Southern Nevada Health District

Memorandum #03-26

Date: October 23, 2025

To: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**

From: **Stacy Johnson, MSN, RN,** *Regional Trauma Coordinator* SJ
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 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.

JH:nc

Attachments:

A. St. Rose Siena Hospital's Application for Renewal of Authorization as a Level III Trauma Center

Application for renewal of authorization as a center for the treatment of trauma

Name of Institution

St Rose Dominican Hospitals - Slena Campus

Street Address

3001 St. Rose Parkway

City	State	Zip Code
Henderson	Nevada	89052

Telephone	Fax	Email
(702) 616-5387	(___) ___-____	ashley.tolar@commonspirit.(

Hospital Administrator/Director

Katherine Vergos

Contact Person for Application Processing

Ashley Tolar

Telephone	Fax	Email
(702) 616-5387	(___) ___-____	ashley.tolar@commonspiri

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

2004-01-01

Date of last renewal of designation

2022-08-22

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

St Rose Siena is compliant for level II trauma standards per the ACS resources for optimal care of the injured patient. Recent capacity changes include a fifth floor with an additional 26 beds, an upgraded separate pediatric ER, identified trauma ICU beds, addition of trauma trained subspecialties, and TNCC/TCAR for nursing education.

Briefly describe any changes in the hospitals capabilities to provide trauma services in the community during the past designation period

Multiple resources have been added to now meet level II ACS standards. This includes in-house trauma surgery, anesthesia, and operating room personnel. All sub specialties are available 24/7 as well.

Briefly describe any changes in the hospitals longitudinal commitment (expected to be greater than five years) to provide trauma services in the community during the past designation period

As above, we now meet all standards for level II trauma care.

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

NA

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. Complied with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

(●) Yes ( ) No

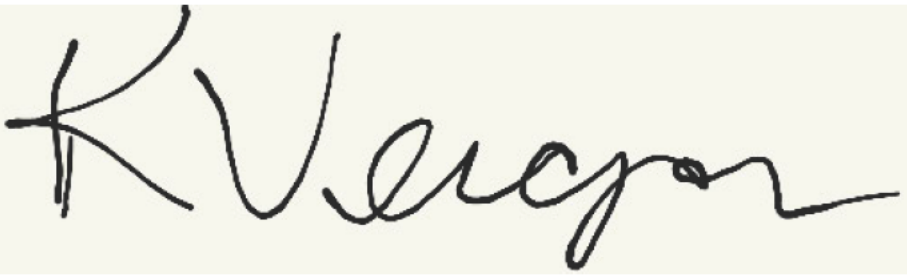
I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

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



Sign above

Signature of Hospital Owner (PDF or Image)

File Name	Size

Only submit file if not able to obtain signature

Printed Name of Hospital Administrator or Owner

Katherine Vergos

Title of Person signing the Application

Market president Las Vegas

Log Entries

Log Time	Log User	Log Message
Aug 01, 2025 16:01	[redacted]	Form submitted