of injury prevention to the job description of someone in a leadership position.

The facility failed to fully resolve the criteria deficiencies related to well-defined transfer plans (CD 2-13), pediatric audit filters (CD 2-19), and injury prevention in leadership job description (CD 18-2) following the 2018 reverification survey and the facility remains noncompliant with these criteria as demonstrated in the 2021 Final Report.

Additionally, during the 2021 paper reverification, criteria deficiencies (CD) were identified related to trauma system engagement (CD 1-2), alcohol screening (CD 18-3), and brain death criteria (CD 21-3).

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 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 12th 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.



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

11/04/2021

Date