

# Memorandum #07-13

**Date:** August 22, 2013

**To:** SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

**From:** Mary Ellen Britt, RN, MPH, Acting EMS & Trauma System Manager <sup>MEB</sup>  
Thomas R. Coleman, MD, MS, Director of Community Health <sup>JRC</sup>  
John Middaugh, MD, Interim Chief Health Officer <sup>JM</sup>

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**Subject:** Request for Approval of Renewal of Authorization of Sunrise Hospital & Medical Center as a Level II Center for the Treatment of Trauma

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## 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 of authorization as a center for the treatment of trauma, the Office of Emergency Medical Services & Trauma System recommends the Board approve Sunrise Hospital & Medical Center's request to seek designation as a Level II center for the treatment of trauma based on their demonstrated willingness to submit trauma data to Southern Nevada Health District (SNHD) and the State Trauma Registry; to actively participate in the Regional Trauma Advisory Board (RTAB) 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 II center for the treatment of trauma has been unanimously approved by the RTAB. The RTAB and staff recommend Board approval of the renewal of authorization under the condition that Sunrise Hospital & Medical Center shall apply to the State Health Division for renewal of their designation, which includes verification by the American College of Surgeons.

MEB:mn

**Attachments:**

- A. Public Notice dated 7/22/2013
- B. Sunrise Hospital & Medical Center's Application for Renewal of Authorization as a Level II Center for the Treatment of Trauma

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 August 22, 2013, at 8:30 a.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 St. Rose Dominican Hospitals-Siena Campus as a Level III Trauma Center and Sunrise Hospital Medical Center as a Level II 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: July 18, 2013

To be published: July 22, 2013

  
Mary Ellen Britt, RN, MPH, Acting EMS & Trauma System Manager  
Southern Nevada Health District



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

Name of Institution: Sunrise Hospital & Medical Center

Street Address: 3186 S. Maryland Pkwy

City: Las Vegas State: NV Zip Code: 89109

Telephone: (702) 784-7943 FAX: (702) 731-8825 E-Mail: melinda.cose@hcahealthcare.com

Owner of Facility: HCA

Street Address: One Paul Plaza

City: Nashville State: TN Zip Code: 37203

Telephone: (615) 344-9551 FAX: as above E-Mail: as above

Hospital Administrator/Director: Todd Sklamberg, CEO

Contact Person for Application Processing: Melinda Cose, Trauma Program Mgr

Telephone: (702) 784-7943 FAX: (702) 731-8825 E-Mail: as above

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: August 2005

Date of last renewal of designation: May 2011

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

no changes in capacity

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

no changes

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 are no plans to diminish our status as a level II Trauma Center, only to continue to grow both's volume and capabilities

Additional information the applicant would like to provide in support of their request:

We are seeking to add ATLS as site for courses in the fall of 2013, to help address the need for ongoing education in trauma.

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 Hospital Administrator or Owner: [Redacted Signature] Date: 7/3/13

Printed Name of Hospital Administrator or Owner: Todd P. Klamborg

Title of Person signing the Application: CEO

Date  
07/18/13

Receipt of Payment

Time  
11:38 AM

Las Vegas Review Journal

Account 7591204SOU  
Name SOUTHERN NEVADA H  
Phone 702-759-1204  
Address PO BOX 3902

Credit Card

Type  
Num  
Auth  
Expir

City LAS VEGAS  
State NV  
Zip 89127-390 Country Code US

Start 07/22/13	Paytype BI	Issues 1
Stop 07/22/13	Rate Code GAL	Class 0002
Copy NTC PUB HRG St Rose Dominican		

Amount 158.64 Rep 49

Tax 0.00 Ad # 8608247


Amount Paid 0.00 Paytype BILLED

Payment Due 158.64 Balance 0

Receipt #

Received by \_\_\_\_\_

Date \_\_\_\_\_



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NOTICE IS HEREBY GIVEN that a public hearing will be held before the Southern Nevada Health District's Board of Health on August 22, 2013, at 8:30 am at the Southern Nevada Health District, 110 S Valley View Blvd, Las Vegas, Nevada pursuant to Nevada Revised Statutes 439.365 and 439.370 for the purpose of requesting approval of renewal of authorization of St. Rose Dominican Hospital-Siena Campus as a Level III Trauma Center and Sunrise Hospital Medical Center as a Level II Trauma Center.

All interested persons may appear at the hearing and submit oral, written or electronic comments regarding the proposed amendments. Written oral, written and electronic comments 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 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) 759-1100.

Dated: July 18, 2013  
To be published: July 22, 2013

Mary Ellen Britt, R.N., MPH,  
Acting EMS &  
Trauma System Manager  
Southern Nevada Health District

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