

Memorandum #08-13

Date: August 22, 2013

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

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

Subject: Request for Approval of Renewal of Authorization of St. Rose Dominican Hospitals – Siena Campus as a Level III Center for the Treatment of Trauma

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 St. Rose Dominican Hospitals – Siena Campus' request to seek designation as a Level III 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 III 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 St. Rose Dominican Hospitals - Siena Campus 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. St. Rose Dominican Hospitals – Siena Campus’ Application for Renewal of Authorization as a Level III 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: St Rose Dominican Hospitals – Siena Campus

Street Address: 3001 St Rose Parkway City: Henderson State: NV Zip Code: 89052

Telephone: 702-616-5387 FAX: 602.798.0209 E-Mail: kim.dokken@dignityhealth.org

Owner of Facility: Catholic HealthCare West

Street Address: 3001 St Rose Parkway

City: Henderson State: NV Zip Code: 89052

Telephone: 702-616-5502 FAX: 702-616-5511 E-Mail: Rod.Davis@dignityhealth.org

Hospital Administrator/Director: Rod Davis

Contact Person for Application Processing: Kim Dokken, RN, Trauma Program Manager

Telephone: 702-616-5387 FAX: 602.798.0209 E-Mail: kim.dokken@dignityhelath.org

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 5, 2005

Date of last renewal of designation: May 2012

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

Striving to increase ED Through-Put, which decreases EMS off-load times:

1. increased pediatric ED hours
2. New Rapid Medical Assessment Area opened
3. Instituted Patient Placement Priority Guidelines, which moves trauma patients up in priority
4. Have started construction project to build new tower which includes increasing the size of the ED, ICU and OR’s, along with increasing the number of overall beds.
- 5.

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

We provide Level III trauma capabilities to the community. St Rose – Siena Campus provides Level III physician call coverage.

A future goal is to increase specialty physician call coverage.

Added ortho-hand call back to ED on-call list of physicians over the last year.

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:

St Rose is committed to providing trauma services to the community for the long term. Long-range goals include increasing capabilities to take more than "mechanism of injury patients" and to eventually move to Level II Trauma Services. The first step in this process is the construction project discussed above. Short-term goals are to achieve ACS verification, providing optimal quality trauma services.

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

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: 7/11/13

Printed Name of Representative or Owner: TERESSA COWLEY

Title of Person signing the Application: COO

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 _____



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 am at the Southern Nevada Health District, 230 S. Valley View Blvd., Las Vegas, Nevada, pursuant to Nevada Revised Statutes 439.305 and 439.315 for the purpose of requesting approval of renewal of authorization of St. Rose Dominican Hospital-Sterna Campus as a Level II Trauma Center and St. Rose Dominican 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 89102. 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 Services at (702) 759-1000.

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

Mary Ellen Britt, D.M., M.P.H.
Acting EMS &
Trauma Systems Manager
Southern Nevada Health District

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