RESTRICTED DELIVERY CERTIFIED MAIL RETURN RECEIPT REQUESTED

Before the Iowa Department of Health and Human Services

IN THE MATTER OF

Burgess Health Center 1600 Diamond St Onawa, IA 51040-1548 Facility Number: 000013 Case: 000013-15-12

NOTICE OF PROPOSED ACTION

CITATION AND WARNING

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 Health and Human Services 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 February 11, 2020 Burgess 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 review of transfers (CD 4-3), annual review of advanced practitioners (CD 11-87), meaningful use of the trauma registry (CD 15-3), and injury prevention priorities (15-4).

These deficiencies were resolved February 24, 2021, including the following 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 program has not demonstrated a process which utilizes the trauma registry to support the PIPS process.

Resolution – Provide electronic documentation to the State of Iowa Trauma Coordinator, which demonstrates adoption of a process which utilizes the trauma registry to support the PIPS process 12 months from the date of this final report.

On November 28, 2022, a paper reverification was conducted by a Department Trauma Facility Verification Team, and Burgess Health Center failed to comply with criteria for Level IV trauma care facility categorization, as evidenced by criteria deficiencies (CD) related to diversion policy (CD 3-7), trauma activation criteria (CD 5-13, 5-16), and trauma registry concurrency (CD [13(15-1)], 15-1, 15-6, [16(15-1)]. The facility also failed to fully resolve the criteria deficiencies related to meaningful use of the trauma registry (CD 15-3, 16(15-3)) following the 2020 reverification survey and the facility remains noncompliant with these criteria as demonstrated in the December 15, 2022 Final Report.

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 Health and Human Services, Bureau of Emergency Medical 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.

Margot McComas

December 15, 2022

Date

Margot McComas, Bureau Chief Iowa Department of Health and Human Services Bureau of Emergency Medical and Trauma Services