

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Shenandoah Medical Center 300 Pershing Ave Shenandoah, IA 51601 Facility Number: 000096</p>	<p>Case Number: T96-13-07</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 June 4, 2018 the facility submitted the Self-Assessment Categorization Application (SACA). A paper verification was conducted by a Department Trauma Facility Verification survey nurse on September 17, 2018. The final report dated September 26, 2018 noted criteria deficiencies (CD) for active regional participation (CD 1-2), well-defined transfer plans (CD 2-13), meaningful use of the registry (CD 15-3), registry concurrency (CD 15-6), and PIPS written plan (CD 16-5). The facility was informed as to the resolutions required by the department at that time.

These deficiencies were resolved November 18, 2019, including the following criteria deficiency noted below:

*Criteria (15-3)* – The trauma registry is essential to the performance improvement and patient safety (PIPS) program and must be used to support the PIPS process.

*Deficiency* – The trauma registry is not used to support the PIPS process.

*Resolution* – Provide electronic documentation to the State of Iowa Trauma Coordinator which demonstrates the use of the registry to support the PIPS process 12 months from the date of this final report.

On April 16, 2021 the facility submitted the SACA. A virtual on-site verification was conducted by a Department Trauma Facility Verification team on June 29, 2021. During the June 29, 2021 virtual on-site verification survey the following criteria deficiency was noted on the verification team report:

*Criteria (15-3)* – The trauma registry is essential to the performance improvement and patient safety (PIPS) program and must be used to support the PIPS process.

*Deficiency* – The trauma registry is not used to support the PIPS process.

*Resolution* – Provide electronic documentation to the State of Iowa Trauma Coordinator within 12 months from the date of the final report, which demonstrates the use of the registry to support the PIPS process.

The facility failed to fully resolve the criteria deficiency related to meaningful use of the registry 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, criteria deficiencies (CD) were identified related to diversion (CD 3-7), meaningful use of the registry (CD 15-3), registry for injury prevention priorities (CD 15-4), and brain death determination (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 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.**



July 13, 2021

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Rebecca Curtiss

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Date

Bureau Chief

Division of Acute Disease Prevention and Emergency Response and Environmental Health