




# Memorandum #02-23

**Date:** August 25, 2022

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

**From:** John Hammond, EMSTS Manager   
Michael D. Johnson, PhD, Director of Division of Community Health   
Fermin Leguen, MD, MPH., District Health Officer 

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**Subject:** Public Hearing to Consider/Adopt Amendments of the Southern Nevada Trauma System Regulations

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## **I. BACKGROUND:**

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.

The Health District OEMSTS proposes the following trauma system regulation changes effective August 25, 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

## **II. RECOMMENDATION:**

The Office of EMS & Trauma System recommends the Board of Health consider adoption of the proposed Amendments to the Southern Nevada Trauma System Regulations.

Attachments:

- A. Notice of Public Hearing
- B. Record of Comments
- C. Draft Southern Nevada Trauma System Regulations with markups
- D. Draft Southern Nevada Trauma System Regulations without markups

## NOTICE OF INTENT TO ADOPT CHANGES TO THE TRAUMA SYSTEM REGULATIONS

### INTENDED ACTION:

The Office of EMS & Trauma System is proposing changes to the existing ***Southern Nevada Health District Regulations Governing the Southern Nevada Trauma System (Trauma System Regulations)***. The proposed changes include clarification of terms used in the regulations and modifications to the process for permitting new Trauma Centers in line with changes made to NRS 450B by AB 317 (2019). The Southern Nevada Health District Board of Health will take possible action on the proposed regulations, including possible adoption, at a public hearing on August 25, 2022.

### PUBLIC COMMENT AND WORKSHOP:

Interested persons may submit data, views, or argument regarding the proposed regulations to the Health District. Written comments may be submitted by mail to the Office of EMS & Trauma System, P.O. Box 3902, Las Vegas, NV 89127, email to [kingsley@snhd.org](mailto:kingsley@snhd.org), or delivery to the Office of EMS & Trauma System, 280 S. Decatur Ave., Las Vegas, NV 89107. A public workshop for receiving written or oral comments will be held on July 13, 2022, at 10:00 a.m. Additionally, public comment will be accepted at a public hearing on the business impact statement on July 28, 2022, and at a public hearing for possible action on the proposed regulations on August 25, 2022. An agenda for the workshop may be downloaded here:

<https://media.southernnevadahealthdistrict.org/download/meetings/tsrw/2022/20220713/20220713-trauma-regs-workshop.pdf>

### PUBLIC HEARING ON BUSINESS IMPACT STATEMENT:

A public hearing to review and take possible action on the ***Business Impact Statement*** (BIS) for the proposed Trauma System Regulations will be held before the Southern Nevada District Board of Health (BOH) on Thursday, July 28, 2022 at 9:00 a.m., pursuant to NRS 237.090. instructions for attending this meeting may be obtained online at least three days before the meeting here:

<https://www.southernnevadahealthdistrict.org/meetings/board-of-health-agendas-minutes-and-audio-recordings/>.

### PUBLIC HEARING ON THE PROPOSED REGULATIONS:

A public hearing to review and take possible action on the **proposed changes to the Trauma System Regulations** will be held before the BOH on Thursday, August 25, 2022, at 9:00 a.m. Instructions for attending this meeting may be obtained online at least three days before the meeting here:

<https://www.southernnevadahealthdistrict.org/meetings/board-of-health-agendas-minutes-and-audio-recordings/>

Copies of the updated proposed Trauma System Regulations will be available for review in the Office of EMS & Trauma System, 280 South Decatur Boulevard, Las Vegas, Nevada, between the hours of 8:00 a.m. to 4:30 p.m. Copies can be requested at that time for a charge of one dollar per page. The same may be viewed on the SNHD website at:

<https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/regulations-manuals-protocols/>

NOTE: If these items are not presented for Public Hearing at the SNHD Board of Health meetings scheduled for July 28, 2022 and August 25, 2022, it will be presented for public hearing at the SNHD Board of Health meetings scheduled for September 22, 2022 and October 27, 2022, at the same time and location noted above.

- Read the [Proposed Trauma System Regulations](#)
- Read the [Business Impact Statement](#)
- Read the [Public Workshop Agenda](#) for July 13, 2022



**NOTICE:  
OEMSTS RESPONSE, CONSIDERATION, OR ACCEPTED COMMENTS OF  
SUGGESTED EDITS AND CONCERNS FOR PROPOSED TRAUMA SYSTEM  
REGULATION CHANGES**

Page 2-6:

Submitted comments from Public Workshop on July 13

\*A period from May 2 to May 20 was provided for any additional submissions for considered edits. Any submissions or concerns for edits submitted after the Business Impact Notification sent on May 27 will only be presented as-is for the Board of Health's review.

Page 6-7:

Submitted edits and suggestions for RTAB's review on May 18

Edits to Regulations

Page 8-14:

Submitted edits and suggestions from Public Workshop on April 8

Edits to Regulations

The Southern Nevada Health District (Health District) Office of Emergency Medical Services & Trauma System (OEMSTS) was presented with public comments during its publically noticed workshop on **July 13, 2022**. The following concerns will be presented to the Board of Health as-is.

**Public Comment, Community Stakeholder (Georgi Collins)-**

Concerns:

1. Sections 100.060- 200.00
  - a. Catchment Area should include “patient centered” focus vs. institution centered. The prevailing professional standard for destination policies is the “closest trauma center”. “Treatment of an injured patient in the prehospital arena should consist of assessment, extrication, initiation of resuscitation and stabilization, and safe and timely transport to the closest trauma center or acute care facility whose capabilities match the patient’s needs (emphasis added).” This is a patient-centered triage and destination policy. Some of the existing (legacy) policies are institution centered, not patient centered.
    - i. Source:
      1. Resources for Optimal Care of the Injured Patient: 2014, American College of Surgeons, Committee on Trauma, Chapter 3, Prehospital Care, page 24
      2. National Guidelines for the Field Triage of Injured Patients: 2021 (<https://www.facs.org/quality-programs/trauma/systems/field-triage-guidelines/>)
2. 200.300.II
  - a. This section should include designated trauma centers, also. Per ACS Standards, for all patients (Level I, II, III and IV Trauma Centers) being transferred for specialty care, such as burn care, microvascular surgery, cardiopulmonary bypass capability, complex ophthalmologic surgery, or high-complex pelvic fractures, agreements with a similarly or higher-qualified verified trauma center should be in place.
    - i. Source:
      1. Resources for Optimal Care of the Injured Patient: 2014, American College of Surgeons, Committee on Trauma, Chapter 11
      2. Resources for Optimal Care of the Injured Patient. Clarification Document: 11/1/2021, American College of Surgeons, Committee on Trauma

3. Section 300.000; 300.100
  - a. NRS 450B.237 specifies that the district board may analyze whether a proposed Trauma Center may impact the capacity of existing centers for the treatment of trauma based on its “plan for a comprehensive trauma system concerning the treatment of trauma in the county, which includes, without limitation, consideration of the future trauma needs of the county, consideration of and plans for the development and designation of new centers for the treatment of trauma in the county based on the demographics of the county and the manner in which the county may most effectively provide trauma services to persons in the county.” NRS 450B.237(3)(b); (4)(c). However, the SNHD is conducting its analysis after the Division has already performed a needs assessment and concluded that the proposed trauma center will operate in an area that is experiencing a shortage of trauma care. The proposed regulations fail to specify what will happen if the SNHD’s conclusion contradicts that of the Division’s, and seemingly provide a proposed trauma center with no remedy, other than to appeal to the district court.

Draft Trauma Regulations include an impact report, but do not specify National Standards, but National Standards are readily available. Impact report is not included in the Trauma System Plan. The Office of Emergency Medical Services Trauma System (OEMSTS) is charged with preparing an impact report. General criteria are proposed: Draft regulations call for “following state and national standards to determine the optimal number and level of trauma centers based upon the availability or resources and the ability to distribute patients to ensure timely access to definitive care.”

Regulations should be clear about what those standards are. State and National Standards for the optimal number of trauma centers and levels of trauma centers are readily available. Throughout the U.S., the most frequently used method for assessing need is the ratio of population to trauma centers.

When Clark County is compared to these, there is a significant shortage. In other words, more trauma centers are needed to have the number of trauma centers match—or even get close to—the national norm.

Clark County has a significant shortage of trauma centers. When considering Level I, II, and III trauma centers, Clark County has less than the U.S. norm (U.S. average ratio of population to trauma centers Level I, II, and III at 358,521).

4. Section 300.300

- a. The Regional Trauma Coordinator has specified that the impact of a hospital entering the Southern Nevada Trauma System Plan is much greater than an existing Trauma Center changing levels.

The Regional Trauma Coordinator also stated that the impact of a change in level is even less where a Trauma Center is seeking to move from a Level II to a Level I. Why then must OEMSTS present the Board with the Impact Report, advisory position of the RTAB and TMAC, and review of the most current Trauma System Report and Nevada Annual Trauma Registry Report when considering an application for a change in Level?

If the SNHD conducts a full needs analysis when a Trauma Center applies for a change in Level, the process should mirror the one when a hospital seeks initial Designation. The Division should first conduct a needs analysis, followed by the SNHD.

5. 300.100.II.B-C - 300.300.III.B-C

- a. Upon receipt and review of the application, the OEMSTS will present to the Board the following:
  - 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.

Past RTAB Advisory Position on Adding Trauma Centers and with Clark County Trauma System Assessment (2018-2020) and impact on existing trauma centers.

Report says, "the Southern Nevada trauma system, in its current configuration, is meeting the trauma needs of Southern Nevada and surrounding areas," and "There is no urgency to add additional new Level III Trauma Centers at this time."

These conclusions are contradicted by public data from Clark County and the State of Nevada.

Paramedics are regularly transporting significant numbers of trauma patients to the non-designated hospitals.

Transport times from throughout the system are too long and can be shortened significantly with the addition of one or more trauma centers.

Clark County Trauma Needs Assessment, 2018-2020:

These reports focus on median transport times (approximately 15



minutes) to suggest that there is no need for new trauma centers to reduce transport times.

Median transport time is not the most important measure of need.

The most important is the proportion of patients with long transport times.

When the number of patients exposed to transport times of greater than 20, 25, 30 and 35 minutes is this high, the only reasonable conclusion is that there is a need for more trauma centers.

In sprawling urban area adding trauma centers in key geographic locations from will—by definition—reduce trauma transport times.

Based on National Standards (as called for in the Impact Report) Clark County has a significant shortage of trauma centers. When considering Level I, II, and III trauma centers, Clark County has less than the U.S. norm (U.S. average ratio of population to trauma centers Level I, II, and III at 358,521).

There are a significant number of severely injured trauma patients (Injury Severity Score greater than 15) being transported to non- trauma center hospitals.

Past reports state: “Existing Trauma Centers have stated that they have unused capacity” suggesting there is not a need for more trauma centers.

It is unusual for existing trauma centers to say they have capacity problems; there is a natural and understandable interest in protecting current volume.

Experience shows that when trauma centers are added—over the initial objections of existing centers—to a system where there is as objectively verifiable shortage and unnecessarily long transport times soon the new, larger group of trauma centers work cooperatively and as colleagues and all are clinically and economically successful.

In addition to the quantitative under-supply of trauma centers in Clark County (as demonstrated by the population-to-trauma center ratio comparisons), there are three qualitative reasons public policy should relieve the current shortage and conservatively provide, if anything, a safety margin of capacity.

## Mass Casualty Events

Trauma system planning should recognize that there can be mass casualty events that can overwhelm trauma center capacity— particularly when there is an undersupply as now exists in Clark County.

Relieving the shortage of trauma centers would help the entire emergency care system function better in these instances.

## Public Health Crises

The COVID-19 epidemic has placed extraordinary demand on emergency and critical care capacity at all hospitals.

To the extent Clark County remains undersupplied with trauma centers, this makes the task of accommodating non-trauma patients in emergency and critical care services more difficult.

Relieving the shortage of trauma centers would help the entire emergency care system function better.

## High Visitor Volume

The shortage in Clark County is, in effect, greater than it first appears because of the unique level of visitors.

The extraordinarily high number of overnight visitors in Las Vegas area compared to all other regions in U.S., means that the U.S. population ratio method (which uses resident population) significantly understates the shortage in Clark County.

For example, the U.S. has 1,598 hotel rooms per 100,000 resident populations; in Clark County, it is 7,591, which is 4.8 times the U.S. average.

There are 167,000 hotel rooms (which equates to at least 300,000 visitors at double occupancy) in the region; this means the effective population is roughly 13% higher than the resident population. Therefore, the Clark County supply for Level 1 and 2 is, in effect, 13% lower than it would first appear.

The Southern Nevada Health District (Health District) Office of Emergency Medical Services & Trauma System (OEMSTS) was presented with suggested edits following RTAB on April 20. Five business days were provided for submission from **April 22 to April 28**. The following is the written response to each request and the action taken.

### Health Services Coalition, Culinary Health Fund-

#### Concern:

7. Sections 300.100:

- a. The BOH's authority to approve should remain explicit.
- b. The BOH's determinations should be based on needs demonstrated by evidence obtained through continuous system evaluation.
- c. State law does not change, inhibit, or remove the BOH's ability to determine the needs.

#### Request: Proposed language

*(1) 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.*

*(2) The Board's approval of an application for Initial 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.*

#### Consideration:

1. Change existing language from implicit to explicit.
2. Assure BOH determines needs as defined above.

#### Action:

1. **BOH's authority:** OEMSTS simplified the language in the draft regulation changes. The BOH's authority to approve new trauma centers was never removed. All requirements of NRS450B.237 were consistent in the draft and assured the BOH of a defined process to approve or deny any application based on the required NRS, including a needs assessment. Nothing prohibited the BOH from requesting or requiring further needs assessment. To accommodate the request, OEMSTS returned the previous expanded language made consistent with NRS450B.237.
  - a. The word *determine* was changed to *consider* as defined in NRS and to be compliant to NRS 450B.237.3.a.
2. State law: OEMSTS agrees that the state law does not inhibit or remove the BOH's authority to make determinations. Draft regulations defined requirements consistent with NRS450B.237 and did not introduce language prohibiting the BOH from performing a needs assessment. OEMSTS accommodated the requests by adding clarifying language in 300.000 and 300.100 that states the BOH may conclude that further

- demonstration of need is required and request any additional criteria.
3. OEMSTS accommodated the proposed language (1) request by reintroducing the original regulation language in 300.000 and making it compliant with NRS 450B.237. This language matches the proposed language.
  4. OEMSTS accommodated the proposed language (2) request by reintroducing the original regulation language in 300.000, in compliance with NRS 450B.237, which says, "*if a demonstrated need in the system exists and the hospital meets the requirements*" (300.000.II.A). Furthermore, additional language compliant with NRS 450B.237 was added 300.000.I.B, which is explicit to the Board authority to approve based on criteria in NRS450B.237, which includes reference to the capacity of existing centers will not be negatively impacted.
    - a. NRS 450B.237.3.a requires that county regulations will be consistent with NRS and State regulations. The NRS language is specific in its wording for capacity defined as *negatively impact* and not *cannot be met by*; Couy BOH regulations will be consistent to NRS.

### **Health Services Coalition, Culinary Health Fund-**

#### Concern:

1. Sections 300.300:
  - a. The BOH's should determine authorization for a change in level based on a determination of needs.
  - b. There should be a graduated process for a change of level.

#### Request: Proposed language

*(1) 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.*

*(2) The Board's approval of an application for Initial 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.*

#### Consideration:

1. Include language in 300.300 that requires the BOH to approve based on a needs assessment.
2. Change language to accommodate a graduated process.

#### Action:

1. OEMSTS accommodated the requests by condensing 300.300 to a singular process for all changes in levels as a graduated process. OEMSTS included language in 300.300.V.C that uses the (1) proposed language. OEMSTS drafted language in 300.300.IV that requires the BOH to approve based on a demonstration of needs, which includes an impact report on the capacity of Trauma Centers.

The Southern Nevada Health District (Health District) Office of Emergency Medical Services & Trauma System (OEMSTS) was presented with suggested edits during its publically noticed workshop on **April 8, 2022**. The following is the written response to each request and the action taken.

**Kim Dokken RN- RTAB member St. Rose Siena Trauma Center**

Request/Concern: In sections 300.200 and 300.300, a time of 18 months is prescribed for a hospital requesting provisional authorization as part of its renewal application. Ms. Dokken referenced that ACS-COT no longer adheres to a required time for verification for renewal due to post-pandemic conditions and best practices.

Consideration: OEMSTS agrees with the request. Overall it does not change a hospital's responsibility to coordinate its renewal and adhere to state-required ACS-COT verification or a state-appointed alternative.

Action: OEMSTS accommodated the request. The time of 18 months will be changed to 6 months as requested.

**Sam Scheller- RTAB member- Paramedic, Private EMS Provider; Guardian Elite**

Request/Concern: In Section 100, the Definition for Pediatric Trauma Center indicates trauma patients under 15 years of age, which does not match pediatric age definitions in EMS and hospitals.

Consideration: Lisa Rogge RN, Trauma Program Manager of UMC Trauma Center, clarified that the defined 15 years of age is from ACS-COT Resources for Optimal Care of the Injured Patient. The age does differ from standard pediatric age definitions and is specific to trauma patients and trauma centers.

Action: No action was taken as the definition aligns with ACS-COT and the Trauma System Plan.

**Carl Bottorf- RTAB member- General Public; Kim Dokken RN, RTAB Member St. Rose Siena Trauma Center; Maya Holmes, RTAB Member- Payers of Medical Benefits; Abby LeDuff RN, RTAB Member Sunrise Trauma Center; Lisa Rogge RN, UMC Trauma Center; Stacie Sasso, Health Services Coalition, Culinary Health Fund**

Request/Concern:

1. Section 400.000 and 500.000 appear to alter the composition and appointment of RTAB and TMAC members by removing the by-laws. RTAB Members and HSC are concerned that it would eliminate board members and their participation in the trauma system decision-making process and how the RTAB operates.
2. HSC was concerned that by removing the by-laws to the Trauma System Plan, any future changes to the by-laws would not be brought to the Board of Health or their authorized designee.

Explanation: OEMSTS's intention to move the by-laws to the Trauma System Plan was for administrative purposes to ease occasional modifications. When the by-laws are purely in the regulations, it requires a substantial investment of time and process to change regulations, which can be avoided without loss of board authorization. The Trauma System Plan is reviewed and authorized by the Southern Nevada District Board of Health per NRS 450B.237.

Consideration/Suggestions: Leave the board description and membership in regulations and move administrative by-laws to the Trauma System Plan.

Action: OEMSTS accommodated the requests. The RTAB and TMAC description and membership will remain, and the administrative portion of the by-laws will be referenced in the Trauma System Plan.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern:

2. 100.060, the definition and its purpose are unclear.
3. The language about transport times is too restrictive.

Request: Simplify language and remove transport time.

Consideration:

3. Simplify the definition
4. The transport time described in the definition is derived from NAC 450B.772. This transport time only references how to determine destination when trauma occurs at a distance from a trauma center greater than 30 minutes and has no reference to EMS transport times within the existing trauma system. As the NAC is the authoritative criteria, OEMSTS may remove the wording to simplify the definition.

Action: OEMSTS accommodated the request. Simplify wording and remove reference to NAC 450B.227.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern: 100.150 What will be included in an impact report?

Request: Alter the definition to include: *impact of proposed center on; patient volumes, and financial viability*; and remove *in relation to a proposed trauma center*.

Consideration: NRS 450B.237 requires the State Board of Health and Southern Nevada District Board of Health to consider the “impact of [a] proposed center for the treatment of trauma on the capacity of existing [trauma centers]” and whether a proposed trauma center will “negatively impact the capacity of existing centers.” These provisions reference capacity, but do not reference financial viability.

At this point, OEMSTS does not support requiring a financial analysis of all trauma centers as part of an impact report. However, this would not preclude an existing trauma center from providing written or verbal public comment on its finances to demonstrate the potential impact to the Board or State Board of Health.

Action:

- OEMSTS will accommodate the following terminology: *impact of proposed center on* and the removal of *in relation to a proposed trauma center*.
- OEMSTS cannot include *financial viability* as it is not stated in NRS.
- OEMSTS will not include *patient volumes* as it is redundant to NRS and is not stated with the other NRS-defined criteria.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern: 100.170 should reflect the goals outlined in the 2015 Southern Nevada Trauma System Plan.

Request: Alter the definition to include: *that is capable of matching the right patient, to the right resource, in the right amount of time to optimize their outcome*.

Consideration: No further consideration is required.

Action: OEMSTS accommodated the request.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**Concern:

1. 100.310 The proposed revision indicates RTAB adopts the trauma system plan, which is inconsistent with NRS 450B.237.
2. 100.360 The definition is inconsistent with the 2015 Southern Nevada Trauma System Plan.

Request: Alter the definition to remove RTAB and indicate the BOH; Alter the definition for TMAC to indicate the BOH and not RTAB.

- Note: The BOH's current 2015 Trauma System Plan indicates SNHD as the agency responsible for the plan's development (management). The plan will be updated and taken to BOH following the regulations update.

Consideration: No further consideration is required.

Action: 100.310 Removing RTAB and replacing with Board (as per definition for BOH); 100.360 Removing RTAB and replacing with Board.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern: 100.370 The proposed definition is inconsistent with the 2015 Southern Nevada Trauma System Plan.

Request: Alter the definition to reflect the improvement plan.

Consideration: No further consideration is required.

Action: OEMSTS accommodated the request by directly taking the improvement plan's definition.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern: 200.000.V. change from develop and implement to manage.

Explanation:

- The current plans were developed when trauma regulations were first adopted in 2008. The regulations' wording is from the original drafting that required both plans to be developed. The subsequent update of the trauma regulations in 2015 did not alter the language as the plans had already been developed, adopted, and were being implemented. The change reflects the current role of SNHD-OEMSTS in managing the System as defined in the current 2015 Trauma System Plan adopted by the BOH.
- The BOH adopts the Southern Nevada Trauma System Plan and the Trauma System Improvement plan. Once trauma regulations are adopted, a revision of both plans by SNHD-OEMSTS will begin. Also indicated in the plan is SNHD's impartial and objective administration. As demonstrated by the transparency of the draft regulations, all processes will be followed. OEMSTS will coordinate so that the TMAC provides recommendations and RTAB revises in conjunction with the District Health Officer. Workgroups may be requested to produce a draft for RTAB's review. Once reviewed and approved through the publically noticed meetings, both plans will be taken to the BOH for adoption.

Action: OEMSTS accommodated the concern by keeping the original language and adding manage. Additionally, a requirement of revising the plan every (5) years was added.



**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern: 200.000.J. What are state and national standards?

Explanation: State refers to NRS, and national would refer to ACS-COT.

Action: OEMSTS accommodated a change. For clarity, the wording of national will be removed.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern: 200.100.I Why was the external audit eliminated?

Explanation: The State is the authority that may conduct external and internal audits of a hospital. The state uses the ACS-COT verification process to audit every (3) years and requires appropriate staff to be present, which includes SNHD-OEMSTS staff. A third-party auditor may be used to assess a trauma system, but the cost is unfunded and prohibitive to SNHD.

- Note: ACS-COT has already provided clarification that it will not provide any determination on the impact or need of trauma centers. Additionally, private third-party auditors are discouraged by RTAB as they may be biased to favor the payer's opinions.

Action: OEMSTS accommodated the concern by keeping the original language with clarifications.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern: 300.000, 300.100, 300.200, 300.300

1. a) How the Board of Health makes its determinations.
2. b) Language removed from 300.00 should be added back where appropriate
3. c) State law does not inhibit or remove the decision-making authority or responsibility of the BOH
4. d) To assist the BOH, OEMSTS should continually evaluate the system based on evidence.

Explanation:

1. Language removed from 300.000 was required by the change in NRS 450B.237. BOH approval can be clarified as defined by NRS. Further approval process is defined in 300.100, 300.200, and 300.300 and updated accordingly.
2. We agree that State law does not inhibit or remove BOH authority as defined in NRS 450B.237. Trauma regulations are compliant with the NRS as written.
3. OEMSTS has produced an annual report since 2018 that provides evidence in the form of a 5-year data set (required by NRS 450B.237) that provides volume, acuity, and geographics about the trauma centers (resources). The State of Nevada also produces a yearly report using data that describes similar information. SNHD-OEMSTS has provided the annual reports to the BOH, RTAB, TMAC, and Public Health Advisory Board; records of those presentations are available.

Action: OEMSTS accommodated a request to clarify BOH approval in 300.000, 300.100, 300.200, 300.300, and 300.400 by clarifying the BOH's role per NRS. OEMSTS responded to concerns.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern: Can a trauma center go from a Level III to a Level I or to a pediatric center? Should it be a graduated process?

Explanation: A designated trauma center or pediatric center may seek a level change as defined in trauma regulations. A hospital or trauma center seeking initial designation as a pediatric trauma center Level I or Level II must follow NRS for a proposal as an initial trauma center.

SNHD mirrors the Nevada Administrative Code in the change of trauma center levels and pediatric centers. Under normal ACS-COT criteria, a level III trauma operates similar to a level II or I. In the Southern Nevada Trauma System, a level III does not operate as designed by ACS-COT. So a change of a level III would impact the system, while a change from a level II to level I would not impact the system. All changes require BOH approval before seeking the state's Administrator's approval.

Action: Accommodated the request by reviewing and revising initial, renewal, and change of level in 300.100, 300.200, 300.300, and 300.400. Additionally, the above response is provided.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern: 300.200.III; 300.300.III; 300.400.III Unnecessary language.

Request: Strikeout IIIa

Consideration: This is acceptable.

Action: OEMSTS accommodated the request and removed the language.

**Health Services Coalition, Culinary Health Fund- Stacie Sasso, Executive Director**

Concern: 300.300

1. What criteria are OEMSTS using to make a statement to approve or deny?

Explanation: OEMSTS approval is defined by the applicant meeting all regulatory requirements. In the case of renewal, the trauma center has complied with its agreement to function within the trauma system (e.g., submission of data). For a statement in favor of denial or denial by the BOH, this is defined in 300.600 and 300.800. For ease, we will accommodate by clarifying this throughout the 300.000 sections.

Request: Alter language from recommendation to statement for OEMSTS and add a review of the annual report

Consideration: The recommendation changes are acceptable, and where a change will cause an impact on the system, the specification for a review of the annual report will be inserted.

Action: OEMSTS accommodated the request to alter and add language and revised language to include clearer guidelines for approval and denial.

**Southern Nevada**  
**Trauma System**  
**Regulations**

**February 26, 2015**  
**Adopted Month Day, Year**

DRAFT

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

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

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

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

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

## **TERMS AND ACRONYMS**

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

# Table of Contents

SECTION 100 .....	5
<b>DEFINITIONS</b> .....	<b>5</b>
SECTION 200 .....	10
<b>TRAUMA SYSTEM ADMINISTRATION</b> .....	<b>10</b>
OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM RESPONSIBILITIES .....	10
OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM EVALUATION .....	11
TRAUMA PATIENT TRANSPORT .....	12
TRAUMA PATIENT REFUSING TRANSPORT .....	12
TRAUMA PATIENT TRANSFER .....	13
SECTION 300 .....	14
<b>PROCESSES FOR TRAUMA CENTER PROVISIONAL AUTHORIZATION</b> .....	<b>14</b>
PROCESS FOR ACCEPTING APPLICATIONS FOR PROVISIONAL AUTHORIZATION FOR INITIAL DESIGNATION .....	16
PROCESS FOR ACCEPTING APPLICATIONS FOR RENEWAL OF AUTHORIZATION WITHOUT A CHANGE OF LEVEL .....	17
PROCESS FOR ACCEPTING APPLICATIONS FOR PROVISIONAL AUTHORIZATION AS A TRAUMA CENTER OR PEDIATRIC TRAUMA CENTER WITH A CHANGE OF LEVEL .....	18
PROCESS FOR ACCEPTING APPLICATIONS FOR FEDERALLY EXEMPT HOSPITALS .....	20
DURATION OF AUTHORIZATION .....	21
DENIAL OF APPLICATION FOR AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION BY THE BOARD .....	22
WITHDRAWAL OF EXISTING AUTHORIZATION BY THE TRAUMA CENTER OR PEDIATRIC TRAUMA CENTER .....	23
APPEAL PROCESS FOR DENIAL OF APPLICATION FOR INITIAL OR RENEWAL AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION .....	23
SECTION 400 .....	24
<b>REGIONAL TRAUMA ADVISORY BOARD</b> .....	<b>24</b>
SECTION 500 .....	27
<b>TRAUMA MEDICAL AUDIT COMMITTEE</b> .....	<b>27</b>

## 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 ~~400.170~~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** “ADMINISTRATOR” means the officers and authorized agents of the Nevada Division of Public and Behavioral Health or the Department of Human and Health Services.

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

**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.

**100.050** **“BOARD”** means the Southern Nevada District Board of Health.

**100.060** **“CATCHMENT AREA”** means the geographical area described by the Office of Emergency Medical Service & Trauma System when more than one Designated Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma is established in close proximity in its plan for providing treatment for trauma as the area served by ~~that center~~those Trauma Centers.

**100.070** **“CENTER FOR THE TREATMENT OF TRAUMA” or “Trauma Center”** means a general hospital licensed in this State that can care for Trauma Patients of all ages and both genders and which has been designated as a Level I, II or III center by the Administrator of the Nevada Division of Public and Behavioral Health, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive; in accordance with the American College of Surgeons trauma center classification scheme.

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

**100.090** **“DESIGNATION”** means the process by which the Nevada Division of 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 Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive.

**100.100** **“DISTRICT PROCEDURE”** means Southern Nevada Health District Standard Operating Procedure.

**100.110** **“HEALTH AUTHORITY”** shall have the meaning ascribed to it in NRS 450B.077 that states, “Health Authority means:

1. In a county whose population is less than 700,000, the Division.
2. In a county whose population is 700,000 or more, the district board of health.”

**100.120** **“HEALTH DISTRICT” or “DISTRICT”** means the Southern Nevada Health District, its officers and authorized agents.

**100.130** **“HEALTH DISTRICT OFFICE OF EMSTS” or “OEMSTS”** means the staff of the Health District charged with the responsibility of administering and regulating the Emergency Medical Services & Trauma System in Clark County.

**100.140** **“HEALTH OFFICER”** means the Chief District Health Officer of the Southern Nevada Health District or the Chief District Health Officer's designee.

**100.150** **“IMPACT REPORT”** means a report generated by OEMSTS that defines the impact of a proposed Trauma Center on existing Trauma Centers.

**100.160** **“INJURY SEVERITY SCORE” or “ISS”** means an anatomical scoring system that provides an overall score for Trauma 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 capable of matching the right Patient, to the right resource, in the right amount of time to optimize their outcome.

**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.



- 100.190** "**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.
- 100.200** "**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 2<sup>nd</sup> or 3<sup>rd</sup> party caller as requiring evaluation for potential illness or injury.
- 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.
- 100.220** "~~PATIENT WITH TRAUMA~~ **PATIENT**" means a person who has sustained injury and meets the Triage Criteria used to evaluate the condition of the Patient.
- 100.230** "**PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA**" or "**PEDIATRIC TRAUMA CENTER**" means a general hospital licensed in this State that can provide comprehensive surgical, medical, and nursing care for Patients who are less than 15 years of age and which has been designated as a Level I or II Pediatric Trauma Center by the Administrator of the Nevada Division of Public and Behavioral Health, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive; in accordance with the American College of Surgeons Trauma Center classification scheme.
- 100.240** "**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.
- 100.250** "**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.
- 100.260** "**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 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 Trauma Center ~~for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma.~~

- 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 organized by the District Health Officer to support the officer's role to ensure a high-quality system of care for a Trauma Patient based on the Southern Nevada Trauma System Plan.
- 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 Trauma Center or Pediatric Trauma Center, 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 Board 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.
- 100.330** **"SYSTEM FOR PROVIDING TREATMENT FOR TRAUMA"** means a formally organized arrangement of resources providing health care which is described in writing by a Trauma Center for the Treatment of Trauma or Pediatric Trauma 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 Patient is treated at a Designated Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma.
- 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.
- 100.350** **"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 a multidisciplinary medical peer review committee of the Board that reviews, monitors, and evaluates trauma system performance and makes recommendations for improvements.
- 100.370** **"TRAUMA SYSTEM PERFORMANCE IMPROVEMENT PLAN"** means the written plan adopted by the Board to protect and promote the health and well-being of the County's residents and visitors through regulatory oversight of the EMS and Trauma System facilitated by the Trauma Medical Audit Committee.

**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.

**100.390** "**VERIFICATION**" means the process by which the American College of Surgeons confirms that a hospital licensed in this State is capable of performing as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma and meets the criteria contained in the current "*Resources for Optimal Care of the Injured Patient*." Verification by the American College of Surgeons is an integral part of the State's Designation process as outlined in NAC 450B.820.

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**SECTION 200**  
**TRAUMA SYSTEM ADMINISTRATION**

**200.000 OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM RESPONSIBILITIES**

- I. 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:
  - A. Coordinate with Trauma Centers and Pediatric Trauma Centers, and public and private agencies in the development and implementation of programs dedicated to injury prevention and public education.
  - B. Establish, review, and adjust Catchment Areas for Trauma Centers for the Treatment of Trauma or Pediatric Trauma Centers for the Treatment of Trauma to facilitate timely transportation of Trauma Patients from the scene of an emergency and not for the purposes of restricting referral of Patients requiring Transfer to a higher level of care.
  - C. Coordinate with permitted emergency medical service agencies to ensure appropriate Transport and Transfer of Patients within the trauma system.
  - D. Coordinate with ~~all~~ hospitals and rehabilitation services to facilitate appropriate access to and utilization of resources to provide a full spectrum of trauma care to injured Patients.
  - E. Develop, manage, and implement the Southern Nevada Regional Trauma Plan and the Trauma System Improvement Plan for trauma treatment, revising every (5) calendar years ~~a regional trauma performance improvement plan.~~
  - F. Perform an annual report of the Southern Nevada Trauma System, using a minimum of the previous (5) calendar years of available data.
  - G. Produce an Impact Report for the Board and RTAB for a Trauma Center or Pediatric Center when needed.
  - H. Serve as a central repository for trauma data collection, organization, analysis, and reporting.
  - I. Establish criteria which are consistent with state and national standards to determine the optimal number and level of Trauma Centers for the Treatment of Trauma or Pediatric Trauma Centers for the Treatment of Trauma to be authorized based upon the availability of resources and the ability to distribute Patients to ensure timely access to definitive care.
  - J. Develop, ~~and implement~~, and maintain a procedure consistent with state standards for accepting and processing an application, including applicable fees, for the Board for Provisional Authorization:
    - i. From a hospital proposed by the Administrator of the Division requesting Provisional Authorization as a Level III Trauma

~~Center. initial Authorization 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.~~

- ii. From a Trauma Center requesting Renewal.
- iii. From a Trauma Center requesting a change in Level.
- iv. From a federally exempt hospital seeking to participate or renewal of participation as a Trauma Center within the existing system.

K. 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**

- I. The OEMSTS shall develop, implement, and maintain a standardized system for providing treatment of trauma and a Trauma Performance Improvement Plan to provide continuous assessment of the structure, functions and outcomes of the system. The plan shall include, ~~but not be limited to~~ the following components:
  - A. An ~~external~~-audit process, where permissible, whereby periodic reviews of each Trauma Center for the Treatment of Trauma or Pediatric Trauma 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.
  - B. Participation in the initial and renewal Verification review-site visits of each Level I, II, and III Trauma Center for the Treatment of Trauma or Level I and II Pediatric Trauma Center for the Treatment of Trauma conducted by the ACS-COT at least every three (3) years.
  - C. Adoption, and implementation, and maintenance of a ~~standardized~~ the System's plans system to collect and manage data from permitted emergency medical service agencies, Trauma Centers for the Treatment of Trauma or Pediatric Trauma Centers for the Treatment of Trauma, hospitals, and other healthcare organizations, as appropriate. The conditions shall be as follows:
    - i. 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.
    - ii. All Trauma Centers for the Treatment of Trauma or Pediatric Trauma Centers for the Treatment of Trauma and hospitals that receive trauma Patients shall provide data when requested.
    - iii. 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.~~

- D. Management of the Regional Trauma Advisory Board to review, evaluate, and monitor the Trauma System to make recommendations for system function and improvement.
- E. ~~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.

#### **200.200 TRAUMA PATIENT TRANSPORT**

- I. 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 ~~for the Treatment of Trauma~~ or Pediatric Trauma Center ~~for the Treatment of Trauma~~ after a determination has been made that the Patient's physical condition meets the Triage Criteria requiring transport to the Trauma Center, the person providing emergency medical care shall evaluate the decision-making capacity of the Patient. If ~~he~~ the person providing emergency medical care determines that the Patient is competent, the 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 to the Trauma Center ~~for the Treatment of Trauma~~ or Pediatric Trauma Center ~~for the Treatment of Trauma~~, the person providing emergency medical care shall request the Patient (or the Trauma 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 for the Treatment of Trauma or Pediatric Trauma Centers for the Treatment of Trauma providing that:
  - A. Any Transfer shall be, as determined by the physician of record, medically prudent and conducted according to the most recently established guidelines under the Consolidated Omnibus Budget Reconciliation Act (COBRA) and subsequent announcements.
  - B. The Transfer, when performed by a Permittee authorized to provide emergency medical care in Clark County, shall be conducted in accordance with the procedures and protocols recommended by the Medical Advisory Board and authorized by the Health Officer.
- II. ~~Hospitals~~ Trauma Centers or Pediatric Trauma Centers shall establish written agreements with ~~Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma~~ hospitals without a Designated Trauma Center, as defined by ACS-COT criteria, for consultation and to facilitate Transfer of Trauma Patients requiring a higher level of care.
- III. Hospitals without a Designated Trauma Center receiving Trauma Patients shall participate in the TMAC Trauma System Quality Improvement Plan activities for those Trauma Patients who have been treated at their facility and/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**  
**PROCESSES FOR TRAUMA CENTER PROVISIONAL AUTHORIZATION**

**300.000 PROCESS FOR PROVISIONAL AUTHORIZATION**

- I. Any proposed hospital that desires initial Designation as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma in Clark County shall first request Authorization from the Board must initially apply only as a Level III Trauma Center and/or a Pediatric Trauma Center, and will request Provisional Authorization from the Board based on these conditions:
  - A. Before seeking Provisional Authorization from the Board, the proposed hospital will first meet the approved standards and considerations based on a demonstrated comprehensive assessment of need determined by the Administrator for additional trauma services in an area that is experiencing a shortage of trauma care.
  - B. After approval by the Administrator, the Board shall not approve a proposal to designate a hospital as a Trauma Center unless the hospital meets the standards of the Board's adopted trauma regulations and Trauma System plan to effectively provide trauma services; and the Board concludes the capacity of existing trauma centers will not be negatively impacted.

The Board shall determine the county's trauma system needs and capacity of the Clark County trauma system based on considerations of demographic evidence obtained through continuous evaluation of the system over the previous five (5) calendar years that assesses assessing the volume, acuity, and geographic distribution of Trauma Patients requiring trauma care; and the location, depth, and utilization of trauma resources in the system.

The Board's approval of a request for Authorization will be based on a demonstrated need for additional trauma services that cannot be met by existing Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma.

The accepted standards for trauma Transport, treatment, and referral established by the Board shall be based on those recommended by the ACS-COT. All Level I, II and III Trauma Centers for the Treatment of Trauma or Level I and II Pediatric Trauma Centers for the Treatment of Trauma in Clark County must be verified by the ACS-COT at the appropriate level.

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".

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

- II. If a hospital satisfies these standards, it may submit an application to OEMSTS as defined in 300.100 of these regulations for Provisional Authorization from the Board to operate as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma, at any time, in accordance with these Regulations. Upon review of the application, the Board may:
  - A. ~~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 Grant Authorization as a Level III. A hospital shall be authorized as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma according to a graduated process wherein initial Authorization shall be granted at Level III only.~~
  - B. Conclude that further demonstration of need is required and request any additional criteria other than criteria related to community support.
  - C. Deny the application as defined in 300.600 of these regulations.
- III. At the time for renewal of Authorization, a designated Level III Center for the Treatment of Trauma may apply for:
  - A. Renewal of Authorization as a Level III Trauma Center for the Treatment of Trauma; or
  - B. ~~Initial Provisional Authorization for a change in Level as defined in 300.300 of these regulations. as a Level I or II Center for the Treatment of Trauma or Level I or II Pediatric Center for the Treatment of Trauma.~~
- IV. The provisions of this subsection do not prohibit a hospital that has been designated as:
  - A. A Level II Trauma Center for the Treatment of Trauma from applying for ~~initial Provisional Authorization as a Level I Trauma Center for the Treatment of Trauma, at any time; or~~
  - B. A Level I or II Pediatric Trauma Center for the Treatment of Trauma from applying for ~~initial Provisional Authorization as a Level I or II Pediatric Trauma Center for the Treatment of Trauma, at any time.~~
- V. Upon successful completion of the Designation process outlined in NAC 450B.817 - 450B.828, including ACS-COT Verification, the Nevada Division of ~~Public and Behavioral Health~~ will issue written notification of Designation at the Level verified by the ACS-COT.
- VI. The Trauma Center will submit a copy of the Division’s Designation to OEMSTS within thirty (30) days of receipt.

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

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

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

i. An agreement by the proposed 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. The roles and responsibilities of an authorized and designated Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma; and The hospital's willingness to comply with the graduated process defined in these Regulations and in the "District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma."

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

C. A certificate or letter from the Administrator of the Division as a proposed hospital for a Level III Trauma Center or Pediatric Trauma Center

II. Upon receipt and review of the application for Provisional Authorization as a Level III Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma, the OEMSTS staff will ~~make a recommendation~~ present to the Board to approve or deny the application for Authorization based on the criteria outlined in the "District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma."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.

i. A review of the Administrator's needs assessment where

available and any additional needs criteria requested by the Board.

- E. A statement by OEMSTS to the Board to approve or deny the application for Provisional Authorization based on the criteria outlined in 300.000 and 300.100.
- III. The Board's approval of an application for Provisional Authorization for an initial Designation as a Trauma Center will be determined by a demonstration of need based on the provided information in this section and 300.000.
- IV. OEMSTS shall give written notice of the Board's decision within five (5) business days and provide the letter to the Division. Upon receipt of Provisional Authorization, the applicant may be Designated by apply to the Nevada Division of Public and Behavioral Health for Designation. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.
- V. ~~Upon successful completion of the Nevada Division's of Public and Behavioral Health Designation process as outlined in NAC 450B.817 - 450B.828, including Verification by the ACS-COT; the Nevada Division of Public and Behavioral Health will issue written notification of Designation as a Level III Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma at the level verified by the ACS.~~
- VI. The Trauma Center will submit a copy of the Division's Designation to OEMSTS within thirty (30) days of receipt.

**300.200 PROCESS FOR ACCEPTING APPLICATIONS FOR RENEWAL OF AUTHORIZATION WITHOUT A CHANGE OF LEVEL**

- I. Any hospital with a Designated Trauma Center that desires renewal of Designation as a ~~Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma~~ in Clark County without a change of Level shall first request Provisional Authorization for renewal of Authorization from the Board six (6) months or more 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 renewal of their Designation by the Nevada Division of Public and Behavioral Health as a ~~Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma~~ the following steps must be taken:

- A. Completion of an application 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 of Designation as a Trauma Center and/or Pediatric Trauma Center without a change of Level, which includes:
  - i. 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

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

- II. Upon receipt and review of the application for renewal of Provisional Authorization as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma, the OEMSTS staff 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, 300.500, and 300.600.
- III. OEMSTS shall give written notice of the Board’s decision within five (5) business days and provide the letter to the Division. Upon receipt of renewal of Provisional Authorization, the applicant may apply to the Nevada Division of Public and Behavioral Health for renewal of their Designation. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.
- IV. Upon successful completion of the Nevada Division’s of Public and Behavioral Health renewal of Designation 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 for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma at the level verified by the ACS-COT.
- V. The Trauma Center will submit a copy of the Division’s Designation to OEMSTS within thirty (30) days of receipt.

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

- I. Any Designated Trauma Center or Pediatric Trauma Center that desires a graduated change in Level shall first request Provisional Authorization from the Board before its Designation expires with the following conditions when applicable:
  - A. At six (6) months or more before its Designation expires, a Level III Trauma Center may apply for Provisional Authorization as a Level II Trauma Center.
  - B. At six (6) months or more before its Designation expires, a Level II Trauma Center may apply for Provisional Authorization as a Level I Trauma Center.
  - C. At six (6) months or more before its Designation expires, a Level II Pediatric Center may apply for Provisional Authorization as a Level I Pediatric Trauma Center.
- II. In order for the Board to consider issuing a letter of Provisional Authorization to a Designated Trauma Center requesting a change in Level, the following steps must be taken:

- A. Completion of an application through OEMSTS for Provisional Authorization for a Trauma Center with a change of Level, which includes:
    - i. 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.
  - B. Payment of appropriate fees as prescribed by the Board.
- III. Upon receipt and review of the application for Provisional Authorization from a Designated Trauma Center with a change of Level, the OEMSTS staff will present to the Board the following:
  - A. An Impact Report prepared by OEMSTS as defined in the Trauma System Plan that includes a review of current ACS-COT Level criteria.
  - 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, which is based on the system's volume, acuity, and geographic distribution of Trauma Patients requiring trauma care; and the location, depth, and utilization of trauma resources in the system.
  - D. 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.
- IV. The Board's approval of an application for Provisional Authorization for a Designated Trauma Center with a change in Level will be determined by a demonstration of needs based on the provided information in this section.
- V. OEMSTS shall give written notice of the Board's decision within five (5) business days and provide the letter to the Division. Upon receipt of Provisional Authorization, the applicant may apply to the Division for Designation. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.
- VI. Upon successful completion, the Division will issue written notification of Designation as a Trauma Center or Pediatric Trauma Center to the Level verified by the ACS-COT.
- VII. The Trauma Center will send a copy of the written notification to OEMSTS within thirty (30) days of receipt.

**300.400 PROCESS FOR ACCEPTING APPLICATIONS FOR FEDERALLY EXEMPT HOSPITALS**

- I. 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. For the Board to consider the inclusion of a federally exempt hospital to operate as a Trauma Center or Pediatric Trauma Center within the Southern Nevada Trauma System Plan and outside of federal jurisdiction, the following steps must be taken:
  - A. Completion of an application through the OEMSTS for the intent to participate as an ACS-COT verified Trauma Center or Pediatric Trauma Center within the Southern Nevada Trauma System, which includes:
    - i. Verification or planned Verification of Level and optimal performance by the ACS-COT.
    - ii. Recognition from the Administrator of the Division according to state statutes and processes.
    - iii. 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.
- II. Upon receipt and review of the application, the OEMSTS will present to 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 statement by the OEMSTS to the Board to approve or deny the application and participation based on the criteria outlined in this section.
- III. OEMSTS shall give written notice of the Board's decision within five (5) business days and provide the letter to the Division. Upon receipt of Provisional Authorization, OEMSTS will begin the process of including the federally exempt hospital in the Southern Nevada Trauma System and EMS delivery of trauma patients. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.

**300.500 DURATION OF AUTHORIZATION**

- I. In accordance with the Nevada Division's of Public and Behavioral Health Designation requirements outlined in NAC 450B.826 the following conditions apply:
  - A. Authorization as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma shall be valid for the period of Designation by the Nevada Division of Public and Behavioral Health, but not more than three (3) years, except as otherwise provided in Section ~~300.300~~300.500.
  - B. Renewal of Authorization as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma shall be valid for the period of Designation by the Nevada Division of Public and Behavioral Health, but not more than three (3) years, except as otherwise provided in Section ~~300.300~~300.500.
- II. In conjunction with the Nevada Division of Public and Behavioral Health, if the OEMSTS finds extenuating circumstances exist while an application for renewal of Provisional 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 by OEMSTS to the Administrator that the current Designation may be extended a provisional Authorization be issued. The provisional Authorizationextension shall be valid for the period of provisional Designation issued by the Nevada Division of Public and Behavioral Health, but not more than one (1) year. The Board may impose such conditions on the issuance of the extension's 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.



**300.600 DENIAL OF APPLICATION FOR AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION BY THE BOARD**

I. In conjunction with the Nevada Division of Public and Behavioral Health conditions outlined in NAC 450B.830, NAC 450B.834, and NAC 450B.836:

A. The Board may deny ~~an initial or renewal application for~~ Provisional Authorization or may suspend or revoke an existing Authorization of a Trauma Center ~~for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma~~ for, but not limited to the following reasons:

- i. Failure to comply with the requirements of these Regulations or the applicable regulations adopted by the State Board of Health;
- ii. 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 ~~for the Treatment of Trauma~~ or Level I or II Pediatric Trauma Center ~~for the Treatment of Trauma~~ as published in the current “*Resources for Optimal Care of the Injured Patient*.”
- iii. Conduct or practice found to be detrimental to the health and safety of Patients;
- iv. Willful preparation or filing of false reports or records; ~~or~~
- v. Fraud or deceit in obtaining or attempting to obtain Authorization or renewal of Authorization.

II. When practical, the OEMSTS shall give written notice of the Board’s decision within five (5) business days; however, advance notice is not required to be given by the OEMSTS if the Board, in conjunction with the Nevada Division of Public and Behavioral Health, determines that the protection of the health of the public requires immediate action. If the Board so determines, the OEMSTS may order a summary suspension of the Authorization pending proceedings for revocation or other action.

III. If a Trauma Center ~~for the Treatment of Trauma~~ or Pediatric Trauma Center ~~for the Treatment of Trauma~~ wishes to contest the actions of the Board taken pursuant to this section it must follow the appeal process outlined in Section ~~300.700~~ 300.800.



**300.700 WITHDRAWAL OF EXISTING AUTHORIZATION BY THE TRAUMA CENTER OR PEDIATRIC TRAUMA CENTER**

- I. In conjunction with the Nevada Division of Public and Behavioral Health conditions outlined in NAC 450B.830, if a hospital chooses not to continue to be ~~authorized~~ Designated as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma or to change their ~~Authorization~~ Desingation 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 the authorized level.

**300.800 APPEAL PROCESS FOR DENIAL OF APPLICATION FOR INITIAL OR RENEWAL AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION**

- I. The decisions of the Board of ~~Health~~ are considered final. Any appeal of the Board's ~~of Health's~~ denial of an application for initial or renewal of Provisional Authorization as a Trauma Center for the Treatment of Trauma or Pediatric Trauma Center for the Treatment of Trauma, or suspension or revocation of an existing Provisional Authorization as a ~~Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma~~, can be made to the district court on a petition for judicial review in accordance with NRS 233B.130.

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

**400.000 REGIONAL TRAUMA ADVISORY BOARD**

- I. The primary mission of the Southern Nevada Health District Regional Trauma Advisory Board (RTAB) is to support the Health Officer's role to ensure a high quality system of Patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, evaluation, and revision of the system from initial Patient access to definitive Patient care.
- II. The RTAB shall consist of members appointed by the District 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 District Health Officer, organizations and associations that have an interest in the care of ~~the victims of~~ Trauma Patients 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. The Southern Nevada Health District Office of Emergency Medical Services and Trauma System (OEMSTS) Manager and/or their designee shall serve as an ex-officio member of the RTAB and the OEMSTS Medical Director, the OEMSTS Supervisor, and the Regional Trauma Coordinator. An ex-officio member is not counted in determining a quorum and shall not have the power to make motions and cannot vote.~~

III. Further administrative by-laws are established and maintained by the RTAB and managed by the OEMSTS.

~~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.~~

~~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.~~

~~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.~~

~~Members of the RTAB may establish subcommittees to study specific matters falling within the area of responsibility of the RTAB.~~

~~The RTAB shall:~~

~~Review and advise the Health Officer regarding the management and performance of trauma services in this county;~~

~~Advise the Health Officer on matters of policy relating to trauma care;~~

~~Advise the Board and the Health Officer with respect to the preparation and adoption of regulations regarding trauma care;~~

~~Evaluate the effectiveness of the trauma system based on statistical analysis of EMS/trauma data collected; and~~

~~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.~~

~~The RTAB shall meet on a quarterly basis unless the chairman determines that more or less frequent meetings are necessary.~~

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

~~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).~~

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

DRAFT

**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 Southern Nevada 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 District 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. 3. \_\_\_\_\_ 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 District Health Officer, and may include:
    - 1. County medical examiner or designee

2. Neurosurgeon recommended by the Health Officer
3. Anesthesiologist recommended by the Health Officer
4. Orthopedic surgeon recommended by the Health Officer
5. Emergency Physician not affiliated with a trauma center, recommended by the Health Officer
6. Permitted emergency medical services agency medical director/quality improvement coordinator recommended by the Health Officer.

C. The Southern Nevada Health District Office of Emergency Medical Services and Trauma System (OEMSTS) Manager and/or their designee shall serve as an ex-officio member of the TMAC and the OEMSTS Medical Director, the OEMSTS Supervisor, and the Regional Trauma Coordinator. An ex-officio member is not counted in determining a quorum and shall not have the power to make motions and cannot vote.

IV. Further administrative by-laws are contained in the Southern Nevada Trauma System Plan, managed by the OEMSTS, and approved by the Southern Nevada District Board of Health or their designee.

~~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.~~

~~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.~~

~~The TMAC shall meet on a quarterly basis unless the chairman determines that more or less frequent meetings are necessary.~~

~~Members of the TMAC shall serve without pay.~~

~~Attendance~~

~~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.~~

~~Resignations from the TMAC shall be submitted, in writing, to the OEMSTS.~~

~~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.~~

~~Invitees not participating in the peer review of specified cases must be approved~~

by the OEMSTS and all trauma medical directors.

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.

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.

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.

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

ATTACHMENT D

# **Southern Nevada Trauma System Regulations**

**Adopted August 25, 2022**



**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.

## Table of Contents

<b>SECTION 100</b> .....	<b>4</b>
<b>DEFINITIONS</b> .....	<b>4</b>
<b>SECTION 200</b> .....	<b>9</b>
<b>TRAUMA SYSTEM ADMINISTRATION</b> .....	<b>9</b>
OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM RESPONSIBILITIES .....	9
OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM EVALUATION .....	10
TRAUMA PATIENT TRANSPORT .....	11
TRAUMA PATIENT REFUSING TRANSPORT .....	11
TRAUMA PATIENT TRANSFER .....	12
<b>SECTION 300</b> .....	<b>13</b>
<b>PROCESSES FOR TRAUMA CENTER PROVISIONAL AUTHORIZATION</b> .....	<b>13</b>
PROCESS FOR ACCEPTING APPLICATIONS FOR PROVISIONAL AUTHORIZATION FOR INTIAL DESIGNATION .....	14
PROCESS FOR ACCEPTING APPLICATIONS FOR RENEWAL OF AUTHORIZATION WITHOUT A CHANGE OF LEVEL .....	15
PROCESS FOR ACCEPTING APPLICATIONS FOR PROVISIONAL AUTHORIZATION AS A TRAUMA CENTER OR PEDIATRIC TRAUMA CENTER WITH A CHANGE OF LEVEL .....	16
PROCESS FOR ACCEPTING APPLICATIONS FOR FEDERALLY EXEMPT HOSPITALS .....	18
DURATION OF AUTHORIZATION .....	19
DENIAL OF APPLICATION FOR AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION BY THE BOARD .....	20
WITHDRAWAL OF EXISTING AUTHORIZATION BY THE TRAUMA CENTER OR PEDIATRIC TRAUMA CENTER .....	21
APPEAL PROCESS FOR DENIAL OF APPLICATION FOR INITIAL OR RENEWAL AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION .....	21
<b>SECTION 400</b> .....	<b>22</b>
<b>REGIONAL TRAUMA ADVISORY BOARD</b> .....	<b>22</b>
<b>SECTION 500</b> .....	<b>24</b>
<b>TRAUMA MEDICAL AUDIT COMMITTEE</b> .....	<b>24</b>

## **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 100.390 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 “ADMINISTRATOR”** means the officers and authorized agents of the Nevada Division of Public and Behavioral Health or the Department of Human and Health Services.

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

**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.

**100.050 “BOARD”** means the Southern Nevada District Board of Health.

**100.060 “CATCHMENT AREA”** means the geographical area described by the Office of Emergency Medical Service & Trauma System when more than one Designated Trauma Center or Pediatric Trauma Center is established in close proximity in its plan for providing treatment for trauma as the area served by those Trauma Centers.

**100.070 “CENTER FOR THE TREATMENT OF TRAUMA” or “Trauma Center”** means a general hospital licensed in this State that can care for Trauma Patients of all ages and both genders and which has been designated as a Level I, II or III center by the Administrator of the Nevada Division of Public and Behavioral Health, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive; in accordance with the American College of Surgeons trauma center classification scheme.

- 100.080** **“DIVISION OF PUBLIC AND BEHAVIORAL HEALTH” or “DIVISION”** means the Division of the Department of Human and Health Services of Nevada.
- 100.090** **"DESIGNATION"** means the process by which the Nevada Division of 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 Trauma Center or Pediatric Trauma Center, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive.
- 100.100** **“DISTRICT PROCEDURE”** means Southern Nevada Health District Standard Operating Procedure.
- 100.110** **"HEALTH AUTHORITY"** shall have the meaning ascribed to it in NRS 450B.077 that states, “Health Authority means:
1. In a county whose population is less than 700,000, the Division.
  2. In a county whose population is 700,000 or more, the district board of health.”
- 100.120** **"HEALTH DISTRICT" or “DISTRICT”** means the Southern Nevada Health District, its officers and authorized agents.
- 100.130** **"HEALTH DISTRICT OFFICE OF EMSTS" or “OEMSTS”** means the staff of the Health District charged with the responsibility of administering and regulating the Emergency Medical Services & Trauma System in Clark County.
- 100.140** **"HEALTH OFFICER"** means the District Health Officer of the Southern Nevada Health District or the District Health Officer's designee.
- 100.150** **“IMPACT REPORT”** means a report generated by OEMSTS that defines the impact of a proposed Trauma Center on existing Trauma Centers.
- 100.160** **“INJURY SEVERITY SCORE” or “ISS”** means an anatomical scoring system that provides an overall score for Trauma 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 capable of matching the right Patient, to the right resource, in the right amount of time to optimize their outcome.
- 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.

- 100.190 "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.
- 100.200 "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 2<sup>nd</sup> or 3<sup>rd</sup> party caller as requiring evaluation for potential illness or injury.
- 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.
- 100.220 "TRAUMA PATIENT"** means a person who has sustained injury and meets the Triage Criteria used to evaluate the condition of the Patient.
- 100.230 "PEDIATRIC CENTER FOR THE TREATMENT OF TRAUMA" or "PEDIATRIC TRAUMA CENTER"** means a general hospital licensed in this State that can provide comprehensive surgical, medical, and nursing care for Patients who are less than 15 years of age and which has been designated as a Level I or II Pediatric Trauma Center by the Administrator of the Nevada Division of Public and Behavioral Health, pursuant to the provisions of NAC 450B.780 to 450B.875, inclusive; in accordance with the American College of Surgeons Trauma Center classification scheme.
- 100.240 "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.
- 100.250 "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.
- 100.260 "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 confirms a general hospital licensed in this State has met the requirements pursuant to 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 Trauma Center or Pediatric Trauma Center.

- 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 organized by the District Health Officer to support the officer's role to ensure a high-quality system of care for a Trauma Patient based on the Southern Nevada Trauma System Plan.
- 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 Trauma Center or Pediatric Trauma Center, 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 Board 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.
- 100.330 "SYSTEM FOR PROVIDING TREATMENT FOR TRAUMA"** means a formally organized arrangement of resources providing health care which is described in writing by a Trauma Center or Pediatric Trauma Center and approved by the Board and the Nevada Division of Public and Behavioral Health whereby a Trauma Patient is treated at a Designated Trauma Center or Pediatric Trauma Center.
- 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.
- 100.350 "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 a multidisciplinary medical peer review committee of the Board that reviews, monitors, and evaluates trauma system performance and makes recommendations for improvements.
- 100.370 "TRAUMA SYSTEM PERFORMANCE IMPROVEMENT PLAN"** means the written plan adopted by the Board to protect and promote the health and well-being of the County's residents and visitors through regulatory oversight of the EMS and Trauma System facilitated by the Trauma Medical Audit Committee.

**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.

**100.390 "VERIFICATION"** means the process by which the American College of Surgeons confirms that a hospital licensed in this State is capable of performing as a Trauma Center or Pediatric Trauma Center and meets the criteria contained in the current "*Resources for Optimal Care of the Injured Patient.*" Verification by the American College of Surgeons is an integral part of the State's Designation process as outlined in NAC 450B.820.

**SECTION 200**  
**TRAUMA SYSTEM ADMINISTRATION**

**200.000 OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM RESPONSIBILITIES**

- I. 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:
  - A. Coordinate with Trauma Centers and Pediatric Trauma Centers, and public and private agencies in the development and implementation of programs dedicated to injury prevention and public education.
  - B. Establish, review, and adjust Catchment Areas for Trauma 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 Patients requiring Transfer to a higher level of care.
  - C. Coordinate with permitted emergency medical service agencies to ensure appropriate Transport and Transfer of Patients within the trauma system.
  - D. Coordinate with hospitals and rehabilitation services to facilitate appropriate access to and utilization of resources to provide a full spectrum of trauma care to injured Patients.
  - E. Develop, manage, and implement the Southern Nevada Regional Trauma Plan and the Trauma System Improvement Plan for trauma treatment, revising every (5) calendar years.
  - F. Perform an annual report of the Southern Nevada Trauma System, using a minimum of the previous (5) calendar years of available data.
  - G. Produce an Impact Report for the Board and RTAB for a Trauma Center or Pediatric Center when needed.
  - H. Serve as a central repository for trauma data collection, organization, analysis, and reporting.
  - I. Establish criteria which are consistent with state and national standards to determine the optimal number and level of Trauma Centers or Pediatric Trauma Centers to be authorized based upon the availability of resources and the ability to distribute Patients to ensure timely access to definitive care.
  - J. Develop, implement, and maintain a procedure consistent with state standards for accepting and processing an application, including applicable fees, for the Board for Provisional Authorization:
    - i. From a hospital proposed by the Administrator of the Division requesting Provisional Authorization as a Level III Trauma Center.



- ii. From a Trauma Center requesting Renewal.
  - iii. From a Trauma Center requesting a change in Level.
  - iv. From a federally exempt hospital seeking to participate or renewal of participation as a Trauma Center within the existing system.
- K. 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**

- I. The OEMSTS shall develop, implement, and maintain a standardized system for providing treatment of trauma and a Trauma Performance Improvement Plan to provide continuous assessment of the structure, functions and outcomes of the system. The plan shall include, the following components:
- A. An audit process, where permissible, whereby periodic reviews of each Trauma Center or Pediatric Trauma Center 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.
  - B. Participation in the initial and renewal Verification 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 every three (3) years.
  - C. Adoption, implementation, and maintenance of the System's plans to collect and manage data from permitted emergency medical service agencies, Trauma Centers or Pediatric Trauma Centers, hospitals, and other healthcare organizations, as appropriate. The conditions shall be as follows:
    - i. 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.
    - ii. All Trauma Centers or Pediatric Trauma Centers that receive trauma Patients shall provide data when requested.
    - iii. The OEMSTS will provide an annual report on the performance of the trauma system, using a data set of the previous 5-years, when available.
  - D. Management of the Regional Trauma Advisory Board to review, evaluate, and monitor the Trauma System to make recommendations for system function and improvement.
  - E. Management of the Trauma Medical Audit Committee, a multidisciplinary medical peer review committee, to review and evaluate trauma care in the system, monitor trends in system performance, and make recommendations for system improvements.

**200.200 TRAUMA PATIENT TRANSPORT**

- I. 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 Patient's physical condition meets the Triage Criteria requiring transport to the Trauma Center, the person providing emergency medical care shall evaluate the decision-making capacity of the Patient. If the person providing emergency medical care determines that the Patient is competent, the 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 to the Trauma Center or Pediatric Trauma Center, the person providing emergency medical care shall request the Patient (or the Trauma 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:
  - 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. Trauma Centers or Pediatric Trauma Centers shall establish written agreements with hospitals without a Designated Trauma Center, as defined by ACS-COT criteria, for consultation and to facilitate Transfer of Trauma Patients requiring a higher level of care.
- III. Hospitals without a Designated Trauma Center receiving Trauma Patients shall participate in the TMAC Trauma System Quality Improvement Plan activities for those Trauma Patients who have been treated at their facility and/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**  
**PROCESSES FOR TRAUMA CENTER PROVISIONAL AUTHORIZATION**

**300.000 PROCESS FOR PROVISIONAL AUTHORIZATION**

- I. Any proposed hospital that desires initial Designation as a Trauma Center or Pediatric Trauma Center in Clark County must initially apply only as a Level III Trauma Center and/or a Pediatric Trauma Center, and will request Provisional Authorization from the Board based on these conditions:
  - A. Before seeking Provisional Authorization from the Board, the proposed hospital will first meet the approved standards and considerations based on a demonstrated comprehensive assessment of need determined by the Administrator for additional trauma services in an area that is experiencing a shortage of trauma care.
  - B. After approval by the Administrator, the Board shall not approve a proposal to designate a hospital as a Trauma Center unless the hospital meets the standards of the Board's adopted trauma regulations and Trauma System plan to effectively provide trauma services; and the Board concludes the capacity of existing trauma centers will not be negatively impacted.

The Board shall determine the county's trauma system needs and capacity based on considerations of demographic evidence obtained through continuous evaluation of the system over the previous five (5) calendar years that assesses the volume, acuity, and geographic distribution of Trauma Patients requiring trauma care; and the location, depth, and utilization of trauma resources in the system.

The accepted standards for trauma Transport, treatment, and referral established by the Board shall be based on those recommended by the ACS-COT. All Level I, II and III Trauma Centers or Level I and II Pediatric Trauma Centers in Clark County must be verified by the ACS-COT at the appropriate level.

- II. If a hospital satisfies these standards, it may submit an application to OEMSTS as defined in 300.100 of these regulations for Provisional Authorization from the Board to operate as a Trauma Center or Pediatric Trauma Center. Upon review of the application, the Board may:
  - A. Grant Authorization as a Level III Trauma Center or Pediatric Trauma Center according to a graduated process.
  - B. Conclude that further demonstration of need is required and request any additional criteria other than criteria related to community support.
  - C. Deny the application as defined in 300.600 of these regulations.
- III. At the time for renewal of Authorization, a designated Level III Center for the Treatment of Trauma may apply for:
  - A. Renewal of Authorization as a Level III Trauma Center;
  - B. Provisional Authorization for a change in Level as defined in 300.300 of these regulations.

- IV. 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;
  - B. A Level II Pediatric Trauma Center from applying for Provisional Authorization as a Level I Pediatric Trauma Center, at any time.
- V. Upon successful completion of the Designation process outlined in NAC 450B.817 - 450B.828, including ACS-COT Verification, the Division will issue written notification of Designation at the Level verified by the ACS-COT.
- VI. The Trauma Center will submit a copy of the Division's Designation to OEMSTS within thirty (30) days of receipt.

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

- I. In order for the Board to consider issuing a letter of Provisional Authorization to a proposed hospital requesting approval from the Board to be considered for Designation by the Division as a Level III Trauma Center or Pediatric Trauma Center in Clark County, the following steps must be taken:
  - A. Completion of an application through OEMSTS for Provisional Authorization as a Level III Trauma Center or Pediatric Trauma Center which includes:
    - i. An agreement by the proposed 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.
  - B. Payment of appropriate fees as prescribed by the Board.
  - C. A certificate or letter from the Administrator of the Division as a proposed hospital for a Level III Trauma Center or Pediatric Trauma Center
- 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 present to the Board 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.
    - i. A review of the Administrator's needs assessment where available and any additional needs criteria requested by the Board.

- E. A statement by OEMSTS to the Board to approve or deny the application for Provisional Authorization based on the criteria outlined in 300.000 and 300.100.
- III. The Board's approval of an application for Provisional Authorization for an initial Designation as a Trauma Center will be determined by a demonstration of need based on the provided information in this section and 300.000.
- IV. OEMSTS shall give written notice of the Board's decision within five (5) business days and provide the letter to the Division. Upon receipt of Provisional Authorization, the applicant may be Designated by the Division. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.
- V. Upon successful completion of the Division's Designation process as outlined in NAC 450B.817 - 450B.828, including Verification by the ACS-COT; the Division will issue written notification of Designation as a Level III Trauma Center or Pediatric Trauma Center verified by the ACS.
- VI. The Trauma Center will submit a copy of the Division's Designation to OEMSTS within thirty (30) days of receipt.

**300.200 PROCESS FOR ACCEPTING APPLICATIONS FOR RENEWAL OF AUTHORIZATION WITHOUT A CHANGE OF LEVEL**

- I. Any hospital with a Designated Trauma Center that desires renewal of Designation in Clark County without a change of Level shall first request Provisional Authorization for renewal from the Board six (6) months or more before its Designation expires.  
In order for the Board to consider issuing a letter of Provisional Authorization to a Trauma Center requesting renewal of their Designation by the Division the following steps must be taken:
  - A. Completion of an application through OEMSTS for Provisional Authorization for renewal of Designation as a Trauma Center and/or Pediatric Trauma Center without a change of Level, which includes:
    - i. 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.
  - B. Payment of appropriate fees as prescribed by the Board.
- II. Upon receipt and review of the application for renewal of Provisional Authorization as a Trauma Center or Pediatric Trauma Center, the OEMSTS staff will make a recommendation to the Board in support of approval or denial of the application based on the criteria outlined in this section, 300.500, and 300.600.
- III. OEMSTS shall give written notice of the Board's decision within five (5) business days and provide the letter to the Division. Upon receipt of renewal of Provisional Authorization, the applicant may apply to the Division for renewal of their Designation. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.

- IV. Upon successful completion of the Division's renewal process as outlined in NAC 450B.8205, including renewal of Verification by the ACS-COT, the Division will issue written notification of Designation as a Trauma Center or Pediatric Trauma Center at the level verified by the ACS-COT.
- V. The Trauma Center will submit a copy of the Division's Designation to OEMSTS within thirty (30) days of receipt.

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

- I. Any Designated Trauma Center or Pediatric Trauma Center that desires a graduated change in Level shall first request Provisional Authorization from the Board before its Designation expires with the following conditions when applicable:
  - A. At six (6) months or more before its Designation expires, a Level III Trauma Center may apply for Provisional Authorization as a Level II Trauma Center.
  - B. At six (6) months or more before its Designation expires, a Level II Trauma Center may apply for Provisional Authorization as a Level I Trauma Center.
  - C. At six (6) months or more before its Designation expires, a Level II Pediatric Center may apply for Provisional Authorization as a Level I Pediatric Trauma Center.
- II. In order for the Board to consider issuing a letter of Provisional Authorization to a Designated Trauma Center requesting a change in Level, the following steps must be taken:
  - A. Completion of an application through OEMSTS for Provisional Authorization for a Trauma Center with a change of Level, which includes:
    - i. 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.
  - B. Payment of appropriate fees as prescribed by the Board.
- III. Upon receipt and review of the application for Provisional Authorization from a Designated Trauma Center with a change of Level, the OEMSTS staff will present to the Board the following:
  - A. An Impact Report prepared by OEMSTS as defined in the Trauma System Plan that includes a review of current ACS-COT Level criteria.
  - 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, which is based on the system's volume, acuity, and geographic distribution of Trauma Patients requiring trauma care; and the location, depth, and utilization of trauma resources in the system.
  - D. 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.
- IV. The Board's approval of an application for Provisional Authorization for a Designated Trauma Center with a change in Level will be determined by a demonstration of needs based on the provided information in this section.
  - V. OEMSTS shall give written notice of the Board's decision within five (5) business days and provide the letter to the Division. Upon receipt of Provisional Authorization, the applicant may apply to the Division for Designation. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.
  - VI. Upon successful completion, the Division will issue written notification of Designation as a Trauma Center or Pediatric Trauma Center to the Level verified by the ACS-COT.
  - VII. The Trauma Center will send a copy of the written notification to OEMSTS within thirty (30) days of receipt.



**300.400 PROCESS FOR ACCEPTING APPLICATIONS FOR FEDERALLY EXEMPT HOSPITALS**

- I. 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. For the Board to consider the inclusion of a federally exempt hospital to operate as a Trauma Center or Pediatric Trauma Center within the Southern Nevada Trauma System Plan and outside of federal jurisdiction, the following steps must be taken:
  - A. Completion of an application through the OEMSTS for the intent to participate as an ACS-COT verified Trauma Center or Pediatric Trauma Center within the Southern Nevada Trauma System, which includes:
    - i. Verification or planned Verification of Level and optimal performance by the ACS-COT.
    - ii. Recognition from the Administrator of the Division according to state statutes and processes.
    - iii. 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.
- II. Upon receipt and review of the application, the OEMSTS will present to 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 statement by the OEMSTS to the Board to approve or deny the application and participation based on the criteria outlined in this section.
- III. OEMSTS shall give written notice of the Board's decision within five (5) business days and provide the letter to the Division. Upon receipt of Provisional Authorization, OEMSTS will begin the process of including the federally exempt hospital in the Southern Nevada Trauma System and EMS delivery of trauma patients. Upon receipt of the denial of Provisional Authorization, the hospital is to follow 300.600 and 300.800.

**300.500 DURATION OF AUTHORIZATION**

- I. In accordance with the Division's Designation requirements outlined in NAC 450B.826 the following conditions apply:
  - A. 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 300.500.
  - B. 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 300.500.
- II. In conjunction with the Division, if the OEMSTS finds extenuating circumstances exist while an application for renewal of Provisional Authorization is pending and that withholding the renewal may have a detrimental impact on the health of the public, a recommendation may be made by OEMSTS to the Administrator that the current Designation may be extended. The extension shall be valid for the period issued by the Division. The Board may impose such conditions on the issuance of the extension's Provisional Authorization as it deems necessary.

**300.600 DENIAL OF APPLICATION FOR AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION BY THE BOARD**

- I. In conjunction with the Nevada Division of Public and Behavioral Health conditions outlined in NAC 450B.830, NAC 450B.834, and NAC 450B.836:
  - A. The Board may deny Provisional Authorization or may suspend or revoke an existing Authorization of a Trauma Center or Pediatric Trauma Center for the following reasons:
    - i. Failure to comply with the requirements of these Regulations or the applicable regulations adopted by the State Board of Health;
    - ii. Failure to receive Verification from the ACS-COT indicating that 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*,”
    - iii. Conduct or practice found to be detrimental to the health and safety of Patients;
    - iv. Willful preparation or filing of false reports or records;
    - v. Fraud or deceit in obtaining or attempting to obtain Authorization or renewal of Authorization.
- II. When practical, the OEMSTS shall give written notice of the Board’s decision within five (5) business days; however, advance notice is not required to be given by the OEMSTS if the Board, in conjunction with the 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 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.

**300.700 WITHDRAWAL OF EXISTING AUTHORIZATION BY THE TRAUMA CENTER OR PEDIATRIC TRAUMA CENTER**

- I. In conjunction with the Nevada Division of Public and Behavioral Health conditions outlined in NAC 450B.830, if a hospital chooses not to continue to be Designated as a Trauma Center or Pediatric Trauma Center or to change their Designation to a lower Level, 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 the authorized level.

**300.800 APPEAL PROCESS FOR DENIAL OF APPLICATION FOR INITIAL OR RENEWAL AUTHORIZATION OR SUSPENSION OR REVOCATION OF EXISTING AUTHORIZATION**

- I. The decisions of the Board are considered final. Any appeal of the Board's denial of an application for initial or renewal of Provisional Authorization as a Trauma Center or Pediatric Trauma Center, or suspension or revocation of an existing Provisional Authorization, can be made to the district court on a petition for judicial review in accordance with NRS 233B.130.

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

**400.000 REGIONAL TRAUMA ADVISORY BOARD**

- I. The primary mission of the Southern Nevada Health District Regional Trauma Advisory Board (RTAB) is to support the Health Officer's role to ensure a high quality system of Patient care for the victims of trauma within Clark County and the surrounding areas by making recommendations and assisting in the ongoing design, operation, evaluation, and revision of the system from initial Patient access to definitive Patient care.
  
- II. The RTAB shall consist of members appointed by the District 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 District Health Officer, organizations and associations that have an interest in the care of Trauma Patients 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. The Southern Nevada Health District Office of Emergency Medical Services and Trauma System (OEMSTS) Manager and/or their designee shall serve as an ex-officio member of the RTAB and the OEMSTS Medical Director, the OEMSTS Supervisor, and the Regional Trauma Coordinator. An ex-officio member is not counted in determining a quorum and shall not have the power to make motions and cannot vote.
- III. Further administrative by-laws are established and maintained by the RTAB and managed by the OEMSTS.

**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 Southern Nevada 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;
  - E. Participation in research projects.
- III. The TMAC shall consist of the following members:
  - A. The Standing TMAC members shall be appointed by the District Health Officer. They include:
    - 1. Trauma medical director from each designated trauma center
    - 2. Trauma program manager from each designated trauma center
    - 3.
  - B. Ad hoc members that may participate include other relevant individuals or subject matter experts, as determined by the chairman and District Health Officer, and may include:
    - 1. County medical examiner or designee
    - 2. Neurosurgeon recommended by the Health Officer
    - 3. Anesthesiologist recommended by the Health Officer
    - 4. Orthopedic surgeon recommended by the Health Officer
    - 5. Emergency Physician not affiliated with a trauma center, recommended by the Health Officer
    - 6. Permitted emergency medical services agency medical director/quality improvement coordinator recommended by the Health Officer.

- C. The Southern Nevada Health District Office of Emergency Medical Services and Trauma System (OEMSTS) Manager and/or their designee shall serve as an ex-officio member of the TMAC and the OEMSTS Medical Director, the OEMSTS Supervisor, and the Regional Trauma Coordinator. An ex-officio member is not counted in determining a quorum and shall not have the power to make motions and cannot vote.
- IV. Further administrative by-laws are contained in the Southern Nevada Trauma System Plan, managed by the OEMSTS, and approved by the Southern Nevada District Board of Health or their designee.