

**RESTRICTED DELIVERY CERTIFIED
MAIL
RETURN RECEIPT
REQUESTED**

Before the Iowa Department of Health and Human Services

<p>IN THE MATTER OF</p> <p>Sanford Sheldon Medical Center 118 N 7th Ave PO Box 250 Sheldon, IA 51201-1235 Facility Number: 000083</p>	<p>Case: 000083-09-02</p> <p style="text-align: center;">NOTICE OF PROPOSED ACTION</p> <p style="text-align: center;">CITATION AND WARNING</p>
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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 April 14, 2020, Sanford Sheldon Medical 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 trauma registry concurrency (CD 15-6), injury prevention as part of a job description (CD 18-2), and a written brain death protocol (CD 21-3).

These deficiencies were resolved on and before May 6, 2021, including the following deficiency noted below, which was waived due to the Governor's Emergency Disaster Proclamation:

Criteria (15-6) – Trauma registries should be concurrent. At a minimum, 80 percent of cases must be entered within 60 days of discharge.

Deficiency – The trauma registry does not meet the 80 percent benchmark of cases entered within 60 days of discharge. The facility has entered 8 percent of cases within 60 days of discharge.

Resolution – Provide electronic documentation to the State of Iowa Trauma Nurse Coordinator which demonstrates meeting the benchmark of 80 percent of cases entered within 60 days of discharge during the 12 months following the end date of the disaster emergency proclamation currently in effect for the State of Iowa. The facility will be electronically notified by the State of Iowa Trauma Nurse Coordinator the effective date of the monitoring period.

On January 30, 2023 a virtual reverification was conducted by a Department Trauma Facility Verification Survey Team, and Sanford Sheldon Medical Center failed to comply with criteria for Level IV trauma care facility categorization, as evidenced by criteria deficiencies (CD) related to pediatric audit filters (CD 2-19), and registry concurrency (CD 15-6). The facility failed to resolve the criterion deficiency related to trauma registry concurrency (CD 15-6) following the 2020 reverification survey and the facility remains noncompliant with these criteria as demonstrated in the February 9, 2023 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

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

February 9, 2023

Date