

Before the Iowa Department of Public Health

IN THE MATTER OF:  UnityPoint Health - Marshalltown 3 South 4 <sup>th</sup> Avenue Marshalltown, IA 50158 Petitioner	CONSENT AGREEMENT  <b>PROBATION</b>
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COMES NOW the Iowa Department of Public Health ("Department") and UnityPoint Health – Marshalltown ("Petitioner"), and pursuant to Iowa Code section 17A.10 and 641 Iowa Administrative Code 134.3 enter into the following settlement of this matter:

1. Petitioner is currently verified as an Area (Level III) Trauma Care Facility with an expiration date of June 1, 2017.
2. On June 10, 2014 the Petitioner was issued a Citation and Warning by the Bureau of Emergency and Trauma Services for failure to comply with the "Iowa Trauma System Area (Level III) Hospital and Emergency Care Facility Categorization Standards."
3. On April 19, 2017, the Petitioner submitted a Categorization Application for re-verification as an Area (Level III) Trauma Care facility.
4. On July 17, 2017, the Department conducted a Survey Visit for verification in accordance with IAC 641—134.2(7).
5. During the Survey Visit, the Verification Survey Team Members identified deficiencies from the "Iowa Trauma System Area (Level III) Hospital and Emergency Care Facility Categorization Standards" as reported in the "Hospital and Emergency Care Facility Verification Survey Final Report."
6. The Department may deny verification of a trauma care facility if the facility has not been or will not be operated in compliance with Iowa Code section 147A.23 or IAC 641—134 (*IAC 641—134.3(1)*)

7. Petitioner agrees to enter into this Consent Agreement as a condition of obtaining verification as an Area (Level III) Trauma Care Facility. Execution of this Consent Agreement by all parties constitutes the resolution of this case. Petitioner waives the right to hearing and all attendant rights, including the right to appeal, by freely and voluntarily agreeing to this Consent Agreement.
8. This Consent Agreement is subject to approval of the Department. If the Department approves this agreement, it becomes the final disposition of this matter. If the Department fails to approve this agreement, it shall be of no force or effect to either party.
9. This Consent Agreement shall be part of the permanent record of Petitioner and shall be considered by the Department in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.
10. This Consent Agreement is a public record available for inspection and copying in accordance with the requirements of Iowa Code chapters 22.
11. The Department's approval of this Consent Agreement shall constitute a FINAL ORDER of the Department and constitutes final agency action in this matter.

**IT IS THEREFORE ORDERED:**

12. The Petitioner's verification as an Area Level III Trauma Care Facility shall be placed on probation from the effective date of this Agreement until the Department has determined that the following deficiencies from the "Iowa Trauma System Community (Level III) Hospital and Emergency Care Facility Categorization Standards" have been corrected:
  - a) *General Standards*
    - (i) *Criteria* - Current written resolution supporting the Trauma Care Facility (TCF) from the hospital board and administration. Current written resolution supporting the TCF from the medical and nursing staff.

*Deficiency* - The written resolution submitted to the Iowa Department of Public Health Bureau of Emergency and Trauma Services is not updated for the current administration and staff at the facility.

*Resolution* - Submit an electronic copy to the State of Iowa Trauma Coordinator which contains a current written resolution supporting the Trauma Care Facility from the hospital board, administration, medical staff, and nursing staff by September 30, 2017.

b) *Institutional Organization*

- (i) *Criteria* - Trauma program that includes an administrator, medical director, trauma program manager/coordinator, and trauma Performance Improvement and Patient Safety (PIPS) committees. The trauma program's location in the organizational structure of the facility shall be equal in authority and interaction with other departments and/or service lines providing patient care. The trauma program shall involve multiple disciplines that transcend departmental hierarchies across the continuum of care. All of this should be shown on an official trauma program/service organizational chart that demonstrates the administrative and medical staff relationships of the TSMD, the TPM/Coordinator, and the trauma PIPS committees.

*Deficiency* - The administrative and trauma organizational charts are not updated for the change in governance at the facility.

*Resolution* - Submit an electronic copy of a current administrative organizational chart and trauma organizational chart to the State of Iowa Trauma Coordinator by October 30, 2017.

- (ii) *Criteria* - Qualification for trauma care for any orthopedic surgeon on staff is board certification, regular participation in the care of musculoskeletal injured

patients and attendance at > 50% of the physician (representative) peer review committee meetings. The orthopedic surgeon should also attend trauma program performance committee meetings.

*Deficiency* - Orthopedic surgery physician representative's attendance at peer review committee meetings is less than 50%.

*Resolution* - Provide electronic documentation to the State of Iowa Trauma Coordinator supporting 1 year of meeting minutes that demonstrates attendance of >50% for an orthopedic surgery representative to the trauma program performance committee meetings by August 30, 2018. Meeting minutes will be submitted to the State of Iowa Trauma Coordinator on a quarterly basis, which will align with the facility's schedule for the trauma program performance committee meetings.

c) *Clinical Qualifications*

- (i) *Criteria* - 24 hours continuing trauma education every 4 years 8 hours formal; 16 hours informal -General Surgeons.

*Deficiency* – No documentation of all general surgeons on the trauma team having successfully completed 24 hours of continuing Trauma Education.

*Resolution* - Provide documentation electronically to the State of Iowa Trauma Coordinator supporting 24 hours of continuing Trauma Education for general surgeons involved in the care of the trauma patient by February 28, 2018.

- (ii) *Criteria* - 24 hours continuing trauma education every 4 years 8 hours formal; 16 hours informal –Emergency Medicine.

*Deficiency* – No documentation of all emergency medicine physicians having successfully completed 24 hours of continuing Trauma Education.

*Resolution* - Provide documentation electronically to the State of Iowa Trauma Coordinator supporting 24 hours of continuing Trauma Education for emergency medicine involved in the care of the trauma patient by February 28, 2018.

d) *Rehabilitation Services*

(i) *Criteria* - Formal policy integrating the Trauma and Rehabilitation service.

*Deficiency* – The facility does not have a formal policy that integrates the Trauma and Rehabilitation services.

*Resolution* – Provide documentation electronically to the State of Iowa Trauma Coordinator which contains a policy for integration of Trauma and Rehabilitation Services by March 30, 2018.

e) *Performance Improvement*

(i) *Criteria* - Review of times and reasons for trauma related bypass/diversion based on TCF policy.

*Deficiency* – The TCF was on bypass during the verification period and did not review the times and reasons for trauma related bypass.

*Resolution* – Provide documentation electronically to the State of Iowa Trauma Coordinator which supports a comprehensive plan for tracking the times and reasons for trauma related bypass based on the TCF policy by November 30, 2017.

(ii) *Criteria* - Utilization of trauma registry data will facilitate the entire PIPS and peer review process. It should include a defined trauma population and a set of indicators/audit filters. Registry input should be accomplished on a regular basis with completion within two months.

*Deficiency* - During the verification period the average delay for registry input was 187.7 days with only 11% of patients entered within the two-month benchmark.

*Resolution* - Provide documentation electronically to the State of Iowa Trauma Coordinator supporting progress toward registry input meeting the benchmark of greater than or equal to 80% of incidents entered within two months of discharge. This will be accomplished through tracking of quarterly reports, generated by the Iowa Department of Public Health, which will demonstrate registry input equal to or greater than 80% of incidents entered within two months of discharge by August 30, 2018.

f) *Pediatrics*

- (i) *Criteria* - Trauma surgeons credentialed for pediatric trauma care. The TSMD should decide what credentials are needed for the trauma surgeons to provide trauma care to pediatric patients. This is to be based on the training and experience of the surgeons taking trauma call and the availability of pediatric surgeons with trauma experience. Credentialing requirements need to be documented for each surgeon.

*Deficiency* – The facility does not have documented credentialing requirements for pediatric trauma care.

*Resolution* – Provide documentation electronically to the State of Iowa Trauma Coordinator which demonstrates the update of the credentialing policy to reflect credentialing requirements for pediatric trauma care by May 30, 2018.

- (ii) *Criteria* - The pediatric PIPS activity shall include specific indicators/audit filters in the trauma PIPS program.

*Deficiency* – The PIPS program does not contain a pediatric audit filter.

*Resolution* – Provide documentation electronically to the State of Iowa Trauma Coordinator which demonstrates the addition of a pediatric audit filter in the PIPS program by December 30, 2017.

13. If UnityPoint Health - Marshalltown does not have the capacity or capability to fully resolve criterion deficiencies by the given deadlines, the hospital may elect to submit a self-assessment categorization application for verification as a Community (Level IV) Trauma Care Facility. In the event the petitioner elects to be identified as a Level IV Trauma Care Facility:
  - a. Petitioner shall notify the Trauma Coordinators of other Area (Level III) and Community (Level IV) Trauma Care Facilities that routinely transport transfer patients to UnityPoint Health - Marshalltown of the change of verification to a Community (Level IV) Trauma Care facility.
  - b. Petitioner shall notify the service directors of ambulance services that routinely transport trauma patients of the change of verification to a Community (Level IV) Trauma Care facility.
  - c. The Petitioner will maintain documentation of the notifications.
14. Nothing in this consent agreement prevents the Petitioner from obtaining re-verification as an Area (Level III) Trauma Care Facility upon successful submission of a complete Categorization Application for re-verification as an Area (Level III) Trauma Care facility, verification by site visit, and approval by the Department.
15. In the event Petitioner violates or fails to comply with any of the terms or provisions of probation, the Department may initiate appropriate action to revoke or suspend Petitioner's verification or to impose other appropriate discipline.
16. There shall be no costs or monetary penalties issued as part of this consent agreement.

17. This Notice shall be part of the permanent record of the Department and shall be considered by the Department in determining the nature and severity of any disciplinary action to be imposed in the event of future violations.

AGREED AND ACCEPTED:



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Dustin Wright  
CEO  
UnityPoint Health - Marshalltown  
PETITIONER



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Rebecca Curtiss  
Bureau Chief  
Emergency and Trauma Services  
Division of Acute Disease Prevention,  
Emergency Response and Environmental Health

Dated this 4<sup>th</sup> day of August, 2017.

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Copies mailed to:

Heather L. Adams  
Assistant Attorney General  
Hoover State Office Building  
Des Moines, IA 50319



Iowa Dept. of Public Health  
RECEIVED

SEP 14 2017

Bureau of Emergency  
and Trauma Services