

Memorandum #05-23

Date: January 19, 2023

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Stacy Johnson, MSN, RN, Regional Trauma Coordinator *SJ*
John Hammond, 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 Sunrise Hospital as a Level II 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 Sunrise Hospital's request as a Level II 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 II 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 Sunrise Hospital shall apply to the State Health Division for renewal of their designation, which includes verification by the American College of Surgeons.

JH:nc

Attachments:

- A. Sunrise Hospitals Application for Renewal of Authorization as a Level II Center for the Treatment of Trauma



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

Name of Institution: Sunrise Hospital and Medical Center

Street Address: 3186 S Maryland Parkway

City: Las Vegas State: NV Zip Code: 89109

Telephone: 702-961-9000 FAX: 866-499-3591 E-Mail: _____

Owner of Facility: HCA, Inc

Street Address: One Park Plaza

City: Nashville State: TN Zip Code: 37203

Telephone: 615-344-9551 FAX: _____ E-Mail: _____

Hospital Administrator/Director: Todd P. Sklamberg, CEO

Contact Person for Application Processing: Cheryl Malone, Trauma Services Director

Telephone: 702-961-7821 FAX: 702-961-7829 E-Mail: cheryl.malone@hcahealthcare.com

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: October 1989 Level III Aug 2005 Level II

Date of last renewal of designation: June 3-4, 2021

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

Sunrise Hospital and Medical Center opened and serves patients in the new Adult Emergency Department, to include new trauma bays (4 for full resuscitation).

Sunrise Hospital and Medical Center finished an upgrade to the Trauma Surgical ICU which is located in a new tower just above the Emergency Department, adding 36 inpatient rooms.

Sunrise Hospital and Medical Center continues to provide TNCC nursing education and ATLS for physician education.

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 to the community.

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 longitudinal commitment to provide trauma services to the community.

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

Sunrise Hospital and Medical Center continues to serve the community by providing trauma care and ancillary personnel that are dedicated to setting the standard of excellence in care. Sunrise Hospital and Medical Center collaborates with the community and national partners to provide outreach education and injury prevention.

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: Todd P. Sklamberg Date: 10/24/2022

Printed Name of Representative or Owner: Todd P. Sklamberg

Title of Person signing the Application: Chief Executive Officer

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT. CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

SUNRISE HOSPITAL AND MEDICAL CENTER
1151 ENTERPRISE DR.
SUITE 100
COPELL, TX 75019

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53 32801 825703
FIFTH THIRD BANK
LANSING MICHIGAN

42279845

74-1329
724

DATE 10/25/2022

*****2,850.00

PAY TWO THOUSAND EIGHT HUNDRED FIFTY DOLLARS AND 00/100

TO THE
ORDER
OF:

SOUTHERN NEVADA HEALTH DISTRICT
PO BOX 845688
LOS ANGELES, CA 90084-5688

Bice & Rutherford
J. Rutherford

SIGNATURE HAS A COLORED BACKGROUND - BORDER CONTAINS MICROPRINTING

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