

# Trauma System Regulations

**February 26, 2015**

***Month day, 2018***

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**Southern Nevada Health District ~ P.O. Box 3902 ~ Las Vegas, Nevada 89127**  
**TRAUMA SYSTEM**  
**REGULATIONS**

~~WHEREAS, the Southern Nevada Health District (SNHD) has been established by the County of Clark and the cities of Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City as the public health authority for those entities and, pursuant to Nevada Revised Statutes (NRS) Chapter 439, has jurisdiction over all public health matters in the Health District; and~~

WHEREAS, the Southern Nevada District Board of Health (Board) is the governing body of the SNHD, and is authorized to adopt regulations to standardize the trauma system in the interest of the public health, and to protect and promote the public health and safety in the geographical area subject to the jurisdiction of the Health District and is specifically authorized to adopt regulations regarding the designation of hospitals as Centers for the Treatment of Trauma as per NRS 450B.237.

~~WHEREAS, failure to establish a trauma system plan constitutes a hazard to public health and welfare, the Board finds that the regulation of hospitals as Centers for the Treatment of Trauma does affect the public health, and finds that it is necessary to adopt Southern Nevada Health District Regulations Governing Trauma Systems to promote and regulate a comprehensive trauma system plan; and~~

WHEREAS, the Board believes that the following Regulations are designed to protect and promote the public health and safety, it does therefore publish, promulgate, and order compliance within Clark County, Nevada with the substantive and procedural requirements hereinafter set forth.

## TERMS AND ACRONYMS

<b>ACS</b> -----	means American College of Surgeons
<b>MAB</b> -----	means Medical Advisory Board
<b>NAC</b> -----	means Nevada Administrative Code
<b>NRS</b> -----	means Nevada Revised Statutes
<b>OEMSTS</b> -----	means Office of Emergency Medical Services & Trauma System
<b>RTAB</b> -----	means Regional Trauma Advisory Board
<b>SNHD</b> -----	means Southern Nevada Health District
<b><i>TNAT</i></b> -----	<i>means Trauma Needs Assessment Tool</i>
<b>TMAC</b> -----	means Trauma Medical Audit Committee

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## **SECTION 100 DEFINITIONS**

- 100.000** **DEFINITIONS.** When a word or term is capitalized, within the body of these Regulations, it shall have the meaning ascribed to it as defined in subsections 100.010 to 100.170 of these Regulations. Unless otherwise expressly stated, words not defined herein shall be given their common and ordinary meaning. The words “shall” and “will” are mandatory; and the word “may” is permissive.
- 100.010** **"AUTHORIZATION"** means the process by which the Board confirms a general hospital licensed in this State has met the requirements pursuant to the provisions of Section 300 of these Regulations which demonstrates the facility’s capacity, capability and commitment, as well as the community’s need, to pursue Designation by the Nevada Division of Public and Behavioral Health as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma.
- 100.020** **"BOARD"** means the Southern Nevada District Board of Health.
- 100.025** **"CATCHMENT AREA"** means the geographical area ~~described~~ *established by the Office of Emergency Medical Service & Trauma System that describes the area served by a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma in its plan for providing treatment for trauma.* ~~by a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma in its plan for providing treatment for trauma as the area served by that center.~~
- 100.030** **"CENTER FOR THE TREATMENT OF TRAUMA"** means a general hospital licensed in this State that can care for Patients of all ages and both genders and which has been designated as a Level I, II or III center by the administrator of the Nevada Division of Public and Behavioral Health, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive; in accordance with the American College of Surgeons trauma center classification scheme.
- 100.040** **"DESIGNATION"** means the process by which the Nevada Division of Public and Behavioral Health confirms a general hospital licensed in this State has met the requirements of a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive.
- 100.042** **“DISTRICT PROCEDURE”** means Southern Nevada Health District Standard Operating Procedure.
- 100.044** **"HEALTH AUTHORITY"** shall have the meaning ascribed to it in NRS 450B.077 that states, “Health Authority means:
1. In a county whose population is less than 700,000, the Division.
  2. In a county whose population is 700,000 or more, the district board of health.”
- 100.046** **"HEALTH DISTRICT" or “DISTRICT”** means the Southern Nevada Health District, its officers and authorized agents.
- 100.048** **"HEALTH DISTRICT OFFICE OF EMSTS" or “OEMSTS”** means the staff of the Health District charged with the responsibility of administering and regulating the Emergency Medical Services & Trauma System in Clark County.

- 100.050** **"HEALTH OFFICER"** means the Chief Health Officer (*also known as District Health Officer*) of the Southern Nevada Health District or the Chief Health Officer's designee.
- 100.055** **"INJURY SEVERITY SCORE"** means an anatomical scoring system that provides an overall score for Patients with multiple injuries.
- 100.060** **"MEDICAL ADVISORY BOARD"** means a Board appointed by the Health Officer consisting of one medical director and one operations director for each permitted agency which advises the Health Officer and Board on matters pertaining to the Emergency Medical Services system in Clark County.
- 100.065** **"PATIENT"** means any individual that meets at least one (1) of the following criteria:  
1) A Person who has a complaint or mechanism suggestive of potential illness or injury;  
2) A Person who has obvious evidence of illness or injury; or 3) A Person identified by an informed 2<sup>nd</sup> or 3<sup>rd</sup> party caller as requiring evaluation for potential illness or injury.
- 100.070** **"PATIENT WITH A MAJOR TRAUMA"** means a person who has sustained an acute injury which has:  
1. The potential of being fatal or producing a major disability; and/or  
2. An injury severity score that is greater than 15.
- 100.080** **"PATIENT WITH TRAUMA"** means a person who has sustained injury and meets the Triage Criteria used to evaluate the condition of the Patient.
- 100.085** **"PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA"** means a general hospital licensed in this State that can provide comprehensive surgical, medical and nursing care for Patients who are less than 15 years of age and which has been designated as a Level I or II pediatric center by the administrator of the Nevada Division of Public and Behavioral Health, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive; in accordance with the American College of Surgeons ~~trauma~~ center classification scheme.
- 100.090** **"PERMITTEE"** means the person who holds a permit issued by the Southern Nevada Health District authorizing the provision of emergency medical care in Clark County through an ambulance service, air ambulance service, or firefighting agency.
- 100.095** **"PHYSICIAN"** means a Person licensed by the Nevada State Board of Medical Examiners or the Nevada State Board of Osteopathic Medicine to practice medicine in Nevada.
- 100.098** **"PREHOSPITAL CARE RECORD"** means a form or format, approved by the Health Officer, used for the reporting of Emergency Medical Care rendered by licensed Attendants.
- 100.100** **"RECEIVING FACILITY"** means a medical facility as approved by the Health Officer.
- 100.110** **"REGIONAL TRAUMA ADVISORY BOARD" (RTAB)** is the advisory board with the primary purpose of supporting the Health Officer's role to ensure a high quality system of patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, evaluation, needs assessment, and revision of the system from initial

*patient access to definitive patient care. The membership of RTAB is multidisciplinary in nature to assure that all stakeholders are afforded the opportunity for input.*

- 100.120** **“SYSTEM FOR PROVIDING TREATMENT FOR TRAUMA”** means a formally organized arrangement of resources providing health care which is described in writing by a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma and approved by the Board and the Nevada Division of Public and Behavioral Health whereby a Patient With Trauma is treated at a designated Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma.
- 100.130** **“TRANSFER”** means the prearranged movement of a Patient by ambulance or air ambulance from one (1) hospital to another hospital, a medical facility, a home or other location.
- 100.140** **“TRANSPORT”** means the movement of a Patient by ambulance or air ambulance from the scene of an emergency to a designated Center for the Treatment of Trauma, Pediatric Center for the Treatment of Trauma, or medical facility as approved by the Health Officer.
- 100.141** **“TRAUMA MEDICAL ADVISORY COMMITTEE” (TMAC)** *is a multidisciplinary medical review committee of the District Board of Health that will meet regularly, including as a peer review committee, to review, monitor, and evaluate trauma system performance and make recommendations for system improvements.*
- 100.142** **“TRAUMA NEEDS ASSESSMENT TOOL” (TNAT)** *is the method or means used to evaluate the current level of performance of the Southern Nevada Trauma System to determine the trauma demands through the Southern Nevada Trauma System. All data elements will be assessed for a five year period where data is available.*
- 100.143** **“TRAUMA SYSTEM PLAN”** *is the coordinated and appropriate response to persons who incur traumatic injuries in Clark County and the surrounding areas. System objectives have been developed to provide a means to measure the effectiveness of the trauma system plan. The plan includes the District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma and the Renewal for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma.*
- 100.150** **“TRIAGE CRITERIA”** means a measure or method of assessing the severity of a person’s injuries which is used to evaluate the Patient’s condition in the field and is based on anatomical considerations, physiological conditions and the mechanism of injury as outlined in the Clark County EMS System Trauma Field Triage Criteria Protocol.
- 100.160** **“VERIFICATION”** means the process by which the American College of Surgeons confirms that a hospital licensed in this State is capable of performing as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma and meets the criteria contained in the current *“Resources for Optimal Care of the Injured Patient.”* Verification by the American College of Surgeons is an integral part of the State’s Designation process as outlined in NAC 450B.820.

**100.170 ADOPTION OF PUBLICATION BY REFERENCE.** The most recent edition of *“Resources for Optimal Care of the Injured Patient”* published by the American College of Surgeons is hereby adopted by reference.

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## SECTION 200

### TRAUMA SYSTEM ADMINISTRATION

**200.000 OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM RESPONSIBILITIES.** The OEMSTS shall establish standards related to the structure and operation of the trauma system in Clark County to include a program for planning, developing, coordinating, maintaining, *assessing*, modifying and improving the system. The general responsibilities are as follows:

- I. Coordinate with Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma and public and private agencies in the development and implementation of programs dedicated to injury prevention and public education about the trauma system.
- II. Establish, *review, and adjust* catchment areas *as needed* for Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma *to ensure the optimal care of Patients and to* facilitate timely transportation of trauma Patients from the scene of an emergency and not for the purposes of restricting referral of Patients requiring Transfer to a higher level of care.
- III. Coordinate with permitted emergency medical service agencies to ensure appropriate Transport and Transfer of Patients within the trauma system.
- IV. Coordinate with all hospitals and rehabilitation services, to facilitate appropriate access to and utilization of resources to provide a full spectrum of trauma care to injured Patients.
- ~~V. Develop and implement a regional trauma performance improvement plan. Participate in the oversight and management of the regional trauma performance improvement plan, including external collaborative audits.~~
- VI. Serve as a central repository for trauma data collection, organization, analysis, and reporting.
- VII. Establish criteria which are consistent with state and national standards to determine the optimal number and level of Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma to be authorized based upon the availability of resources and the ability to distribute Patients to ensure timely access to definitive care.
- VIII. Perform an annual evaluation, using the Trauma Needs Assessment Tool, of the current level of performance of the Southern Nevada Trauma System to determine if trauma demands have exceeded system capacity.*
- IX. Develop and implement a procedure for accepting and processing an application from a hospital requesting initial Authorization, *a change in the level of designation*, or renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma from the Board, including applicable fees.
- X. Coordinate with members of the public safety, public health, and emergency care communities to plan a systematic response to mass casualty events.

**200.100 OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM EVALUATION.** The OEMSTS shall develop a trauma performance improvement plan to provide continuous assessment of the structure, functions and outcomes of the system. The plan shall include, but not be limited to the following components:

- I. An internal audit process whereby each Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma shall implement a formal, validated performance improvement and Patient safety program that demonstrates their ability to monitor, evaluate and ensure quality of care within their institution.
- II. An external audit process whereby periodic reviews of each Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma may be conducted by the Nevada Division of Public and Behavioral Health and/or the OEMSTS to determine compliance with applicable State statutes and regulations.
- III. Initial and renewal verification review site visits of each Level I, II, and III Center for the Treatment of Trauma or Level I and II Pediatric Center for the Treatment of Trauma conducted by the ACS at least every three (3) years.

Adoption and implementation of a standardized system to collect and manage data from permitted emergency medical service agencies, Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma, hospitals and other healthcare organizations, as appropriate. The conditions shall be as follows:

- A. The requested data will be specific to *assessment*, planning, research, and evaluation of the effectiveness of the trauma system, as determined by the OEMSTS and RTAB.
  - B. All Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma and hospitals that receive trauma Patients shall provide data when requested.
  - C. The OEMSTS will provide periodic reports on the performance of the trauma system, at least every two years.
- IV. Development of a multidisciplinary medical peer review committee to review and evaluate trauma care in the system, monitor trends in system performance and make recommendations for system improvements.

**200.200 TRAUMA PATIENT TRANSPORT.** Trauma Patients transported by a Permittee authorized to provide emergency medical care in Clark County shall be delivered to a receiving facility, as approved by the Health Officer, in accordance with the procedures and protocols recommended by the Medical Advisory Board and authorized by the Health Officer.

**200.250 TRAUMA PATIENT REFUSING TRANSPORT.**

- I. If a Patient at the scene of an emergency refuses to be transported to a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma after a determination has been made that the Patient's physical condition meets the Triage Criteria requiring transport to the trauma center, the person providing emergency medical care shall evaluate the decision-making capacity of the Patient. If he

determines that the Patient is competent, the Patient must be advised of the risks of not receiving further treatment at the trauma center.

- II. If the Patient continues to refuse to be transported to the Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, the person providing emergency medical care shall request the Patient (*or Patient's authorized representative*) to sign a release of medical assistance statement in accordance with the procedures and protocols recommended by the Medical Advisory Board and authorized by the Health Officer.

### **200.300 TRAUMA PATIENT TRANSFER.**

- I. Trauma Patients may be transferred to Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma providing that:
  - A. Any Transfer shall be, as determined by the physician of record, medically prudent and conducted according to the most recently established guidelines under the Consolidated Omnibus Budget Reconciliation Act (COBRA) and subsequent announcements.
  - B. The Transfer, when performed by a Permittee authorized to provide emergency medical care in Clark County, shall be conducted in accordance with the procedures and protocols recommended by the Medical Advisory Board and authorized by the Health Officer.
- II. *Non-trauma* hospitals shall establish written agreements with Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma for consultation and to facilitate Transfer of trauma Patients requiring a higher level of care.
- III. *Non-trauma* hospitals receiving trauma Patients ~~shall~~ *should* participate in the trauma system quality improvement activities for those Patients who have been treated at their facility and/or transferred from their facility. *Non-trauma hospitals may request to present to, or be invited to present by, the TMAC.*

**SECTION 300**  
**CENTER FOR THE TREATMENT OF TRAUMA OR**  
**PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA**  
**AUTHORIZATION PROCESS**

- 300.000** **PROCESS FOR AUTHORIZATION.** Any hospital that desires Designation as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma in Clark County shall first request Authorization from the Board, *upon completing all necessary processes outlined in the Southern Nevada Trauma System Plan, including but not exclusive to, the TNAT.*
- I. The Board shall determine the needs of the Clark County trauma system based on evidence obtained *through the TNAT and the* continuous evaluation of the system assessing the volume, acuity and geographic distribution of Patients requiring trauma care; and the location, depth and utilization of trauma resources in the system.
    - A. The Board’s approval of a request for Authorization will be based on a demonstrated need for additional trauma services that cannot be met by existing Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma. *The request may be heard at the RTAB prior to the Board’s presentation.*
    - B. The accepted standards for trauma Transport, treatment and referral established by the Board shall be based on those recommended by the ACS.
    - C. All Level I, II and III Centers for the Treatment of Trauma or Level I and II Pediatric Centers for the Treatment of Trauma in Clark County must be verified by the ACS at the appropriate level.
  - II. There are two options for hospitals to apply for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma utilizing the “District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma”.
    - A. If a need is identified, *through the TNAT*, the Board shall publish a request for proposal for the addition of a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma or for a change in level of Authorization for an existing Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma; or
    - B. A hospital may submit an application for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, at any time, in accordance with these Regulations and *compliance with the TNAT.*
  - III. If a demonstrated need in the system exists, *as identified through the TNAT*, and the hospital meets the requirements defined in the “District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma” the Board may grant Authorization.
  - IV. A hospital shall be authorized as a Center for the Treatment of Trauma or

Pediatric Center for the Treatment of Trauma according to a graduated process wherein initial Authorization shall be granted at Level III only.

- V. At the time for renewal of Authorization, a designated Level III Center for the Treatment of Trauma may apply for:
  - A. Renewal of Authorization as a Level III Center for the Treatment of Trauma; or
  - B. Initial Authorization as a Level I or II Center for the Treatment of Trauma or Level I or II Pediatric Center for the Treatment of Trauma.
- VI. The provisions of this subsection do not prohibit a hospital that has been designated as:
  - A. A Level II Center for the Treatment of Trauma from applying for initial Authorization as a Level I Center for the Treatment of Trauma, at any time; or
  - B. A Level I or II Center for the Treatment of Trauma from applying for initial Authorization as a Level I or II Pediatric Center for the Treatment of Trauma, at any time.
- VII. Upon successful completion of the Designation process outlined in NAC 450B.817 - 450B.828, including ACS Verification, the Nevada Division of Public and Behavioral Health will issue written notification of Designation at the level verified by the ACS.

**300.100 PROCESS FOR ACCEPTING APPLICATIONS FOR *INITIAL* AUTHORIZATION.** In order for the Board to consider issuing a letter of Authorization to a hospital requesting approval from the Board to be considered for Designation by the Nevada Division of Public and Behavioral Health as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma in Clark County the following steps must be taken:

- I. Completion of an application for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma which includes a written agreement between the hospital and the Board which addresses:
  - A. The roles and responsibilities of an authorized and designated Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma; and
  - B. The hospital's willingness to comply with the graduated process defined in these Regulations and in the "District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma."
- II. Payment of appropriate fees as prescribed by the Board.
- III. Upon receipt and review of the application for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, the OEMSTS staff will make a recommendation to the Board to approve or deny the application for Authorization based on the criteria outlined in the "District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma."

- IV. Upon receipt of Authorization, the applicant may apply to the Nevada Division of Public and Behavioral Health for Designation.
- V. Upon successful completion of the Nevada Division of Public and Behavioral Health Designation process as outlined in NAC 450B.817 - 450B.828, including Verification by the ACS; the Nevada Division of Public and Behavioral Health will issue written notification of Designation as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma at the level verified by the ACS.

**300.200 PROCESS FOR ACCEPTING APPLICATIONS FOR RENEWAL OF AUTHORIZATION.** Any hospital that desires renewal of Designation as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma in Clark County shall first request renewal of Authorization from the Board.

- I. In order for the Board to consider issuing a letter of Authorization to a hospital requesting approval from the Board to be considered for renewal of their Designation by the Nevada Division of Public and Behavioral Health as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma the following steps must be taken:
  - A. Completion of an application as defined in the “District Procedure for Renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma”;
  - B. Payment of appropriate fees as prescribed by the Board.
- II. Upon receipt and review of the application for renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, the OEMSTS staff will make a recommendation to the Board to approve or deny the application based on the criteria outlined in the “District Procedure for Renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma.”
- III. Upon receipt of renewal of Authorization, the applicant may apply to the Nevada Division of Public and Behavioral Health for renewal of their Designation.
- IV. Upon successful completion of the Nevada Division of Public and Behavioral Health renewal of Designation process as outlined in NAC 450B.8205, including renewal of Verification by the ACS, the Nevada Division of Public and Behavioral Health will issue written notification of Designation as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma at the level verified by the ACS.

**300.300 DURATION OF *INITIAL* AUTHORIZATION; RENEWAL OF AUTHORIZATION; AND PROVISIONAL AUTHORIZATION OF A CENTER FOR THE TREATMENT OF TRAUMA OR PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA.** In accordance with the Nevada Division of Public and Behavioral Health Designation requirements outlined in NAC 450B.826 the following conditions apply:

- I. *Initial* Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma shall be valid for the period of Designation by the

Nevada Division of Public and Behavioral Health, but not more than three (3) years, except as otherwise provided in Section 300.300.

- II. Renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma shall be valid for the period of Designation by the Nevada Division of Public and Behavioral Health, but not more than three (3) years, except as otherwise provided in Section 300.300.
- III. In conjunction with the Nevada Division of Public and Behavioral Health, if the **OEMSTS finds extenuating circumstances exist while an application for renewal** of Authorization is pending and that withholding the renewal of Authorization may have a detrimental impact on the health of the public, a recommendation may be made to the Board that a provisional Authorization be issued. The provisional Authorization shall be valid for the period of provisional Designation issued by the Nevada Division of Public and Behavioral Health, but not more than one (1) year. The Board may impose such conditions on the issuance of the provisional Authorization as it deems necessary.

**300.400 PROCESS FOR REQUESTING CHANGE IN LEVEL OF DESIGNATION.** If a currently designated Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma wishes to seek a higher level of Designation through the Nevada Division of Public and Behavioral Health, they must first request Authorization from the Board utilizing the process defined in Section 300.000 of these Regulations.

**300.500 DENIAL OF INITIAL OR RENEWAL APPLICATION FOR AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION BY THE BOARD.** In conjunction with the Nevada Division of Public and Behavioral Health conditions outlined in NAC 450B.830, NAC 450B.834, and NAC 450B.836:

- I. The Board may deny an initial or renewal application for Authorization or may suspend or revoke an existing Authorization of a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma for, but not limited, to the following reasons:
  - A. Failure to comply with the requirements of these Regulations or the applicable regulations adopted by the State Board of Health;
  - B. Failure to receive Verification from the ACS indicating that it has complied with the criteria established for a Level I, II or III Center for the Treatment of Trauma or Level I or II Pediatric Center for the Treatment of Trauma as published in the current *“Resources for Optimal Care of the Injured Patient;”*
  - C. Conduct or practice found to be detrimental to the health and safety of Patients;
  - D. Willful preparation or filing of false reports or records; or
  - E. Fraud or deceit in obtaining or attempting to obtain Authorization or renewal of Authorization.
- II. When practical, the OEMSTS shall give written notice of the Board’s decision within five (5) business days; however, advance notice is not required to be given

by the OEMSTS if the Board, in conjunction with the Nevada Division of Public and Behavioral Health, determines that the protection of the health of the public requires immediate action. If the Board so determines, the OEMSTS may order a summary suspension of the Authorization pending proceedings for revocation or other action.

- III. If a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma wishes to contest the actions of the Board taken pursuant to this section it must follow the appeal process outlined in Section 300.700.

**300.600 WITHDRAWAL OF EXISTING AUTHORIZATION BY THE CENTER FOR THE TREATMENT OF TRAUMA OR PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA.** In conjunction with the Nevada Division of Public and Behavioral Health conditions outlined in NAC 450B.830, if a hospital chooses not to continue to be authorized as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma or to change their Authorization to a lower level, it must submit a written notice to the OEMSTS at least six (6) months prior to the date it will discontinue providing trauma services at the authorized level.

**300.700 APPEAL PROCESS FOR DENIAL OF APPLICATION FOR INITIAL OR RENEWAL AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION.** The decisions of the Board of Health are considered final. Any appeal of the Board of Health's denial of an application for initial or renewal of Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, or suspension or revocation of an existing Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, can be made to the district court on a petition for judicial review in accordance with NRS 233B.130.



**SECTION 400**  
**REGIONAL TRAUMA ADVISORY BOARD**

**400.000 REGIONAL TRAUMA ADVISORY BOARD.**

- I. The primary mission of the Southern Nevada Health District Regional Trauma Advisory Board (RTAB) is to support the Health Officer's role to ensure a high quality system of Patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, evaluation and revision of the system from initial Patient access to definitive Patient care.
  
- II. The RTAB shall consist of members appointed by the Health Officer.
  - A. Standing members of the RTAB shall be:
    - 1. One (1) trauma medical director from each designated trauma center;
    - 2. One (1) trauma program manager from each designated trauma center;
    - 3. The chairman of the Medical Advisory Board; and
  - B. Upon request of the Health Officer, organizations and associations that have an interest in the care of the victims of trauma shall submit to the Health Officer written nominations for appointment to the RTAB.
  - C. After considering the nominations submitted pursuant to paragraph B, the Health Officer shall appoint to the RTAB:
    - 1. One (1) administrator from a non-trauma center hospital system;
    - 2. One (1) person representing the public providers of advanced emergency care;
    - 3. One (1) person representing the private franchised providers of advanced emergency care;
    - 4. One (1) person representing health education and prevention services;
    - 5. One (1) person representing the payers of medical benefits for the victims of trauma;
    - 6. One (1) person representing the general public;
    - 7. One (1) person representing rehabilitation services;
    - 8. One (1) person with knowledge of legislative issues/advocacy;
    - 9. One (1) person involved in public relations/media; and
    - 10. One (1) person with knowledge of system financing/funding
  - D. In addition to the members set forth in paragraphs A. and C., an employee of the Health District whose duties relate to the administration and enforcement of these Regulations will be an ex officio member of the RTAB.

- III. Each standing member may designate an alternate member to serve in his/her place should he/she be temporarily unable to perform the required duties of this section. The Health Officer will designate or approve the alternates for the other members of the Board.
- IV. Appointed members of the RTAB shall serve two (2) year terms, from July 1 through June 30 of the second year. The Health Officer may appoint persons to fill the unexpired portion of the terms of vacant positions on the RTAB in the manner prescribed in this section. The members shall elect their chairman from amongst the body.
- V. Voting shall be done by roll call vote. The chairman of the RTAB may vote on all issues before the body. Issues shall be passed by a simple majority.
- VI. Members of the RTAB may establish subcommittees to study specific matters falling within the area of responsibility of the RTAB.
- VII. The RTAB shall:
  - A. Review and advise the Health Officer regarding the management and performance of trauma services in this county;
  - B. Advise the Health Officer on matters of policy relating to trauma care;
  - C. Advise the Board and the Health Officer with respect to the preparation and adoption of regulations regarding trauma care;
  - D. Evaluate the effectiveness of the trauma system based on statistical analysis of EMS/trauma data collected; and
  - E. Establish a trauma peer review committee to review, monitor, and evaluate trauma system performance and make recommendations for system improvements. When functioning as a peer review committee, the committee derives its authority and privilege from NRS 49.117 through NRS 49.123 and NRS 49.265.
- VIII. The RTAB shall meet on a quarterly basis unless the chairman determines that more or less frequent meetings are necessary.
- III. Members of the RTAB shall serve without pay.
- IV. The RTAB members shall disclose any direct or indirect interest in or relationship with any individual or organization that proposes to enter into any transaction with the Board (NRS 281A.420).
- V. Nothing contained herein shall be construed as making any action or recommendation of the RTAB binding upon the Health Officer or the Board.

**SECTION 500**  
**TRAUMA MEDICAL AUDIT COMMITTEE**

**500.000 TRAUMA MEDICAL AUDIT COMMITTEE.**

- I. The Trauma Medical Audit Committee (TMAC) is a multidisciplinary medical review committee of the ~~District Board of Health~~ *Regional Trauma Advisory Board* that will meet regularly, including as a peer review committee, to review, monitor, and evaluate trauma system performance and make recommendations for system improvements. The TMAC, when functioning as a peer review committee, derives its authority and privilege from NRS 49.117 - 49.123; NRS 49.265; and NRS 450B.237.
- II. The scope of the TMAC shall include, but not be limited to:
  - A. Participation in the development, implementation, and evaluation of medical audit criteria;
  - B. Review and evaluation of trauma care in the county;
  - C. Review of trauma deaths in the county;
  - D. Participation in the designing and monitoring of quality improvement *through risk adjusted programs and* strategies related to trauma care; and
  - E. Participation in research projects.
- III. The TMAC shall consist of the following members:
  - A. The Standing TMAC members shall be appointed by the Health Officer. They include:
    1. Trauma medical director from each designated trauma center
    2. Trauma program manager from each designated trauma center
  - B. Ad hoc members that may participate include other relevant individuals or subject matter experts, as determined by the chairman and Health Officer.
    1. *County medical examiner or designee*
    2. *EMSTS manager or designee*
    3. *Neurosurgeon recommended by the Health Officer*
    4. *Anesthesiologist recommended by the Health Officer*
    5. *Orthopedic surgeon recommended by the Health Officer*
    6. *Emergency Physician not affiliated with a trauma center, recommended by the Health Officer*
    7. *Permitted emergency medical services agency medical director/quality improvement coordinator recommended by the Health Officer.*
- IV. Each standing member may designate an alternate member to serve in their place should they be temporarily unable to perform the required duties of this section. The Health Officer will designate or approve the alternates for the other members of the TMAC.

- V. Appointed members of the TMAC shall serve two (2) year terms, from January 1 through December 31 of the second year. The Health Officer may appoint persons to fill the unexpired portion of the terms of vacant positions on the TMAC in the manner prescribed in this section. The members shall elect their chairman from amongst the body.
- VI. The TMAC shall meet on a quarterly basis unless the chairman determines that more or less frequent meetings are necessary.
- VII. Members of the TMAC shall serve without pay.
- VIII. Attendance
- A. Attendance at the meetings for the trauma medical directors and trauma program managers or their designees is mandatory. The trauma medical directors and the trauma program managers are expected to attend 90% of the scheduled TMAC meetings annually. After three (3) consecutive absences in a calendar year, an appointed member may be replaced on the TMAC.
- B. Resignations from the TMAC shall be submitted, in writing, to the OEMSTS.
- C. Invitees may participate in the peer review of specified cases where their expertise is requested. All requests for invitees must be approved by the OEMSTS in advance of the scheduled meeting.
- D. Invitees not participating in the peer review of specified cases must be approved by the OEMSTS and all trauma medical directors.
- IX. Due to the advisory nature of the TMAC, many issues require consensus rather than a vote process. Vote process issues will be identified as such by the chairman. Voting members shall be the standing committee members. When voting is required, a simple majority of the voting members of the standing committee need to be present. Members may not participate in voting when a conflict of interest exists.
- X. Minutes will be kept by OEMSTS staff and distributed to the members at each meeting. All official correspondence and communication generated by the TMAC will be approved by the TMAC members and released by OEMSTS staff on Southern Nevada Health District letterhead.
- XI. All proceedings, documents and discussions of the TMAC, when functioning as a peer review committee, are confidential and are covered under NRS 49.117 - 49.123 and NRS 49.265. The privilege relating to discovery of testimony provided to the TMAC shall be applicable to all proceedings and records of the TMAC whose purpose is to review, monitor, evaluate, and report on trauma system performance.
- All members and invitees shall sign a confidentiality agreement not to divulge or discuss information that would have been obtained solely through TMAC meetings. Prior to guest(s) participating in the meeting, the chairman is responsible for explaining the signed confidentiality agreement to invitees. Invitees should only be present for the portions of meetings they have been requested to attend.
- XII. Nothing contained herein shall be construed as making any action or recommendation of the TMAC binding upon the Health Officer or the Board.