

Southern Nevada Trauma Needs

Trauma System Citizen's Task Force

PRESENTED BY:

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President/CEO



Catholic Healthcare West

CHW

- Coordinated system of Acute Care Facilities, EMS, and trauma sites
- Cooperative relationships between Acute care facilities and Trauma Centers
- Maintain 30 minute access to trauma care
 - Increased road traffic
 - Broader geographic growth including North Las Vegas, Southeast Henderson, and Boulder City
- Adequate volumes at Trauma Designated facilities to maintain physician and staff trauma skills
- Clinically appropriate protocols to assure proper placement of patients



- Founded as Rose de Lima Hospital in 1947 by the Adrian Dominican Sisters
- Only Not-for Profit Religiously sponsored Acute Care Hospital System in the Las Vegas Valley
- Two Campus Hospital system with 352 Acute Care beds
- Only Acute Care provider in Henderson Area

- **Community Growth**
 - Southern Las Vegas and Boulder City reaching adequate population to support center
 - Increased number of Boulder City and Henderson EMS trauma runs to UMC
 - Increased Transfers from St. Rose facilities to UMC
 - Geographic locations adjacent to I-15 and Lake Mead
- **Hospital Growth**
 - Added programs like Open Heart, Cranial Neurosurgery, and PICU
 - New specialties joining medical staff
- **Community Requests**
 - Community residents requested St. Rose add trauma
 - Mission of St. Rose focused on meeting community needs



- Single Trauma Center (Current)
- Downtown Trauma Network
- Geographical Trauma Placement



Option #1: Single Trauma Center

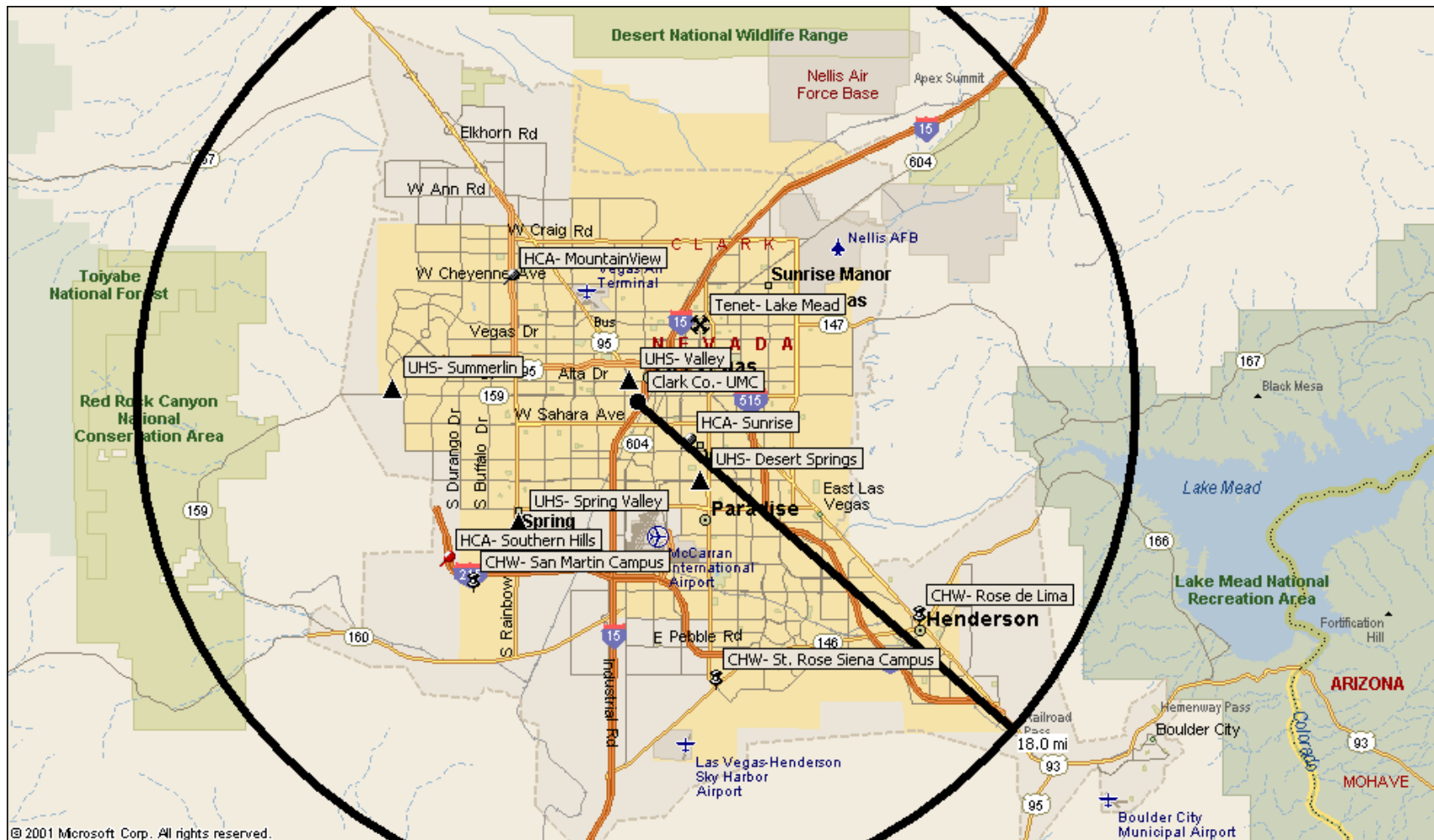
Benefits:

- All trauma patients cared for by Level I Trauma
- Trauma physicians and clinical staff concentrated in one place
- Trauma preparedness costs remain low due to single site

Disadvantages:

- Longer transport times during high traffic or for patients further from city center
- No redundancy in case of problems

Large Coverage Area for central city Trauma Center



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Option #2: Downtown Trauma Network

Benefits:

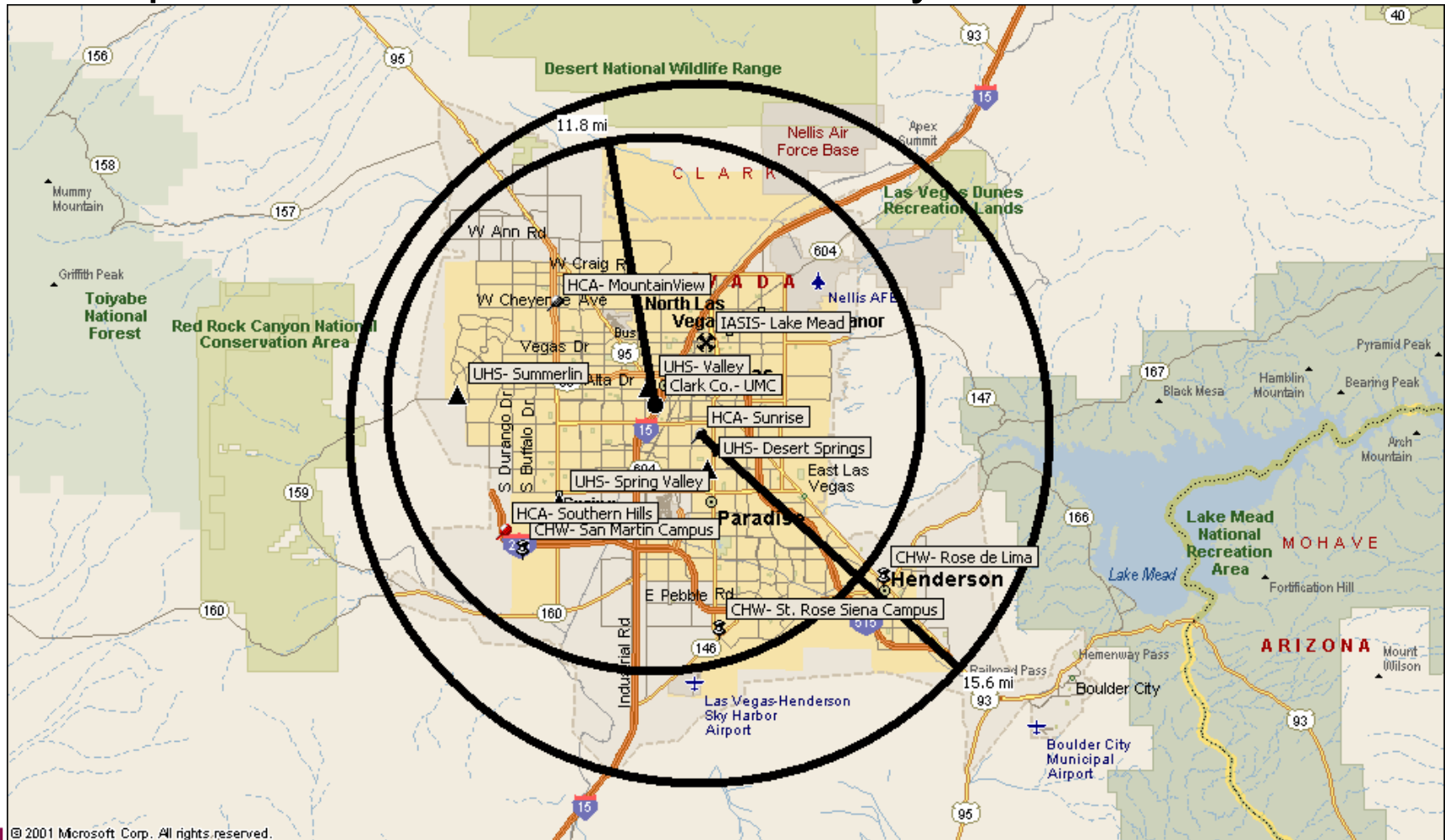
- Redundancy of coverage in case of disaster
- Close proximity of Level I and Level II centers

Disadvantages:

- Dilution of trauma physicians and staff possible
- Limited improvement to geographical coverage
- Reduced patient counts for maintenance of skills at each center



Some improvement in coverage area, with improvement in trauma redundancy



Option #3: Geographical Trauma Placement

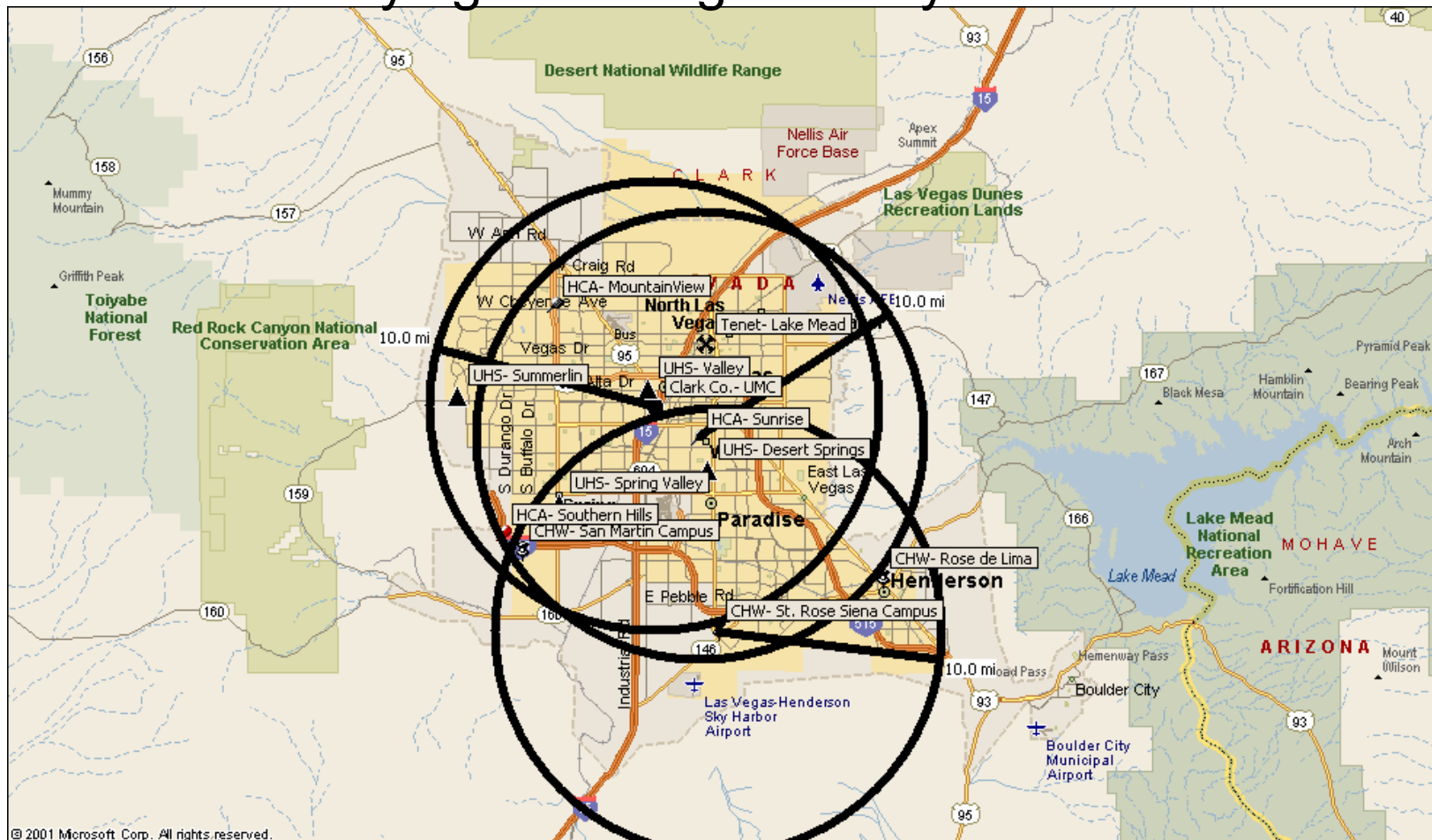
Benefits:

- Improved coverage times for residents further from city center
- Redundancy of coverage in case of disaster
- Opportunity for feeder system with outlying Level III sites
- Patients triaged closer to site of injury
- Reduced pressure on Level I site during high injury times

Disadvantages:

- Possible dilution of trauma physicians and clinicians between sites

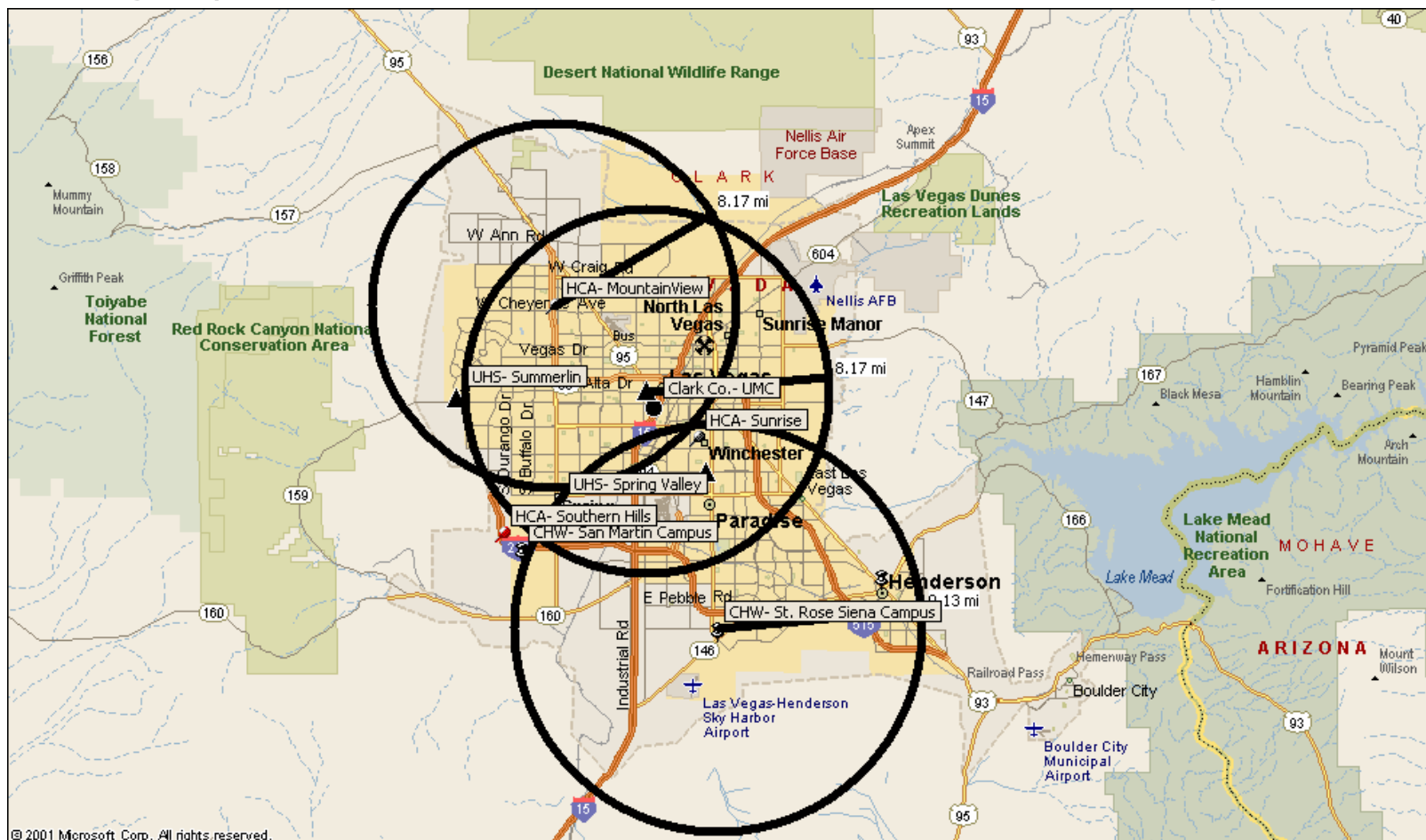
Addition of Southern Trauma Provider reduces driving distances for outlying areas significantly



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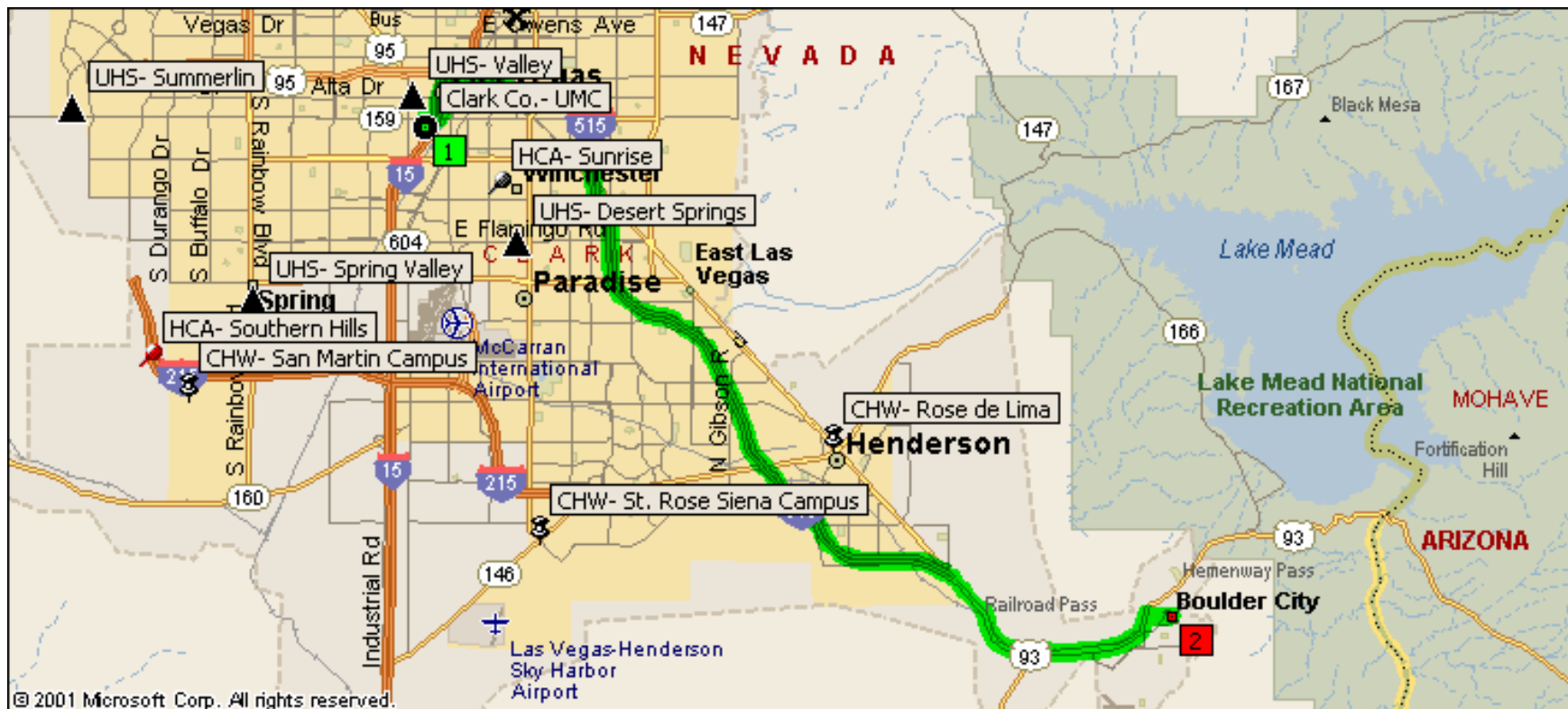
Multiple Level III Centers would provide best geographical coverage (southeastern and northwestern centers)



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UMC to Boulder City 28-29 Miles



Sunrise to Boulder City 25+ Miles



St. Rose Siena Campus to Boulder City-19 Miles



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A successful Trauma system for the Las Vegas Valley
Must Include:

- Strong cooperation between Level I Trauma Center and other hospitals and Trauma Centers
- Timely access to care and clear direction to EMS on proper transfer protocols

Recommendation:

- Geographically dispersed system allowing for improved coverage of Las Vegas to maintain treatment times as geographical size of Las Vegas increases.

