APPROVED BY THE PUBLIC HEALTH ADVISORY BOARD
AUGUST 8, 2022

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
PUBLIC HEALTH ADVISORY BOARD MEETING
April 11, 2022 – 8:30 A.M.
Meeting was conducted via Webex Event

MEMBERS PRESENT:	Michael Collins – Chair, Registered Nurse Kenneth Osgood – Vice Chair, Physician Ronald Kline – Member, City of North Las Vegas Paul Klouse – Member, City of Boulder City Holly Lyman – Member, City of Henderson Francisco Rojas – Member, Environmental Health Jennifer Young – Member, City of Las Vegas
ABSENT:	Dick Tomasso – Member, City of Mesquite
ALSO PRESENT: (In Audience)	Linda Anderson, Kim Dokken, Douglas Fraser, Lisa Rogi, Stacie Sasso
LEGAL COUNSEL:	Edward Wynder, Associate General Counsel
EXECUTIVE SECRETARY:	Fermin Leguen, MD, MPH, District Health Officer *(absent)*
STAFF:	Paula Carrasco, Andria Cordovez Mulet, Aaron DelCotto, Jason Frame, Rich Hazeltine, Michael Johnson, David Kahananui, Chad Kingsley, Theresa Ladd, Cassius Lockett, Kyle Parkson, Larry Rogers, Chris Saxton, Herb Sequera, Karla Shoup, Randy Smith, Karen White

I. **CALL TO ORDER AND ROLL CALL**

Chair Collins called the Public Health Advisory Board meeting to order at 8:30 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

II. **PLEDGE OF ALLEGIANCE**

III. **FIRST PUBLIC COMMENT**: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Stacie Sasso, Health Services Coalition, commented on the proposed trauma regulations and advised that she attended a workshop on Friday and submitted formal comments for review and consideration. Ms. Sasso stated that they have concerns regarding the proposed trauma regulations as they are proposed today and have provided those comments to Dr. Kingsley and looks forward to reviewing them today.

Seeing no one further, the Chair closed this portion of the meeting.

IV. ADOPTION OF THE APRIL 11, 2022 MEETING AGENDA *(for possible action)*

A motion was made by Member Klouse, seconded by Member Kline and carried unanimously to approve the April 11, 2022 Agenda, as presented.

Vice-Chair Osgood joined the meeting at 8:33 a.m.

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING**: January 21, 2022 *(for possible action)*

   A motion was made by Chair Collins, seconded by Vice-Chair Osgood and carried unanimously to approve the January 21, 2022 Public Health Advisory Board Minutes, as presented.

VI. REPORT / DISCUSSION / ACTION

1. **Receive and Discuss the 2020 Southern Nevada Trauma System Report**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Chad Kingsley, MD, Regional Trauma Coordinator, presented the 2020 Southern Nevada Trauma System Report and advised this was the third year of the report, that will be prepared and presented as an annual report for Clark County and the trauma system.

   Member Young joined the meeting at 8:35 a.m.

   Vice-Chair Osgood inquired whether there were any staffing issues with not having enough responders available. Dr. Kingsley advised that there had not been any staffing issues at trauma centers. Dr. Kingsley advised that trauma centers have to guarantee an activation, so when there is a trauma and it arrives, they have to 'activate' onsite 15 to 30 minutes, depending on the level of the appropriate response. Dr. Kingsley further advised that the actual hospital has to guarantee it and if they are not able to, when the hospital submits for their ACS accreditation, they may not be able to get re-certified.

   Member Kline inquired as to the concerns raised in the Public Comment. Dr. Kingsley clarified that the concerns raised in the Public Comment section were related to the Proposed Trauma System Regulations, which was the next item on the Agenda.

   A motion was made by Vice-Chair Osgood, seconded by Member Kline and carried unanimously to accept the 2020 Southern Nevada Trauma System Report.

2. **Receive and Discuss Update to the Southern Nevada Health District Trauma System Regulations;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Dr. Kingsley presented an update on the Proposed Trauma System Regulations. Dr. Kingsley advised that the current regulations were authorized in 2015 and used NRS 450B.237 to regulate verified trauma care. Dr. Kinglsey provided a timeline of the development of the draft regulations, mainly the passage of AB317 that required the updating of the regulations. The salient revisions included:

   1. Update and revision of Definitions
   2. Update and revision of Trauma System Administration

a. Addition of an annual report
b. Addition of an impact report

3. Update to Provisional Authorization and Designation Processes
   a. Addition: Corresponds to NRS 450B.237 that requires state authorization for initial entry as Level III Trauma Center before seeking Board of Health authorization
   b. Update: Revisions to processes for renewal and increase in ACS-COT level
   c. Addition: Process for accepting applications for federally exempt hospitals seeking to participate in the trauma system
4. Update and revisions to Advisory Board and Peer Review Committee

Dr. Kingsley outlined the steps taken by the Office of Emergency Medical Services and Trauma System (OEMSTS), particularly related to the Business Impact Notification and noted that no responses or comments were received. Following that, a Trauma Regulation Public Workshop was held and Dr. Kingsley noted the following highlights:

- Concerns related to some of the terminology
- Clarification on application process
- Clarification of Regional Trauma Advisory Board/Trauma Medical Audit Committee regulatory authority and purpose

Further to a question from Chair Collins, Dr. Kingsley outlined the differences between the levels of trauma centers and the process in approving new trauma centers. Dr. Kingsley advised that the state would have to review, analyze and determine the need for another trauma center.

Further to a question from Member Kline, Dr. Osgood requested an update/presentation outlining the location of trauma centers, the zip codes of traumas and transportation times.

A motion was made by Vice-Chair Osgood, seconded by Member Kline and carried unanimously to accept the update on the Southern Nevada Health District Trauma System Regulations.

VII. **BOARD RECORDS:** The Southern Nevada District Board of Health Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health Public Health Advisory Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Dr. Osgood requested an update/presentation outlining the location of trauma centers, including the north-west, the zip codes of traumas and transportation times, along with any additional information available.

VIII. **HEALTH OFFICER & STAFF REPORTS *(Information Only)***

- DHO Comments

On behalf of Dr. Leguen, Dr. Lockett, Director of Disease Surveillance and Control, advised that COVID-19 testing went well at Fiesta Henderson, which closed on February 2nd and conducted approximately 14,000 tests in a three-week period. Further COVID-19 testing went well at Texas Station, which closed on February 20th and conducted over 15,000 tests over a six-week period. Dr. Lockett advised that there was still testing capacity at three CSN locations, the Southern Nevada Public Health Lab, four kiosk locations around the valley and numerous mobile test sites. Information on testing locations can be found on the Health District website. Dr. Lockett advised that the Health District continued to distribute rapid antigen test kits to community partners in rural and underserved communities.

Dr. Lockett advised that the Health District worked with UNLV on wastewater surveillance. UNLV issued a wastewater surveillance website, in partnership with the Health District, Southern Nevada Water Authority and Desert Research Institute. The website was www.empower@unlv.edu.

Dr. Lockett advised that two vending machines for free COVID-19 antigen tests have been installed in two locations, Moapa Valley Recreation Center and Mesaview Emergency Room. Discussions were underway with the Regional Transportation Commission (RTC) for a vending opportunity at one of their locations.

Dr. Lockett introduced Edward Wynder, Associate General Counsel at the Health District. Mr. Wynder previously worked at the Health District from 2007-2012 as an Environmental Health Specialist in solid waste, when he left for law school.

- COVID-19 Surveillance and Contact Tracing Update

Dr. Lockett advised, with respect to COVID-19 cases, from March 22nd to April 4th, the 7-day case rate was 24.8%, which deaths declining by 53% from 3.1 to 1.6. Dr. Lockett advised that the case count appears to slightly increase and encouraged everyone to remain vigilant. With respect to COVID-19 death, from January 3-16, the 7-day moving average decreased by 32.2%. Dr. Lockett advised that wastewater concentration indicates that BA.2 continues to increase. Dr. Lockett advised that the test positivity, at April 4th, was 5.2%, however was slightly increasing. Dr. Lockett confirmed that Omicron remains the dominant strain in cases. Breakthrough cases are at 14.8%, hospitalizations are at 70.4% and deaths are at 82.7% in individuals over the age of 65. Dr. Lockett advised that his team currently has approximately 50 internal contact tracers and approximately 200 on contract. Contact tracers are staffing the testing sites, assisting CCSD, including providing technical assistance to parents, and investigating individuals that are in high-risk settings, children and those over the age of 65 years.

Further to an inquiry from Dr. Osgood, Dr. Lockett advised that the Health District provided information on the website and encouraged the public to report the results of home test kits.

- Community Health Center Update

David Kahananui, Senior FQHC Manager, provided an updated on the Southern Nevada Community Health Center (SNCHC). Mr. Kahananui advised that the SNCHC's noncompeting continuation for the designation of a Federally Qualified Health Center was approved. Mr. Kahananui advised that a HRSA Operational Site Visit was scheduled at the end of June 2022. Mr. Kahananui provided updates on the Q1 2022 patient counts, eligibility assistance and outcomes of the patient satisfaction surveys. With respect to COVID-19, Mr. Kahananui outlined the testing and vaccine efforts and advised that from May 3, 2021 to March 31, 2022, SNCHC administered 40,267 doses of vaccine and conducted 88,081 tests. These efforts are in addition to the Health District. The SNCHC is providing anti-viral medication to treat symptomatic COVID-19 patients who are 65+ years and/or patients with co-morbidities. Mr. Kahananui continued with an update on funding opportunities, behavioral health, accepted insurance and marketing.

Dr. Osgood advised that he continues to interact with school counselors, that requested resources for youth suicide prevention and depression. Dr. Osgood reached out to the Health District for information and forwarded that information to a number of school counselors, that provided him with positive feedback.

Member Young suggested that staff contact La Pulga de Las Vegas, which is a Spanish network advertising agency, that has a readership of approximately 300,000 for possible advertising.

- EH Fees Business Impact Survey and EH Update

Christopher Saxton, Director of Environmental Health, presented an overview of the Environmental Health (EH) Division and the Proposed EH Fee Schedule Adjustments. Mr. Saxton advised that there has not been a fee adjustment since 2009 and advised that the proposed increase is 29%,

which is less than the cost of inflation. Mr. Saxton outlined staff's recommendation to proceed with a 29% overall fee increase, along with a link to the Consumer Price Index (Western Region) with a 1% floor / 3% ceiling annual adjustment to give programs sustainability as the community continues to grow. Mr. Saxton advised that the Business Impact Survey was with the industry and the deadline for feedback was April 15, 2022. At that point the results of the Business Impact Survey and Proposed EH Fee Schedule would be brought before the Board of Health.

Member Klouse inquired whether an evaluation was conducted on the cost per staff hour. Mr. Saxton advised that an evaluation was conducted and as Environmental Health this increase was required to cover the gaps and to allow the ability to hire additional staff to be able to provide better service to industry.

IX. **SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

Dr. Osgood wished to commend some Health Educators who provided him with some information on malnutrition, obesity and the programs available, which he forwarded to a number of organizations, including the Council on Food Security.

Further to a question from Member Klouse, Mr. Wynder advised that the Proposed EH Fee Schedule Adjustment would be presented directly to the Board of Health and would not normally be presented to the Public Health Advisory Board for pre-approval.

X. **ADJOURNMENT**

The Chair adjourned the meeting at 10:08 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm

AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
PUBLIC HEALTH ADVISORY BOARD MEETING
April 11, 2022 – 8:30 A.M.
Meeting will be conducted via Webex Event

NOTICE

WebEx Event address for attendees:
https://snhd.webex.com/snhd/onstage/g.php?MTID=e7c8c7df0aa2af7102af61bfaccc914c7

To call into the meeting, dial (415) 655-0001 and enter Access Code: 2554 315 7328

For other governmental agencies using video conferencing capability, the Video Address is:
25543157328@snhd.webex.com

NOTE:
- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:

- **By Webex: Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.**

- **By email: public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.**

IV. ADOPTION OF THE APRIL 11, 2022 AGENDA ***(for possible action)***

V. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING:** January 21, 2022 ***(for possible action)***

VI. **REPORT / DISCUSSION / ACTION**

1. **Receive and Discuss the 2020 Southern Nevada Trauma System Report**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Receive and Discuss Update to the Southern Nevada Health District Trauma System Regulations**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. **BOARD REPORTS**: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

VIII. **HEALTH OFFICER & STAFF REPORTS *(Information Only)***

- DHO Comments
- COVID-19 Pandemic Update
- Community Health Center Update
- EH Fees Business Impact Survey and EH Update

IX. **SECOND PUBLIC COMMENT**: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chairman or the Board by majority vote.

See above for instructions for submitting public comment.

X. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Andria Cordovez Mulet in Administration at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at https://snhd.info/meetings, the Nevada Public Notice website at https://notice.nv.gov, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact Andria Cordovez Mulet at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
PUBLIC HEALTH ADVISORY BOARD MEETING
January 21, 2022 – 9:00 A.M.
Meeting was conducted via Webex Event

MEMBERS PRESENT:	Michael Collins – Chair, Registered Nurse Kenneth Osgood – Vice Chair, Physician Ronald Kline – Member, City of North Las Vegas Paul Klouse – Member, City of Boulder City Holly Lyman – Member, City of Henderson Francisco Rojas – Member, Environmental Health Dick Tomasso – Member, City of Mesquite Jennifer Young – Member, City of Las Vegas
ABSENT:	None
ALSO PRESENT: (In Audience)	Linda Anderson, Jennifer Lopez, Matthew Seeman
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
EXECUTIVE SECRETARY:	Fermin Leguen, MD, MPH, District Health Officer *(absent)*
STAFF:	Mark Bergtholdt, Andria Cordovez Mulet, Stephanie Cortes, Jennifer Fennema, Michelle Goodsell, Heather Hanoff, David Kahananui, Michael Johnson, Theresa Ladd, Cassius Lockett, Cortland Lohff, Jim Muth, Larry Rogers, Chris Saxton, Karla Shoup, Michelle Villanueva, Brenda Welch, Karen White

I. CALL TO ORDER AND ROLL CALL

Chair Collins called the Public Health Advisory Board meeting to order a 9:04 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum was present.

II. PLEDGE OF ALLEGIANCE

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

IV. ADOPTION OF THE JANUARY 21, 2022 MEETING AGENDA *(for possible action)*

A motion was made by Member Klouse, seconded by Vice-Chair Osgoode and carried unanimously to approve the January 21, 2022 Agenda, as presented.

V. **CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health Public Health Advisory Board which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/PUBLIC HEALTH ADVISORY BOARD MEETING**: October 11, 2021 *(for possible action)*

A motion was made by Vice-Chair Osgoode, seconded by Member Klouse and carried unanimously to approve the October 11, 2021 Public Health Advisory Board Minutes, as presented.

VI. **REPORT / DISCUSSION / ACTION**

1. **Receive, Discuss and Accept Amendments to the Public Health Advisory Board By-laws and Approve Recommendations to the Board of Health on January 27, 2022**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Heather Anderson-Fintak, General Counsel, provided an overview of the salient proposed amendments that included:

- A correction to the sited statute; and
- A revision to only two regular meetings a year, with the ability to call additional special meetings.

Ms. Anderson-Fintak advised the Board that the request for the revision to only two regular meetings a year, is related to various sets of regulations that staff would like the Public Health Advisory Board to review and discuss prior to them being presented to the Board of Health. The current requirement of 'quarterly' limits the Advisory Board to certain dates that may limit staff. Ms. Anderson-Fintak continued that the Advisory Board could maintain four meetings, but not limit it to a specific quarter.

Vice-Chair Osgoode suggested that the Advisory Board continue with four meetings a year, without the requirement of being within a specific quarter. Ms. Anderson-Fintak suggested that the working could be amended to:

> *"The Advisory Board shall hold:*
> *1. Four regular meetings each year.*
> *2. Special meetings as called by the Chair."*

A motion was made by Vice-Chair Osgoode, seconded by Member Kline and carried unanimously to accept the proposed amendments, to the Public Health Advisory Board By-laws, as amended at the meeting, and recommend approval to the Southern Nevada District Board of Health on January 27, 2022.

2. **Receive and Discuss Consolidation and Update to the Southern Nevada Health District Regulations Governing the Sanitation and Safety of Body Art Establishments (Body Art Regulations) previously known as Tattoo Regulations and Body Piercing Regulations (https://www.southernnevadahealthdistrict.org/permits-and-regulations/body-art/body-art-regulation-revisions/);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mark Bergtholdt, Environmental Health Supervisor, provide a presentation on the proposed Regulations Governing the Sanitation and Safety of Body Art Establishments (Body Art Regulations). (**Attachment #1**)

Mr. Bergtholdt outlined that currently there were two regulations related to body art facilities, (i) SNHD Regulations Governing the Sanitation and Safety of Tattoo Facilities, and (ii) SNHD Regulations Governing the Sanitation and Safety of Piercing Facilities, neither of which have been updated since 2005. Mr. Bergtholdt further outlined the process taken by staff in reviewing and consolidating the regulations. Mr. Bergtholdt advised that three public workshops were held, within minutes from the workshops sent to all participants and posted on the website. Further, Business Impact Surveys were sent to the same individuals as the public workshops with a deadline of January 31, 2022. Mr. Bergtholdt advised that most of the survey responses received were generally positive, with some negative comments related to the cost of new jewelry standards and indicators. In conclusion, Mr. Bergtholdt advised that a fourth workshop will be held to present the final draft of the regulation, the Business Impact Statements will be presented to the Board of Health in February and the final regulation will be presented to the Board of Health in March.

Member Klouse inquired as to the industry response regarding the increase in testing of the autoclaves and whether the regulations reduce the number of hand sinks. Mr. Bergtholdt advised that only one comment was received regarding the increase in cost for testing the autoclaves and that the proposed regulations state one sink for every four stations, without a barrier between.

Further to a question, Mr. Bergtholdt advised that currently there were 300 permitted body art establishments, with some doing both tattoo and piercings, each of which requires a permit. Member Klouse inquired whether there was any discussion regarding the requirement for two permits. Mr. Bergtholdt advised that the current fee schedule requires two permits, and this may be considered when they review the fee schedule.

VII. **BOARD RECORDS:** The Southern Nevada District Board of Health Public Health Advisory Board members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health Public Health Advisory Board unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Vice-Chair Osgoode requested an update on the following:
- Marijuana use in youth;
- Unpermitted food vending.

VIII. **HEALTH OFFICER & STAFF REPORTS *(Information Only)***
- DHO Comments

On behalf of Dr. Leguen, Dr. Lockett, Director of Disease Surveillance and Control, advised that two new drive-thru COVID-19 testing sites have opened, in conjunction with Clark County, at Texas Station and Fiesta Henderson. These sites were to only be open for 21 days; however, the Health District is working with Clark County for an extension. Dr. Lockett advised that with all the testing efforts (15 mobiles, 5-6 trailers, 5 kiosks, 3 drive-thru sites), the Health District conducted approximately 30,000 tests last week. Dr. Lockett confirmed that the testing capacity remains strong.

Dr. Lockett advised that the Health District received a donation from the CES Convention of approximately 32 pallets of the COVID-19 rapid home test kits, which equals approximately 27,000 test kits. These test kits were distributed to a variety of community partners. Dr. Lockett confirmed that the Health District has ordered an additional 200,000 COVID-19 rapid home test kits and have a distribution plan in place. Further, the Southern Nevada Community Health Center (FQHC) has also requested rapid home test kits from HRSA.

Member Kline inquired whether the turnaround time for results has been affected due to the surge in testing. Dr. Lockett advised that the turnaround time varies depending on the vendor and could be within 3-6 days. Dr. Lockett advised that the Southern Nevada Public Health Laboratory currently has

a turnaround time of 2 days. Dr. Lockett advised that staffing shortages have been impacting the turnaround times.

- COVID-19 Surveillance and Contact Tracing Update

  Dr. Lockett advised that influenza activities started the year at a high level, however, as of the week ending January 8th, they have decreased. The Health District continues to recommend individuals to get their flu shot.

  With respect to COVID-19 cases, as of yesterday's report, on January 3rd the 7-day moving average was 3,586, which was an increase from approximately 1,000 on December 25th. On January 16th, the 7-day moving average was 3,287, which was a 8.3% decrease. Dr. Lockett advised that the case count remains high and encouraged everyone to remain vigilant. With respect to COVID-19 death, from January 3-16, the 7-day moving average decreased by 32.2%. Dr. Lockett stated that vaccines are working in preventing deaths. With respect to COVID-19 hospitalizations, Dr. Lockett stated that in addition to increased cases and breakthrough cases, hospitals have been challenged with staffing shortages, with the biggest concern about the unvaccinated population. Dr. Lockett advised that the test positivity, at January 3rd, was 38.7% and has closely started to decline. Dr. Lockett confirmed that Omicron remains the dominant strain in cases. Breakthrough cases at are 38.2%, however deaths have been less with Omicron, with approximately 7 days within the last 30 days and 86% of those deaths were over the age of 65. Dr. Lockett advised that his team currently has approximately 50 internal contact tracers and approximately 200 on contract. Contact tracers are staffing the testing sites, assisting CCSD and investigation individuals that are in high-risk settings, children and those over the age of 65 years.

- Vaccination Campaign Update

  Dr. Cortland Lohff, Chief Medical Officer, advised as to the recent federal government approvals in lowing the age for vaccine and shortening the to receive a booster. Dr. Lohff advised that the Health District has capacity for vaccine administration with static and pop-up locations. As of January 20, 2022, 3.29 million vaccine doses were administered in Clark County; 70% of the total population has started the doses and 57% have completed the doses. Dr. Lohff advised that with the recent Supreme Court decision not to impose a vaccine or testing mandate, the mandate remained for health care workers.

  Dr. Lohff advised that Advisory Board that SNCHC has started a new program dispensing the anti-viral medication to individuals that have tested positive for COVID-19 and are at a high risk for complications and/or hospitalization. SNCHC staff will identify individuals as they come to the testing site to determine their eligibility and interest in entering the program so the medication can be administered immediately. If the medication is provided early, it is very effective in preventing severe complications and/or death.

- Community Health Center Update

  David Kahananui, Senior FQHC Manager, provided an updated on the Southern Nevada Community Health Center (SNCHC). **(Attachment #1)**

  Mr. Kahananui advised that the SNCHC's noncompeting continuation for the designation of a Federally Qualified Health Center was approved. Mr. Kahananui, provided with providing updates on the 2021 patient counts, eligibility assistance and outcomes of the patient satisfaction surveys. With respect to COVID-19, Mr. Kahananui outlined the testing and vaccine efforts and advised that in 2021 SNCHC administered 33,920 doses of vaccine and conducted 47,019 tests. The SNCHC recently distributed 4,000 face masks and 2,265 at-home rapid tests to community partners. Mr.

Kahananui continued with an update on funding opportunities, behavioral health, accepted insurance and marketing.

Vice-Chair Osgoode inquired as to the percentage of revenue that is from private insurance. Mr. Kahananui advised that approximately 20% from private insurance, 40% is Medicaid and 40% is self-paid.

IX. **SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed this portion of the meeting.

X. **ADJOURNMENT**

The Chair adjourned the meeting at 10:20 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary

/acm

2020 SOUTHERN NEVADA TRAUMA SYSTEM REPORT

2020 SOUTHERN NEVADA TRAUMA SYSTEM REPORT

Contents

Acknowledgments

The Clark County Trauma System report was prepared by staff in the Southern Nevada Health District Office of Emergency Medical Services & Trauma System, Southern Nevada Health District Informatics and Public Information Offices, and Southern Nevada Health District Office of Epidemiology. The Health District appreciates the contributions of the following organizations:

- American College of Surgeons Committee on Trauma
- Nevada State Division of Health
- Regional Trauma Advisory Board
- Trauma Medical Audit Committee
- University Medical Center
- Sunrise Hospital & Sunrise Children's Hospital
- St. Rose Dominican Hospitals - Siena Campus

The 2020 report was written and compiled by the SNHD Regional Trauma Coordinator (Chad Kingsley, MD) and SNHD Epidemiologist (Brandon Delise, MPH).

Southern Nevada Trauma System Review

Introduction

This Clark County Trauma Needs Assessment Review comprehensively describes the ongoing development, operation, and maintenance of the Southern Nevada Trauma System using a 5-year calendar review. Since its inception in 2005, trauma system leadership continues to make significant strides to provide a well-coordinated trauma system to serve the trauma transport and treatment of Southern Nevada residents, bordering states, and visitors each year.

The Need for a Trauma System

Injuries, intentional and unintentional, are a leading cause of death and disability in the United States each year. They generate significant social and economic expenses for medical treatment and lost victims' productivity. The recognition of the considerable impact that traumatic injury has on individuals and society has led to a greater emphasis on developing trauma care systems as an identified public health problem. Trauma systems conduct daily operations to optimize patient outcomes and readily adapt to manage an influx of injured patients.

What is a Trauma System?

A trauma system is an organized, coordinated, comprehensive injury response network of essential resources that promote injury prevention and control initiatives and provides specialized care for the injured. The system facilitates appropriate triage and transportation of trauma patients through the emergency medical services system to designated health care facilities that possess the capability, competence, and commitment to providing optimum care for trauma victims. It also promotes rehabilitation services to decrease the likelihood of long-term disability and maximize injured patients' potential to return to their prior functional capacity and reintegration into the community.

The goals of a trauma care delivery system are to:

- reduce the incidence and severity of injuries;
- improve the health outcome of those who are injured by ensuring equitable access to the most appropriate health care resources promptly;
- promote efficient, cost-effective delivery of care;
- implement performance improvement activities to ensure quality care throughout the system; and
- advocate for sufficient resources to meet the needs of the injured in the community.

Trauma System Components

Prehospital Emergency Medical Services

The prehospital component of the trauma system is designed to provide initial assessment and management of injured patients at the scene of an emergency with safe and efficient transport to the most appropriate health care facility.

Level I

A Level I trauma center provides comprehensive care for the most severely injured patients. The required clinical resources include emergency medicine, general and subspecialty surgical, and anesthesia services. A Level I trauma center is expected to provide leadership in trauma system planning, education, and research. The center must also meet specific volume performance standards (at least 1200 patients annually). A 24-hour in-house availability with a 15-minute maximum acceptable response is required for the highest-level trauma activation.

Level II

A Level II trauma center provides comprehensive trauma care based on the environment of the region. In population-dense areas, Level II should supplement the Level I facility's clinical activity and expertise. A Level II trauma center is expected to provide initial and definitive trauma care for severely injured patients, including all the clinical services provided by a Level I trauma center except hand and microvascular surgical services. A 24-hour in-house availability with a 15-minute maximum acceptable response is required for the highest-level trauma activation.

Level III

A Level III trauma center typically serves communities without immediate access to Level I or II resources. When multiple trauma centers function within a community (e.g., metropolitan area), a Level III trauma center may be required to participate within a trauma system (see Level III- Southern Nevada Trauma System). The required resources include emergency medicine and general and orthopedic surgical services to treat and stabilize all the Center for Disease Control guidelines for trauma triage (Steps 1-4). The other subspecialties are desired but not required. Level III trauma centers then transfer injured patients that exceed the facility resources to Level I and Level II trauma centers. As such, participation in a regional trauma system is essential. A 24-hour in-house availability with a 30-minute maximum acceptable response is required for the highest-level trauma activation.

Pediatric Level I or Level II

A Pediatric Level I or Level II trauma center is a health care facility that has committed the necessary resources and expertise to meet the pediatric population's specialized needs. A pediatric trauma center is expected to assume a leadership role in the care of injured children within their community.

Rehabilitation, Data Collection, Injury Prevention, Performance Improvement

All trauma centers commit to an optimal performance that includes these four key points. The rehabilitation of injured patients reduces costs; each trauma center establishes local agreements with rehabilitation centers to provide post-trauma care. Data collected to analyze and evaluate system performance is used to improve responses, conserve resources, implement prevention strategies, and comply with reporting statutes.

Southern Nevada Trauma System

The establishment of a Trauma System is mandated by Nevada law. The authority to plan, implement, and monitor the Southern Nevada Trauma System was delegated to the Southern Nevada District Board of Health (Board). The Board has established and adopted a comprehensive trauma system plan and regulations. As the lead regulatory agency in Clark County, the Southern Nevada Health District plays a central role in acquiring and analyzing trauma system data. Through the Office of Emergency Medical Services & Trauma System (OEMSTS), the Health District provides a continuous assessment of the trauma system. In addition, the Regional Trauma Advisory Board (RTAB) and Trauma Medical Advisory Committee (TMAC) share responsibility for interpreting the data to evaluate the system's efficiency and effectiveness. In Clark County, all trauma centers are verified by the American College of Surgeons Committee on Trauma (ACS-COT) and designated by the Nevada Division of Public and Behavioral Health (DPBS) every three years. With a population of over 700,000, the Board must participate in the designation process.

Office of Emergency Medical Services & Trauma System

OEMSTS is comprised of a Manager, Supervisor, Regional Trauma Coordinator, EMS Project/Program Coordinators, EMS Field Representatives, Senior Administrative Assistants. Additionally, the Health District contracts a licensed physician to serve as the EMS Medical Director. OEMSTS receives direction from the District Health Officer and Director of Community Health.

American College of Surgeons Committee on Trauma

ACS-COT focuses on improving injured patients' care. Their developed guidelines were developed for a verification process whereby a hospital could be evaluated to determine if all the needed criteria to function as a trauma center are met.

Optimal vs. Minimal Standard

The American College of Surgeons Committee on Trauma (ACS-COT) has developed a classification system to verify the necessary resources to provide optimal care to injured patients. It is not a ranking of medical care provided by a health care facility but the recognition of the depth of resources available within the institution. In Nevada, any healthcare facility that the ACS-COT has not verified meets a minimum standard, through state and federal industry certifications, and not an optimal standard. Nevada Administration Code (NAC) 450B.819 requires ACS-COT verification to be considered for designation.

Verification vs. Designation

Verification: A hospital verified by the ACS-COT demonstrates it meets the criteria in *Resources for Optimal Care of the Injured Patient*. This verification process requires an on-site visit by the ACS-TOS to determine if all criteria are optimally met. Any hospital seeking to be designated to perform as a Trauma Center in Clark County must be verified.

Designation: The regulatory and bureaucratic process needed by a Hospital to be designated as a Trauma Center is performed by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services. To be included in the Southern Nevada Trauma Catchment Areas, a hospital must be designated. Additionally, in Clark County, as defined by its population, a hospital seeking designation must obtain a letter from the Southern Nevada District Board of Health that provisionally authorizes its designation.

Clark County Verified and Designated Trauma Centers

- University Medical Center Level I and Pediatric Level II Trauma Center;
- Sunrise Hospital Level II Trauma Center;

- St. Rose Dominican Hospitals – Siena Campus Level III Trauma Center.

ACS-COT consultation or verification visits outside of regulated state and county processes do not grant a trauma center designation.

Clark County Emergency Medical Services

In Clark County, six public fire departments provide emergency medical services (EMS): Boulder City Fire Department, Clark County Fire Department, Henderson Fire Department, Las Vegas Fire & Rescue, Mesquite Fire & Rescue, and North Las Vegas Fire Department. The private franchised EMS agencies serving the area are American Medical Response, Community Ambulance, Guardian Elite Medical Services, and MedicWest Ambulance. Air ambulance services are provided by AirMed Response (fixed wing) and Mercy Air Service Inc. (rotor wing).

Level III Trauma Center – Southern Nevada Trauma System

A Level III trauma center is generally not found in an urban or suburban area where Level I and II resources exist. In consideration of the addition of a Level III trauma center to Clark County, trauma system leadership incorporated the trauma center to create a nationwide unique inclusive system. Furthermore, any subsequent hospital seeking initial designation may only apply as a Level III (NAC 450B.817). Therefore, participation as a Level III trauma center in the Southern Nevada Trauma System is supplemental to the Level I and II Trauma Centers' activity and expertise. In most occurrences, this entails providing definitive care to the less severely injured patients in the immediate area (Steps 3-4) and allowing for more severe trauma cases and the resources needed to serve them to be prioritized at a Level I and II trauma center.

Southern Nevada Trauma Catchment Areas

In the interest of facilitating the timely transportation of trauma patients from the scene of an emergency to the closest appropriate trauma center, the Office of Emergency Medical Services & Trauma System (OEMSTS) creates and determines geographic catchment areas (Appendix B). One of the Regional Trauma Advisory Board (RTAB) responsibilities is to monitor trauma patients' distribution to ensure patients are matched with the appropriate resources while providing sufficient volume to each trauma center to provide stability within the trauma system. Prehospital emergency services triage for trauma patients is based on the CDC 2011 Guidelines for field triage of injured patients.

Non-Trauma Center Hospitals

The Southern Nevada Trauma System recognizes that hospital facilities that provide emergency services contribute to its inclusive trauma system. These facilities are known as Non-Trauma Center Hospitals and provide prompt assessment, resuscitation, emergency operations, and stabilization and also arrange for transfer to a designated trauma center. Most trauma patients arrive at Non-Trauma Center Hospitals by self-delivery or by EMS provider judgment exemptions. If an injured patient meets state-defined trauma criteria, they may be transferred through inter-local agreements to a designated Trauma Center. All patients at Non-Trauma Center Hospitals that do not meet state-defined trauma criteria are treated and released.

Clark County Non-Trauma Center Hospitals

In Clark County, the following non-trauma center hospitals have reported trauma patients and participated in the treatment of trauma patients during 2020: Boulder City Hospital, Centennial Hills Hospital, Desert Springs Hospital Center, Henderson ER at Green Valley Ranch, Henderson Hospital, Mesa View Reginal Hospital, Mountain View ER at Aliante, Mountain View Hospital, North Vista Hospital, Southern Hills ER at Blue Diamond, Spring Valley ER at Blue Diamond, Spring Valley Hospital Medical Center, St. Rose Dominican Hospital (Blue Diamond, De Lina Campus, North Las Vegas, San Martin Campus, West Flamingo, West Sahara), Summerlin Hospital, Valley Hospital Medical Center.

Leadership and Legislation

The Administrator of the Division of Public and Behavioral Health has the authority to designate a health care institution as a Level I, II, or III trauma center or Pediatric Level I or II trauma center based on a proposal that must include a verification of the American College of Surgeons classification system and approval of a district board of health in any county whose population is 700,000 or more. During the 2005 state legislative session, Nevada Revised Statute (NRS) 450B.237 was promulgated, authorizing the Southern Nevada District Board of Health to establish and adopt a comprehensive trauma system plan concerning trauma treatment in Clark County. During the 2020 state legislative session, NRS 450B.237 was altered. The overall designation process remained the same except that approval of a new Level III trauma center must come from the Nevada State Health Division's Administrator after they have conducted a comprehensive assessment of needs. Additionally, the Southern Nevada District Board of Health cannot approve the proposal unless regulations and a trauma plan are adopted. Furthermore, those plans shall include considerations of and plans for future county trauma needs, designation of new trauma centers, the impact of a new trauma center on the existing system, and the most effective way to provide trauma services.

The Health District's Regional Trauma Coordinator, as part of OEMSTS, provides administrative oversight of the Southern Nevada Trauma System. With the assistance of local trauma leaders and community stakeholders, the Southern Nevada Trauma System regulations were first adopted by the District Board of Health in May 2007. Current regulations are now being updated to reflect the recent legislative changes adopted by the passage of AB317 in 2019.

To assist the District Health Officer and OEMSTS in fulfilling the responsibilities defined in regulations, the RTAB was created. The primary mission of the RTAB is to support the District Health Officer to ensure a quality system of patient care for the victims of trauma within Southern Nevada. The trauma board makes recommendations and assists in the ongoing design, operation, evaluation, and revision of the trauma system from initial patient access to definitive patient care. The members of the RTAB include a trauma surgeon and trauma program manager from each designated trauma center; the chairman of the Health District's Emergency Medical Services Medical Advisory Board; an administrator from a non-trauma hospital; a person representing the public providers of advanced emergency care; a person representing the private franchised providers of advanced emergency care; a person representing health education and prevention services; a person representing the payors of medical benefits for the victims of trauma; and a person representing the general public. RTAB meets monthly or quarterly according to the trauma system's needs.

Trauma System Evaluation and Performance Improvement

An essential component of any trauma system is a continuous, comprehensive, multidisciplinary, data-driven assessment process. This process monitors and evaluates the trauma system's structure and outcome measures through all phases of care. The Southern Nevada Trauma System Improvement Plan consists of three major elements: 1) internal performance improvement and patient safety program within each trauma center; 2) scheduled independent evaluations of trauma care by trauma care experts from the American College of Surgeons every three years; and quarterly trauma system review and analysis by the Trauma Medical Audit Committee; and 3) ongoing data collection, management, and analysis at the local, state and national level to ensure system effectiveness and identify trends and needs within the system.

The cornerstone of the Southern Nevada Trauma System medical review process is the Trauma Medical Audit Committee (TMAC). It is a peer review committee that meets quarterly to review, monitor, and evaluate trauma system performance and make recommendations for system improvements. The TMAC derives its authority and privilege from NRS 49.117 - 49.123; NRS 49.265; and NRS 450B.237. The members of the TMAC include the trauma medical director and program manager from each designated trauma center; the Clark County medical examiner or designee; the Health District's Regional Trauma Coordinator; a neurosurgeon; an anesthesiologist; an orthopedic surgeon; and an emergency physician not affiliated with a trauma center.

Effectively evaluating trauma system performance is contingent upon appropriate data collection, management, analysis, and reporting. NRS 450B.238 requires each designated trauma center to provide data on any person who sustains an acute injury, which has the potential of being fatal or producing major disability to the state trauma registry managed by the State Health Division, Bureau of Health Planning and Statistics. The State Trauma Registry is one source of valuable information needed to describe injured patients with an ISS greater than 15 within the Southern Nevada Trauma System.

Each designated Trauma Center also voluntarily provides data to the National Trauma Data Bank maintained by the ACS-COT and the OEMSTS. This data includes patients evaluated for trauma by the mechanism of injury and special considerations not included in the State Trauma Registry. This criterion is based on Physiologic, Anatomic, mechanism, and special considerations outlined in the Clark County EMS System Trauma Field Triage Criteria Protocol (TFTC). In addition, injury mortality data provided by the Clark County Coroner's Office is used by the TMAC to evaluate trauma system resource utilization and planning for improved system effectiveness and efficiency.

Purpose of Clark County Trauma Needs Assessment Review

To provide a data-driven assessment of the Southern Nevada Trauma System, the Regional Trauma Coordinator produces the annual Clark County Trauma Needs Assessment Review. Where able, a 5-year data-set will be used to present the most current information available. All sources are chosen to provide an overview of injury and trauma system utilization at the local level. As defined in NRS, the District Board of Health shall consider plans for future county trauma needs, designation of new trauma centers, and the most effective way to provide trauma services. This assessment is intended as a tool for the Southern Nevada Trauma System's subject-matter experts to review the overall system to recognize trends and provide decision-makers with informed guidance.

Data Sources

The Center for Business and Economic Research University of Nevada, Las Vegas

Clark County Department of Comprehensive Planning

Nevada State Trauma Registry

The Nevada Trauma registry is a depository of trauma incident data from across the state. All hospitals within Nevada are required to submit data quarterly. To be classified as a trauma, a series of criteria identified by the American College of Surgeons must be met. For an incident to be classified as a trauma, the patient must have:

- At least one diagnostic code for injury:
    - ICD-10 code from the following ranges: S00-S99 (7th Character Modifier A, B, or C), T07, T14, T20-T28 (7th Character modifier A), T30-32, and T79.A1-T79.A9 (7th character modifier A) and the patient must have:
- At least one of the following criteria:
    - Patient was in the hospital for at least 24 hours due to injuries;
    - Injury resulted in death; or
    - Patient was transferred between hospitals using EMS or air ambulance.

Trauma Field Triage Criteria (TFTC) 2020 Data

The three trauma centers in Clark County submit data to the OEMSTS related to patients transported according to the Health District's EMS Operations Trauma Field Triage Criteria Protocol criteria. The TFTC algorithm is a triage decision scheme developed by the American College of Surgeons Committee on Trauma.

Prehospital professionals are trained to perform a physical assessment of trauma patients and recognize specific injuries and injury mechanisms that are likely to cause severe injury. The data, verified through First Watch, includes:

- day and time;
- address with longitude and latitude coordinates;
- injury code;
- (5) time-stamps;
- Transport destinations;
- out-of-area.

Patients are transported to area trauma centers based on these criteria:

Step 1 (Physiologic): A trauma patient whose injury is so severe that their vital signs or level of consciousness are abnormal.

Step 2 (Anatomic): A trauma patient whose vital signs and level of consciousness are within normal limits but have sustained an obvious serious injury; for example, an open or depressed skull fracture, pelvic fracture, or paralysis.

Step 3 (Mechanism): A trauma patient whose vital signs and level of consciousness are within normal limits. They do not appear to have an obvious serious injury. Still, they have experienced a high energy impact to the body that may have caused a severe injury that is not immediately obvious.

Step 4 (Special Considerations): A trauma patient whose circumstances merit special considerations, for example, older adults, children, anticoagulants/bleeding disorders, and pregnancy.

Limitations

One of the most critical limitations of the trauma system report is the lack of consistency in trauma data collection at the state and local levels. Variability was noted in disease classification coding, case definitions, and inclusion criteria among the organizations that collect injury data. There is also a lack of data from non-trauma hospitals for Step 3 and Step 4 within the state trauma registry. These unreported trauma cases are essential to calculate overtriage and undertriage as an ACS-COT defined assessment measure. The data reported are not representative of all trauma cases in the system.

It is the desire of the OEMSTS and members of the RTAB to be evidence-based in making decisions regarding future planning, development, and modification of the Southern Nevada Trauma System. The stakeholders are working diligently to improve needs assessment activities specific to Clark County.

The Trauma System During COVID-19

The trauma system functioned as intended during the COVID-19 pandemic without interruption of services. Complications arose when ACS-COT was unable to provide in-person verification visits. This required the ACS-COT to develop web-based verification visits. Siena Level III Trauma Center was reverified as part of the pilot web-based verification process. Sunrise Level II Trauma Center was reverified via the web-based verification process. All three trauma centers were granted one-year extensions to their designations by theAdministrator of the Nevada Department of Health and Human Services due to the ACS-COT delays.

During the COVID-19, trauma case numbers and type relatively remained the same, though initially, there appeared to be an increase in non-accidental trauma (e.g., stabbings). The increase was attributed to a decrease in other injuries (e.g., automobile accidents) that subsequently raised the percentage of certain injuries without an actual increase in cases.

Plans for the Future

The trauma system's future evolution depends on a reliable surveillance system to monitor trends, identify opportunities for improvement, and provide valuable information to health care leaders, emergency managers, and policy-makers. Access to quality data contributes to the accurate assessment of current resources and assists in developing comprehensive, evidence-based, and integrated strategic plans to promote effective and efficient emergency medical care for injured patients.

The OEMSTS, during 2021, will be focused on the following:

- Update of county trauma regulations per Nevada Revised Statutes (NRS)
- Review of Trauma System Plan following county regulation update
- Inclusion of trauma burn data to the Clark County Trauma Registry
- Review of trauma system data

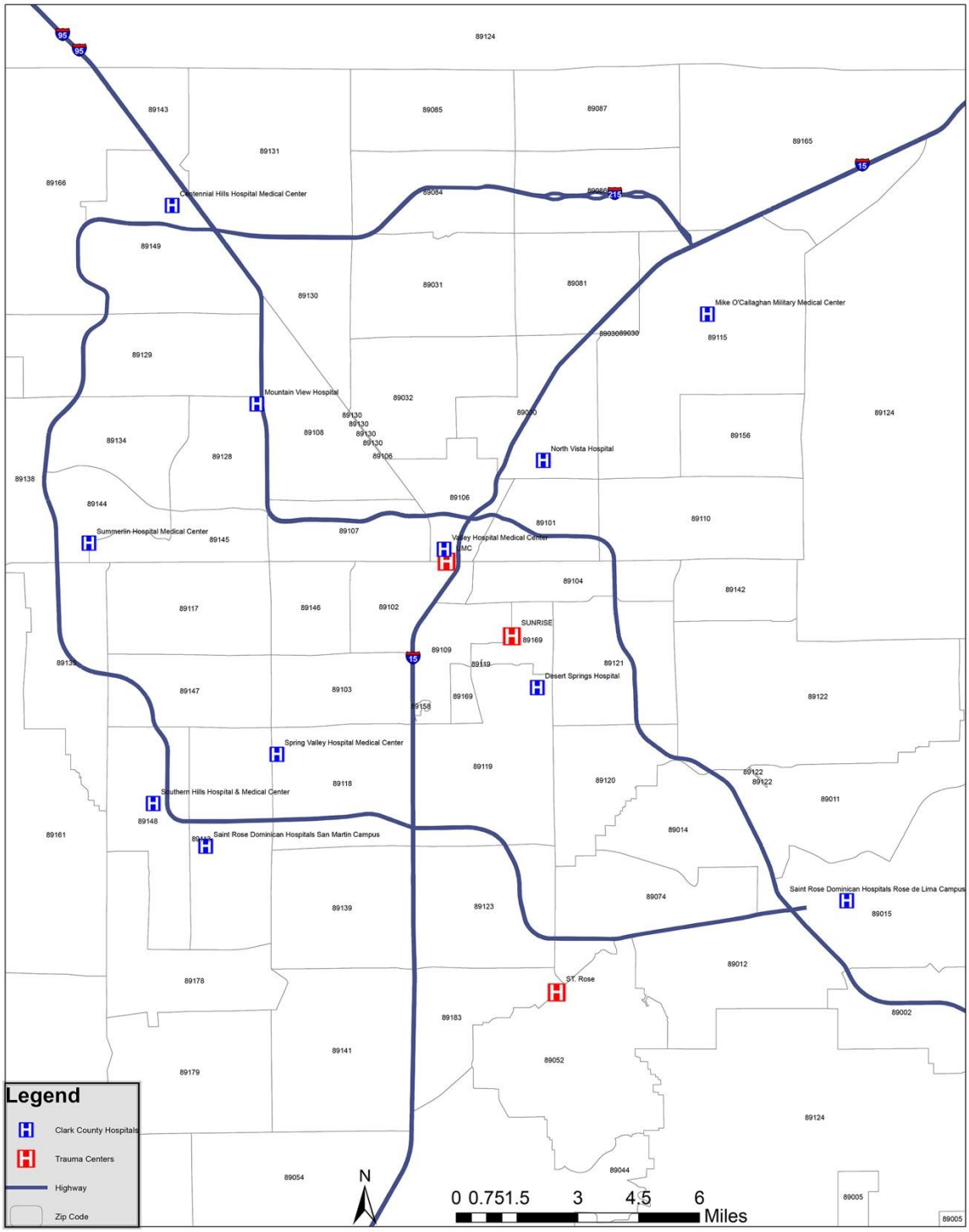
The Office of Emergency Medical System & Trauma System appreciates our community partners' contributions and support in maintaining the Southern Nevada Trauma System and has committed to building on the achievements to date.

Population Data

Intent

The intent of including population data is to examine if there has been statistically significant population growth or decline and determine if population changes will impact patient care. The data is populated to provide evidence of where growth or decline is happening, how fast, and if it is expected to continue. While population changes are not always associated with increased or decreased trauma volumes, the change needs to be identified to consider its impact. When a population change occurs, it may affect but is not limited to roadways, infrastructure, emergency and healthcare providers, and socioeconomic factors.

Clark County ZIP Code Map



Clark County Population Forecast: 2020-2060

Clark County Population Forecast: 2020 – 2060			
Year	Population Forecast	Change in Population Forecast	Growth in Population (Percent)
2010	1,951,269*	-55,078	-2.7%
2011	1,966,630**	15,361	0.8%
2012	2,008,654**	42,024	2.1%
2013	2,062,253**	53,599	2.7%
2014	2,102,238**	39,985	2.0%
2015	2,147,641**	45,403	2.2%
2016	2,205,207**	57,566	2.7%
2017	2,248,390**	43,183	2.0%
2018	2,284,616**	36,226	1.6%
2019	2,325,798**	41,182	1.8%
2020	2,341,000	15,202	0.7%
2021	2,361,000	20,000	0.9%
2022	2,403,000	42,000	1.8%
2023	2,458,000	55,000	2.3%
2024	2,509,000	51,000	2.1%
2025	2,555,000	46,000	1.8%
2026	2,598,000	43,000	1.7%
2027	2,636,000	38,000	1.5%
2028	2,671,000	35,000	1.3%
2029	2,702,000	31,000	1.2%
2030	2,731,000	29,000	1.1%
2031	2,757,000	26,000	1.0%
2032	2,781,000	24,000	0.9%
2033	2,804,000	23,000	0.8%
2034	2,826,000	22,000	0.8%
2035	2,847,000	21,000	0.7%
2036	2,866,000	19,000	0.7%
2037	2,885,000	19,000	0.7%
2038	2,903,000	18,000	0.6%
2039	2,920,000	17,000	0.6%
2040	2,936,000	16,000	0.5%
2041	2,952,000	16,000	0.5%
2042	2,966,000	14,000	0.5%
2043	2,981,000	15,000	0.5%
2044	2,994,000	13,000	0.4%
2045	3,008,000	14,000	0.5%
2046	3,020,000	12,000	0.4%
2047	3,033,000	13,000	0.4%
2048	3,045,000	12,000	0.4%

(Cont.) Clark County Population Forecast: 2020-2060

2049	3,056,000	11,000	0.4%
2050	3,067,000	11,000	0.4%

2051	3,078,000	11,000	0.4%
2052	3,089,000	11,000	0.4%
2053	3,099,000	10,000	0.3%
2054	3,109,000	10,000	0.3%
2055	3,119,000	10,000	0.3%
2056	3,129,000	10,000	0.3%
2057	3,137,000	8,000	0.3%
2058	3,146,000	9,000	0.3%
2059	3,153,000	7,000	0.2%
2060	3,161,000	8,000	0.3%
**2010 U.S. Census.*			
*** SNRPC consensus population estimate.*			
Source: The Center for Business and Economic Research University of Nevada, Las Vegas			
Note: The average annual forecasted growth rate is 0.8 percent.			

Clark County Historical Population by Zip Code, 2015-2020

Zip	2020	2019	2018	2017	2016	2015	Absolute Growth 2015-2020	Growth Rate (%) 2015-2020
89002	38,425	37,804	36,793	36,154	35,209	34,626	3,799	10.97%
89004	303	308	315	307	302	288	15	5.21%
89005	16,505	16,398	16,104	16,508	16,570	16,011	494	3.09%
89007	1,068	1,074	1,064	1,067	1,114	1,111	-43	-3.87%
89011	37,424	34,521	31,074	29,387	27,640	25,405	12,019	47.31%
89012	36,607	36,360	36,374	36,159	35,193	33,843	2,764	8.17%
89014	42,773	42,753	42,471	41,767	41,629	41,137	1,636	3.98%
89015	42,658	42,205	42,528	42,266	41,963	41,871	787	1.88%
89018	1,353	1,300	1,153	1,294	1,280	1,251	102	8.15%
89019	2,908	2,838	2,786	2,784	2,748	2,715	193	7.11%
89021	3,610	3,544	3,554	3,240	3,151	3,090	520	16.83%
89025	1,453	1,449	1,452	1,371	1,393	1,380	73	5.29%
89027	21,955	21,020	20,158	18,994	18,256	17,471	4,484	25.67%
89029	10,931	10,515	10,538	10,289	9,922	9,686	1,245	12.85%
89030	56,289	56,328	54,973	54,953	54,445	53,220	3,069	5.77%
89031	73,842	72,506	71,137	70,384	69,607	67,887	5,955	8.77%
89032	48,263	47,941	46,542	46,124	45,910	45,330	2,933	6.47%
89034	3,601	3,117	2,707	2,344	2,070	1,829	1,772	96.88%
89039	231	227	206	206	204	200	31	15.50%
89040	4,023	3,922	3,776	4,045	3,933	3,871	152	3.93%
89044	27,455	25,971	23,420	21,325	19,653	18,373	9,082	49.43%
89046	437	424	406	405	394	382	55	14.40%
89052	62,576	60,356	58,648	57,998	57,421	55,337	7,239	13.08%
89054	102	102	102	102	102	101	1	0.99%
89074	55,749	54,863	55,455	55,163	52,803	51,807	3,942	7.61%
89081	39,622	38,840	38,540	37,600	35,806	34,473	5,149	14.94%
89084	32,752	29,726	28,263	27,434	26,499	25,213	7,539	29.90%
89085	3,671	3,627	3,747	3,747	3,710	3,631	40	1.10%
89086	6,679	6,037	5,103	5,103	5,085	4,977	1,702	34.20%
89101	45,257	44,179	41,672	41,868	41,523	41,310	3,947	9.55%
89102	41,080	40,100	38,181	36,838	36,476	36,475	4,605	12.63%
89103	51,624	50,396	49,618	49,626	49,128	48,090	3,534	7.35%
89104	39,826	39,691	37,032	37,046	36,656	36,186	3,640	10.06%
89106	30,767	30,087	26,751	27,058	27,122	27,119	3,648	13.45%
89107	39,331	39,340	40,580	40,580	40,562	39,955	-624	-1.56%
89108	79,111	78,900	80,869	80,572	79,599	77,884	1,227	1.58%
89109	6,608	6,464	5,539	5,539	5,484	6,422	186	2.90%
89110	80,441	80,581	79,077	78,851	78,054	77,820	2,621	3.37%
89113	34,803	33,936	31,853	30,881	29,114	24,334	10,469	43.02%
89115	77,533	75,243	74,336	73,292	72,044	70,805	6,728	9.50%
89117	57,174	57,184	58,913	58,915	58,818	57,139	35	0.06%

(Cont.) Clark County Historical Population by Zip Code, 2015-2020

Zip	2020	2019	2018	2017	2016	2015	Absolute Growth 2015-2020	Growth Rate (%) 2015-2020
89118	27,433	26,417	25,884	25,293	25,717	25,666	1,767	6.88%
89119	51,001	49,860	49,614	49,615	47,828	50,225	776	1.55%
89120	26,647	26,026	24,506	24,371	24,341	24,272	2,375	9.78%
89121	69,532	69,543	72,173	72,155	69,858	68,383	1,149	1.68%
89122	56,994	56,498	55,750	55,227	54,348	52,362	4,632	8.85%
89123	63,176	62,305	64,061	63,914	63,255	62,927	249	0.40%
89124	6,891	7,202	7,169	7,573	7,760	7,426	-535	-7.20%
89128	39,749	39,753	39,379	39,379	39,061	38,237	1,512	3.95%
89129	55,755	54,566	56,848	56,646	56,533	55,619	136	0.24%
89130	32,836	32,325	33,556	33,443	33,327	33,304	-468	-1.41%
89131	50,474	50,176	49,455	48,902	48,165	47,551	2,923	6.15%
89134	25,486	25,486	25,298	25,298	25,365	25,365	121	0.48%
89135	33,828	32,617	32,316	31,224	30,515	28,654	5,174	18.06%
89138	22,074	20,001	18,748	17,296	16,103	14,582	7,492	51.38%
89139	44,127	42,064	41,653	40,705	39,085	36,936	7,191	19.47%
89141	43,865	40,006	38,678	32,782	31,808	29,661	14,204	47.89%
89142	36,888	36,391	37,609	37,118	36,891	36,584	304	0.83%
89143	13,409	13,406	14,658	14,658	14,652	14,365	-956	-6.66%
89144	20,160	20,162	19,824	19,824	19,641	19,225	935	4.86%
89145	28,594	28,481	28,171	28,164	27,885	27,095	1,499	5.53%
89146	20,057	19,918	19,739	19,745	19,747	19,462	595	3.06%
89147	60,934	60,183	60,349	59,476	58,972	56,476	4,458	7.89%
89148	71,877	68,749	66,931	62,538	57,723	50,735	21,142	41.67%
89149	44,504	43,739	41,365	40,550	38,959	36,667	7,837	21.37%
89156	31,508	31,514	30,418	30,379	30,081	29,227	2,281	7.80%
89158	1,549	1,543	0	0	802	799	750	93.87%
89161	502	502	506	471	478	469	33	7.04%
89166	20,957	19,253	17,830	16,794	15,534	14,170	6,787	47.90%
89169	28,273	27,047	24,946	24,946	24,708	26,053	2,220	8.52%
89178	40,314	38,514	35,355	34,218	32,812	30,617	9,697	31.67%
89179	11,688	11,422	9,740	9,325	8,619	7,458	4,230	56.72%
89183	38,786	37,955	38,275	36,777	36,041	37,011	1,775	4.80%
Total	**2,376,688**	**2,325,798**	**2,284,616**	**2,248,390**	**2,205,207**	**2,147,641**	**229,047**	**10.67%**

Clark County Department of Comprehensive Planning

Source: Southern Nevada Consensus Population Estimate, August - Roll Close 2020

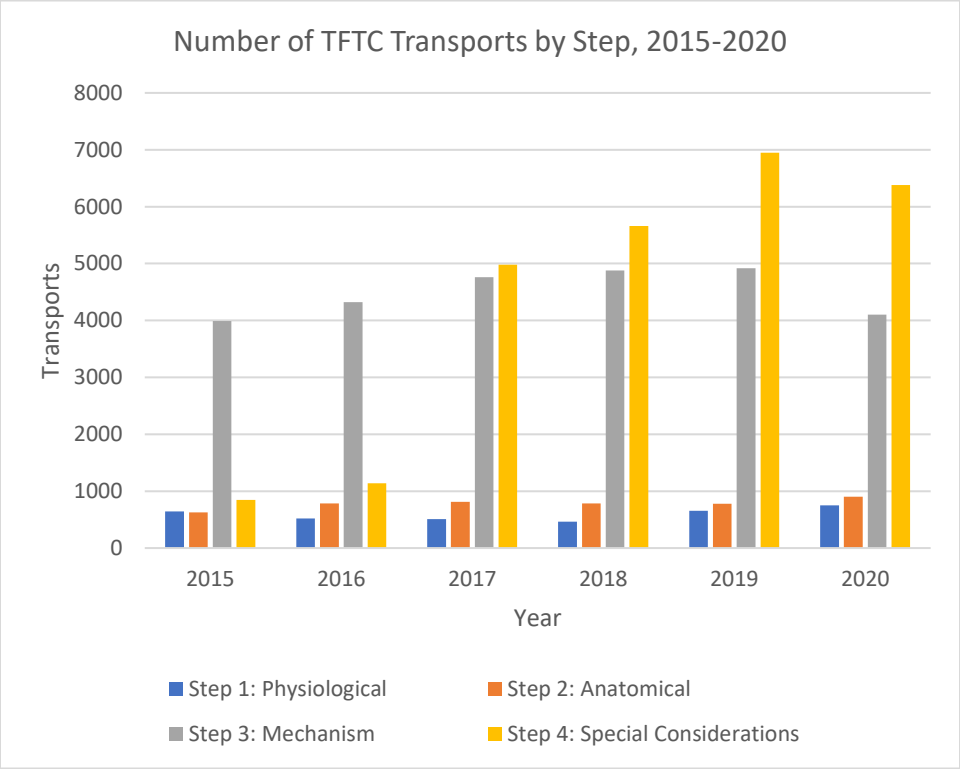
SNHD Trauma Field Triage Criteria (TFTC) Data

Intent

The intent of including TFTC data is to examine and determine the number of reported trauma cases at all designated Trauma Centers in Clark County. This data can then be used to analyze capacity, determine unmet needs, identify negative outcomes, and recognize barriers to access healthcare. TFTC data is abstracted by trained data extractors to be reported, compiled, verified, and generated by a collaborative effort between designated trauma centers and the Office of Emergency Medical Services and Trauma System (OEMSTS). This data is separate from the data criteria required and submitted to the Nevada State Trauma Registry. All data points include a date, time, location, injury code, transporting agency, and receiving facility. Current Clark County TFTC is guidance provided by the CDC modified in 2018 by the Medical Advisory Board.

Appendix A: Trauma Field Triage Criteria

Number of TFTC Transports by Step, 2015-2020

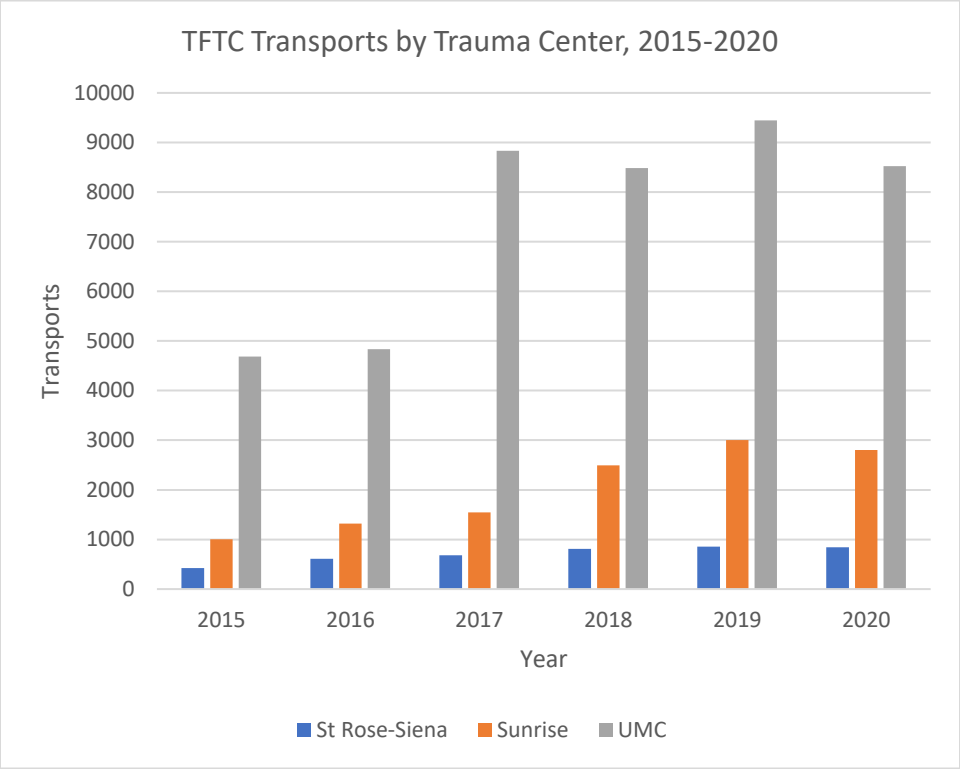


Number of TFTC Transports by Step, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
Step 1: Physiologic	645	522	509	466	655	750
Step 2: Anatomic	625	787	811	782	779	904
Step 3: Mechanism	3992	4324	4761	4879	4921	4101
Step 4: Special Considerations	847	1137	4979	5663	6946	6383
All	6109	6770	11060	11793	13301	12172

Source: SNHD TFTC Data

Note: The total for all steps in 2018 includes 3 transports that were not classified. The total for all steps in 2020 includes 34 transports that were not classified. Includes all TFTC transports in the Southern Nevada Trauma System.

TFTC Transports by Trauma Center, 2015-2020

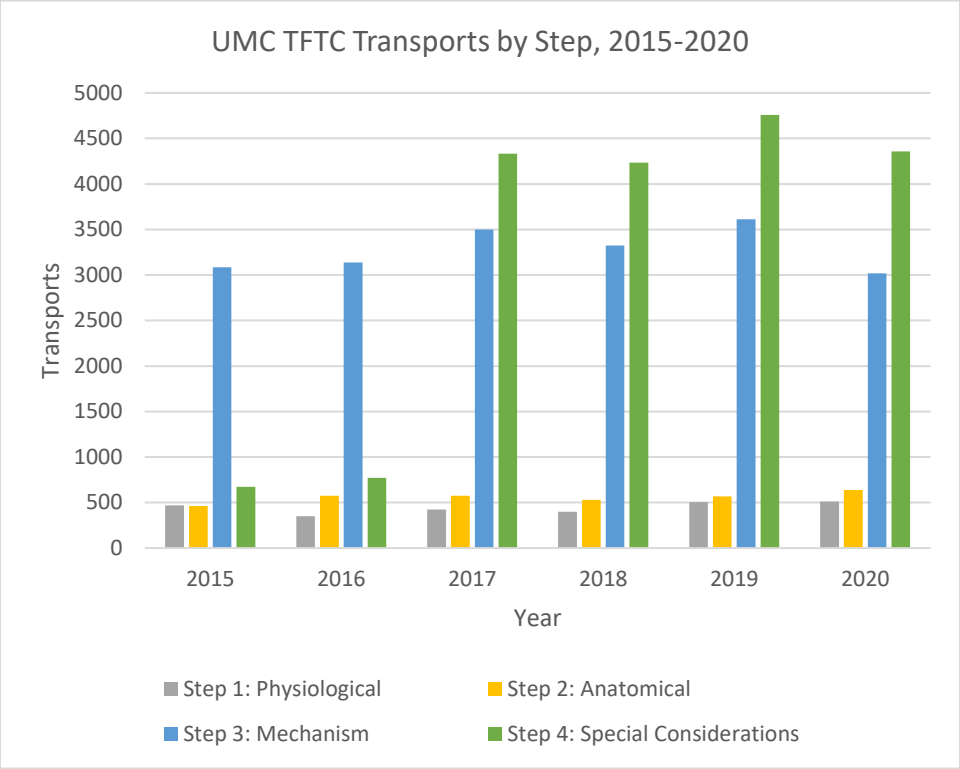


TFTC Incidents by Trauma Center, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
St Rose-Siena	421	612	683	810	853	844
Sunrise	1001	1322	1545	2496	3003	2803
UMC	4687	4836	8832	8487	9445	8522
Total	6109	6770	11060	11793	13301	12169

Source: SNHD TFTC Data

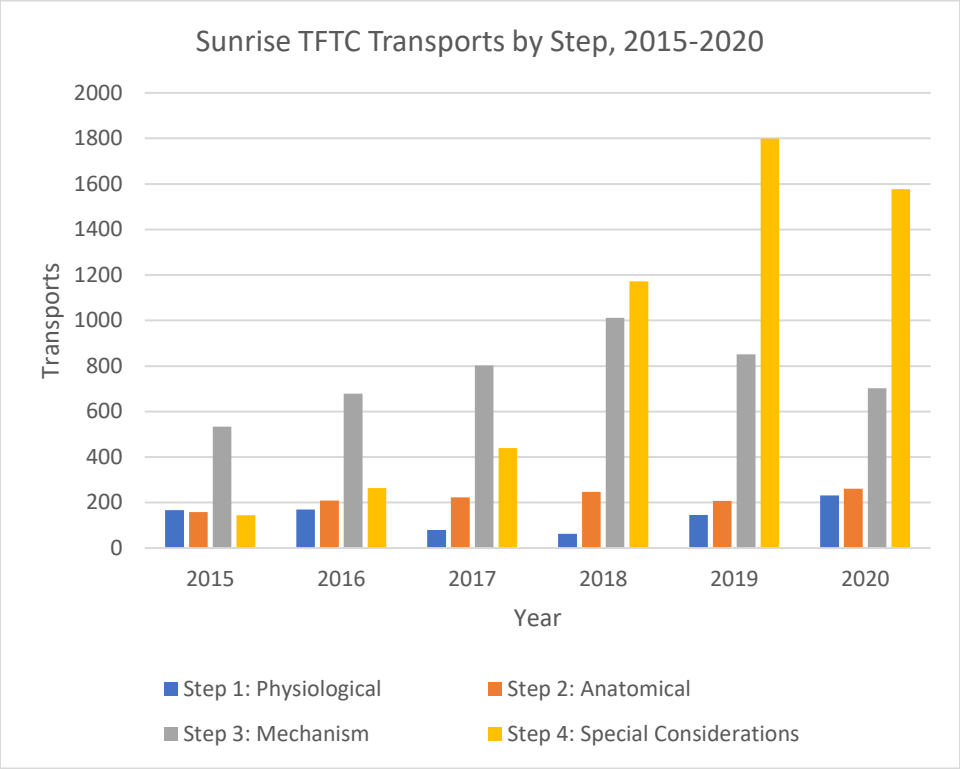
Note: Includes all TFTC transports in the Southern Nevada Trauma System. The total in 2020 includes 3 transports that were not classified.

UMC TFTC Transports by Step, 2015-2020



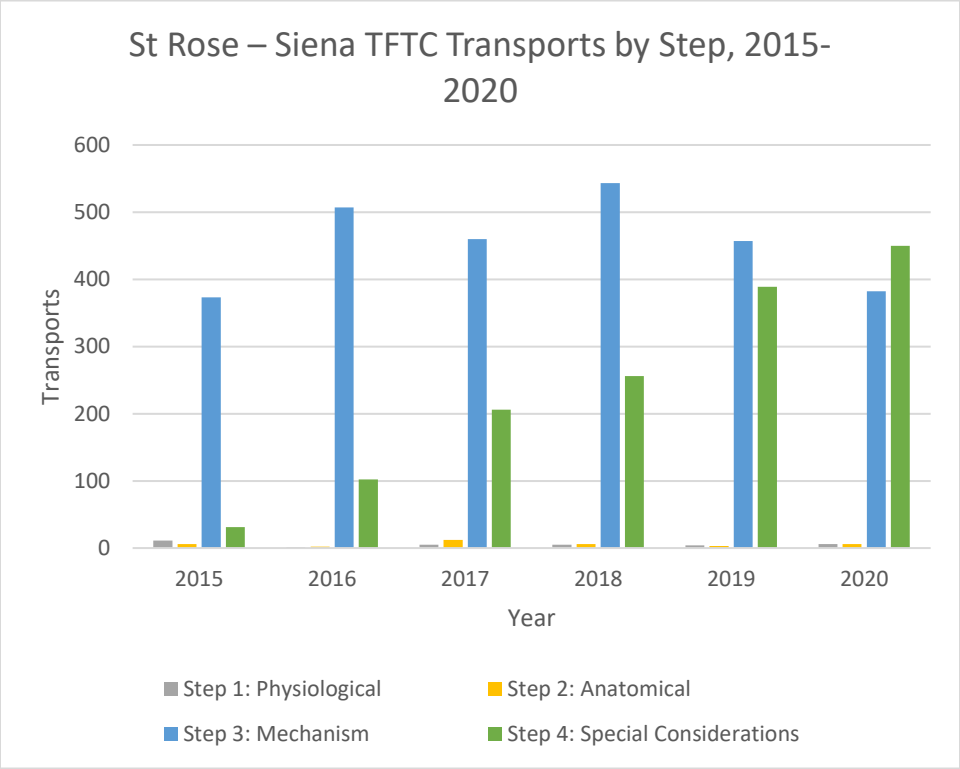
UMC TFTC Transports by Step, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
Step 1: Physiologic	468	351	424	398	505	513
Step 2: Anatomic	461	576	576	529	569	637
Step 3: Mechanism	3086	3138	3499	3325	3613	3016
Step 4: Special Considerations	672	771	4333	4235	4758	4356
Total	4687	4836	8832	8487	9445	8522
Source: SNHD TFTC Data						
Note: Includes all TFTC transports in the Southern Nevada Trauma System.						

Sunrise TFTC Transports by Step, 2015-2020



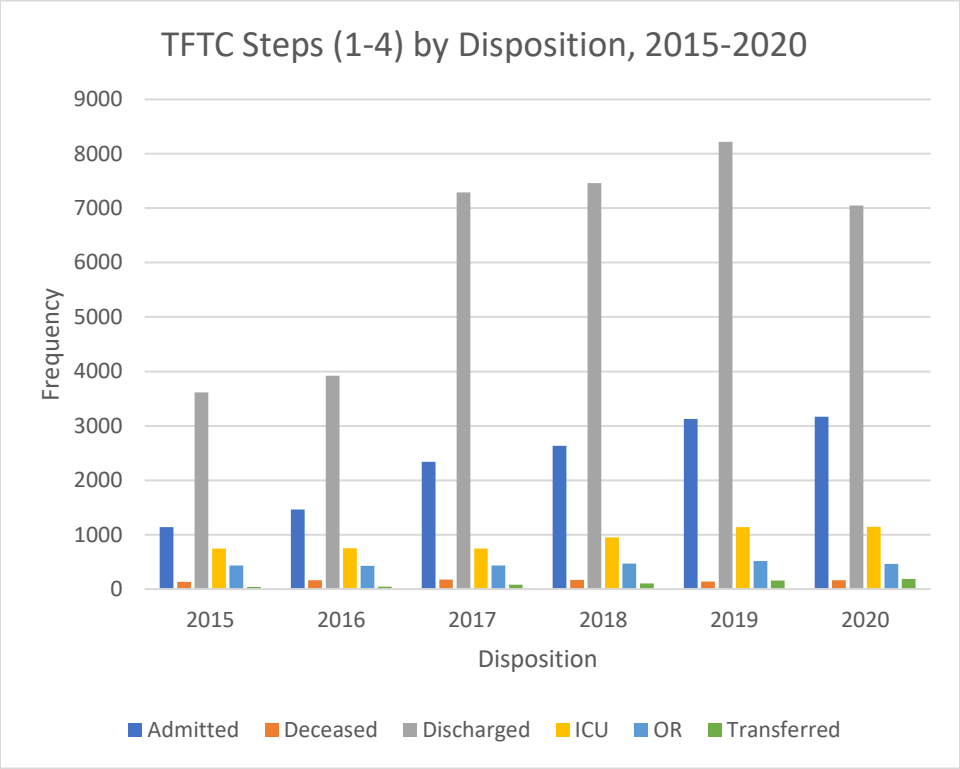
Sunrise TFTC Transports by Step, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
Step 1: Physiologic	166	170	80	63	146	231
Step 2: Anatomic	158	209	223	247	207	261
Step 3: Mechanism	533	679	802	1011	851	702
Step 4: Special Considerations	144	264	440	1172	1799	1577
Total	1001	1322	1545	2496	3003	2803
Source: SNHD TFTC Data						
Note: Sunrise includes 3 unclassified steps in 2018 and 32 unclassified steps in 2020. Includes all TFTC transports in the Southern Nevada Trauma System.						

St. Rose – Siena TFTC Transports by Step, 2015-2020



St Rose – Siena TFTC Transports by Step, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
Step 1: Physiologic	11	1	5	5	4	6
Step 2: Anatomic	6	2	12	6	3	6
Step 3: Mechanism	373	507	460	543	457	382
Step 4: Special Considerations	31	102	206	256	389	450
Total	421	612	683	810	853	844
Source: SNHD TFTC Data						
Note: Includes all TFTC transports in the Southern Nevada Trauma System.						

TFTC Steps (1-4) by Disposition, 2015-2020



TFTC Steps (1-4) by Disposition, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
Admitted	1141	1461	2341	2633	3129	3166
Deceased	135	162	172	166	137	161
Discharged	3616	3918	7291	7461	8218	7052
ICU	744	750	745	953	1139	1144
OR	434	427	431	468	516	460
Transferred	38	44	80	104	158	184
Total	6108	6762	11060	11785	13297	12168
Source: SNHD TFTC Data						
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a Documented Disposition						
Note: Missing 32 Frequencies						

TFTC Steps (1-4) by Disposition & Step, 2015-2020

TFTC Steps (1-4) by Disposition & Step, 2015-2020							
		2015	**2016**	**2017**	**2018**	**2019**	**2020**
Step 1: Physiological	Admitted	70	73	118	91	129	171
	Deceased	115	92	80	84	86	96
	Discharged	83	58	100	56	106	125
	ICU	282	234	171	190	265	291
	OR	89	64	38	41	67	66
	Transferred	6	0	2	4	2	1
Step 2: Anatomical	Admitted	115	168	225	178	167	208
	Deceased	8	36	45	46	25	47
	Discharged	250	316	305	264	278	318
	ICU	69	82	89	101	112	118
	OR	180	184	144	190	196	209
	Transferred	3	0	3	3	1	4
Step 3: Mechanism	Admitted	696	859	938	919	916	777
	Deceased	9	29	36	30	21	11
	Discharged	2822	2957	3352	3400	3485	2865
	ICU	306	318	286	358	342	326
	OR	132	133	120	131	115	88
	Transferred	27	25	29	41	42	36
Step 4: Special Considerations	Admitted	260	361	1060	1445	1917	1998
	Deceased	3	5	11	6	5	6
	Discharged	461	587	3534	3738	4349	3732
	ICU	87	116	199	304	420	406
	OR	33	46	129	106	138	96
	Transferred	2	19	46	56	113	143
Total		6108	6762	11060	11785	13297	12170
Source: SNHD TFTC Data							
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a Documented Disposition							

Transport Times

Intent

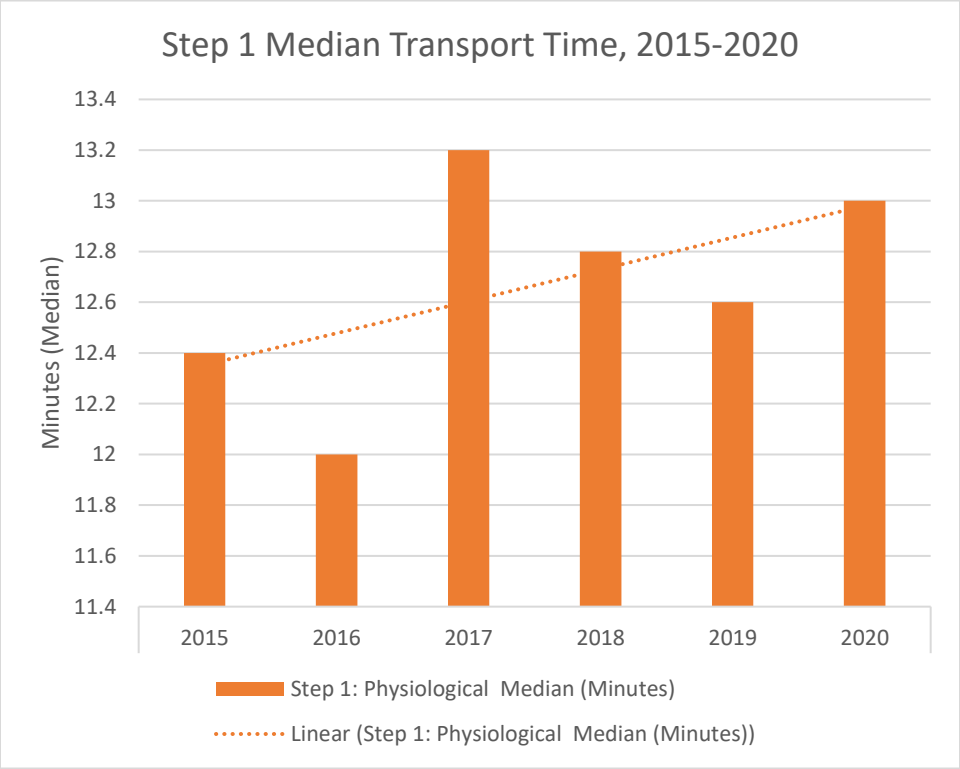
The intent of analyzing Trauma Field Triage Criteria (TFTC) transport times is to evaluate patient transport time to identify if a barrier exists to the prompt treatment of trauma. The goal of a trauma system is to get the right patient the right care in the right place at the right time. Prompt trauma treatment may shorten the recovery period and return a patient to pre-accident functionality. Patients transported by EMS providers to trauma centers must satisfy TFTC. These patients vary in the severity of the mechanisms of injury. The less severe, which represent a larger number of patients, are awake, alert, and have normal vital signs. While they appear less injured, some patients have significant, often occult injuries. Most will be discharged home after evaluation, but some require life-saving interventions identified by expedited resources available at trauma centers. There are no established or scientifically defined optimal transport times. Therefore, for Clark County, transport times are provided to subject-matter-experts to allow for analysis based on, but not limited to, geographic layout and infrastructure for the community's needs. For reference, the transport times of 15, 20, and 25 minutes were chosen as a baseline and represent the point in time a trauma leaves the injury scene and arrives at the trauma center. Several points must be considered when interpreting these transport times, many of which are subjective and unique to Clark County.

Appendix B: Southern Nevada Trauma Catchment Areas

Median Transport Time and Step (1-4), 2015-2020

Median Transport Time by Step (1-4), 2015-2020							
		Year					
		2015	2016	2017	2018	2019	2020
Step 1: Physiologic	N	600	489	475	433	606	687
	Median (Minutes)	12m 24s	12m 0s	13m 12s	12m 48s	12m 36s	13m 0s
Step 2: Anatomic	N	606	762	784	758	732	863
	Median (Minutes)	11m 48s	12m 12s	13m 12s	12m 36s	12m 0s	11m 48s
Step 3: Mechanism	N	3727	4072	4531	4684	4654	3871
	Median (Minutes)	15m 36s	15m 42s	15m 48s	16m 24s	15m 48s	15m 12s
Step 4: Special Considerations	N	815	1101	4886	5588	6812	6220
	Median (Minutes)	15m 0s	15m 36s	16m 12s	16m 24s	15m 24s	14m 48s
Source: SNHD TFTC Data							
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds. Since the step totals only include transport times greater than 0 seconds, the step totals are different than the totals presented in SNHD Trauma Field Triage Criteria (TFTC) Data.							

Step 1 Median Transport Time, 2015-2020

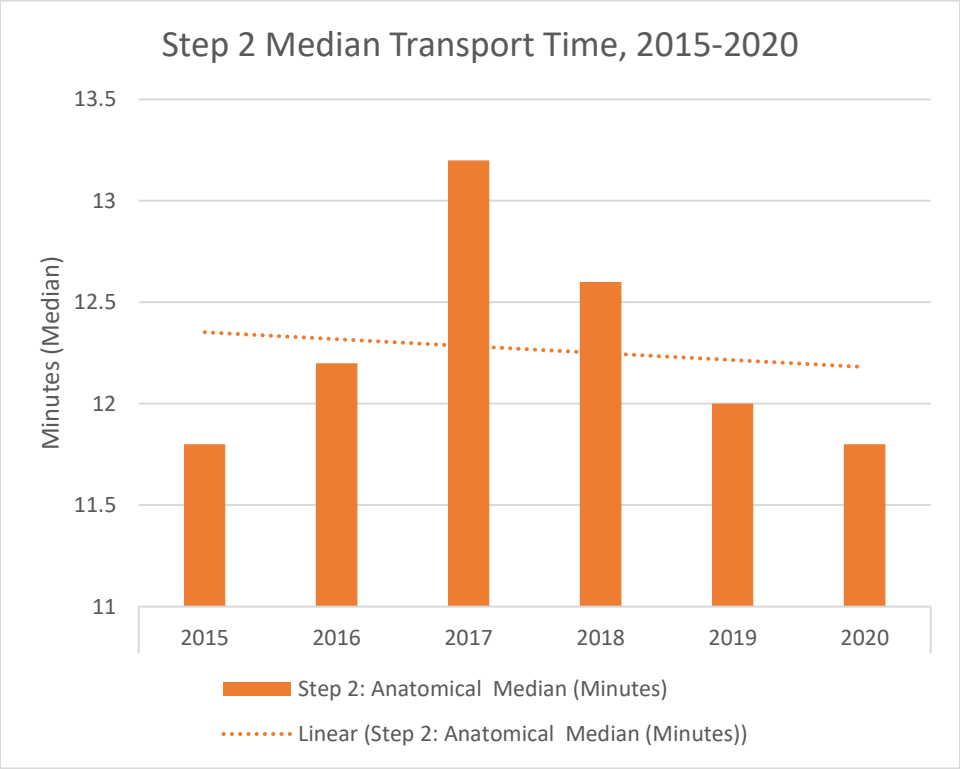


Step 1 Median Transport Time, 2015-2020							
			Year				
		2015	2016	2017	2018	2019	2020
Step 1: Physiologic	N	600	489	475	433	606	687
	Median (Minutes)	12m 24s	12m 0s	13m 12s	12m 48s	12m 36s	13m 0s

Source: SNHD TFTC Data

Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds. Since the step totals only include transport times greater than 0 seconds, the step totals are different than the totals presented on pages 21-27.

Step 2 Median Transport Time, 2015-2020

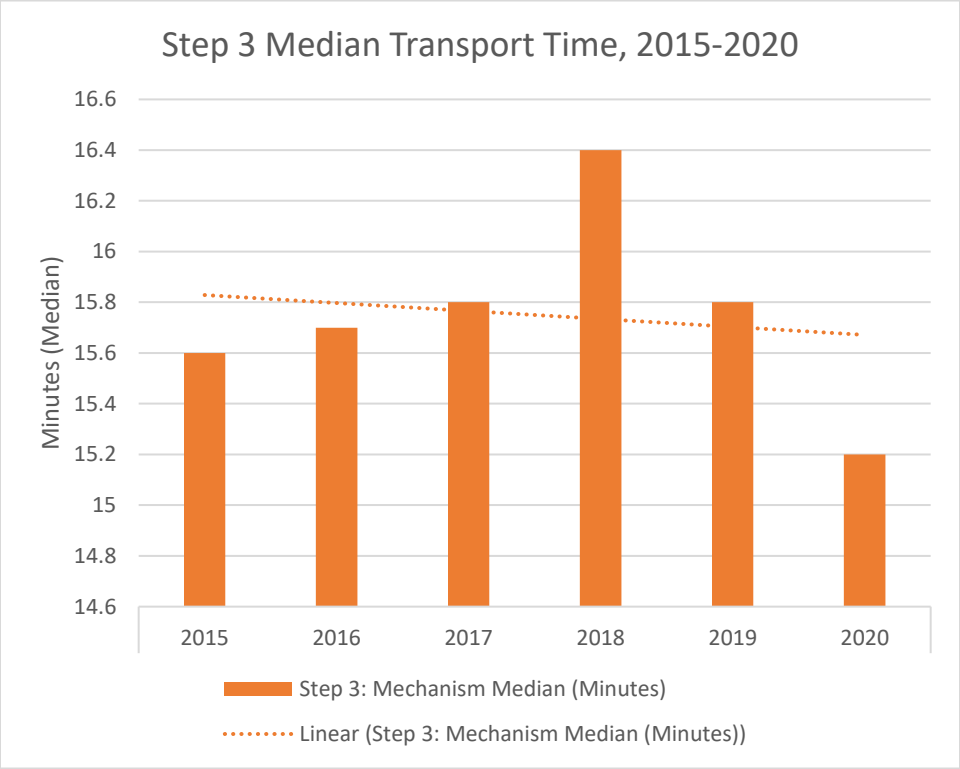


Step 2 Median Transport Time, 2015-2020							
		Year					
		2015	2016	2017	2018	2019	2020
Step 2: Anatomic	N	606	762	784	758	732	863
	Median (Minutes)	11m 48s	12m 12s	13m 12s	12m 36s	12m 0s	11M 48S

Source: SNHD TFTC Data

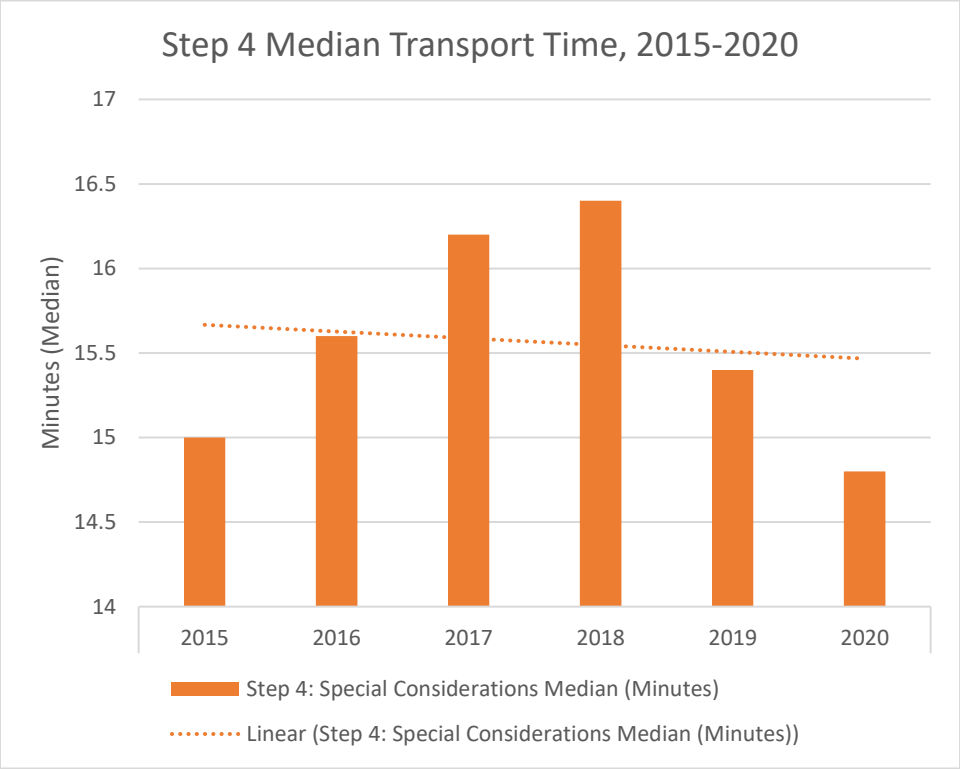
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds. Since the step totals only include transport times greater than 0 seconds, the step totals are different than the totals presented on pages 21-27.

Step 3 Median Transport Time, 2015-2020



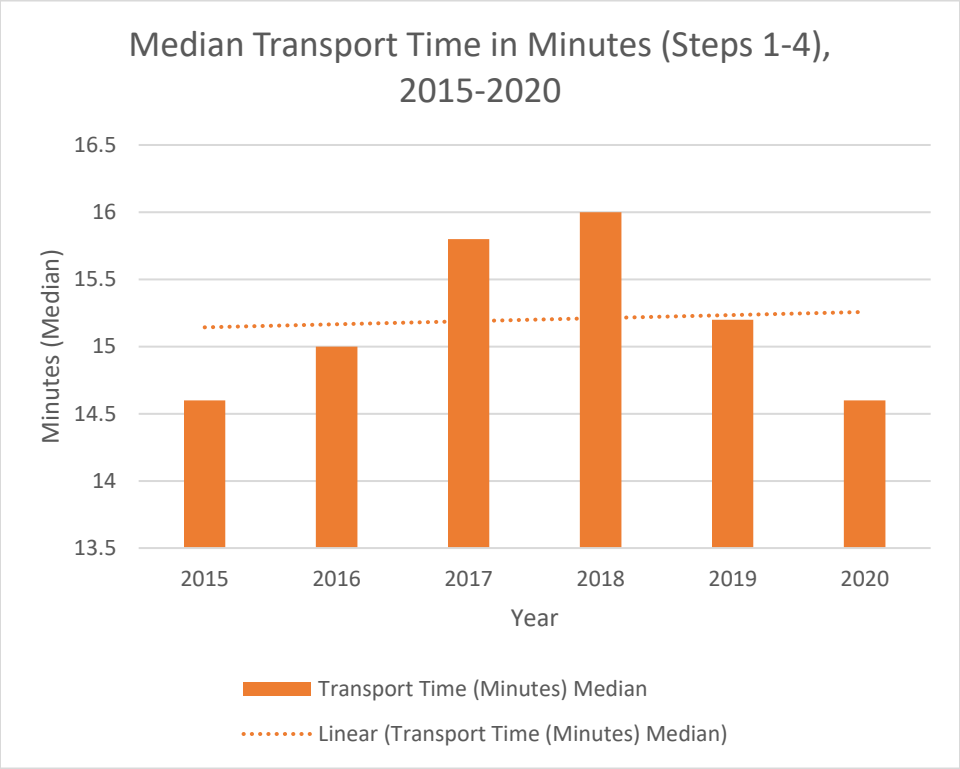
Step 3 Median Transport Time, 2015-2020							
		Year					
		2015	2016	2017	2018	2019	2020
Step 3: Mechanism	N	3727	4072	4531	4684	4654	3871
	Median (Minutes)	15m 36s	15m 42s	15m 48s	16m 24s	15m 48s	15m 12s
Source: SNHD TFTC Data							
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds. Since the step totals only include transport times greater than 0 seconds, the step totals are different than the totals presented in Section A, 1-7.							

Step 4 Median Transport Time, 2015-2020



Step 4 Median Transport Time, 2015-2020							
		Year					
		2015	2016	2017	2018	2019	2020
Step 4: Special Considerations	N	815	1101	4886	5588	6812	6220
	Median (Minutes)	15m 0s	15m 36s	16m 12s	16m 24s	15m 24s	14m 48s
Source: SNHD TFTC Data							
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds. Since the step totals only include transport times greater than 0 seconds, the step totals are different than the totals presented in Section A, 1-7.							

Median Transport Time in Minutes (Steps 1-4), 2015-2020



Median Transport Time in Minutes (Steps 1-4), 2015-2020							
		2015	**2016**	**2017**	**2018**	**2019**	**2020**
Transport Time (Minutes)	**N**	5748	6424	10676	11466	12804	11653
	Median	14m 36s	15m 0s	15m 48s	16m 0s	15m 12s	14m 36s

Source: SNHD TFTC Data

Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds. Since the step totals only include transport times greater than 0 seconds, the step totals are different than the totals presented in Section A, 1-7.

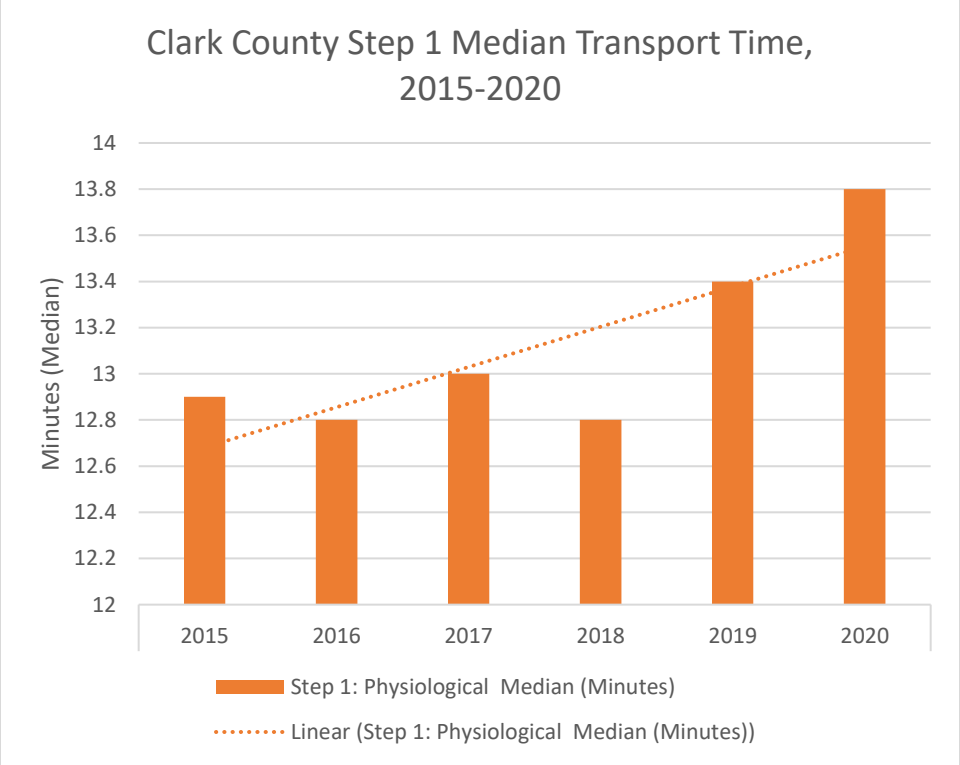
Clark County Median Transport Time by Step (1-4), 2015-2020

Clark County Median Transport Time by Step (1-4), 2015-2020							
		Year					
		2015	2016	2017	2018	2019	2020
Step 1: Physiologic	N	502	382	416	385	504	591
	Median (Minutes)	12m 54s	12m 48s	13m 0s	12m 48s	13m 24s	13m 48s
Step 2: Anatomic	N	525	629	631	668	631	718
	Median (Minutes)	12m 24s	13m 0s	14m 36s	13m 12s	12m 36s	12m 42s
Step 3: Mechanism	N	3331	3494	3986	4093	4065	3507
	Median (Minutes)	15m 48s	16m 12s	16m 24s	16m 48s	16m 12s	15m 24s
Step 4: Special Considerations	N	697	935	4370	4840	5730	5430
	Median (Minutes)	15m 36s	16m 24s	16m 24s	16m 48s	16m 0s	15m 24s

Source: SNHD TFTC Data

Note: Data not listed if out of state or if zip code is unavailable. Service area for Clark County includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Clark County Step 1 Median Transport Time, 2015-2020

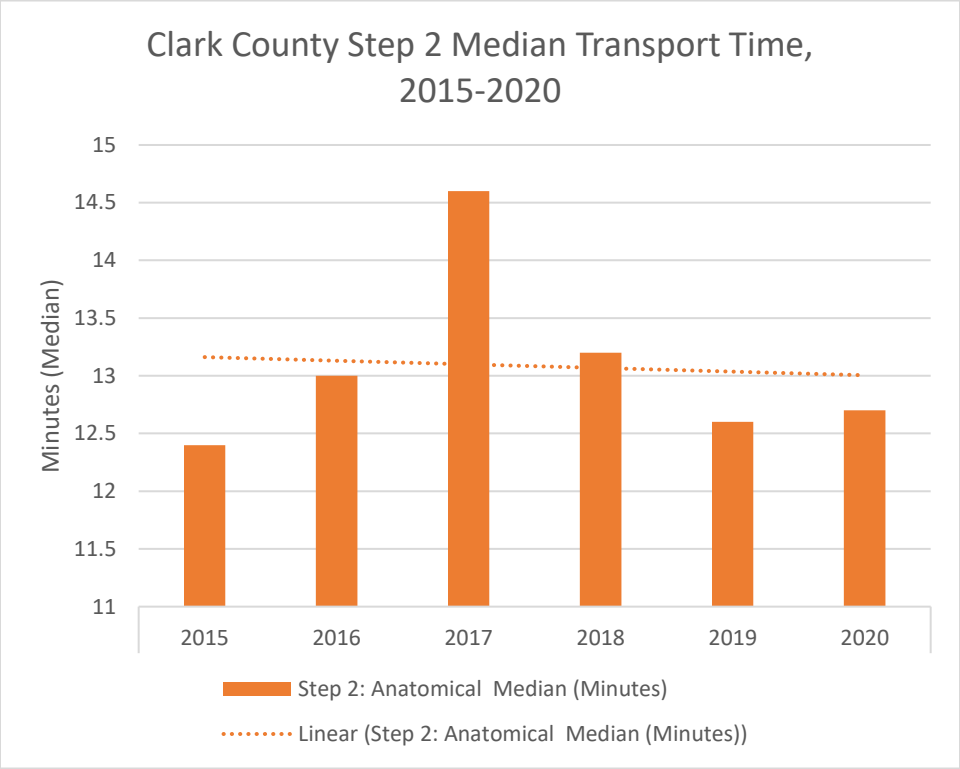


Clark County Step 1 Median Transport Time, 2015-2020							
		Year					
		2015	2016	2017	2018	2019	2020
Step 1: Physiologic	N	502	382	416	385	504	591
	Median (Minutes)	12m 54s	12m 48s	13m 0s	12m 48s	13m 24s	13m 48s

Source: SNHD TFTC Data

Note: Data not listed if out of state or if zip code is unavailable. Service area for Clark County includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Clark County Step 2 Median Transport Time, 2015-2020

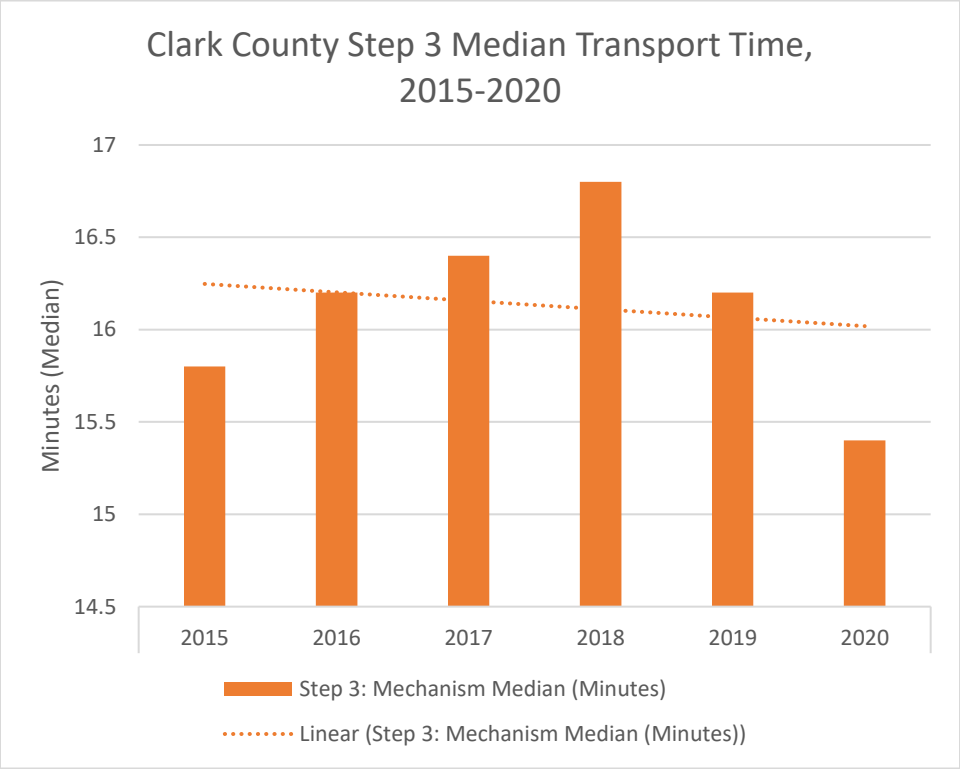


Clark County Step 2 Median Transport Time, 2015-2020							
		Year					
		2015	2016	2017	2018	2019	2020
Step 2: Anatomic	N	525	629	631	668	631	718
	Median (Minutes)	12m 24s	13m 0s	14m 36s	13m 12s	12m 36s	12m 42s

Source: SNHD TFTC Data

Note: Data not listed if out of state or if zip code is unavailable. Service area for Clark County includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Clark County Step 3 Median Transport Time, 2015-2020

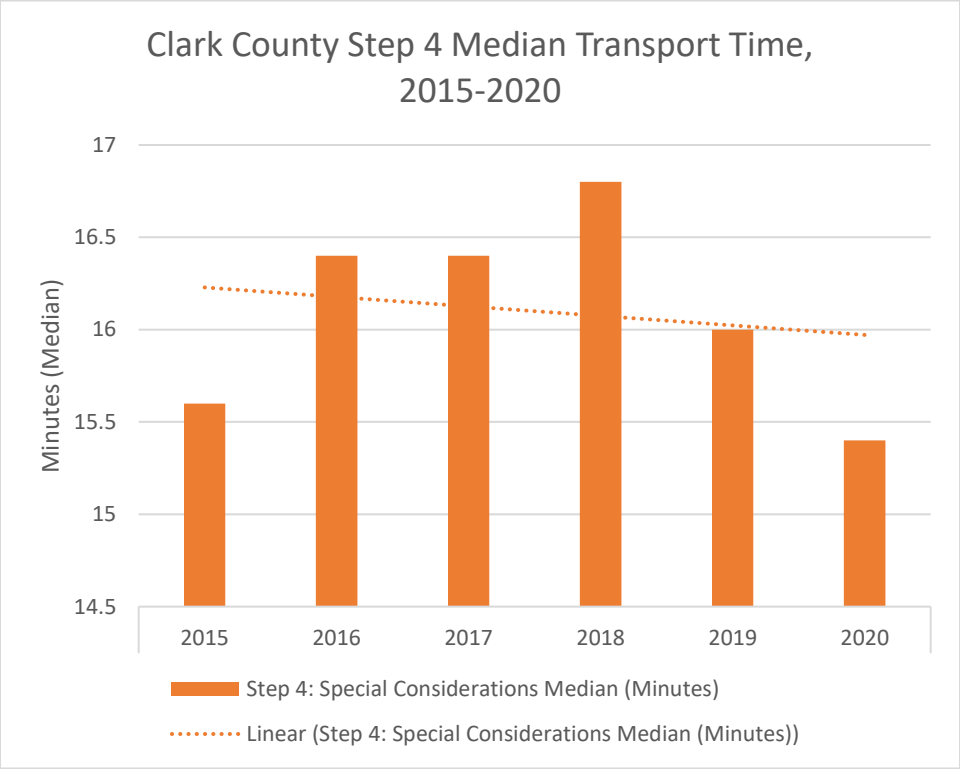


Clark County Step 3 Median Transport Time, 2015-2020							
		Year					
		2015	2016	2017	2018	2019	2020
Step 3: Mechanism	N	3331	3494	3986	4093	4065	3507
	Median (Minutes)	15m 48s	16m 12s	16m 24s	16m 48s	16m 12s	15m 24s

Source: SNHD TFTC Data

Note: Data not listed if out of state or if zip code is unavailable. Service area for Clark County includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Clark County Step 4 Median Transport Time, 2015-2020

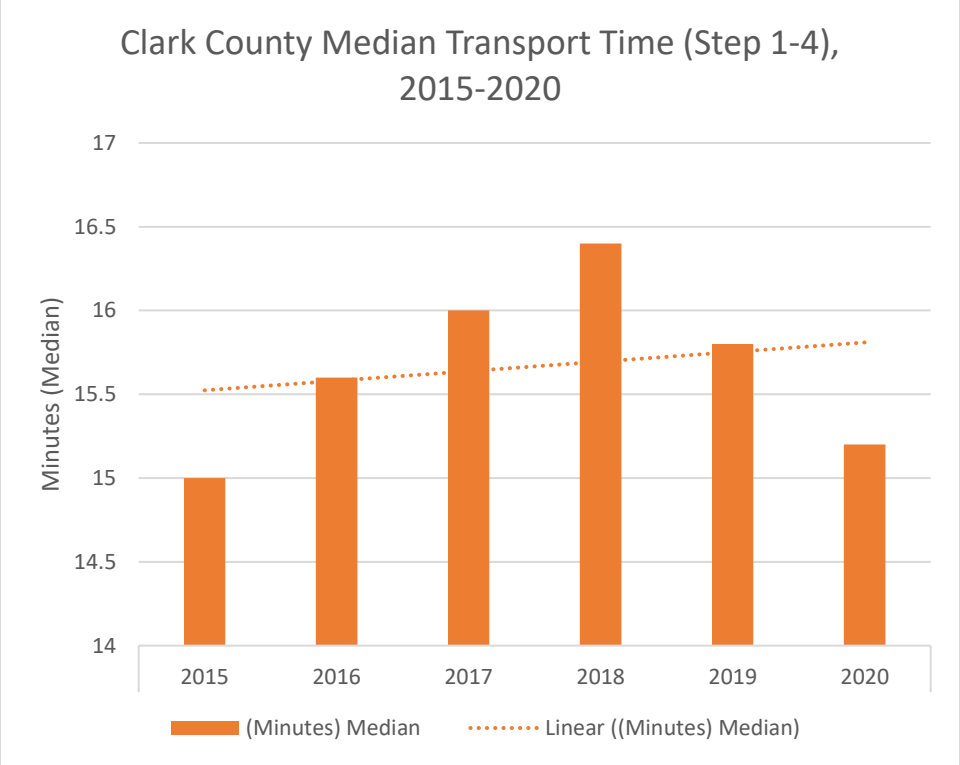


Clark County Step 4 Median Transport Time, 2015-2020							
		Year					
		2015	2016	2017	2018	2019	2020
Step 4: Special Considerations	N	697	935	4370	4840	5730	5430
	Median (Minutes)	15m 36s	16m 24s	16m 24s	16m 48s	16m 0s	15m 24s

Source: SNHD TFTC Data

Note: Data not listed if out of state or if zip code is unavailable. Service area for Clark County includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Clark County (Composite) Median Transport Time by Step (1-4), 2015-2020



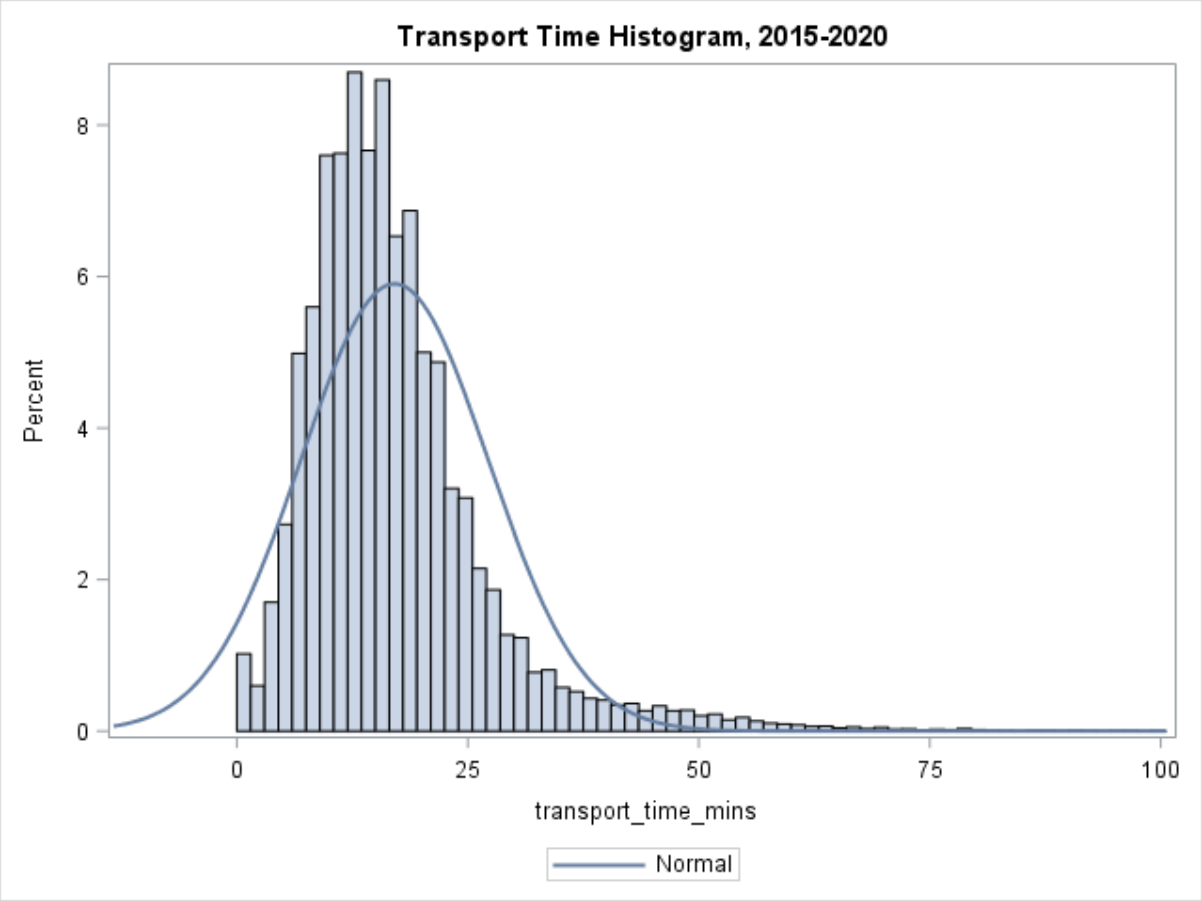
Clark County Median Transport Time (Step 1-4), 2015-2020

		Year					
		2015	**2016**	**2017**	**2018**	**2019**	**2020**
Transport Time (Minutes)	N	5055	5440	9403	9988	10930	10255
	Median	15m 0s	15m 36s	16m 0s	16m 24s	15m 48s	15m 12s

Source: SNHD TFTC Data

Note: Data not listed if out of state or if zip code is unavailable. Service area for Clark County includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.

Histogram and Interquartile Range of Transport Time, 2015-2020



Interquartile Range of Transport Time, 2015-2020

	Year						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2015-2020**
25th Percentile Transport Time (Minutes)	10m 12s	10m 12s	11m 12s	11m 12s	10m 36s	10m 12s	10m 36s
50th Percentile Transport Time (Minutes)	14m 36s	15m 0s	15m 48s	16m 0s	15m 12s	14m 36s	15m 12s
75th Percentile Transport Time (Minutes)	20m 12s	20m 36s	21m 30s	21m 48s	21m 0s	19m 48s	20m 48s
Quartile Range Transport Time (Minutes)	10m 0s	10m 24s	10m 18s	10m 36s	10m 24s	9m 36s	10m 12s

Source: SNHD TFTC Data

Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds.

TFTC Incidents by Transport Time and Step, 2015-2020

TFTC Incidents by Transport Time and Step, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
>15 Minutes						
Step 1	189	151	187	158	224	254
Step 2	204	259	328	271	253	255
Step 3	1952	2147	2477	2633	2475	1943
Step 4	406	581	2711	3206	3547	3035
>20 Minutes						
Step 1	93	81	98	78	109	122
Step 2	98	128	159	142	123	120
Step 3	1045	1178	1421	1536	1417	1017
Step 4	226	313	1508	1836	1942	1515
>25 Minutes						
Step 1	59	46	69	43	54	57
Step 2	56	75	85	82	50	64
Step 3	585	651	783	811	747	507
Step 4	114	172	798	966	954	682
Source: SNHD TFTC Data						
Note: Includes all TFTC transports in the Southern Nevada Trauma System.						

Percentage of TFTC Incidents with Transport Time <=15 Minutes

Percentage of TFTC Incidents with Transport Time <=15 Minutes						
	2015	2016	2017	2018	2019	2020
<=15 Minutes						
Step 1	411	338	288	275	382	433
Total	600	489	475	433	606	687
%	68.50%	69.12%	60.63%	63.51%	63.04%	63.03%
Step 2	402	503	456	487	479	608
Total	606	762	784	758	732	863
%	66.34%	66.01%	58.16%	64.25%	65.44%	70.45%
Step 3	1775	1925	2054	2051	2179	1928
Total	3727	4072	4531	4684	4654	3871
%	47.63%	47.27%	45.33%	43.79%	46.82%	49.81%
Step 4	409	520	2175	2382	3265	3185
Total	815	1101	4886	5588	6812	6220
%	50.18%	47.23%	44.51%	42.63%	47.93%	51.21%

Source: SNHD TFTC Data

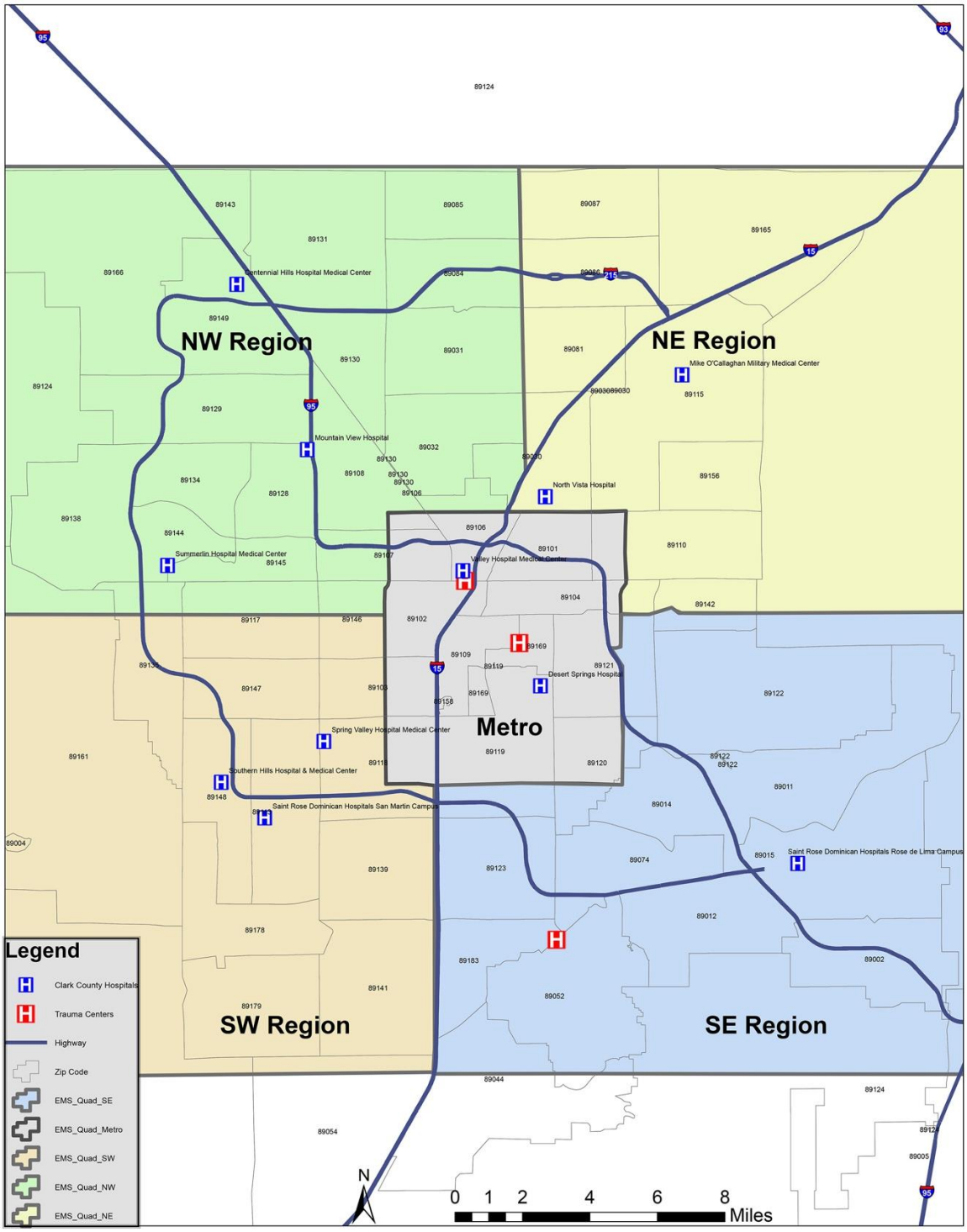
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds. There are 3 incidents not classified in 2018 and 12 incidents not classified in 2020.

TFTC Regional Incidents

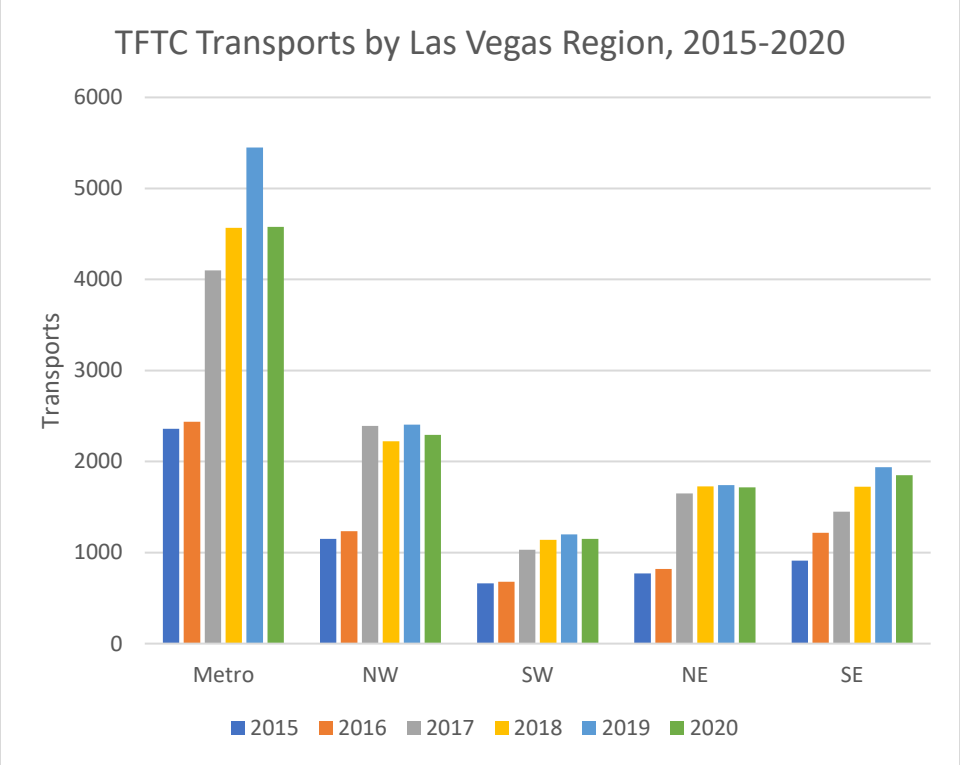
Intent

TFTC Regional Incidents is provided to analyze trauma in Clark County's metropolitan area. Divided into five regions that contain unique geographical, socioeconomic, and infrastructure, the transport times and number of incidents are intended to identify barriers to access to care. This further develops an approach to monitor for unmet needs to create new capacity when and where needed. The five regions were agreed upon by the RTAB, TMAC, and generated by OEMSTS. Each region was determined by factors unique to Clark County that include, but are not limited to governmental borders, private/county EMS provider regions, infrastructure layout, demographics, and familiarity of experience. (Note: These regions are not catchment areas.)

TFTC Regional Map



TFTC Incident Total by Las Vegas Region, 2015-2020



TFTC Transports by Las Vegas Region, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
Metro	2361	2436	4099	4568	5448	4579
NW	1149	1235	2392	2224	2407	2292
SW	662	681	1030	1140	1201	1149
NE	772	821	1649	1727	1741	1716
SE	912	1216	1448	1724	1938	1851
Total	5856	6389	10618	11383	12735	11587
Source: SNHD TFTC Data						
Note: Only includes transports with a step designation						

TFTC Transports by Las Vegas Region and Step, 2015-2020

TFTC Transports by Las Vegas Region and Step, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
Step 1						
Metro	256	212	181	171	230	254
NW	110	92	117	93	139	136
SW	56	48	57	41	73	59
NE	73	47	67	84	70	106
SE	95	79	56	44	84	121
Step 2						
Metro	237	333	337	305	290	357
NW	128	129	136	133	131	149
SW	34	56	62	53	58	57
NE	121	124	119	133	134	163
SE	85	113	119	123	113	125
Step 3						
Metro	1218	1249	1414	1515	1513	1158
NW	736	779	954	880	913	785
SW	516	506	542	578	615	512
NE	495	517	606	615	614	561
SE	620	808	804	885	783	684
Step 4						
Metro	394	430	1986	2406	3185	2556
NW	175	235	1185	1118	1224	1222
SW	56	71	369	468	455	521
NE	83	133	857	895	923	886
SE	112	216	469	672	958	921
Source: SNHD TFTC Data						
Note: Only includes transports with a step designation.						

Non-Trauma Center Hospital Data

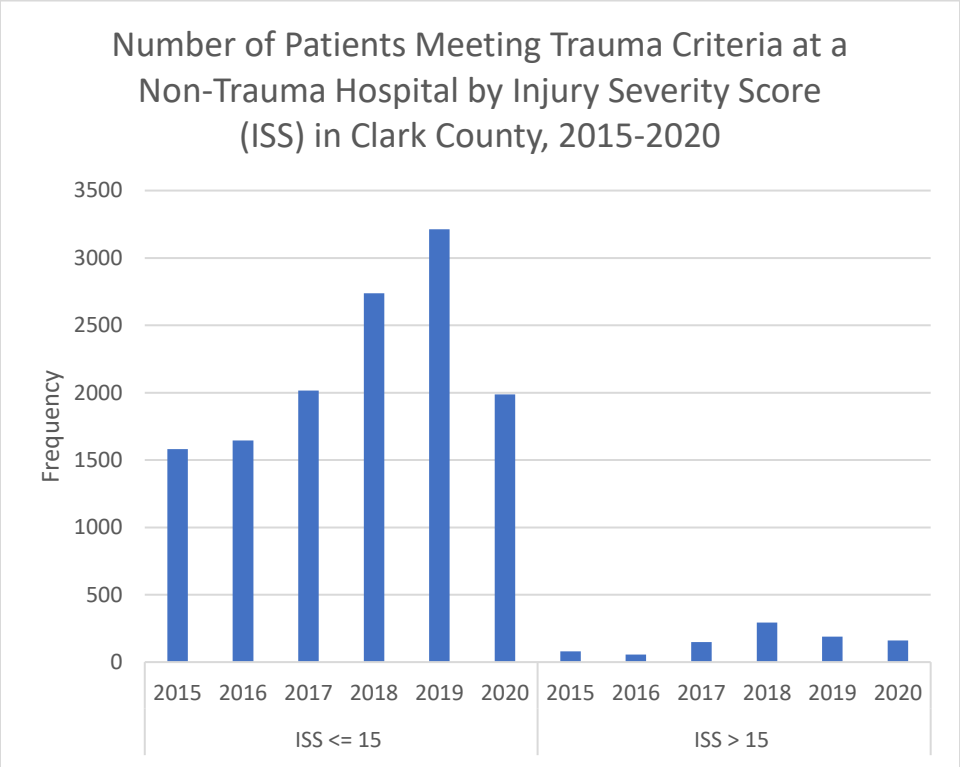
Intent

The Southern Nevada Trauma System recognizes that hospital facilities that provide emergency services contribute to its inclusive trauma system. These facilities are known as Non-Trauma Center Hospitals and provide prompt assessment, resuscitation, emergency operations, and stabilization and also arrange for transfer to a designated trauma center. Most trauma patients arrive at Non-Trauma Center Hospitals by self-delivery or by EMS provider judgment exemptions. If an injured patient meets state-defined trauma criteria, they may be transferred through inter-local agreements to a designated Trauma Center. Most trauma patients seen at Non-Trauma Center Hospitals that do not meet state-defined trauma criteria are treated and released.

Non-Trauma Center Hospital Data is provided to analyze trauma outside of the three designated trauma centers. Due to the inclusion criteria and collection methods, the NV State Trauma Registry and the TFTC Trauma Center Trauma Registry are incompatible. Patients identified as meeting trauma inclusion criteria at non-trauma hospitals are still part of Clark County's inclusive trauma system. Since the two data sets cannot be combined, an accurate calculation of overtriage and undertriage is not possible. Still, it is important to capture and analyze all trauma within our community to determine capacity and injury prevention needs.

Note: The Injury Severity Score (ISS) is a system for numerically stratifying injury severity, which correlates with mortality, morbidity, and other severity measures. The risk of death increases with a higher score. It requires extensive training and experience to calculate and determine the score. This report categorizes an ISS score that is equal to or less than 15 as minor or moderate. A score greater than 15 is considered severe to very severe.

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital by Injury Severity Score (ISS) in Clark County, 2015-2020



Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital by Injury Severity Score (ISS) in Clark County, 2015-2020

	ISS <= 15						ISS > 15					
	2015	2016	2017	2018	2019	2020	2015	2016	2017	2018	2019	2020
All	1580	1644	2016	2737	3213	1986	79	57	149	294	188	160

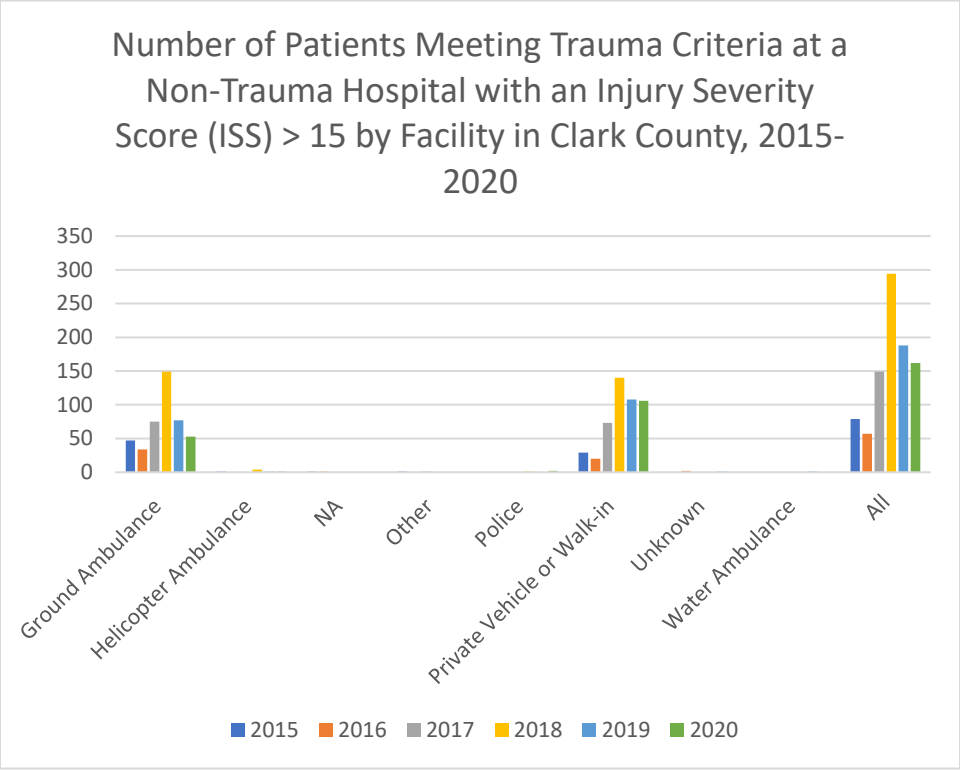
Source: State Trauma Registry data

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity (ISS) >15 by Facility in Clark County, 2015-2020

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) > 15 by Facility in Clark County, 2015-2020						
	2015	2016	2017	2018	2019	2020
Boulder City Hospital	1	0	0	14	1	1
Centennial Hills Hospital	4	2	90	102	13	4
Desert Springs Hospital Medical Center	0	1	2	0	0	0
Henderson Hospital	0	0	0	0	4	3
Henderson Hospital - ER at Green Valley	0	0	0	0	3	0
Mesa View Regional Hospital	29	9	5	1	0	1
Mountain View Hospital	12	26	24	36	37	18
North Vista Hospital	3	5	10	75	97	113
Southern Hills - ER at the Lakes	0	0	0	0	0	1
Southern Hills Hospital Medical Center	2	0	8	0	3	3
Spring Valley Hospital Medical Center	6	2	3	32	4	3
St. Rose Dominican Hosp North Las Vegas	0	0	0	1	0	0
St. Rose Dominican Hospital De Lima Campus	15	3	2	4	3	0
St. Rose Dominican Hospital San Martin Campus	1	0	0	2	1	0
St. Rose Dominican Hospital West Flamingo	0	0	0	1	0	0
Summerlin Hospital Medical Center	6	8	4	26	19	9
Valley Hospital Medical Center	0	1	1	0	3	4
All	79	57	149	294	188	160

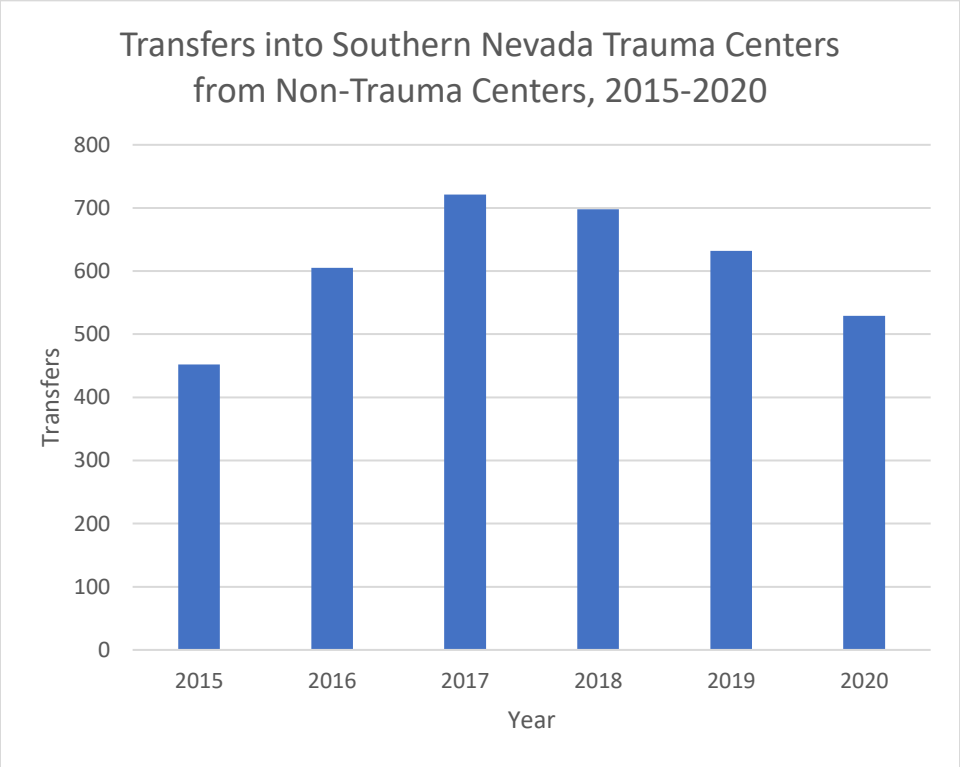
Source: State Trauma Registry data

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 by Transport Mode in Clark County, 2015-2020



Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) > 15 by Facility in Clark County, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
Ground Ambulance	47	34	75	149	77	53
Helicopter Ambulance	1	0	0	4	1	1
NA	1	1	0	0	0	0
Other	1	0	1	0	0	0
Police	0	0	0	1	0	2
Private Vehicle or Walk-in	29	20	73	140	108	106
Unknown	0	2	0	0	1	0
Water Ambulance	0	0	0	0	1	0
All	79	57	149	294	188	162
Source: State Trauma Registry data						

Transfers to Southern Nevada Trauma Centers from Non-Trauma Centers, 2015-2020



Transfers into Southern Nevada Trauma Centers from Non-Trauma Centers, 2015-2020						
	2015	**2016**	**2017**	**2018**	**2019**	**2020**
All	452	605	721	698	632	529
Source: State Trauma Registry data						

Emergency Department and Trauma Center Hours, 2016-2020

Intent

Clark County's inclusive trauma system includes designated Trauma Centers and Non-Trauma Center Hospitals (Emergency Departments). Traditionally an Emergency Department (ED) is capable of meeting the demands of trauma-related injuries. Trauma Centers were developed to provide an expedited resource for the optimal care of trauma patients. When there is a designated Trauma Center, the trauma system is designed to transport the patient to the most appropriate destination, bypassing EDs that may be closer. Most Trauma Centers are integrated into EDs but function separately. All hospitals (EDs & Trauma Centers) must develop protocols to manage a crisis that may require closure. The crisis may be that capacity is met, and no additional patients can be received, or that an internal disaster/failure (e.g., infrastructure, technology, medical professionals) requires closure. The protocols developed to manage the closure of an ED and Trauma Center are separate. An ED may declare it is on Internal Disaster, but that declaration would never include the Trauma Center. Even if an integrated part of an ED, a Trauma Center will remain open and be able to receive trauma patients while the ED is closed. When a Trauma Center closes, it is called Trauma Bypass. It is rare for a Trauma Center to close. As part of the ACS-COT verification process, a Trauma Center must not be on bypass more than 5 percent of the time.

Definitions specific to Clark County Trauma System and Emergency Medical System:

Trauma Bypass- Closure of a Trauma Center. If on Trauma Bypass, which is a mandated reported requirement, the center cannot take patients. All EMS agencies can view this real-time status via telemetry. The time spent on trauma bypass is regularly reviewed at TMAC and is part of ACS-COT criteria.

Internal Disaster- Closure of an Emergency Department. If on Internal Disaster, the ED is not able to take patients. All EMS agencies can view this real-time status via telemetry.

Operational Hours for Emergency Departments and Trauma Centers, 2016-2020

University Medical Center (UMC) ED and Trauma Center Operational Hours					
	2016	**2017**	**2018**	**2019**	**2020**
ED Open Total Hours	7816	8113	8437	8683	8634
ED Closed Total Hours	967	647	323	77	149
ED % of Total Hours Open	89%	93%	96%	99%	98%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%
Source: Juvare EMS Data System					

Sunrise ED and Trauma Center Operational Hours					
	2016	**2017**	**2018**	**2019**	**2020**
ED Open Total Hours	8774	8754	8756	8760	8784
ED Closed Total Hours	10	7	3	0.2	0
ED % of Total Hours Open	99%	99%	99%	100%	100%
Trauma Center Bypass Event Hours	0	6	0.5	0	0
Trauma Center % Open	100%	99.9%	100%	100%	100%
Source: Juvare EMS Data System					

St. Rose-Siena ED and Trauma Center Operational Hours					
	2016	**2017**	**2018**	**2019**	**2020**
ED Open Total Hours	6168	7658	8433	8530	8400
ED Closed Total Hours	2616	1102	327	230	383
ED % of Total Hours Open	70%	87%	96%	97%	95%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%
Source: Juvare EMS Data System					

Southern NV Hospitals ED and Trauma Centers Operational Hours					
	2016	**2017**	**2018**	**2019**	**2020**
ED Open Total Hours	144k	169k	201k	220k	236k
ED Closed Total Hours	9480	3105	4672	9094	1330
ED % of Total Hours Open	94%	98%	98%	96%	99%
Trauma Centers Bypass Event Hours	0	6	0.5	0	0
Trauma Centers % Open	100%	99.9%	100%	100%	100%
Source: Juvare EMS Data System					

Trauma Medical Audit Committee

The Trauma Medical Audit Committee (TMAC) is a multidisciplinary closed medical peer review committee of the District Board of Health that meets quarterly. Its purpose is to review the Southern Nevada Trauma system by evaluating trauma care, monitoring trends, and making system improvements recommendations.

- For 2020, TMAC has reviewed trauma cases as an evaluation of trauma care. In a review of those cases, TMAC has not found any significant trauma protocols or regulations variance.
- For 2020, TMAC did not observe any delays in care in trauma services.
- For 2020, TMAC has not identified any significant change in trends in system performance.
- For 2020, TMAC did not observe any aberrations in out-of-hospital deaths, patients treated in non-trauma center hospitals, or prehospital services.

As part of the TMAC's purpose to implement improvement activities to ensure quality care throughout the trauma system, it reports that the current trauma system is functioning efficiently. TMAC recognizes the importance of controlled and appropriate growth of the trauma system for future sustainability.

Dr. Chris Fischer
TMAC Chair

Appendix

Appendix A: Trauma Field Triage Criteria

Trauma Field Triage Criteria

A licensee providing emergency medical care to a patient at the scene of an injury shall use the following procedures to identify and care for patients with traumas:

1. Step 1 – Measure vital signs and level of consciousness. If the patient's:
   - A. Glasgow Coma Scale is 13 or less;
   - B. Systolic blood pressure is less than 90 mmHg; or
   - C. Respiratory rate is less than 10 or greater than 29 breaths per minute (less than 20 in infant aged less than 1 year), or is in need of ventilatory support

   the adult patient *MUST* be transported to a Level 1 or 2 center for the treatment of trauma in accordance with the catchment area designated. The pediatric patient MUST be transported to a pediatric center for the treatment of trauma.
2. Step 2 – Assess anatomy of injury. If the patient has:
   - A. Penetrating injuries to head, neck, torso, or extremities proximal to elbow or knee;
   - B. Chest wall instability or deformity (e.g. flail chest);
   - C. Two or more proximal long-bone fractures;
   - D. Crushed, degloved, mangled, or pulseless extremity;
   - E. Amputation proximal to wrist or ankle;
   - F. Pelvis fractures;
   - G. Open or depressed skull fractures; or
   - H. Paralysis

   the adult patient *MUST* be transported to a Level 1 or 2 center for the treatment of trauma in accordance with the catchment area designated. The pediatric patient *MUST* be transported to a pediatric center for the treatment of trauma.
3. Step 3 – Assess mechanism of injury and evidence of high-energy impact, which may include:
   - A. Falls
     1) Adults: greater than 20 feet (one story is equal to 10 feet)
     2) Children: greater than 10 feet or two times the height of the child
   - B. High-risk auto crash
     1) Motor vehicle was traveling at a speed of at least 40 miles per hour immediately before the collision occurred;
     2) Intrusion, including roof: greater than 12 inches occupant site; greater than 18 inches any site;
     3) Ejection (partial or complete) from automobile;
     4) Motor vehicle rolled over with unrestrained occupant(s);
     5) Death in same passenger compartment
   - C. Motorcycle crash greater than 20 mph
   - D. Auto vs pedestrian/bicyclist thrown, run over, or with significant (greater than 20 mph) impact

   The patient *MUST* be transported to a Level 1, 2, or 3 center for the treatment of trauma in accordance with the catchment area designated. For patients who are injured outside a 50-mile radius from a trauma center, the licensee providing emergency medical care shall call and consider transport to the nearest receiving facility.

Trauma Field Triage Criteria (Cont.)

4. Step 4 – Assess special patients
   A. Older adults
      1) Risk of injury/death increases after age 55 years
      2) SBP less than 110 mmHg might represent shock after age 65 years
      3) Low impact mechanisms (e.g. ground level falls) might result in severe injury
   B. Children should be triaged preferentially to a trauma center.
   C. Anticoagulants and bleeding disorders: Patients with head injury are at high risk for rapid deterioration.
   D. Burns
      1) Without other trauma mechanisms: transport in accordance with the Burns protocol
      2) With trauma mechanism: transport to UMC Trauma/Burn Center
   E. Pregnancy greater than 20 weeks
   F. EMS provider judgment

The patient *MUST* be transported to a Level 1, 2, or 3 center for the treatment of trauma in accordance with the catchment area designated. For patients who are injured outside a 50-mile radius from a trauma center, the licensee providing emergency medical care shall call and consider transport to the nearest receiving facility.

The person licensed to provide emergency medical care at the scene of an injury shall transport a patient to a designated center for the treatment of trauma based on the following guidelines:

St. Rose Dominican Hospital - Siena Campus (Level 3 Trauma Center) Catchment Area

All trauma calls that meet Step 3 or in the provider's judgment meet Step 4 of the Trauma Field Triage Criteria Protocol and occur within the City of Henderson or the geographical area bordered by Interstate 15 to the west and Sunset road to the north, and the county line to the east, are to be transported to St. Rose Dominican Hospital – Siena Campus and the medical directions for the treatment of the patient must originate at that center;

Sunrise Hospital & Medical Center (Level 2 Trauma Center) Catchment Area

All adult trauma calls and pediatric Step 3 trauma calls that meet the Trauma Field Triage Criteria Protocol and occur within the geographical area bordered by Paradise Road to the west, Sahara Avenue to the north, Sunset Road to the south, and the county line to the east, are to be transported to Sunrise Hospital & Medical Center and the medical directions for the treatment of the patient must originate at that center;

In addition, adult trauma calls that meet Step 1 or 2 of the Trauma Field Triage Criteria Protocol and occur within the St. Rose Dominican Hospital – Siena Campus Catchment Area, City of Henderson, or the geographical area bordered by Paradise Road to the west continuing along that portion where it becomes Maryland Parkway, Sunset Road to the north, and the county line to the east, are to be transported to Sunrise Hospital & Medical Center and the medical directions for the treatment of the patient must originate at that center.

University Medical Center (Level 1 Trauma Center and Pediatric Level 2 Trauma Center) Catchment Area

All trauma calls that meet the Trauma Field Triage Criteria and occur within any other area of Clark County are to be transported to University Medical Center/Trauma and the medical directions for the treatment of the patient must originate at that center.

All pediatric Step 1 and Step 2 trauma calls that occur within Clark County are to be transported to University Medical Center/Trauma and medical directions for the treatment of the patient must originate at that center.

In addition, adult trauma calls that meet Step 1 or 2 of the Trauma Field Triage Criteria Protocol and occur in the geographical area bordered by Paradise road to the east, Sunset Road to the north, Interstate 15 to the west, and the county line to the south, are to be transported to University Medical Center/Trauma and the medical directions for the treatment of the patient must originate at that center.

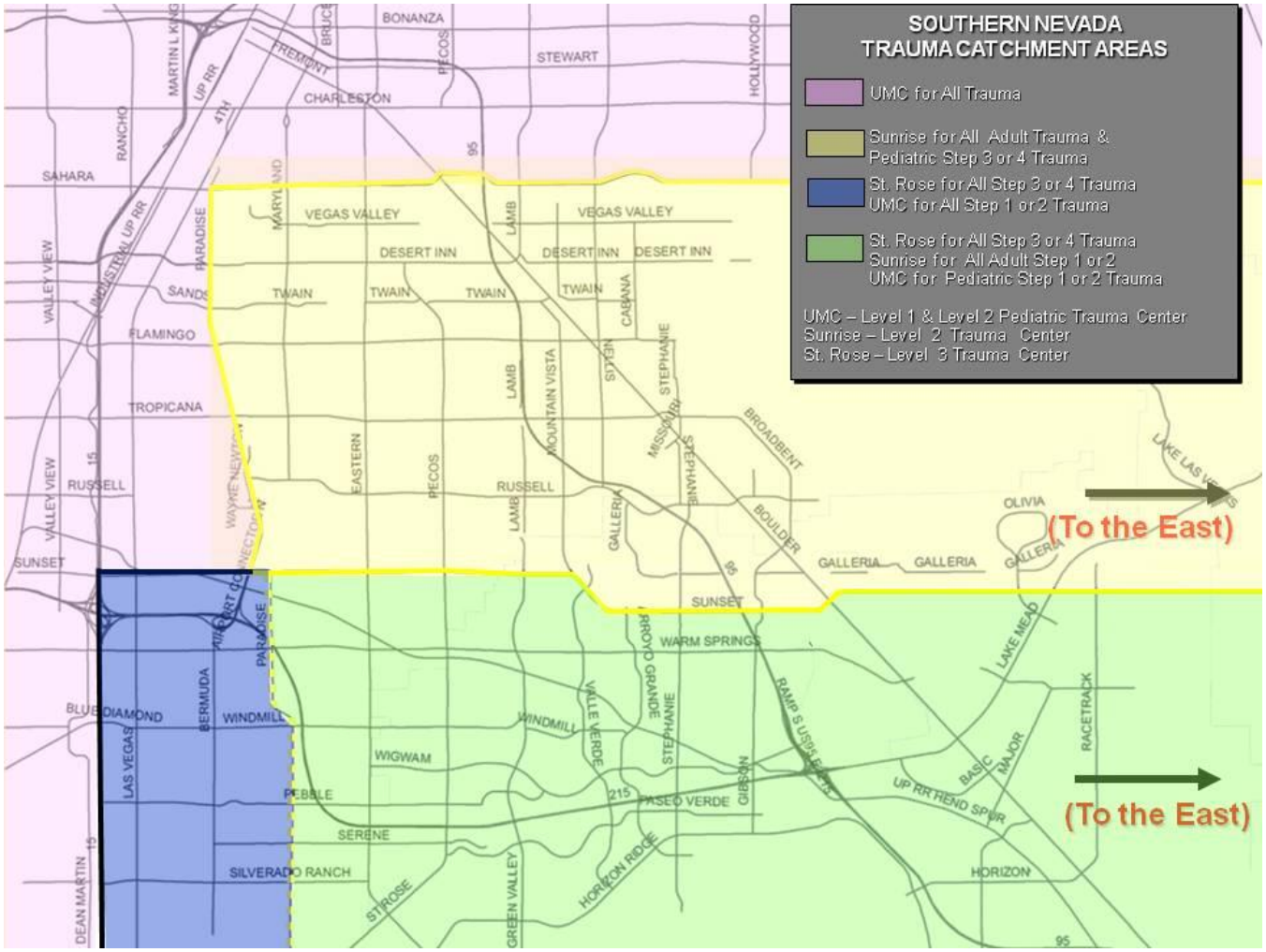
Trauma Field Triage Criteria (Cont.)

All trauma calls that meet the Trauma Field Triage Criteria Protocol, regardless of location, that are transported by air ambulance are to be transported to University Medical Center/Trauma and the medical directions for the treatment of the patient must originate at that center.

EXCEPTIONS:

1. Nothing contained within these guidelines precludes transport to any trauma facility if, in the provider's judgment, time to transport to the designated center would be unduly prolonged due to traffic and/or weather conditions and might jeopardize the patient's condition.
2. Additionally, nothing contained within these guidelines precludes transport to the closest facility if, in the provider's judgment, an ability to adequately ventilate the patient might result in increased patient mortality.

Appendix B: Southern Nevada Trauma Catchment Areas



Southern Nevada Health District

www.SNHD.info

SERIOUS INJURIES • SUPERIOR CARE

TRAUMA SYSTEMS MATTER

Southern Nevada Trauma System

www.SouthernNevadaTraumaSystem.org

CLARK COUNTY TRAUMA SYSTEM

Office of Emergency Medical Services & Trauma System

Chad Kingsley MD
Regional Trauma Coordinator

CLARK COUNTY
TRAUMA SYSTEM

TRAUMA REGULATIONS

SOUTHERN NEVADA HEALTH DISTRICT
OFFICE OF EMERGENCY MEDICAL SERVICES
AND TRAUMA SYSTEM

CLARK COUNTY
TRAUMA SYSTEM

Current Regulations…

- SNHD-OEMSTS uses NRS 450B.237 to regulate verified trauma care within a trauma system for trauma patients
- Current Clark County Trauma Regulations were authorized 2015

CLARK COUNTY
TRAUMA SYSTEM

Draft Regulations…

- Revisions began in 2018 and reviewed by the Southern Nevada District Board of Health in early 2019
- NRS 450B.237 was altered by the 2019 AB317
- 2019-2021 Period for NV DPBH to review NAC. State determined no changes were required to the NAC.
- 2021-2022 OEMSTS staff edited and updated regulations to correspond with NRS resulting from the passage of AB317.

CLARK COUNTY
TRAUMA SYSTEM

Proposed Trauma Regulation Changes…

1. Update and revision of Definitions
2. Update and revision of Trauma System Administration
    a. Addition of an annual report
    b. Addition of an impact report
3. Update to Provisional Authorization and Designation Processes
    a. Addition: Corresponds to NRS 450B.237 that requires state authorization for initial entry as Level III Trauma Center before seeking BOH authorization
    b. Update: Revisions to processes for renewal and increase in ACS-COT level
    c. Addition: Process for accepting applications for federally exempt hospitals seeking to participate in the trauma system
4. Update and revisions to Advisory Board and Peer Review Committee

SOUTHERN NEVADA HEALTH DISTRICT
OFFICE OF EMERGENCY MEDICAL SERVICES
AND TRAUMA SYSTEM

CLARK COUNTY
TRAUMA SYSTEM

Business Impact Notification with request for comments…

- OEMSTS developed a Business Impact Notification asking for comments, input, and concerns about the drafted changes to the trauma regulations.
- OEMSTS staff sent a Business Impact Notification to the e-mail addresses of:
  - Regional Trauma Advisory Board and trauma system mailing list
  - Southern Nevada District Board of Health
  - All Clark County hospital CEOs
- OEMSTS provided 15 working business days for all responses.
- No responses or comments were received.

CLARK COUNTY TRAUMA SYSTEM

Trauma Regulation Public Workshop…

- OEMSTS publicly noticed a workshop meeting held at 280 S Decatur on Friday, April 8, 2022 at 10:00 a.m.
  - Posted at State of Nevada website
  - Posted at SNHD facilities and website
  - Email notices and invites sent to Regional Trauma Advisory Board, Trauma System mailing list, and Southern Nevada District Board of Health.
- All comments and submission were accepted and reviewed for consideration:
- The workshop was attended by 14 people.
- Following the workshop minutes will be drafted and sent to participants and posted on our website.

SOUTHERN NEVADA HEALTH DISTRICT
OFFICE OF EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM

CLARK COUNTY
TRAUMA SYSTEM

Trauma Regulation Public Workshop…

- Highlights:
  - Terminology/Process clean-up
  - Clarification on application process
  - Clarification of RTAB/TMAC regulatory authority and purpose

SOUTHERN NEVADA HEALTH DISTRICT
OFFICE OF EMERGENCY MEDICAL SERVICES
AND TRAUMA SYSTEM

CLARK COUNTY
TRAUMA SYSTEM

What's next:

- Present draft to the Regional Trauma Advisory Board on Wednesday, April 20.
- Present Business Impact Statement to the Southern Nevada District Board of Health on Thursday, April 28. Memorandum #03-22
- Present the proposed Trauma Regulations to the Southern Nevada District Board of Health on Thursday, May 26. Memorandum #04-22

CLARK COUNTY
TRAUMA SYSTEM

THANK YOU

SOUTHERN NEVADA HEALTH DISTRICT
OFFICE OF EMERGENCY MEDICAL SERVICES
AND TRAUMA SYSTEM

BUSINESS IMPACT STATEMENT
TRAUMA SYSTEM REGULATION CHANGES
Board of Health Presentation on April 28, 2022

On May 26, 2022, the Southern Nevada Health District (Health District) Office of Emergency Medicine Services & Trauma System (OEMSTS) will present proposed changes to the Trauma System Regulations to the Southern Nevada District Board of Health (BOH). This Business Impact Statement serves to analyze the expected impact the proposed changes will have on businesses.

Pursuant to Nevada Revised Statutes (NRS) 237, the following information has been prepared and is available at 280 South Decatur Boulevard, Las Vegas, Nevada, or a copy may be obtained online at: https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/regulations-manuals-protocols/

BACKGROUND

The OEMSTS is responsible for the trauma system in Clark County, Nevada. Some examples of Health District trauma system regulations include managing the Regional Trauma Advisory Board (RTAB), trauma center initial and renewal applications for the BOH, and collecting trauma-specific data.

The current Trauma System Regulations were adopted on February 26, 2015. Since then, state law and administrative code governing trauma systems have changed. These proposed changes will bring our regulations into conformity with state law and administrative code and clarify some definitions.

No fee changes are proposed.

PROPOSED TRAUMA REGULATION CHANGES:

The Health District OEMSTS proposes the following trauma system regulation changes effective May 26, 2022:

1. Update and revision of Definitions
2. Update and revision of Trauma System Administration
    a. Addition of an annual report
    b. Addition of an impact report
3. Update to Provisional Authorization and Designation Processes
    a. Addition: Corresponds to NRS 450B.237 that requires state authorization for initial entry as Level III Trauma Center before seeking BOH authorization
    b. Update: Revisions to processes for renewal and increase in ACS-COT level
    c. Addition: Process for accepting applications for federally exempt hospitals seeking to participate in the trauma system
4. Update and revisions to Advisory Board and Peer Review Committee

MANNER IN WHICH COMMENT WAS SOLICITED:

A Business Notification on the proposed changes was electronically sent to all Regional Trauma Advisory Board members, Regional Trauma Advisory Board notification list, Southern Nevada District Board of Health, and Clark County Hospital CEOs.

SUMMARY OF COMMENTS, DATA, OR VIEWS RECEIVED:

During the comment period beginning February 27, 2022, ending on March 17, 2022, the OEMSTS received no responses.

ESTIMATED EFFECT ON BUSINESSES:

The proposed changes are not expected to have any adverse or beneficial impact on business, whether direct or indirect. The changes clarify definitions or are otherwise procedural by requiring state approval before submitting an application to be designated as a trauma center. These changes are required to conform to changes made to NRS 450B.237.

DESCRIPTION OF THE METHODS CONSIDERED TO REDUCE THE IMPACT ON BUSINESSES AND A STATEMENT REGARDING WHETHER THE HEALTH DISTRICT USED ANY OF THE METHODS:

The proposed changes either clarify definitions or are required to align with NRS 450B.237 and are not expected to impact business. Because no impact on business is expected, no alternative methods were considered.

ESTIMATED COST TO SNHD FOR THE ENFORCEMENT OF THE PROPOSED TRAUMA REGULATIONS:

The proposed changes are not expected to increase costs to SNHD.

ESTIMATED REVENUES EXPECTED TO BE GENERATED BY THE PROPOSED CHANGES AND THE WAY THE FUNDS ARE TO BE USED:

The proposed changes are not expected to change Health District revenue.

DO THE PROPOSED TRAUMA REGULATION CHANGES INCLUDE PROVISIONS THAT ARE DUPLICATIVE OF EXISTING LOCAL, STATE, OR FEDERAL STANDARDS?

_____ Yes __X__ No

DO THE PROPOSED TRAUMA REGULATION CHANGES INCLUDE PROVISIONS THAT ARE MORE STRINGENT THAN EXISTING LOCAL, STATE, OR FEDERAL STANDARDS?

_____ Yes __X__ No

WILL THIS CHANGE HAVE A SIGNIFICANT ECONOMIC IMPACT ON BUSINESSES?

_____ Yes __X__ No

REASONS FOR THE CONCLUSIONS REACHED REGARDING THE IMPACT ON BUSINESSES:

The OEMSTS has concluded that approval of the proposed Trauma Regulations changes will not impose a direct and significant economic burden upon existing trauma centers.

Pursuant to NRS 237.090, the BOH will hold a PUBLIC HEARING considering this Business Impact Statement at its regular meeting on Thursday, April 28, 2022, at 9:00 am in the Red Rock Conference Room, 280 South Decatur Blvd., Las Vegas, Nevada, or via WebEx video conferencing. The BOH will review and consider approval of the proposed Traum Regulation changes at a PUBLIC HEARING on Thursday, May 26, 2022, at the same time and location above.

I, FERMIN LEGUEN, certify that, to the best of my knowledge or belief, the information contained in the statement was prepared properly and is accurate:

Fermin Leguen, MD, MPH
District Health Officer
Southern Nevada Health District

3/24/22
Date

Trauma System Regulations

~~**February 26, 2015**~~
Amended by the Board of Health <Month Day, Year>

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~~

~~**ACS**~~	~~means American College of Surgeons~~
~~**COBRA**~~	~~means Consolidated Omnibus Budget Reconciliation Act~~
~~**MAB**~~	~~means Medical Advisory Board~~
~~**NAC**~~	~~means Nevada Administrative Code~~
~~**NRS**~~	~~means Nevada Revised Statutes~~
~~**OEMSTS**~~	~~means Office of Emergency Medical Services & Trauma System~~
~~**RTAB**~~	~~means Regional Trauma Advisory Board~~
~~**SNHD**~~	~~means Southern Nevada Health District~~
~~**TMAC**~~	~~means Trauma Medical Audit Committee~~

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*****Update upon approval*****

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~~ 100.390 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 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.~~

100.010 **"ADMINISTRATOR"** means the officers and authorized agents of the Nevada Division of Public and Behavioral Health or the Department of Human and Health Services.

~~**100.170**~~ **ADOPTION OF PUBLICATION BY REFERENCE.** The most recent edition of **100.020** "*Resources for Optimal Care of the Injured Patient*" published by the American College of Surgeons, is hereby adopted by reference.

100.030 "**ANNUAL TRAUMA REGISTRY REPORT**" means the annual report on trauma generated by Nevada's Division of Public and Behavioral Health.

100.040 **"AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA"** or **"ACS-COT"** means the organization that adopts standards considered by the State Board of Health as a guide for such regulations to verify a hospital as a trauma Center.

~~**100.020**~~ **"BOARD"** means the Southern Nevada District Board of Health.

100.050

~~**100.025**~~ **"CATCHMENT AREA"** means the geographical area described by the Office of **100.060** Emergency Medical Service & Trauma System that defines, manages, and supervises the service area for the delivery and treatment of trauma ~~by a~~ when more than one designated Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma is established in close proximity, and the time required to transport to all Centers is less than 30 mins. ~~in its plan for providing treatment for trauma as the area served by that center~~

~~100.030~~ **"CENTER FOR THE TREATMENT OF TRAUMA" or "TRAUMA**
100.070 **CENTER(s)"** 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~~ ACS-COT 'Trauma Center Classification Scheme'.

100.080 **"DIVISION OF PUBLIC AND BEHAVIORAL HEALTH" or "DIVISION"** means the Division of the Department of Human and Health Services of Nevada.

~~100.040~~ **"INITIAL DESIGNATION"** means the process by which the Nevada Division of
100.090 Public and Behavioral Health, with a provisional authorization by the Health Authority of a county whose population is 700,000 or more, confirms a ~~general~~ hospital licensed in this State has met the requirements of a Center for the Treatment of Trauma Level III 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
100.100 Operating Procedure.

~~100.044~~ **"HEALTH AUTHORITY"** shall have the meaning ascribed to it in NRS
100.110 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
100.120 District, its officers and authorized agents.

~~100.048~~ **"HEALTH DISTRICT OFFICE OF EMSTS" or "OEMSTS"** means the staff
100.130 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~~ District Health Officer of the Southern
100.140 Nevada Health District or the ~~Chief~~ District Health Officer's designee.

100.150 **"IMPACT REPORT"** means a report generated by OEMSTS that defines the existing trauma centers in relation to a proposed trauma center.

~~100.055~~ **"INJURY SEVERITY SCORE" or "ISS"** means an anatomical scoring system
100.160 that provides an overall score for Patients with multiple injuries.

100.170 **"INCLUSIVE TRAUMA SYSTEM"** means an all-encompassing, planned and regulated, approach to the optimal treatment and care of medical trauma that is patient-focused.

100.180 **"LEVEL OF CENTER" or "LEVEL"** means the ACS-COT verified Level of a Center for the Treatment of Trauma (I, II, III, or IV) or Pediatric Center for the Treatment of Trauma (I or II) and congruent designation by the Administrator of the Division of Public and Behavioral Health.

~~**100.060**~~ **100.190** **"MEDICAL ADVISORY BOARD" or "MAB"** 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**~~ **100.200** **"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 2nd or 3rd party caller as requiring evaluation for potential illness or injury.

~~**100.070**~~ **100.210** **"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**~~ **100.220** ~~**"PATIENT WITH TRAUMA"**~~ **"TRAUMA PATIENT"** means a person who has sustained injury and meets the Triage Criteria used to evaluate the condition of the Patient.

~~**100.085**~~ **100.230** **"PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA" or "PEDIATRIC TRAUMA CENTER(s)"** means a ~~general~~ hospital licensed in this State that can provide comprehensive surgical, medical and nursing care for Trauma 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 ACS-COT 'Trauma Center Classification Scheme'.

~~**100.090**~~ **100.240** **"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~~ 100.250 **"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~~ 100.260 **"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.

100.270 **"PROVISIONAL AUTHORIZATION"** means the process by which the Board approves a proposal from the Nevada Division of Public and Behavioral Health to initially designate a hospital as a Level III Center for the Treatment of Trauma, or a Renewal of Designation without a change of Level for existing Centers, or an Initial Designation as a Level I or II for existing Centers seeking a change in Level, or Initial, change, or Renewal Designation for a Pediatric Center for the Treatment of Trauma.

~~100.100~~ 100.280 **"RECEIVING FACILITY"** means a medical facility as approved by the Health Officer.

100.290 **"REGIONAL TRAUMA ADVISORY BOARD"** or "**RTAB**" means the board appointed by the Health Officer with the primary purpose of supporting the Health Officer's role to ensure a high-quality system of care for a Patient with Trauma.

100.300 **"RENEWAL OF DESIGNATION"** means the renewal process by which the Nevada Division of Public and Behavioral Health, with a Provisional Authorization by the Board, confirms a 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.

100.310 **"SOUTHERN NEVADA TRAUMA SYSTEM PLAN"** means the comprehensive trauma plan adopted by the RTAB to effectively provide the current and future treatment of trauma to persons in Southern Nevada.

100.320 **"SOUTHERN NEVADA TRAUMA SYSTEM REPORT"** is an annual method used to report the current and previous performance, based on a minimum of 5-years, of the Southern Nevada Trauma System.

~~100.120~~ 100.330 **"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~~ 100.340 **"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~~ 100.350 **"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.

100.360 **"TRAUMA MEDICAL AUDIT COMMITTEE" or "TMAC**" means the multidisciplinary medical peer review committee of the Regional Trauma Advisory Board that monitors and evaluates Trauma Centers, system performance and makes recommendations for improvements.

100.370 **"TRAUMA SYSTEM PERFORMANCE IMPROVEMENT PLAN"** means the written plan adopted by the TMAC to protect and assure an optimal trauma system operation and the best possible patient outcomes.

~~100.150~~ 100.380 **"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~~ 100.390 **"VERIFICATION"** means the process by which the ~~American College of Surgeons~~ ACS-COT 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~~ ACS-COT is an integral part of the State's Designation process as outlined in NAC 450B.820.

SECTION 200
TRAUMA SYSTEM ADMINISTRATION

200.000 OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM RESPONSIBILITIES.

The OEMSTS shall establish and maintain standards related to the structure and operation of the trauma system in Clark County to include a program for planning, developing, coordinating, maintaining, modifying, and improving the system. The general responsibilities are as follows:

I. Coordinate with Trauma Centers or Pediatric Trauma as well as 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 Trauma Centers or Pediatric Trauma Centers to facilitate timely transportation of Trauma Patients from the scene of an emergency and not for the purposes of restricting referral of Trauma Patients requiring Transfer to a higher level of care.

III. Coordinate with permitted emergency medical service agencies to ensure appropriate Transport and Transfer of Trauma 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 Trauma Patients.

~~V. Develop and implement a regional trauma performance improvement plan.~~ Manage the Southern Nevada Regional Trauma Plan and the Trauma System Improvement Plan for trauma treatment.

VI. Perform an annual report of the Southern Nevada Trauma System, using a minimum the previous (5) calendar years of available data.

VII. Produce an Impact Report for the Board and RTAB for a Trauma Center or Pediatric Center when needed.

VIII. Serve as a central repository for trauma data collection, organization, analysis, and reporting.

IX. Establish criteria that are consistent with state and national standards to determine the optimal number and Level of Trauma Centers or Pediatric Trauma Centers so to be authorized based upon the availability of resources and the ability to distribute Trauma Patients to ensure timely access to definitive care.

X. ~~Develop and implement~~ Maintain a procedure consistent with state and national standards for accepting and processing an application(s), including applicable fees, for the Board for Provisional Authorization:

A. From a hospital proposed by the Administrator of the Division requesting Provisional Authorization as a Level III Trauma Center.

B. From a Trauma Center requesting Renewal. ~~The regulations, 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.~~

C. From a Trauma Center requesting a change in Level.

D. From a hospital or Trauma Center for Initial Designation or Renewal of Designation as a Pediatric Trauma Center.

E. From a federally exempt hospital seeking to participate as a Trauma Center within the existing system.

XI. 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~~ maintain a standardized System for Providing Treatment of Trauma and Trauma Performance Improvement Plan to provide ~~continuous~~ ongoing ~~assessment~~ review of the structure, functions, and outcomes of the system. The plan shall include, but not be limited to the following components:

I. ~~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~~.

~~II.~~ Initial and Renewal Verification ~~review site visits~~ of each Level I, II, and III Trauma Center or Level I and II Pediatric Trauma Center conducted by the ACS-COT at least once 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 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.~~

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

A. The requested data will be specific to planning, research, and evaluation of the effectiveness of the trauma system, as determined by the OEMSTS and RTAB.

B. All Trauma Centers or Pediatric Trauma Centers and hospitals that receive Trauma Patients shall provide data when requested.

C. The OEMSTS will provide ~~periodic~~ an annual report on the performance of the trauma system, using a data set of the previous 5-years, when available ~~at least every two years~~.

IV. ~~Development~~ Management of the Trauma Medical Audit Committee, ~~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.

V. Management of the Regional Trauma Advisory Board to review, evaluate, and monitor the System for the Treatment of Trauma and make recommendations for system function and improvement.

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 Trauma Patient at the scene of an emergency refuses to be transported to a Trauma Center or Pediatric Trauma Center after a determination has been made that the Trauma Patient's physical condition meets the Triage Criteria requiring transport to the trauma center, the person providing emergency medical care ~~shall~~ must evaluate the decision-making capacity of the Trauma Patient. If ~~he~~ the person providing emergency medical care determines that the Trauma Patient is competent, the Trauma Patient (or the Trauma Patient's authorized representative) must be advised of the risks of not receiving further treatment at the trauma center.

II. If the Trauma Patient continues to refuse ~~to be transported~~ transportation to the Trauma Center or Pediatric Trauma Center, the person providing emergency medical care must 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 Trauma Centers or Pediatric Trauma Centers ~~providing that~~ if the following conditions are met:

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. ~~Hospitals~~ Trauma Centers or Pediatric Trauma Centers ~~shall~~ must establish written agreements with ~~Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma~~ hospitals ~~for consultation and~~ to facilitate Transfer of Trauma Patients requiring a higher level of care.

III. Hospitals receiving Trauma Patients ~~shall~~ should participate in the trauma system quality improvement activities for those Trauma Patients who have been treated at their facility or transferred from their facility. Hospitals may request to present trauma related information to or be invited to present by the RTAB or TMAC.

SECTION 300
CENTER FOR THE TREATMENT OF TRAUMA OR PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA PROVISIONAL AUTHORIZATION AND DESIGNATION PROCESSES

300.000 PROCESS FOR INITIAL AUTHORIZATION AS A CENTER FOR THE TREATMENT OF TRAUMA.

Any hospital that desires Initial Designation as a Trauma ~~or Pediatric Trauma Center~~ in Clark County ~~shall first request Authorization from the Board~~ may initially apply only as a Level III and must request Provisional Authorization from the Board based on these conditions:

I. The proposed hospital will first meet the approved standards determined by the Administrator from the Division of Public and Behavioral Health defined in NRS 450B.237 and NAC 450B.817; and ~~The Board shall determine the needs of the Clark County trauma system based on evidence obtained through 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.~~

~~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. The proposed hospital will apply for Provisional Authorization from the Board after approval by the Administrator; and ~~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, 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.~~

III. ~~If a demonstrated need in the system exists 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. If a hospital satisfies the conditions in Section I and Section II, the hospital ~~shall~~ will be authorized as a Trauma Center ~~or Pediatric Center for the Treatment of Trauma~~ according to a graduated process wherein Provisional Authorization shall be granted at Level III only; and

V. At the time for Renewal of Authorization, a designated Level III Trauma Center may apply for:

A. Renewal of Provisional Authorization as a Level III Trauma Center; ~~or~~

B. Initial Provisional Authorization as a Level I or II Trauma Center or Level I or II Pediatric Trauma Center.

VI. The provisions of this subsection do not prohibit a hospital that has been designated as:

A. A Level II Trauma Center from applying for Provisional Authorization as a Level I Trauma Center, at any time; or

B. A Level I or II Trauma Center from applying for Provisional Authorization as a Level I or II Pediatric Trauma Center, at any time.

VII. Upon successful completion of the ~~initial~~ Provisional Designation process outlined in NAC 450B.817 - 450B.828, including ACS-COT Verification, the ~~Nevada Division of Public and Behavioral Health~~ Division will issue written notification of designation at the Level verified by the ACS-COT. The Trauma Center will send a copy of the written notification to OEMSTS within thirty (30) days, and OEMSTS will begin inclusion of the hospital within the Trauma System within ninety (90) days.

300.100 PROCESS FOR ACCEPTING APPLICATIONS FOR PROVISIONAL AUTHORIZATION FOR INITIAL DESIGNATION.

In order for the Board to consider issuing a letter of Provisional Authorization to a hospital requesting approval from the Board to be considered for initial designation by the ~~Nevada~~ Division ~~of Public and Behavioral Health~~ as a Level III Trauma Center or Pediatric Trauma Center in Clark County, the following steps must be taken:

I. Completion of an application through OEMSTS for Provisional Authorization as a Level III Trauma Center or Pediatric Trauma Center ~~Level III~~, which includes ~~a written agreement between the hospital and the Board which addresses~~:

A. Completion of the application is an agreement by the hospital to comply with the roles and responsibilities of an authorized and designated Level III Trauma Center ~~for the Treatment of Trauma~~ or Pediatric Trauma Center;

B. ~~and in the "District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma.";~~

C. Payment of appropriate fees as prescribed by the Board;

D. For an Initial Level III Center, a certificate or letter from the Administrator of the Division.

II. Upon receipt and review of the application for Provisional Authorization as a Level III Trauma Center or Pediatric Trauma Center, the OEMSTS ~~staff~~ will ~~make a recommendation to~~ present 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."~~ the following:

A. An Impact Report prepared by OEMSTS as defined in the Trauma System Plan;

B. An advisory position of the RTAB and TMAC;

C. A review of the most current Trauma System Report and Nevada Annual Trauma Registry Report;

D. Certificate or letter issued by the Administrator of the Division for an initial Level III Trauma Center;

E. A statement by OEMSTS to the Board to approve or deny the application for Provisional Authorization based on the criteria outlined in the "Process for Accepting Applications for Provisional Authorization for initial designation," Section I.

III. Upon receipt of Provisional Authorization, the applicant ~~may apply~~ is directed to follow all regulations and process as outlined ~~to~~ by the ~~Nevada~~ Division ~~of Public and Behavioral Health~~ for designation, and those outlined in NAC 450B.817 - 450B.828.

IV. ~~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 AS A CENTER FOR THE TREATMENT OF TRAUMA OR PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA WITHOUT A CHANGE OF LEVEL.

Any hospital that desires Renewal of Designation as a Trauma Center or Pediatric Trauma Center in Clark County without a change of Level shall first request Provisional Authorization for renewal ~~of Authorization~~ from the Board eighteen (18) months before its designation expires.

In order for the Board to consider issuing a letter of Provisional Authorization to a ~~hospital~~ Trauma Center requesting ~~approval from the Board to be considered for~~ a Renewal of ~~their~~ Designation by the ~~Nevada~~ Division ~~of Public and Behavioral Health~~ as a Trauma Center or Pediatric Trauma Center, the following steps must be taken:

I. Completion of an application through OEMSTS ~~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";~~ for Provisional Authorization for Renewal as a Trauma Center and/or Pediatric Trauma Center without a change of Level, which includes:

A. Completion of the application is an agreement by the hospital to comply with the roles and responsibilities of a designated Trauma Center as outlined in the Southern Nevada Trauma System Plan and Trauma Improvement Plan appropriate to its Level; and

B. Payment of appropriate fees as prescribed by the Board.

II. Upon receipt and review of the application for Renewal of Authorization as a Trauma Center or Pediatric Trauma Center without a change of Level, the OEMSTS will make a recommendation to the Board in support of approval ~~to approve~~ or denial of ~~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.~~ in this section.

III. Upon receipt of ~~renewal of Authorization~~ Provisional Authorization from the Board, the applicant may apply to the ~~Nevada~~ Division ~~of Public and Behavioral Health~~ for renewal of their designation.

A. Arranging a site visit for Verification by ACS-COT may occur before Provisional Authorization by the Board while following the verification process as outlined in NAC 450B.8205, with the understanding the pre-scheduled site visit does not grant Provisional Authorization and all cost must be borne by the Center.

IV. Upon successful completion of the ~~Nevada~~ Division ~~of Public and Behavioral Health Renewal of Designation~~ renewal process as outlined in NAC 450B.8205, including renewal of Verification by the ACS-COT, the ~~Nevada~~ Division ~~of Public and Behavioral Health~~ will issue written notification of designation as a Trauma Center or Pediatric Trauma Center at the Level verified by the ACS-COT.

V. The Center will submit a copy to OEMSTS of the written notification of renewal of designation by the Division to the OEMSTS within thirty (30) days of approval.

300.300 **PROCESS FOR ACCEPTING APPLICATIONS FOR PROVISIONAL AUTHORIZATION AS A CENTER FOR THE TREATMENT OF TRAUMA WITH A CHANGE OF LEVEL OR PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA.**

Any Trauma Center that desires a change in Level or an initial designation as a Pediatric Center in Clark County shall first request Provisional Authorization from the Board eighteen (18) months before its designation expires with the following conditions when applicable:

I. At the time for Renewal of Authorization, a Level III Trauma Center may apply for initial designation as a Level I or II Trauma Center or Level I or II Pediatric Trauma Center.

II. At any time up to eighteen (18) months before its designation expires, a Level II Trauma Center may apply for Provisional Authorization as a Level I Trauma Center.

III. At any time, a Level I or II Trauma Center may apply for Provisional Authorization as a Level I or II Pediatric Trauma Center.

In order for the Board to consider issuing a letter of Provisional Authorization to an existing Trauma Center requesting a change in Level or a hospital or Trauma Center seeking initial designation as a Pediatric Trauma Center by the Division, the following steps must be taken:

I. Completion of an application through OEMSTS for Provisional Authorization for a Trauma Center with a change of Level, which includes:

A. Completion of the application is an agreement by the hospital to comply with the roles and responsibilities of a designated Trauma Center or Pediatric Trauma Center as outlined in the Southern Nevada Trauma System Plan and Trauma Improvement Plan appropriate to its Level; and

B. Payment of appropriate fees as prescribed by the Board.

II. Upon receipt and review of the application for Renewal of Authorization with a change of Level or Provisional Designation as a Pediatric Trauma Center, the OEMSTS will take the following steps based on the hospital's or Trauma Center's current Level:

A. For a hospital designated as a Level II seeking initial designation as a Level I, the OEMSTS will make a statement in approval or denial of Provisional Authorization based on the criteria outlined in the application.

B. For a hospital or Trauma Center that seeks initial designation as a Pediatric Trauma Center, the OEMSTS will present the following to the Board:

i. Prepare an Impact Report specific to pediatric trauma cases.

ii. An advisory position of the RTAB and TMAC.

iii. A statement by the OEMSTS to the Board to approve or deny the application for Provisional Authorization based on the criteria

outlined in this section.

C. For Level III Center that seeks a change in Level, the OEMSTS will present the following to the Board:

i. If the Level III Trauma Center operates without limitations imposed by the design and function of the Southern Nevada Trauma System Plan, OEMSTS will make a statement to the Board to approve or deny Provisional Authorization based on the criteria outlined in the application.

ii. If the Level III Trauma Center operates with limitations imposed by the design and function of the Southern Nevada Trauma System Plan, OEMSTS will present the following to the Board:

1. An Impact Report prepared by OEMSTS as defined in the Trauma System Plan.
2. An advisory position of the RTAB and TMAC.
3. A review of the most current Trauma System Report and Nevada Annual Trauma Registry Report.
4. A statement by OEMSTS to the Board to approve or deny the application for Initial Authorization based on the criteria outlined in this section.

III. Upon receipt of Provisional Authorization from the Board, the applicant may apply to the Division for designation as outlined in NAC 450B.8205.

A. Arranging a site visit for Verification by ACS-COT may occur before Provisional Authorization by the Board while following the verification process as outlined in NAC 450B.8205, with the understanding the pre-scheduled site visit does not grant Provisional Authorization and all cost must be borne by the Center.

IV. Upon successful completion, the Division will issue written notification of designation as a Trauma Center or Pediatric Trauma Center t the Level verified by the ACS-COT.

V. The Trauma Center will send a copy of the written notification to OEMSTS within thirty (30) days, and OEMSTS will begin inclusion of the hospital's changed Level within the Trauma System within ninety (90) days.

300.400 PROCESS FOR ACCEPTING APPLICATIONS FOR FEDERALLY EXEMPT HOSPITALS SEEKING TO PARTICIPATE IN THE SOUTHERN NEVADA TRAUMA SYSTEM AS A CENTER FOR THE TREATMENT OF TRAUMA OR PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA.

Hospitals located on federal land within Nevada, and are exempt as defined in NRS 449.0301, may seek Verification from ACS-COT according to their identified capacity and operate within federal jurisdiction as a Trauma Center according to their mandates.

In order for the Board to consider the inclusion of a federally exempt hospital to

operate as a Trauma Center within the Southern Nevada Trauma System Plan and outside of federal jurisdiction, the following steps must be taken:

I. Completion of an application through the OEMSTS for the intent to participate as an ACS-COT verified Trauma Center within the Southern Nevada Trauma System, which includes:

A. Verification of Level and optimal performance as a Trauma Center by the ACS-COT;

B. Recognition from the Administrator of the Division according to State statutes and processes;

C. Inclusion and participation in the existing Southern Nevada Trauma System Plan.

II. Upon receipt and review of the application, the OEMSTS will present the Board the following:

A. An Impact Report prepared by the OEMSTS as defined in the Southern Nevada Trauma System Plan;

B. An advisory position of the RTAB and TMAC;

C. A review of the most current Trauma System Report and Nevada Annual Trauma Registry Report;

D. Recognitions by the Administrator of the Division;

E. A recommendation by the OEMSTS to the Board to approve or deny the application and participation based on the criteria outlined in this section.

III. Upon successful completion of this process, OEMSTS will begin inclusion of the hospital within the Trauma System within ninety (90) days.

~~300.300~~ 300.500 DURATION OF 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 Division's designation requirements outlined in NAC 450B.826, the following conditions apply:

I. Authorization as a Trauma Center or Pediatric Trauma Center shall be valid for the period of designation by the Division, but not more than three (3) years, except as otherwise provided in Section 300.300.

II. Renewal of Authorization as a Trauma Center or Pediatric Trauma Center shall be valid for the period of designation by the Division, but not more than three (3) years, except as otherwise provided in Section 300.300.

III. In conjunction with the Division, 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 the current designation may be extended ~~that a provisional~~

~~Authorization be issued~~. The ~~provisional Authorization~~ extension shall be valid for the extension period issued by the Division~~, but not more than one (1) year~~. The Board may impose such conditions on the issuance of the extension ~~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 300.600 AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION BY THE BOARD.

In conjunction with the Division's conditions outlined in NAC 450B.830, NAC 450B.834, and NAC 450B.836:

I. The Board may deny ~~an initial or renewal application for~~ Provisional Authorization or may suspend or revoke an existing authorization of a Trauma Center or Pediatric Trauma Center 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-COT indicating that ~~it has~~ the hospital complied with the criteria established for a Level I, II or III Trauma Center or Level I or II Pediatric Trauma Center 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 Trauma Patients;

D. Willful preparation or filing of false reports or records; or

E. Fraud or deceit in obtaining or attempting to obtain Provisional 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 Division, 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 Provisional Authorization pending proceedings for revocation or other action.

III. If a Trauma Center or Pediatric Trauma Center wishes to contest the actions of the Board taken pursuant to this section it must follow the appeal process outlined in Section 300.800.

~~300.600~~ 300.700 WITHDRAWAL OF EXISTING AUTHORIZATION BY THE TRAUMA CENTER FOR THE TREATMENT OF TRAUMA OR PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA.

In conjunction with the Division's conditions outlined in NAC 450B.830, if a hospital chooses not to continue to ~~be authorized~~ designated as a Trauma Center or Pediatric Trauma Center or chooses to change their designation to a lower Level, ~~it~~ the hospital must submit a written notice to the OEMSTS at least six (6) months prior to the date it will discontinue providing trauma services at their authorized level.

~~300.700~~ 300.800 APPEAL PROCESS FOR DENIAL OF APPLICATION FOR INITIAL OR RENEWAL AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION.

The decisions of the Board are ~~considered~~ final. Any appeal ~~of the~~ from the Board's ~~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 Trauma Center or Pediatric Trauma Center, 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~~
SYSTEM FOR THE TREATMENT OF TRAUMA ADVISORY BOARD AND PEER REVIEW AUDIT COMMITTEES

400.000 REGIONAL TRAUMA ADVISORY BOARD.

The RTAB is appointed by the Health Officer, whose standing members consist of one trauma medical director and one trauma program manager for each Designated Trauma Center and the chair of the Medical Advisory Board. Non-standing members from any organization or association involved with trauma may be invited by the Health Officer to participate in the RTAB. The RTAB should support the Health Officer's role to ensure a high-quality system of Trauma Patient care within Clark County and surrounding areas by making recommendations and assisting in the ongoing design, operation, evaluation, and revision of the system from initial Trauma Patient access to definitive Trauma Patient care. The RTAB bylaws will be maintained within the Southern Nevada Trauma System Plan.

~~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.

~~IX. Members of the RTAB shall serve without pay.~~

~~X. 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).~~

XI. ~~Nothing contained herein shall be construed as making any action or recommendation of the RTAB binding upon the Health Officer or the Board.~~

400.100 TRAUMA MEDICAL AUDIT COMMITTEE

The Trauma Medical Audit Committee will function as a multidisciplinary medical peer review committee of the RTAB to review and evaluate trauma care in the system, monitor trends in 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. The TMAC bylaws will be maintained within the Southern Nevada Trauma System Plan.

~~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 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 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~~

~~3. County medical examiner or designee~~

~~4. EMSTS manager or designee~~

~~5. Neurosurgeon recommended by the Health Officer~~

~~6. Anesthesiologist recommended by the Health Officer~~

~~7. Orthopedic surgeon recommended by the Health Officer~~

~~8. Emergency Physician not affiliated with a trauma center, recommended by the Health Officer~~

~~9. Permitted emergency medical services agency medical director/quality improvement coordinator recommended by the Health Officer.~~

~~B. Ad hoc members that may participate include other relevant individuals or subject matter experts, as determined by the chairman and 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.~~

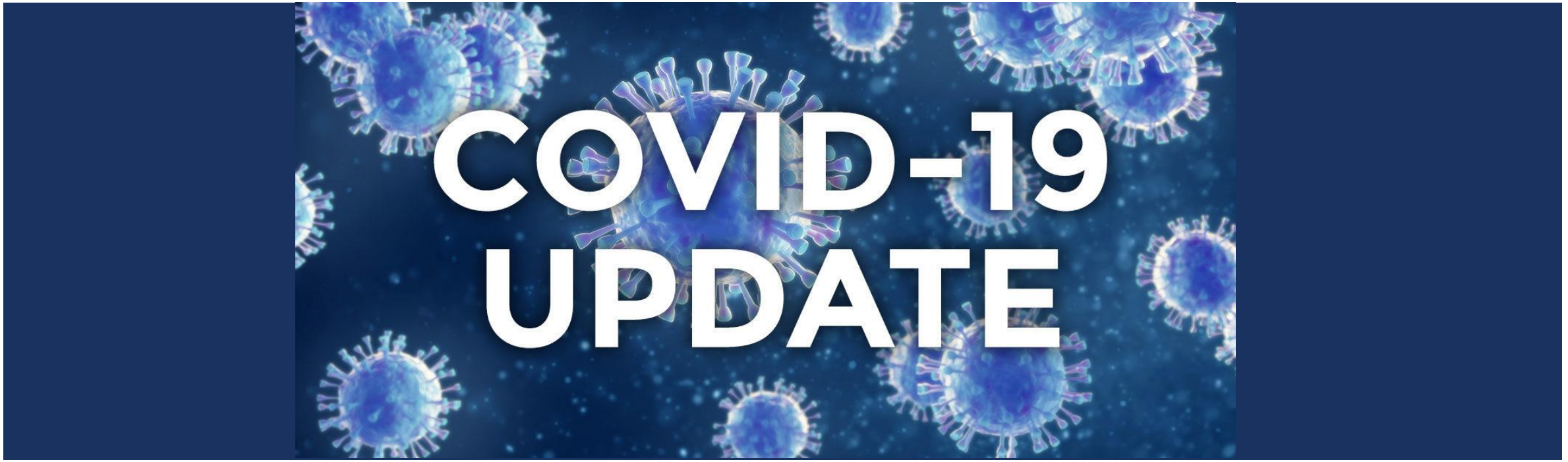
~~XII. Nothing contained herein shall be construed as making any action or recommendation of the TMAC binding upon the Health Officer or the Board~~

SNHD COVID-19

CASSIUS LOCKETT, PHD

Director of Disease Surveillance & Control

April 11, 2022



SNHD COVID-19 DASHBOARD: CASES

COVID-19 Case Summary

Dashboard updated on: April 6, 2022

Data as of: April 4, 2022

Total Confirmed Cases:
499,121 (21530.8 per 100K)

Total Probable Cases:
25,416 (18.8 per 100K per 30-Day Period)

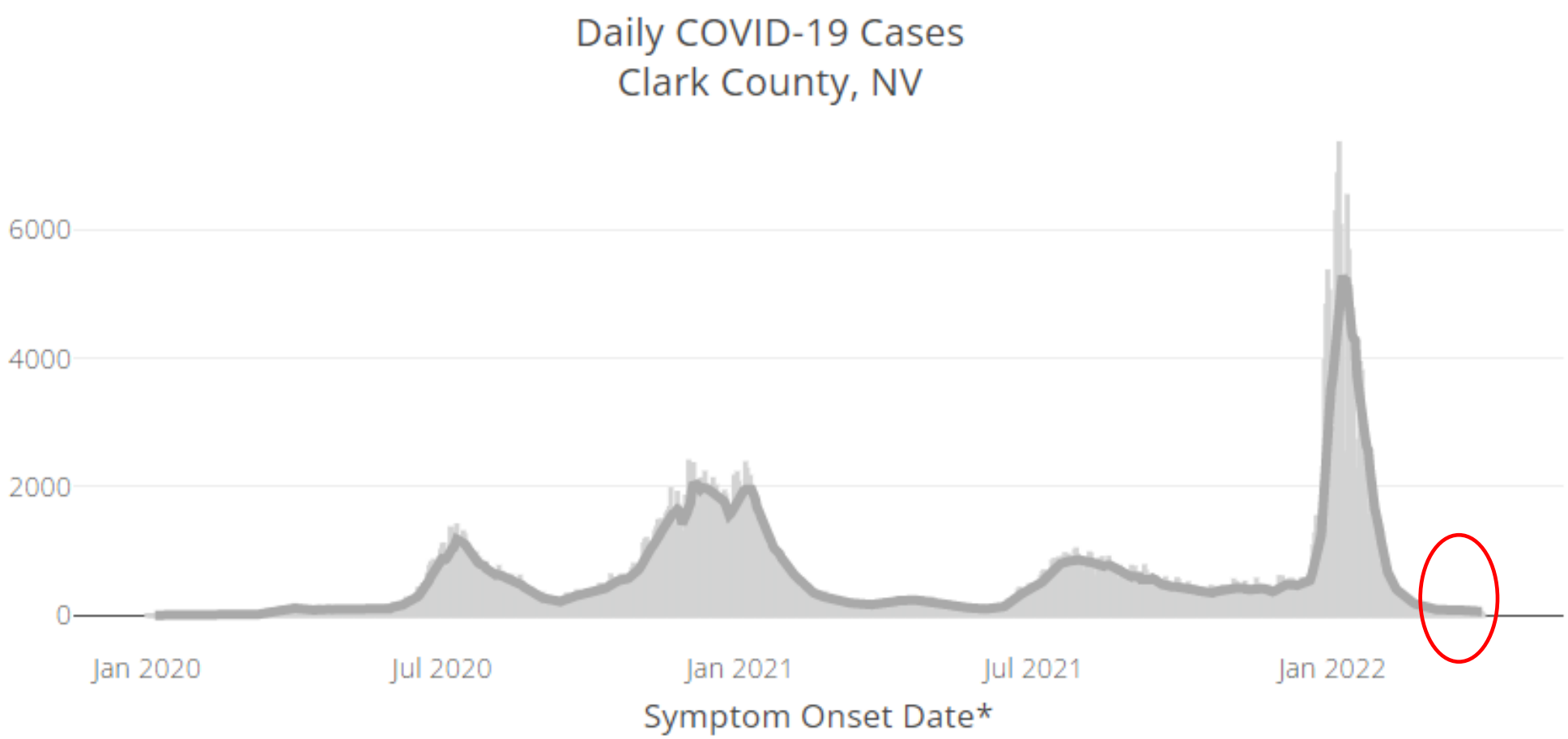
Probable Cases (14 Day Average):
14

Multisystem Inflammatory Syndrome in Children (MIS-C) Cases:
108

Total Hospitalizations:
26,012 (1122.1 per 100K)

Total Deaths:
7,825 (337.6 per 100K)

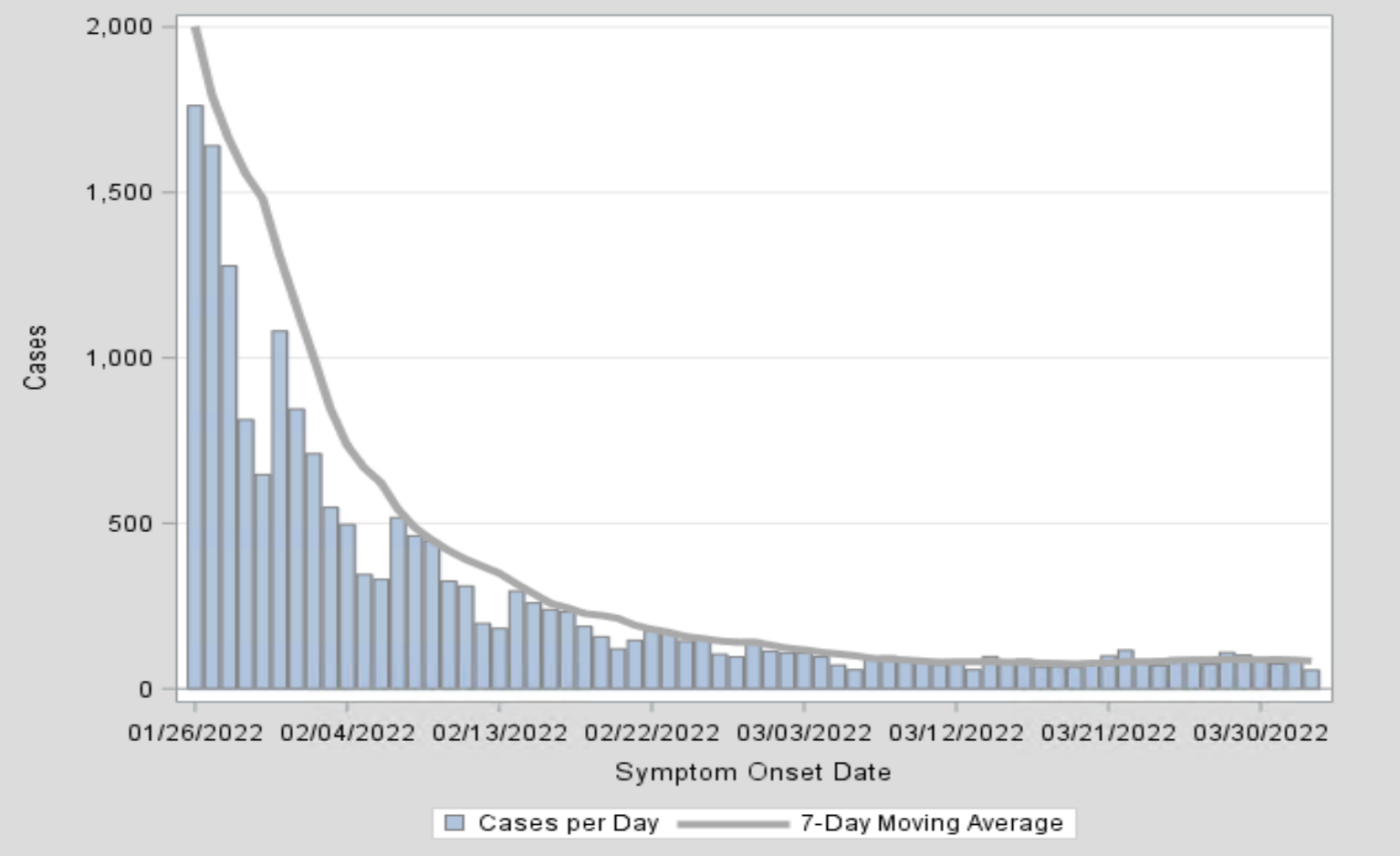
Cases Reported in Last 7 Days:
834 (36.0 per 100K)



http://www.southernnevadahealthdistrict.org/covid-19-dashboard/

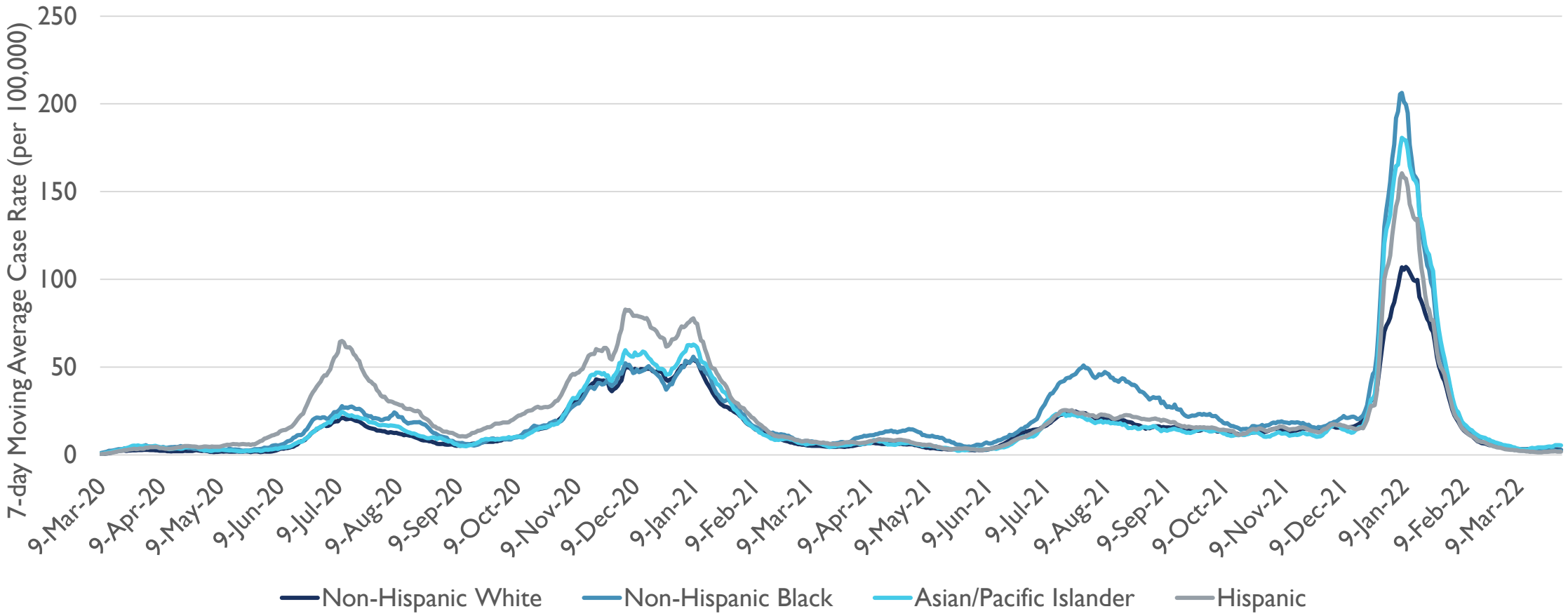
COVID-19 CASES RECENT TRENDS

COVID-19 **Cases** per Day, Clark County, Nevada

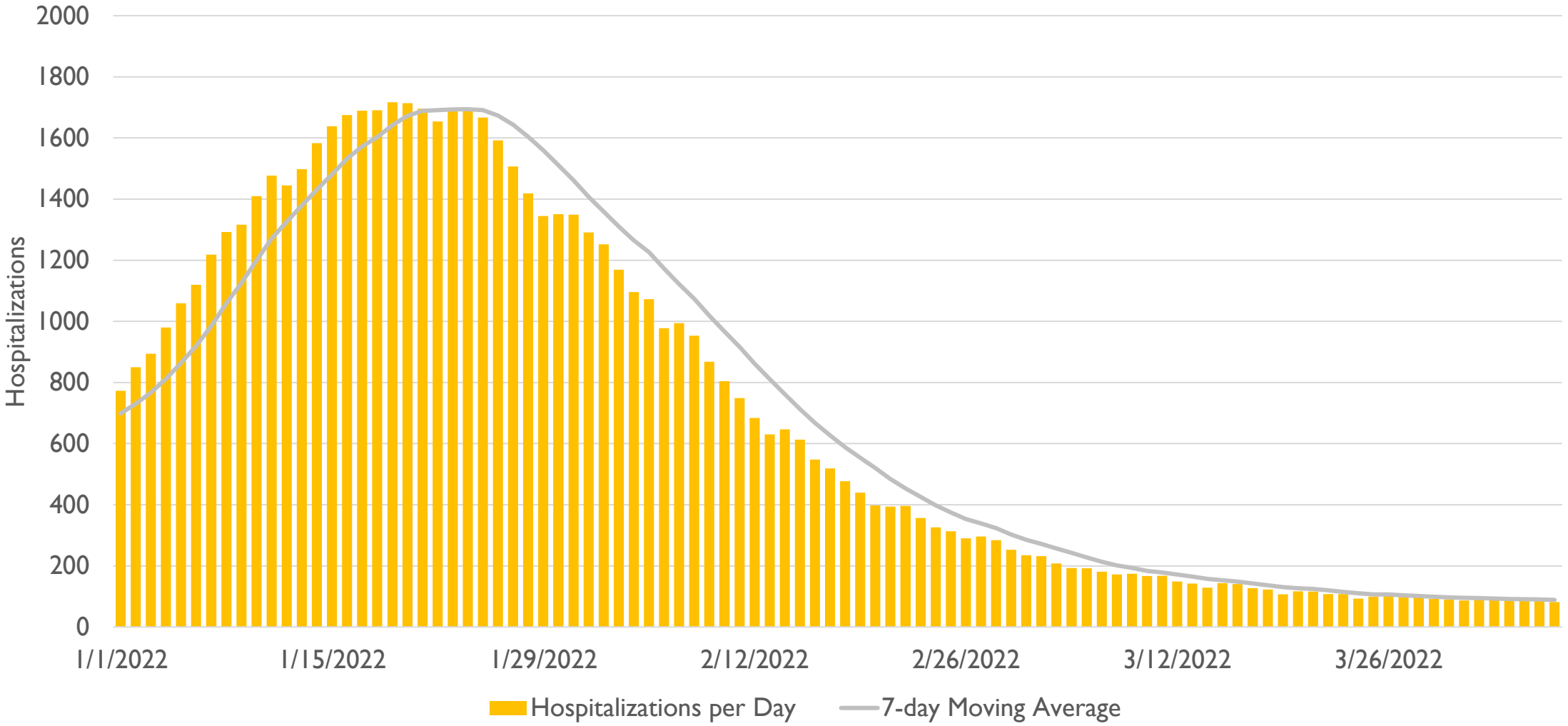


Data as of April 5th

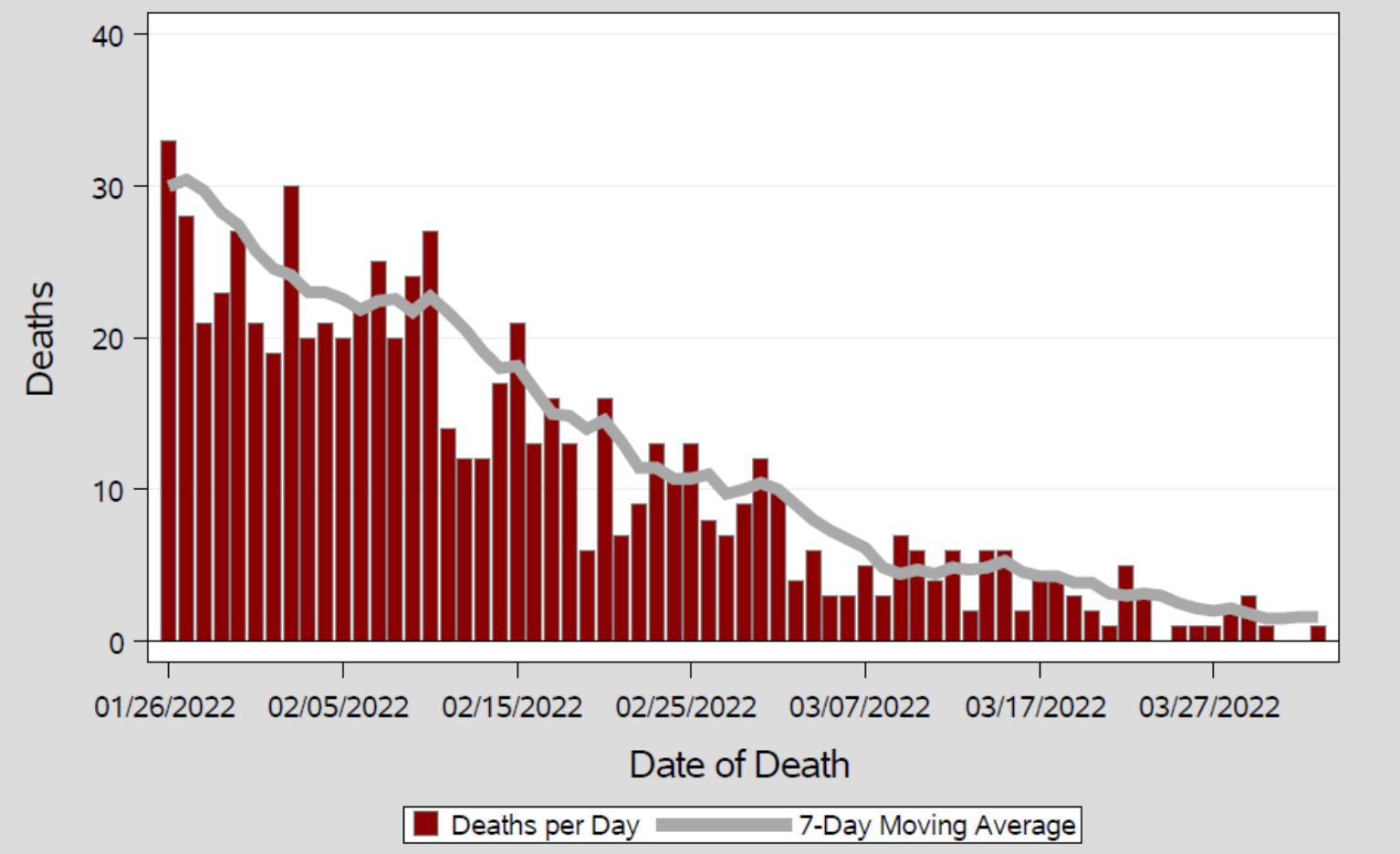
CASE RATES BY RACE/ETHNICITY



COVID-19 HOSPITALIZATIONS RECENT TRENDS



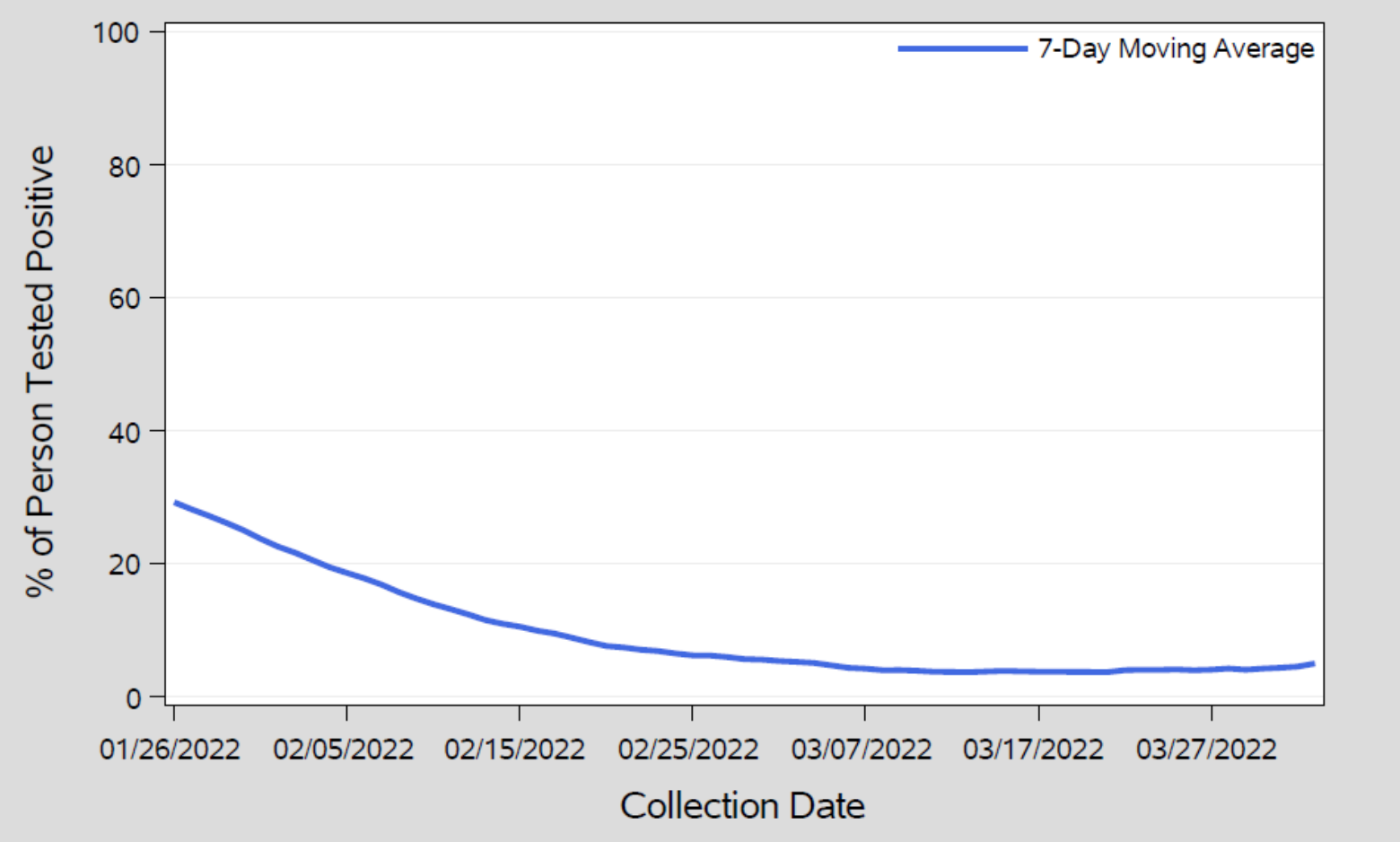
COVID-19 **Deaths** per Day, Clark County, NV



Data as of April 5th

COVID-19 DEATHS RECENT TRENDS

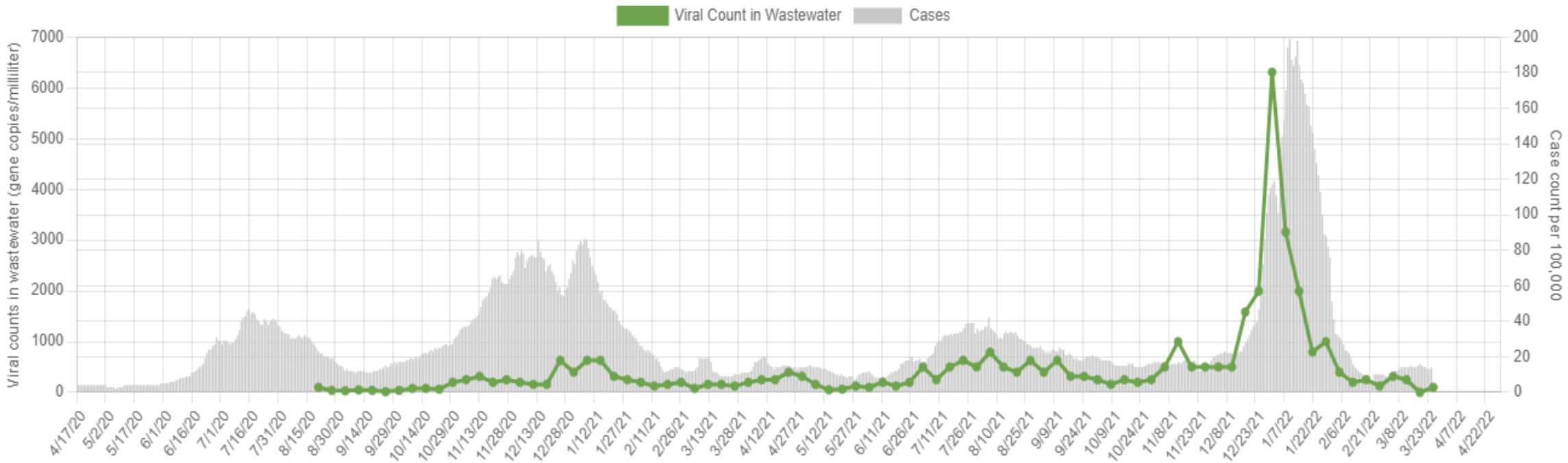
Percent of People Receiving COVID-19 Viral Tests Who Have Positive Results



Data as of April 5th

COVID-19 VIRAL TESTS

WASTEWATER CONCENTRATIONS VS. DAILY CASE RATE



VARIANTS IDENTIFIED FROM SEQUENCED SAMPLES IN THE LAST 30 DAYS

Variant	N
Alpha	0
BA.2	66
Beta	0
Delta	0
Epsilon	0
Eta	0
Gamma	0
Iota	0
Kappa	0
Lambda	0
Mu	0
Omicron	84
Zeta	0
Total sequenced	150

Data as of April 5th

COVID BREAKTHROUGHS BY AGE GROUP

Age Group	Cases		Hospitalizations		Deaths	
	N	%	N	%	N	%
.	4899	6.3	7	0.4	0	0
18-24	7417	9.6	16	1.0	0	0
25-49	36266	46.7	179	10.7	21	3.3
50-64	17514	22.6	295	17.5	90	14.0
65+	11483	14.8	1182	70.4	533	82.7
Total	77579	100	1679	100	644	100

Data as of April 5th

INVESTIGATORS, CONTACT TRACERS, CALL CENTER STAFF

Case Investigations and Contact Tracers

- ELC Staff
  - 57 in house
  - Assist with specimen collection at community testing sites

- AAA contract has been renewed
  - 250 contact tracers in total
  - 150 contact tracers supporting CCSD Partnership

Questions??

SOUTHERN NEVADA Community HEALTH CENTER

Operational Report for Q1 2022

Health Resources and Services Administration (HRSA) Awards

- New Access Point (NAP) Grant period was through 10/31/2020.
- Service Area Competition (SAC) Grant was awarded through 1/31/2024.
  - Noncompeting Continuation submitted and approved through 1/31/2023
  - On Site Visit with HRSA June 28-30, 2022

SOUTHERN NEVADA Community HEALTH CENTER

Jan - Mar 2022 Patient Counts

- SNCHC conducted 2932 patient visits by HRSA's definition between Jan and Mar of 2022, compared to the 2090 visits in Jan – Mar of 2021,
  - Q1 2022 is up 40.3% in patient visits over Q1 2021.
- The no show rate for Q1 2022 including cancellations was 23.73%, which is slightly lower than national Health Center averages, and better than the SNCHC's Q1 2021 no show rate of 25.99%.

SOUTHERN NEVADA Community HEALTH CENTER

Eligibility Assistance

- In 2022 The Health Center has a 63.4% conversion rate of patients who were referred to Eligibility services, whose insurance, food, housing, and hardship benefit applications were successfully submitted versus the 54.3% conversion rate of 2021.

SOUTHERN NEVADA Community HEALTH CENTER

Patient Satisfaction Survey Highlights

- 524 Patient Satisfaction Surveys were completed between Jan-Mar of 2022:
- How did you hear about us?
  - Friends and/or family – 37.7%
  - Referral from another provider or resource – 17.0%
  - Search engine (e.g. Google) – 5.9%
  - SNHD website – 17.0%
  - Social media – 2.9%
  - Other ads – 19.3%

SOUTHERN NEVADA Community HEALTH CENTER

Patient Satisfaction Survey Highlights

Ease of scheduling an appointment
- 96.4% Positive
- 3.0% Average
- 0.6% Poor

Wait time to see provider
- 97.3% Positive
- 2.5% Average
- 0.2% Poor

Care received from providers and staff
- 99.4% Positive
- 0.4% Average
- 0.2% Poor

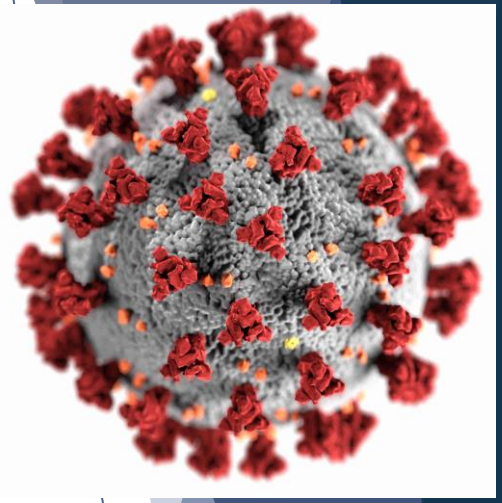
Understanding of health care instructions following your visit
- 99.4% Positive
- 0.6% Average
- 0% Poor

Recommendation of our health center to friends and family
- 98.4% Positive
- 1.6% Average
- 0% Poor

98.03% Overall Patient Satisfaction rating for Jan-Mar 2022

SOUTHERN NEVADA Community HEALTH CENTER

COVID Update



- **Updates include:**
  - ARPA Funding for Health Centers (President Biden's American Rescue Plan Act through his Health Center COVID-19 Vaccination Program.)
    - Offering J&J, Moderna, and Pfizer - Monday through Friday
  - Since May 3, 2021 through Mar 31, 2022, SNCHC has administered 40,267 doses of COVID-19 vaccine.
    - 1180 of which were for pediatric patients aged 5-11.
  - SNCHC has conducted a grand total of 88,081 COVID-19 tests since the pandemic began in April of 2020.
    - 11,868 COVID-19 tests were conducted between Jan – Mar of 2022
    - Positivity Rates were: 54.04% in Jan; 21.65% in Feb; and 7.67% in Mar
  - SNCHC is participating in a new anti-viral medication program also to treat COVID in patients age 65+ and/or patients with co-morbidities at higher risk who are symptomatic.
  - SNCHC distributed 4,000 face masks, 2,265 at home rapid COVID test kits to the community, and just began distributing N95 masks as well.

SOUTHERN NEVADA Community HEALTH CENTER

Funding Opportunity Updates

- **Applications in Process for Funding Opportunities include:**
  - Ryan White Capacity Building for Telehealth ($150,000) - Granted
  - FPNV_22 – Family Planning Nevada ($450,000 each yr. for 2 yrs.) - Granted
  - HCNAP Noncompeting Continuation for 2022 ($650,000) – Granted
  - HCNAP_PCHP Amendment 2022 ($289,667)– Granted
  - ARPA Health Center COVID-19 Vaccine grant from April 2021 through March of 2023 ($2,826,500) – Granted
  - ARPA Capital/Construction ($600,474) – Granted
    - BH/MH Buildout and ELV was removed
  - Health Plan of Nevada Community Catalyst – ($187,500) – Granted
    - NCE Granted & 187,500 of new funding for 2022 Awarded
  - Ryan White B – Case Mgmt and NM Case Mgmt – Granted
  - HCNAP_21 NCE – Carryover from 2021 – ($360,602) - Granted
  - Title X 2022 through 2027 ($1,400,000) – Granted
  - FP NCE – ($811,000) – Granted
  - Title X Telehealth Grant ($700,000) – grant submitted pending decision
  - Ryan White A Renewal 2022 – 2025 (TBD) – grant writing in process – due 4/14

SOUTHERN NEVADA Community HEALTH CENTER

Other Updates

- **Updates include:**
  - CIS was approved by HRSA to bring Interim ELV into the full scope of SNCHC services.
    - ELV Relocated to Bonanza until new Fremont location opens in June
    - Oral Health Infrastructure to begin later this year in collaboration with UNLV School of Dental Medicine
  - CIS for ELV- Fremont is up for Board approval to begin the application process.
    - If approved, the application process will begin immediately with a tentative opening date of the end of June
  - New FQHC Operations Officer, Randy Smith, started March 30th.
  - OSV Preparations
  - North Las Vegas Community Correctional Center, and the Deputy City Attorney of the City of Las Vegas
    - Bus passes and care coordination – possibly a new Uber/Lyft agreement coming to also provide support.
    - Now in talks with Lyft and Uber for more direct transportation services
  - HPN is partnering with SNCHC to improve Women's Health among minorities.
    - R.E.A.C.H. (REACH is Research Education and Access for Community Health) identified as a new subgrantee and community partnership to help SNCHC and HPN connect to the Hispanic community and rural areas in need.
  - Grant Deliverables, Reporting, Spend downs, Amendments, Closeouts, and grant management for Title X, FPNV, COVID, Ryan White, Primary Care, UDS collection and reporting, Ending HIV Epidemic, and Mobile Clinic activities are all ongoing.
  - UDS Report Submission was due Feb 15th but submitted on Feb 11th; HRSA Reviewer sent inquiries which were answered and returned. Full 2021 UDS Submission was accepted by HRSA on 3/9/22.
  - Alternate Work Schedules being offered to the team starting April 4th.

SOUTHERN NEVADA Community HEALTH CENTER

Behavioral Health Update

Where We Are

- Have one Psych APRN for light counseling, medication management and Medication Assisted Treatment
- Hired an LCSW- credentialing is under way, but she is seeing self-pay pts, and we are converting insured pts into self-pay when they need the services now.
- Referring Patients out when we cannot offer services needed.
- Second LCSW was interviewed and extended an offer, which was accepted.
  - New LCSW's name is Krystin Rose, LCSW. She will start with SNCHC on April 18th.
- Second Psych APRN has been identified for hire when patient demand requires.
- Still recruiting for a Psychiatrist.
- Office Space may become an issue, but we are collaborating with other departments to make room for therapy services.
  - Grant application for a construction buildout for Behavioral Health Center was amended and resubmitted.
- Staff training is ongoing.
- 6 Providers now DATA Waived, and MAT trained to manage pts with substance abuse needs.

SOUTHERN NEVADA Community HEALTH CENTER

Accepted Insurance Update

- As of April 1, 2022 (19)
  - Aetna
  - AM Better
  - Anthem BCBS Commercial
  - Anthem BCBS HMOs
  - Anthem Nevada Medicaid
  - Culinary
  - HealthSCOPE PPO
  - HPN HMOs
  - HPN Medicaid
  - Hometown Health (One Health & Friday Health Plan)
  - Medicare
  - Molina Healthcare (Medicaid)
  - Nevada Medicaid
  - Nevada Preferred / Prominence
  - Sierra Health & Life
  - SilverSummit Medicaid
  - Teacher's Health Trust (UMR)
  - Tricare (VA)
  - UMR

SOUTHERN NEVADA Community HEALTH CENTER

Public Education Campaign Plans for 2022

- Transit — $25,000
- Digital Billboards — $40,000
- Door hangers — $2,000
- Rack cards — $4,000
- Sanitizer wipes and hand sanitizer stations — $22,500
- Meadows Mall ads — $8,740
- Las Vegas Review-Journal — $40,000
- El Tiempo — $10,000
- SNCHC — half page $500 x 10 Wednesday insertions = $5,000
- FPC — half page $500 x 10 Wednesday insertions = $5,000
- Pull-up banners Assorted topics — $1,000
- Posters - Assorted topics — $1,000
- Google Search Ads - $10,000
- Google Display Ads $10,000
- Social Media Ads - $25,000

SOUTHERN NEVADA Community HEALTH CENTER

Questions

SOUTHERN NEVADA Community HEALTH CENTER

SOUTHERN NEVADA Community HEALTH CENTER

Operational Report for Q1 2022

Proposed Environmental Health (EH) Fee Schedule Adjustments

PUBLIC HEALTH ADVISORY BOARD PRESENTATION - APRIL 11, 2022

EH Programs

- Food Operations – Inspections
  - Food Establishment Inspections
  - Special Events

- Food Operations – Regulatory Compliance
  - Regulatory Support Office – Staff and Industry Training, Hazard and Critical Control Point (HACCP) Reviews, and Label Reviews
  - Specialized Food Office – Mobile Vending, Farmer's Markets, Annual Itinerants, Unpermitted Food Vending, and Water Stores
  - Foodborne Illness Investigations

EH Programs Continued

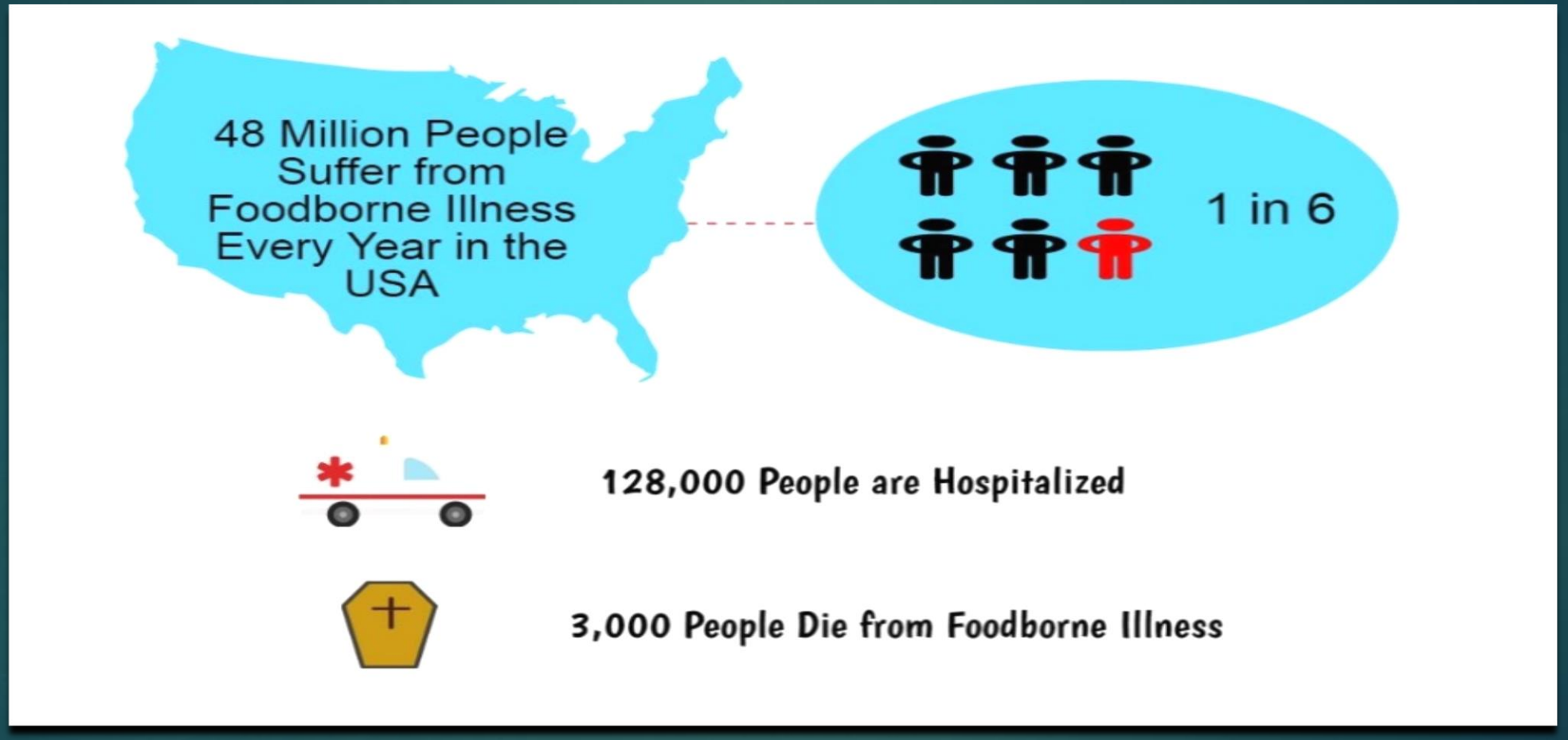
- Solid Waste
  - Solid Waste Plan Review
  - Subdivisions
  - Asbestos Waste Transport
  - Individual Sewage Disposal Systems (ISDS)
  - Safe Drinking Water
  - Permitted Disposal Facilities
  - Underground Storage Tanks
  - Restricted Waste Management
  - Illegal Dumping
  - Public Accommodations
  - Legionella

EH Programs Continued

- Consumer Health
  - Aquatic Health Plan Review
  - Aquatic Health Operations
  - Plan Review
  - Special Programs – Schools, Childcares, Body Art Facilities, Jails

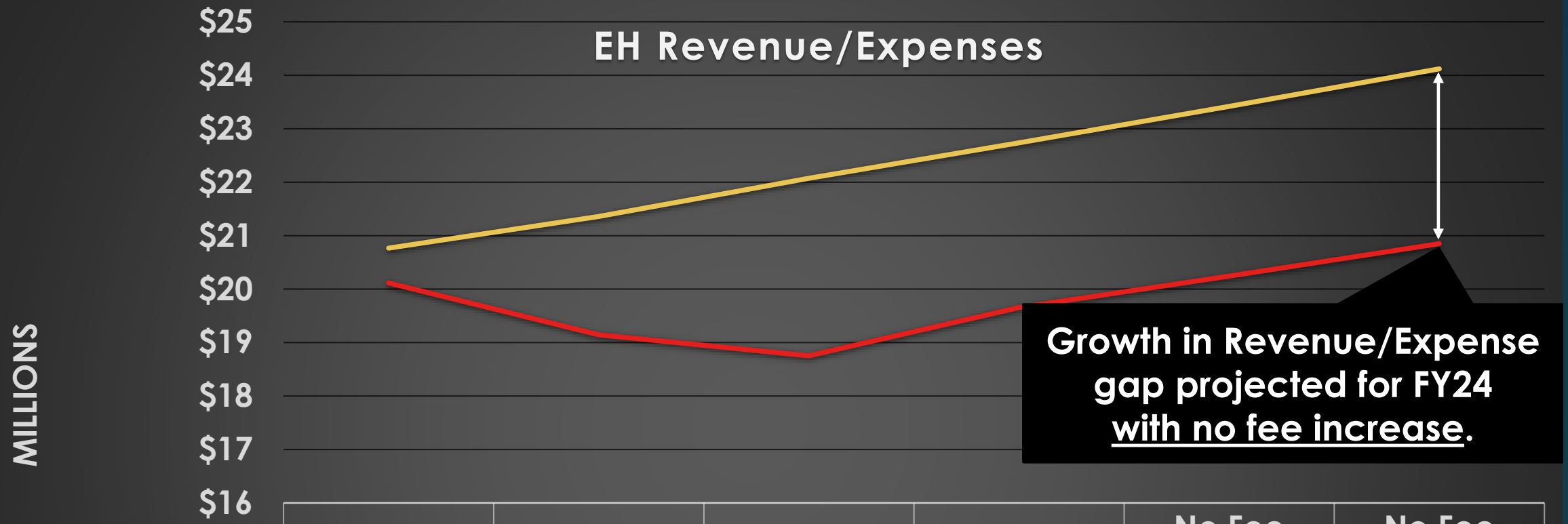
All Environmental Health programs work together to protect the health of Clark County citizens and millions of tourists.

CDC Estimates for Foodborne Illness



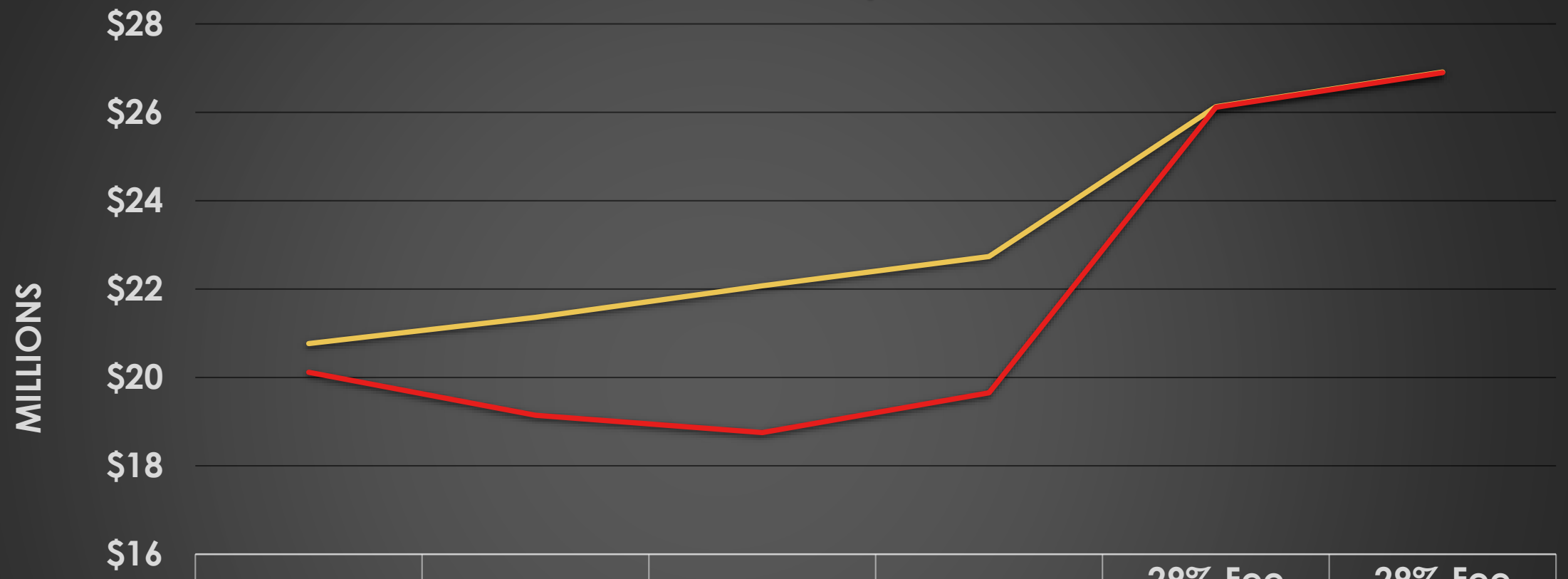
Current Situation

- Environmental Health is not financially self-sufficient.
- Program expenses exceed program revenues, and the community continues to grow.
- Workload and community demands exceed current staffing levels.
- Services and staffing have been adversely impacted.
- Staff are not meeting policy requirements and mandates.



	FY19	FY20	FY21	Projected FY22	No Fee Increase Projected FY23	No Fee Increase Projected FY24
Total Expenses	$20.77	$21.36	$22.07	$22.74	$23.42	$24.12
Total Revenues	$20.12	$19.15	$18.75	$19.65	$20.24	$20.85

EH Revenue/Expenses



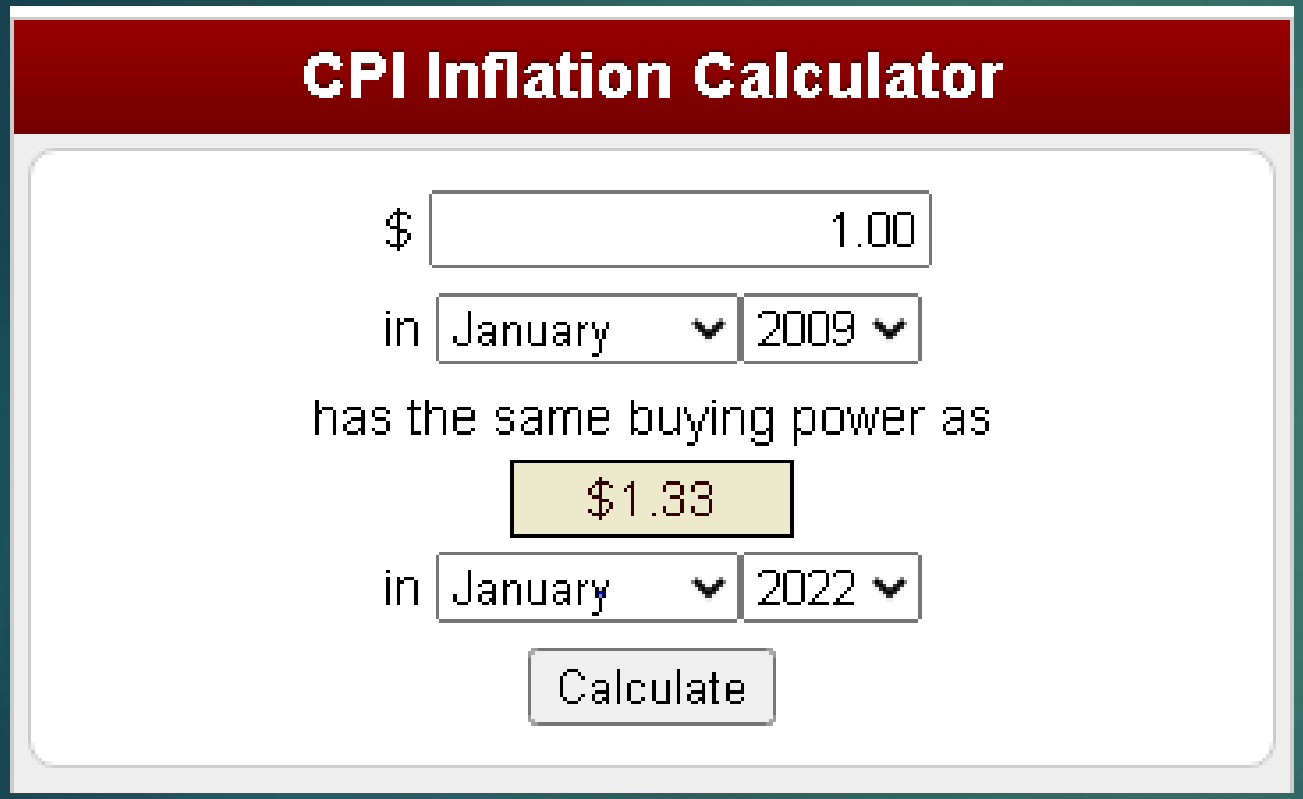
	FY19	FY20	FY21	Projected FY22	29% Fee Increase Projected FY23	29% Fee Increase Projected FY24
Total Expenses	$20.77	$21.36	$22.07	$22.74	$26.13	$26.91
Total Revenues	$20.12	$19.15	$18.75	$19.65	$26.11	$26.90

EH Projections

	FY19	FY20	FY21	Projected FY22	No Fee Increase Projected FY23	No Fee Increase Projected FY24
EH Revenue	$20,115,982	$19,145,478	$20,751,999	$19,654,013	$20,243,633	$20,850,942
EH Expenses	$20,766,925	$21,359,253	$22,074,164	$22,736,388	$23,418,480	$24,121,034
Net Loss	**$650,944**	**$2,213,775**	**$1,322,164**	**$3,082,376**	**$3,174,847**	**$3,270,092**

	29% Fee Increase Projected FY23	29% Fee Increase Projected FY24
EH Revenue	$26,114,287	$26,897,715
EH Expenses	$26,127,322	$26,911,142
Net Loss	**$13,035**	**$13,427**

Inflation Versus Fee Increase



Vs. 29%

https://www.bls.gov/data/inflation_calculator.htm

Fee Increase Impact Estimate

Permit Type	Current Cost	Cost with 29% Increase	Total Difference
Fast Food (All Permits)	$391	$504	+ $113
Restaurant (All Permits)	$1,055	$1,361	+ $306
Residential Septic Permit	$551	$711	+160
Hotel/Motel/MHP/RV - BASE	$363	$468	+ $105
Recycling Center – Permit	$400	$516	+ $116
Recycling Center – Plan Review	$1,579	$2,037	+ $458
Swimming pool w/spa < 1000sqft	$826	$1,066	+ $240
Body Art facility	$290	$374	+ $84
School w/ kitchen(ES, MS, HS)	$239	$308	+ $69
Plan review fee – Restaurant/takeout, no seats	$398 + permit fee	$513	+ $115

Past EH Overall Fee Adjustments

Year	Amount of Increase (approximate)
2001	16%
2002	10%
2004	28%
2005	9%
2006	9%
2007	28%
2008	9%
2009	4%

Staff Recommendations:

- Proceed with 29% overall fee increase
- Tie the EH Fee Schedule to the Consumer Price Index (Western Region) with a 1% floor / 3% ceiling annual adjustment to give programs sustainability as the community continues to grow.

Business Impact Questions

1. Will the proposed Environmental Health Fee Schedule adjustments impose a direct and significant economic burden upon a business?

2. Will the proposed Environmental Health Fee Schedule adjustments directly restrict the formation, operation, or expansion of a business?

DEADLINE FOR BUSINESS IMPACT STATEMENT COMMENTS = APRIL 15, 2022

Options for Submitting Comments

- SNHD Website – https://www.southernnevadahealthdistrict.org/news-info/public-notices/
- Mail: SNHD
  Attention: EH – Heather Hanoff
  280 S. Decatur Blvd.
  Las Vegas, NV 89107
- Email: hanoff@snhd.org
- Phone: 702-759-0619
- Attend a Board of Health meeting to make public comments