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Before the Iowa Department of Public Health

IN THE MATTER OF:	Case Number: T103-15-05
Unity Point Health-St. Luke's Cedar Rapids	NOTICE OF PROPOSED ACTION
Facility Number: 000103	**CITATION AND WARNING**

Pursuant to the provisions of Iowa Code Sections 17A.18, 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 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) (f) 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. ..."Iowa Trauma System Area (Level III) Hospital and Emergency Care Facility Categorization Criteria" (2013) is incorporated and adopted by reference for Area (Level III) hospital and emergency care facility categorization criteria...*
> *b. ..."Iowa Trauma System Area (Level III) Hospital and Emergency Care Facility Categorization Criteria" (2013)... are available through the Iowa Department of Public Health, Bureau of EMS, Lucas State Office Building, Des Moines, Iowa 50319-0075, or the bureau of EMS Web site (www.idph.state.ia.us/ems).*

The following resulted in issuance of this proposed action:

On February 25, 2015 the facility submitted the Self-Assessment Categorization Application (SACA). An on-site verification visit was conducted by an IDPH Trauma Facility Verification Team on May 5, 2015.

Upon review and comparison during the May 2015 visit several of the 2011deficiencies and required resolutions remain unresolved. These remaining deficiencies are noted below:

B. Institutional Organization
Trauma Service
Criterion Deficiency: General surgeon consultation guidelines are unclear. The care of the patient with multisystem injuries, under the supervision of a trauma/general surgeon is unclear.
Criteria: Trauma patients admitted to an Area TCF are not required to be admitted to a separate trauma service but may be admitted to the service of the surgeon caring for the patient. An Area TCF shall have policies and/or protocols, that 1) define how trauma care is managed to include, but not limited to, general surgeon consultation guidelines 2) define trauma team member roles responsibilities in the care of the trauma patient and 3) describe trauma performance improvement activities. The care of the patient with multisystem injuries shall be under the supervision of a trauma/general surgeon assigned to the trauma service.
The trauma service represents a structure of care for the injured patient. Injured patients, with the exclusion of isolated hip fractures from a same level fall or minor isolated single system injuries, must be admitted to or consulted by a general/trauma surgeon assigned to the trauma service. Patients with isolated simple fractures with low-grade soft tissue injuries may be appropriately treated by orthopedic surgeons.
Recommended Resolution: Submit documentation that demonstrates a policy/ and/or protocols that clearly define how trauma care is managed to include, but not limited to, general surgeon consultation. In addition submit a plan which demonstrates the care of the patient with multisystem injuries under the supervision of a trauma/general surgeon assigned to the trauma service.

E. Clinical Qualifications
Orthopedic Surgery
Physician (representative) peer review committee attendance >50%
Criterion Deficiency: Orthopedic surgeon representative is not meeting attendance requirement.
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.
Recommended Resolution: Submit a plan which demonstrates the commitment of the orthopedic surgeons to attend multidisciplinary physician peer review committee meetings > 50% of the total meetings per year. Submit minutes demonstrating the attendance at committee meetings.

Additionally, during the May 5, 2015 on-site verification visit the following deficiencies, recommended resolutions and time frames for resolution were noted on verification team report:

B. Institutional Organization

Official Organizational Chart
Criteria: Ensures optimal and timely care.
Criteria deficiency: The trauma program shall involve multiple disciplines that transcend departmental hierarchies across the continuum of care. All of this should be shown by the participation and commitment of the multiple disciplines in the form of active engagement in peer review and process improvement committee meetings as well in the form of trauma-related CME. This continuous engagement is not active as evidenced by criterion deficiencies as they relate to trauma-related CME and lack of attendance at peer review/PI committee meetings by multiple trauma service disciplines.
Recommended Resolution: This can be rectified by submission of updated organizational chart to reflect the participation and commitment of the multi disciplines as they relate to the timely and optimal care of the injured patient within 6 months of the final verification report.

Trauma Service
Criteria: The trauma service represents a structure of care for the injured patient. The care of the patient with multisystem injuries shall be under the supervision of a trauma/general surgeon assigned to the trauma service. All other injured patients, with the exclusion of isolated hip fractures from a same level fall or minor isolated single system injuries, must be admitted to or seen in consultation by a trauma/general surgeon assigned to the trauma surgeon.
Criterion Deficiency: Currently 56% (513/911) trauma patients were admitted to a hospitalist.
Recommended resolution: This can be rectified by submission of data evidence reflecting consistent and routine admission of trauma patients to the trauma/general surgeon assigned to the trauma service within 12 months of the final verification report.

D. Clinical Capabilities

Emergency Medicine

Criteria: 24 hours of continuing trauma education every 4 years 1) 8 hours formal 2) 16 hours informal.
Criterion deficiency: Emergency Medicine Physicians have not provided documentation of the required 24 hours of trauma-related CME.
Recommended resolution: This can be rectified by submission of evidence of 24 hours of trauma-related CME, of which at least 8 are awarded in formal CME activities within 12 months of the final verification report.

Orthopedic Surgeon

Criteria: 24 hours of continuing trauma education every 4 years 1) 8 hours formal 2) 16 hours informal.
Criterion deficiency: Orthopedic Surgeons have not provided documentation of the required 24 hours of trauma-related CME.
Recommended resolution: This can be rectified by submission of evidence of 24 hours of trauma-related CME, of which at least 8 are awarded in formal CME activities within 12 months of the final verification report.

General/Trauma Surgeon

Criterion deficiency: Trauma Surgeon has not provided documentation of the required 24 hours of trauma-related CME.
Recommended resolution: This can be rectified by submission of evidence of 24 hours of trauma-related CME, of which at least 8 are awarded in formal CME activities within 12 months of the final verification report.

H. Performance Improvement

Anesthesiology

Criteria: Physician peer review committee attendance $\geq$ 50% is essential.
Criterion deficiency: Anesthesiology liaison does not meet the 50% attendance requirement for the trauma committee and performance improvement committee meetings.
Recommended resolution: This can be rectified by submission of 12 months of committee minutes that document anesthesiology liaison attendance. This must be provided within 12 months of the final verification report.

Criteria: Physician performance improvement committee attendance $\geq$ 50% is essential.
Criterion deficiency: Anesthesiology liaison does not meet the 50% attendance requirement for the trauma committee and performance improvement committee meetings.
Recommended resolution: This can be rectified by submission of 12 months of committee minutes that document attendance. This must be provided within 12 months of the final verification report.

Radiology

Criteria: The department/division/section of radiology should have a liaison to the trauma service who is a member of both trauma committees. This individual is either the chief/director or his/her designee and is responsible for communication between the TSMD, trauma committee and the members of his/her department/division/section.
Criterion deficiency: Radiology liaison does not meet the attendance requirement for the trauma committee and performance improvement committee meetings.
Recommended resolution: This can be rectified by submission of 12 months of committee minutes that document of radiology attendance. This must be provided within 12 months of the final verification report.

N. Pediatrics

Criteria: 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.
Criterion deficiency: Formal credentialing policy does not include the assessment, stabilization and transfer credentialing for pediatric patients.
Recommended resolution: This can be rectified by submission of an updated credentialing policy to include the assessment, stabilization and transfer of pediatric patients as deemed appropriate within 12 months of final verification 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 in the time frame identified 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 12th 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.

Rebecca Curtiss

5/28/15

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

Date