

Memorandum #08-22

Date: July 28, 2022

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Chad Kingsley, MD, MBA, Regional Trauma Coordinator *CK*
John Hammond, BS, Paramedic, EMS & Trauma System Manager *JH*
Michael D. Johnson, PhD, Director of Community Health *MJ*
Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Request for Approval of Renewal of Authorization of St. Rose Siena Hospital as a Level III 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 St. Rose Siena Hospital's request as a Level III 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 III 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 St. Rose Siena Hospital shall apply to the State Health Division for renewal of their designation, which includes verification by the American College of Surgeons.

CK:jt

Attachments:

- A. Public Notice dated 6/24/2022
- B. St. Rose Siena Hospitals Application for Renewal of Authorization as a Level III Center for the Treatment of Trauma

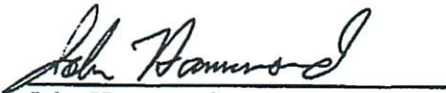
NOTICE OF PUBLIC HEARING

NOTICE IS HEREBY GIVEN that a public hearing will be held before the Southern Nevada Health District's Board of Health on July 28, 2022, at 9:00 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 Siena Hospital 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, 2022

To be published: June 24, 2022



John Hammond
EMS & Trauma System Manager



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

Name of Institution: St Rose Dominican Hospitals - Sierra Campus

Street Address: 3001 St Rose Pkwy

City: Henderson State: NV Zip Code: 89052

Telephone: 7026165387 FAX: 6027980209 E-Mail: kim.dokken@commonsprtl.org

Owner of Facility: St Rose Dominican Hospitals

Street Address: 3001 St Rosa Pkwy

City: Henderson State: NV Zip Code: 89052

Telephone: 7026165387 FAX: 6027980209 E-Mail: jon.vanboening@commonsprtl.org

Hospital Administrator/Director: Jon Van Boening, CEO

Contact Person for Application Processing: Kim Dokken

Telephone: 7026165387 FAX: 6027980209 E-Mail: kim.dokken@commonsprtl.org

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

- Level I
- Pediatric Level I
- Level II
- Pediatric Level II
- Level III

Date of original designation: 2004

Date of last renewal of designation: Augst 2020

Briefly describe any changes in the hospital's capacity to provide trauma services in the community during the past designation period:
No major changes.

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

Added formal interventional radiology call. No other major 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:

The administration, physicians, and leadership of St Rose - Siena Campus remain engaged and committed to providing trauma services to the City of Henderson for the long term.

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

St Rose - Siena Campus remains energized and committed to trauma care in the community. Our long term goal is to be able to provide Level II Trauma Services to the City of Henderson and the surrounding community.

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 Jan Van Boening Date: 3/22/22

Printed Name of Hospital Administrator or Owner: Jan Van Boening

Title of Person signing the Application: CEO