

Clark County Trauma System Status Report 2010



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Clark County Trauma Centers



- **University Medical Center**
 - Level I
 - Pediatric Level II
- **Sunrise Hospital and Medical Center**
 - Level II
- **St. Rose Dominican Hospital – Siena Campus**
 - Level III

Background



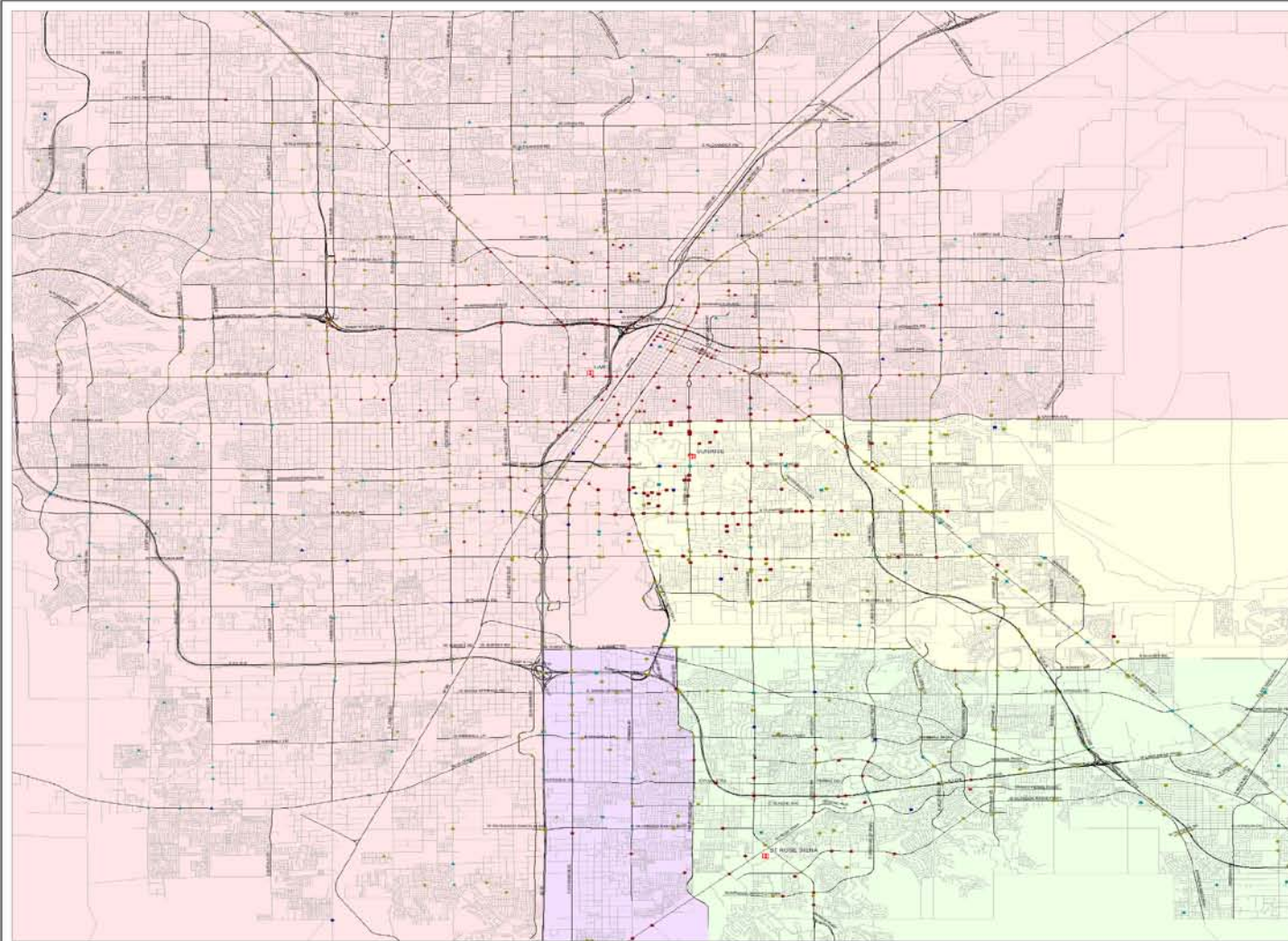
- OEMSTS responsible for establishing criteria for determining the optimal number and level of trauma centers
- Based on the recommendations of the OEMSTS, the Board shall determine the needs of the trauma system
- OEMSTS staff conducted an evaluation of the existing trauma system, including consultation with an ad hoc expert panel of trauma specialists

Most Important Factors



- **Number of trauma cases**
- **Severity of trauma cases**
- **Transportation time**
- **Changes in population**
- **Quality of care**

Catchment Area Map



Las Vegas Valley Southern Nevada Trauma Catchment Areas Transport Times

Clark County, Nevada

GEOGRAPHIC
INFORMATION
SYSTEMS

Legend

- Hospitals
- Major Streets
- Streets

UMC Transport	St_Rose Transport	Sunrise Transport
• 2 - 600	• 2 - 600	• 2 - 600
• 601 - 1200	• 601 - 1200	• 601 - 1200
• 1201 - 1800	• 1201 - 1800	• 1201 - 1800
• 1801 - 5640	• 1801 - 5640	• 1801 - 5640

	St. Rose for Level 3 Trauma or UMC for Level 1 or 2 per TFTC
	UMC for All Trauma
	Sunrise for All Trauma
	St. Rose for Level 3 Trauma or Sunrise for Level 1 or 2 per TFTC



1 Inch = 3,333 Feet
Date: February 22, 2012



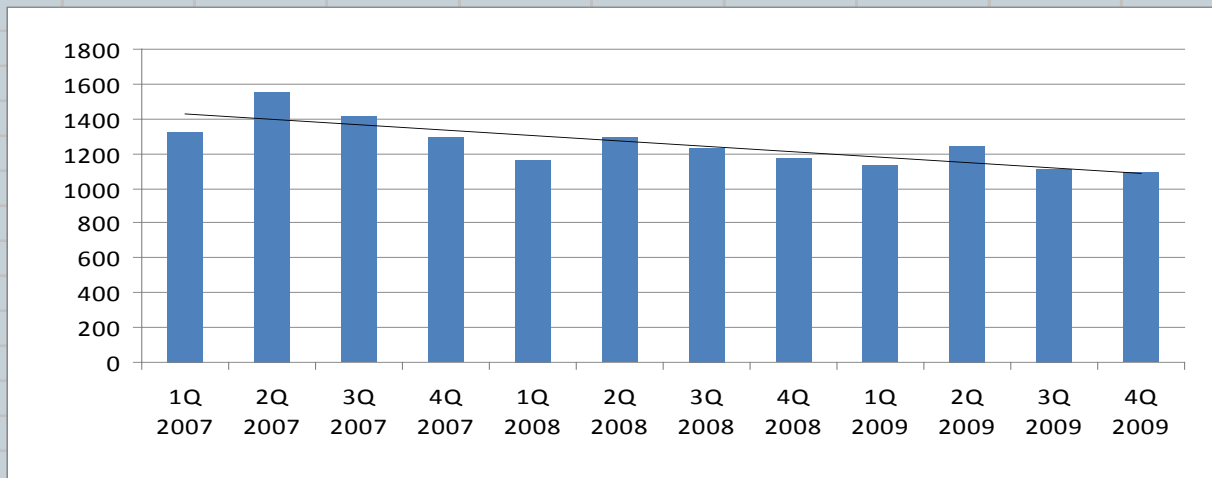
Clark County
Version: 02_2012

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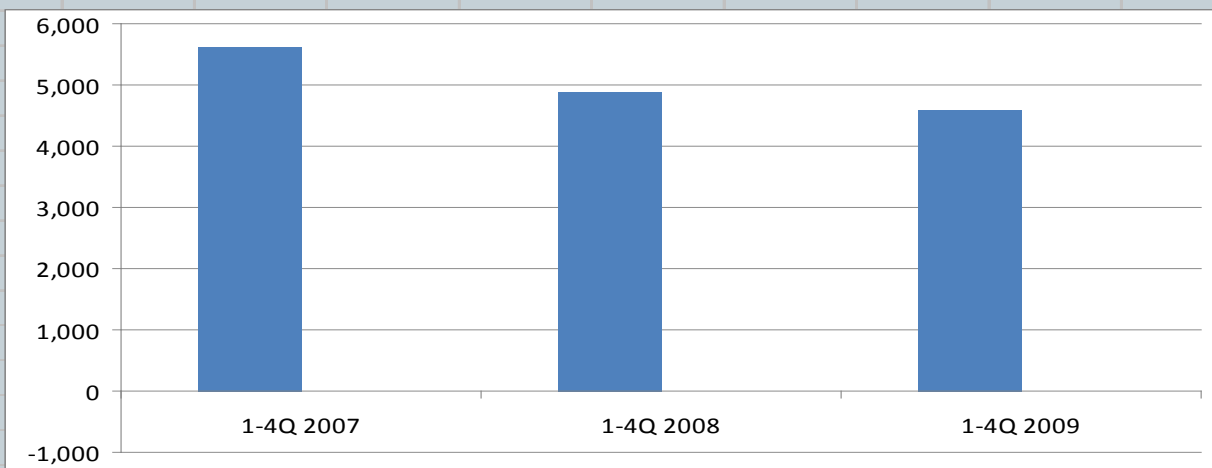
Total Trauma Registry Patients 2007-2009



TFTC	2007	2008	2009
1Q	1,332	1,163	1,137
2Q	1,562	1,299	1,247
3Q	1,422	1,237	1,117
4Q	1,300	1,179	1,092
TOTAL	5,616	4,878	4,593



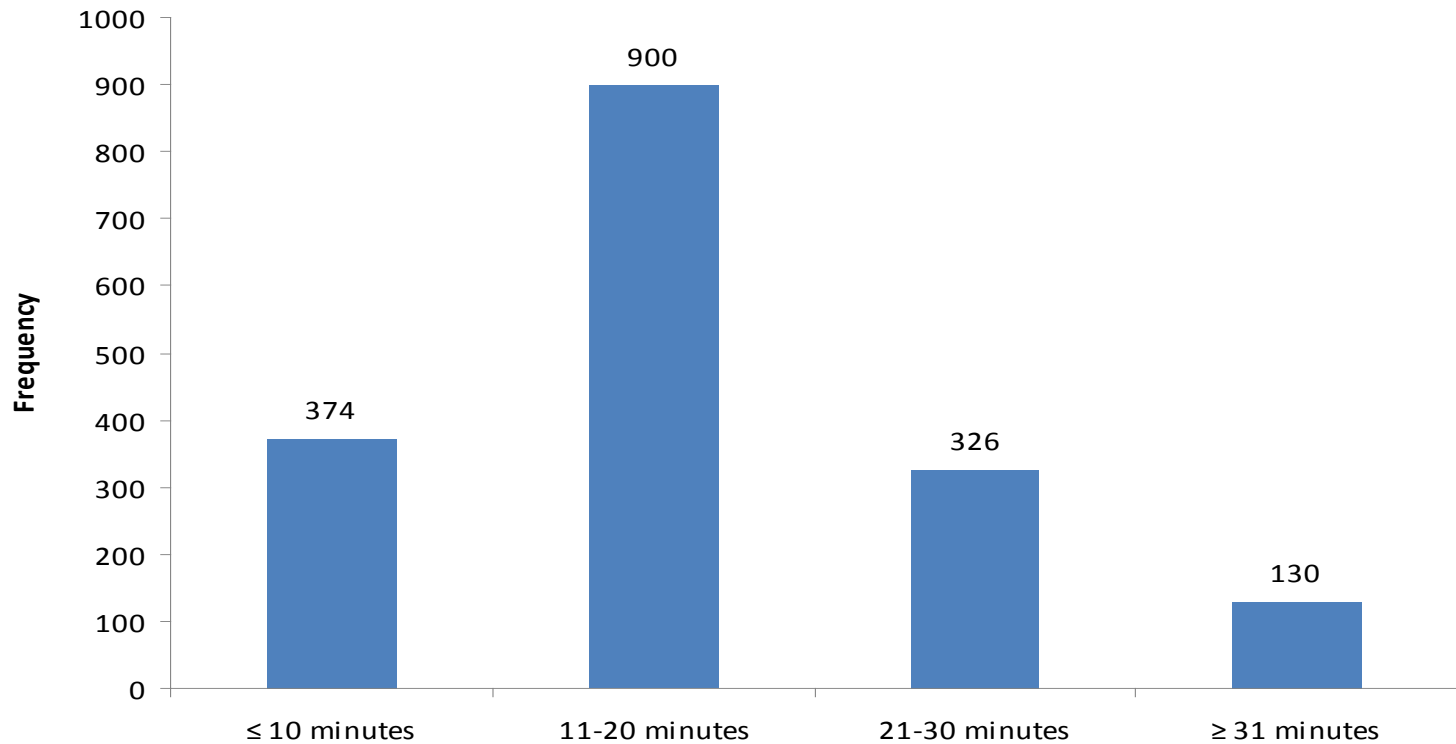
	TFTC	CHANGE
1-4Q 2007	5,616	
1-4Q 2008	4,878	-13%
1-4Q 2009	4,593	-5.8%



Aggregate Transport Times to Trauma Centers



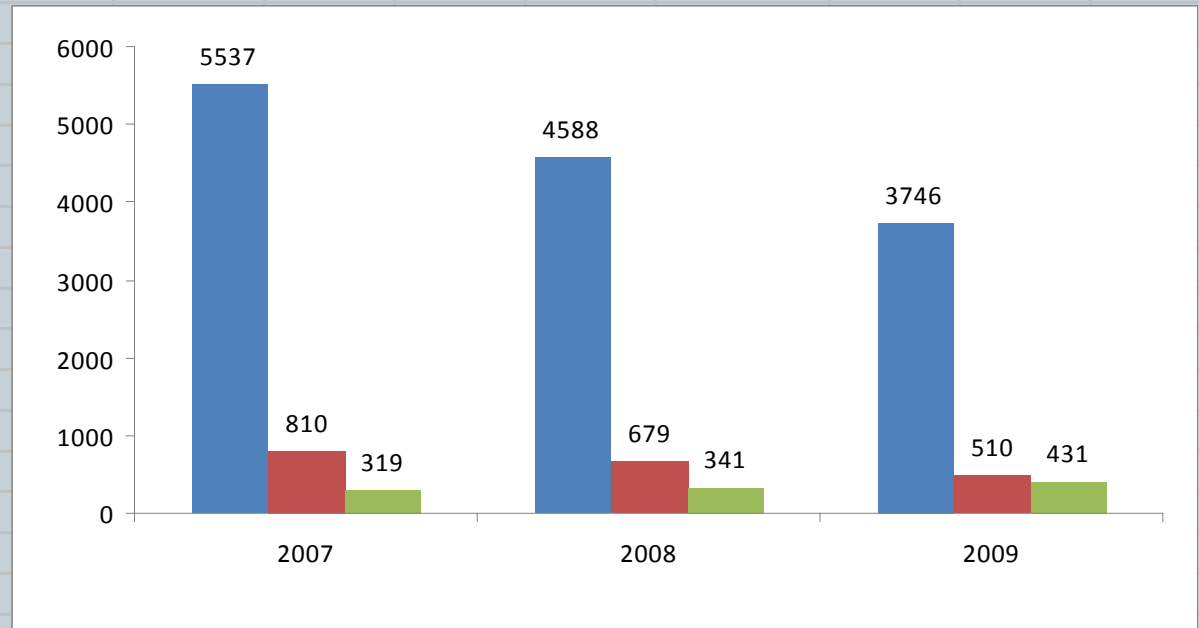
**Aggregate Trauma Centers Transport Times
July-December 2009**



Trauma Field Triage Criteria Transports by Category



	2007	2008	2009
Mechanism	5537	4588	3746
Anatomical	810	679	510
Physiological	319	341	431



	Mechanism	CHANGE
2007	5537	
2008	4588	-17%
2009	3746	-18%

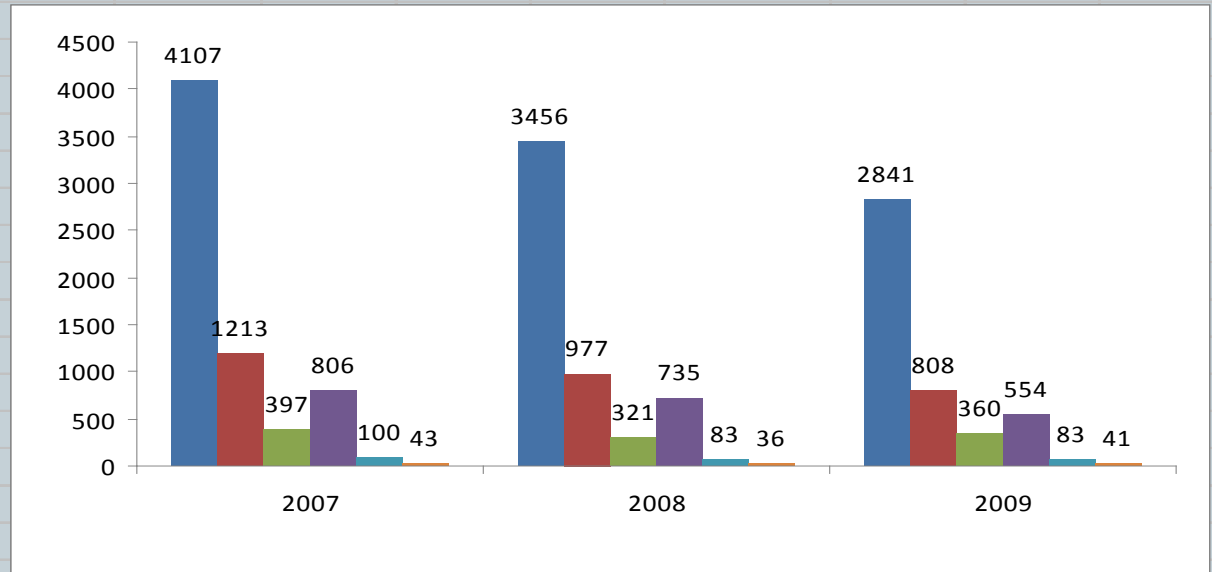
	Anatomical	CHANGE
2007	810	
2008	679	-16%
2009	510	-25%

	Physiological	CHANGE
2007	319	
2008	341	+6.5%
2009	431	+21%

Trauma Field Triage Criteria Transports by Disposition



	2007	2008	2009
Discharged	4107	3456	2841
Admitted	1213	977	808
to OR	397	321	360
to ICU	806	735	554
Death	100	83	83
Transfer	43	36	41



	Discharged	CHANGE
2007	4107	
2008	3456	-16%
2009	2841	-18%

	Admitted	CHANGE
2007	1213	
2008	977	-19.5%
2009	808	-17%

	to OR	CHANGE
2007	397	
2008	321	-19%
2009	360	+11%

	to ICU	CHANGE
2007	806	
2008	735	-9%
2009	554	-25%

	Death	CHANGE
2007	100	
2008	83	-17%
2009	83	0%

	Transfer	CHANGE
2007	43	
2008	36	-16%
2009	41	+12%

Consensus



- Existing system is serving community well
- Evidence is strong, clear, and consistent
- No evidence of lack of access to trauma care
- Transport times to trauma centers are good

Conclusion



- **There are sufficient trauma care resources in the community**
- **Due to decreasing volume, there is no identified need or justification for system expansion**
- **Expansion of the system has the potential to destabilize the existing centers**
- **OEMSTS will continue to monitor relevant data and update the Board**