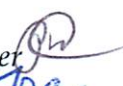




Memorandum #04-13

Date: April 22, 2013

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Rory Chetelat, MA, EMT-P, EMS & Trauma System Manager 
Thomas R. Coleman, MD, MS, Director of Community Health 
John Middaugh, MD, Interim Chief Health Officer 

Subject: Request for Approval of Renewal of Authorization of University Medical Center as a Level I Trauma Center and Level II Pediatric Trauma Center

I. BACKGROUND:

In accordance with Clark County Trauma Regulation 300.200 any hospital that desires renewal of designation as a center for the treatment of trauma in Clark County shall first request renewal of authorization from the Board. The hospital must show that it continues to meet the requirements of the Trauma Regulations, as well as demonstrate its capacity, capability and commitment to provide trauma services and to contribute to the current and future needs of the trauma system.

II. RECOMMENDATION:

Upon receipt and review of the application for renewal authorization as a center for the treatment of trauma, the Office of Emergency Medical Services & Trauma System recommends the Board approve University Medical Center's request as a Level I Trauma Center and Level II Pediatric Trauma Center based on their demonstrated willingness to submit trauma data to SNHD and the State Trauma Registry; to actively participate in the Regional Trauma Advisory Board and EMS/Trauma Performance Improvement activities; to provide standard financial information to assist in the assessment of the financial stability of the trauma system; and to comply with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

III. CONDITIONS:

The attached application for renewal of authorization as a Level I center for the treatment of trauma and Level II pediatric center for the treatment of trauma has been unanimously approved by the Regional Trauma Advisory Board (RTAB). The RTAB and staff recommend Board approval of renewal of authorization under the condition that University Medical Center shall apply to the State Health Division for renewal of their designation, which includes verification by the American College of Surgeons.

ROC:mn

Attachments:

- A. Public Notice dated 3/22/2013
- B. University Medical Center's Application for Renewal Authorization as a Level I Trauma Center and Pediatric Level II Trauma Center

NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing will be held before the Southern Nevada Health District's Board of Health on April 22, 2013, at 5:00 p.m. at the Southern Nevada Health District, 330 S. Valley View Blvd., Las Vegas, Nevada, pursuant to Nevada Revised Statutes 439.366 and 450B.130 for the purpose of requesting approval of renewal of authorization of UMC as a Level I Trauma Center and as a Level II Pediatric Trauma Center.

All interested persons may appear at the hearing and submit data, views or arguments regarding the proposed amendments. Written data, views and arguments may also be submitted to the District Board of Health in advance of the hearing, addressed to the Chairman of the Southern Nevada District Board of Health at P.O. Box 3902, Las Vegas, NV 89127. The District Board of Health will consider fully all written and oral submissions on the proposed amendments prior to taking action thereon. Questions may be directed to Southern Nevada Health District's Office of Emergency Medical Services & Trauma System at (702) 759-1050.

Dated: March 14, 2013

To be published: March 22, 2013

A black rectangular redaction box covers the signature of the official. A handwritten number '76' is visible above the redaction.

Rory Chetelat, M.A., EMT-P, EMS & Trauma System Manager
Southern Nevada Health District



**APPLICATION FOR RENEWAL OF AUTHORIZATION AS A
CENTER FOR THE TREATMENT OF TRAUMA**

Name of Institution: **University Medical Center of Southern Nevada**_____

Street Address: **1800 W. Charleston Blvd.**_____

City: **Las Vegas**_____ State: **Nevada**_____ Zip Code: **89102**_____

Telephone: **(702) 383-2092**_____ FAX: **(702) 383-3733**_____ E-Mail: **gregg.fusto@umcsn.com**

Owner of Facility: **Clark County**_____

Street Address: **1800 W. Charleston Blvd.**_____

City: **Las Vegas**_____ State: **Nevada**_____ Zip Code: **89102**_____

Telephone: **(702) 383-3860**_____ FAX: **(702) 383-2067**_____ E-Mail: _____

Hospital Administrator/Director: **Brian Brannman**_____

Contact Person for Application Processing: **Gregg Fusto, Director Trauma Services**_____

Telephone: **(702) 383-2092**_____ FAX: **(702) 383-3733**_____ E-Mail: **gregg.fusto@umcsn.com**

Level of Center for the Treatment of Trauma renewal being sought:

Level I

Level II

Level III

Pediatric Level I

Pediatric Level II

Date of original designation: **Adult: Level II: August 1989, Level I: January 1999**
Pediatric: October 2007

Date of last renewal of designation: **Adult: October 2012**
Pediatric: October 2012

Briefly describe any changes in the hospital's capacity to provide trauma services in the community during the past designation period:

The Trauma Center at UMC created a Surge Capacity plan, which allows us to increase patient care area by 10% in both the Trauma Resuscitation and Trauma ICU areas should the need arrive.

Briefly describe any changes in the hospital's capabilities to provide trauma services in the community during the past designation period:

In collaboration with the Burn Department at UMC, specialized training was provided to the Trauma Resuscitation staff in providing initial care and stabilization for burn patients. Additionally, a triage plan has been created to ensure that the door to bed time for burn patients is less than two hours. With the training and this plan in place, it has allowed us to provide time sensitive interventions to ensure optimum outcome for the patient.

Briefly describe any changes in the hospital's longitudinal commitment (expected to be greater than five years) to provide trauma services in the community during the past designation period:

There have been no changes to the hospital's longitudinal commitment to provide trauma services within the community.

Additional information the applicant would like to provide in support of their request:
None.

Has the applicant been in compliance with the conditions for authorization as a center for the treatment of trauma as outlined below during this past designation period?

1. Submitted trauma data to SNHD and the State Trauma Registry.

Yes No

2. Actively participated in the Regional Trauma Advisory Board and Trauma System Performance Improvement activities.

Yes No

3. Provided standard financial information to assist in the assessment of the financial stability of the trauma system, when requested.

Yes No

4. Complied with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

Yes No

I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

I authorize the release of such information as may pertain to the purpose of this application.

I understand any misstatements or omissions of material facts may cause forfeiture of the right to authorization as a center for the treatment of trauma.

I understand and agree to comply with the conditions set forth in the application.

Signature of Representative or Owner:  Date: 1/16/2013

Printed Name of Representative or Owner: **Brian Brannman** _____

Title of Person signing the Application: **Chief Executive Officer** 

Date
03/13/13

Receipt of Payment

Time
3:25 PM

Las Vegas Review Journal

Account 7591204SOU

Name SOUTHERN NEVADA H

Phone 702-759-1204

Address PO BOX 3902

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City LAS VEGAS

State NV

Zip 89127-390 Country Code US

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Stop 03/22/13	Rate Code	GAL	Class	0002
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SNHD
NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing will be held before the Southern Nevada Health District Board of Health on April 22, 2013, at 2:00 p.m. at the Southern Nevada Health District, 330 S. Valley View Blvd., Las Vegas, Nevada, pursuant to Nevada Revised Statutes 433.032 and 433.130 for the purpose of reviewing and approving or renewing authorization of UMC as a Level I Trauma Center and as a Level I Pediatric Trauma Center.

All interested persons may appear at the hearing and submit oral, written or printed comments regarding the proposed authorization. Written data, maps and exhibits may also be submitted to the District Board of Health in advance of the hearing addressed to the Chairman of the Southern Nevada District Board of Health at P.O. Box 3902, Las Vegas, NV 89102. The District Board of Health will consider any oral, written and oral submissions on the proposed authorization prior to taking action thereon. Questions may be directed to Southern Nevada Health District's Office of Emergency Medical Services & Trauma Services at (702) 759-1150.

Dated: March 14, 2013
To be published: March 22, 2013

Rory Chubb, M.A., DPH-P
UMC & Trauma
System Manager
Southern Nevada
Health District
PHS March 22, 2013
LV Review Journal

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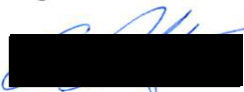
NOTICE OF PUBLIC HEARING

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Dated: March 14, 2013

To be published: March 22, 2013

A blue ink signature is written over a black rectangular redaction box.

Rory Chetelat, M.A., EMT-P, EMS & Trauma System Manager
Southern Nevada Health District