






Memorandum #03-18

Date: July 26, 2018

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: John Hammond, BS, Paramedic, EMS & Trauma System Manager 
Michael D. Johnson, PhD, Director of Community Health 
Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer 

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.

JH;jt

Attachments:

- A. Public Notice dated 6/25/2018
- 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 July 26, 2018, at 8:30 a.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, Nevada, pursuant to Nevada Revised Statutes 439.366 and 450B.237 for the purpose of requesting approval of renewal of authorization of St. Rose Dominican Hospitals-Siena Campus as a Level III 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: June 20, 2018

To be published: June 25, 2018



John Hammond, BS, Paramedic
EMS & Trauma System Manager



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

Name of Institution: Dignity Health St Rose Dominican – 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: Dignity Health

Street Address: 3001 St Rose Parkway

City: Henderson State: NV Zip Code: 89052

Telephone: 702-616-5502 FAX: 702-616-5511 E-Mail: eugene.bassett@dignityhealth.org

Hospital Administrator/Director: Eugene Bassett

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	X Level III
Pediatric Level I	Pediatric Level II	

Date of original designation: August 5, 2005

Date of last renewal of designation: April 2017

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

1. Completed new tower construction project which implemented a new 56 bed ED including 4 state of the art trauma bays, increased number of OR's from 10 to 20, increased ICU beds from 26 to 50. Overall bed capacity is now 326.
2. Continuously striving to increase throughput so that EMS offload times are decreased and ED holds are decreased.

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.

In addition to required Level III call, we have oral-maxillofacial call.

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 – Siena Campus 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 and considering a proposal to be a level III trauma service with neuro capability.

Short-term goals are to achieve continued ACS verification, providing optimal quality Level III 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: Kim Dokken, RN Date: 3/22/2018

Printed Name of Representative or Owner: Kim Dokken, RN

Title of Person Signing the Application: Senior Director of Neuroscience Service Line, Trauma & Stroke Programs

Ad Number **Ad Type**
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Production Method **Production Notes**
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PUB: June 25, 2018
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