







Memorandum #05-25

Date: May 22, 2025

To: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From: Stacy Johnson, MSN, RN, *Regional Trauma Coordinator* 
John Hammond, BS, Paramedic, EMS & Trauma System Manager 
Xavier Gonzales, PhD, MSPH, CHWI, *Director of Community Health* 
Cassius Lockett, PhD, *District 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 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:nc

Attachments:

- A. 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



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: lisa.rogge@umcsn.com

Owner of Facility: Clark County

Street Address: 1800 West Charleston Boulevard

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: Lisa Rogge

Telephone: 702-383-2092 FAX: 702-383-3733 E-Mail: lisa.rogge@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 8/1989; Level I 1/1999; Peds Level II 10/2007

Date of last renewal of designation: March 2025 2022

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 commitment to serving 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 its 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

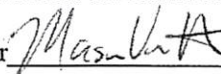
I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

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: 3/11/25

Printed Name of Hospital Administrator or Owner: Mason VanHouwelling

Title of Person signing the Application: CEO