

Memorandum #09-15

Date: November 19, 2015

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: John Hammond, EMS & Trauma System Manager
Cassius Lockett, PhD, MS, Director of Community Health
Joseph P. Iser, MD, DrPH, MSc 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.

JH:mn

Attachments:

- A. Public Notice dated 10/16/2015
- 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 November 19, 2015, 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 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: October 9, 2015

To be published: October 16, 2015



John Hammond, EMS & Trauma System Manager
Southern Nevada Health District

LAS VEGAS REVIEW-JOURNAL


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Southern Nevada Health District

PUB: October 16, 2015
LV Review-Journal

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COUNTY OF CLARK) SS:

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Mary A Lee, being 1st duly sworn, deposes and says: That she is the Legal Clerk for the Las Vegas Review-Journal and the Las Vegas Sun, daily newspapers regularly issued, published and circulated in the City of Las Vegas, County of Clark, State of Nevada, and that the advertisement, a true copy attached for, was continuously published in said Las Vegas Review-Journal and / or Las Vegas Sun in 1 edition(s) of said newspaper issued from 10/16/2015 to 10/16/2015, on the following days:

10 / 16 / 15



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Dated: October 9, 2015
John Hammond, EMS & Trauma System Manager
Southern Nevada Health District

PUB: October 16, 2015
LV Review-Journal

ISI Mary Lee
LEGAL ADVERTISEMENT REPRESENTATIVE

Subscribed and sworn to before me on this 14th day of October, 2015

Notary Linda Espinoza



LINDA ESPINOZA
Notary Public State of Nevada
No. 00-64106-1
My Appt. Exp. July 17, 2016



REC'D OCT 05 2015

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 West Charleston Blvd., Ste. 505

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-383-2092 FAX: 702-383-3733 E-Mail: abby.hudema@umcsn.com

Owner of Facility: Clark County, NV

Street Address: 1800 West Charleston Blvd.

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-383-3860 FAX: 702-383-2067 E-Mail: _____

Hospital Administrator/Director: Mason VanHouweling

Contact Person for Application Processing: Abby Hudema

Telephone: 702-383-2092 FAX: 702-383-3373 E-Mail: abby.hudema@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: Level II: Aug 1988, Level I: Jan 1988, Peds II: Oct 2007

Date of last renewal of designation: October 30, 2013

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

There have been no changes in the hospital's capacity to provide trauma services to the community during the past designation period.

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

There have been no changes in the hospital's capabilities to provide trauma services during the past designation period.

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:

University Medical Center of Southern Nevada remains committed to meeting all requirements of the Level I Trauma Center in the State.

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

University Medical Center of Southern Nevada continues it's commitment to the community and region to provide the highest level of trauma care with a focus on patient outcomes. The trauma center is committed to training physicians, military personnel, nurses and ancillary staff to provide this care and build the pool of quality care providers in Nevada. Outreach training and prevention efforts will continue and grow as part of our commitment to enhancing the safety of the community.

** Regarding question 1 below: The State Trauma Registry has not been functional for submission during the review period. Data is submitted to SNHD per the submission schedule.

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: Mason VanHouweling Date: 10/1/15

Printed Name of Hospital Administrator or Owner: Mason VanHouweling

Title of Person signing the Application: Chief Executive Officer