



Memorandum #04-18

Date: July 26, 2018

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

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

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 of 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 the 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;jt

Attachments:

- A. Public Notice dated 6/25/2018
- B. University Medical Center's Application for Renewal of Authorization as a Level I Center for the Treatment of Trauma and Pediatric 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 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 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: 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: University Medical Center

Street Address: 1800 West Charleston BLVD.

City: Las Vegas State: NV Zip Code: 89102

Telephone: 702-383-2092 FAX: 702-383-3733 E-Mail: kimberly.cerasoli@umcsn.com

Owner of Facility: Clark County

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 VanHouwelling

Contact Person for Application Processing: Kimberly Cerasoli

Telephone: 702-383-2092 FAX: 702-383-3733 E-Mail: kimberly.cerasoli@umcsn.com

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

- | | | |
|---|--|------------------------------------|
| <input checked="" type="checkbox"/> Level I | <input type="checkbox"/> Level II | <input type="checkbox"/> Level III |
| <input type="checkbox"/> Pediatric Level I | <input checked="" type="checkbox"/> Pediatric Level II | |

Date of original designation: Level II 8/1989; Level I 1/1999; Peds Level II 10/2007

Date of last renewal of designation: October 2015

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 hospitals capacity to provide trauma services in 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 hospitals capabilities to provide trauma services in the community 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:

There have been no changes to the hospital's commlmt to serve this community.

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

University Medical Center of Southern Nevada continues to serve this community and it's visitors. We do so by providing the regions highest level trauma care with a focus on patient outcomes. This facility is actively partnered with the University of Nevada Las Vegas Medical schools and several area nursing schools working to help train caregivers for the future of the community. We continue to strive to serve this community with education and outreach that will answer the the needs of those we serve.

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

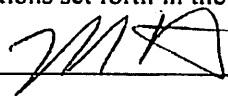
I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

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



Date:

1/12/18

Printed Name of Hospital Administrator or Owner:

Mason VanHouwelining

Title of Person signing the Application:

CEO

Ad Number Ad Type
0000989662-01 LV-Legal

Production Method Production Notes
AdBooker

External Ad Number

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Ad Released
No

Pick Up
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Ad Size Color
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