

MOUNTAINVIEW



LEVEL III TRAUMA CENTER APPLICATION





APPLICATION FOR INITIAL AUTHORIZATION AS A
CENTER FOR THE TREATMENT OF TRAUMA

Name of Institution: MountainView Hospital

Street Address: 3100 North Tenaya Way

City: Las Vegas State: Nevada Zip Code: 89128

Telephone: 702.255.5000 FAX: 702.255.5074 E-Mail: Jeremy.Bradshaw@hcahealthcare.com

Owner of Facility: HCA Healthcare

Street Address: One Park Plaza

City: Nashville State: Tennessee Zip Code: 37203

Telephone: 951.206.3198 FAX: 702.938.9722 E-Mail: Georgi.Collins@hcahealthcare.com

Hospital Administrator/Director: Jeremy Bradshaw, Chief Executive Officer

Contact Person for Application Processing: Jeremy Bradshaw, Chief Executive Officer

Telephone: 702.255.5065 FAX: 702.255.5074 E-Mail: Jeremy.Bradshaw@hcahealthcare.com

Level of Center for the Treatment of Trauma being sought:

- Level I
- Level II
- Level III
- Pediatric Level I
- Pediatric Level II

Population to be served and the extent to which the population is currently underserved:

See attached

Proposed geographic area to be served, including consideration of distance from existing trauma centers already serving the geographic area and the potential impact on the trauma system:

See attached

Briefly describe the hospital's capacity to provide trauma services in the community:

See attached

Briefly describe the hospital's capabilities to provide trauma services in the community:

See attached

Briefly describe the hospital's longitudinal commitment (expected to be greater than five years) to provide trauma services in the community:

See attached

Additional information the applicant would like to provide in support of their request:

See attached

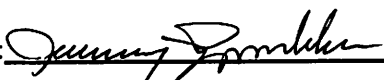
The following are conditions of authorization as a center for the treatment of trauma in Clark County. By signing the application, the administrators of the hospital and the medical director of the center for the treatment of trauma acknowledge these conditions and agree to:

1. Comply with the requirements of the graduated process for authorization and designation as a center for the treatment of trauma as defined in the Clark County Trauma System Regulations Section 300.000, subsections IV-VI;
2. Submit trauma data to SNHD and the State Trauma Registry;
3. Actively participate in the Regional Trauma Advisory Board and Trauma System Performance Improvement activities;
4. Provide standard financial information to assist in the assessment of the financial stability of the trauma system; and
5. Comply with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.

I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.

I authorize the release of such information as may pertain to the purpose of this application.

I understand that any misstatements or omissions of material facts may cause forfeiture of the right to authorization as a center for the treatment of trauma.

Signature of Hospital Administrator or Owner:  Date: 11/27/18

Printed Name of Hospital Administrator or Owner: Jeremy Bradshaw

Title of Person signing the Application: Chief Executive Officer

Population to be served and the extent to which the population is currently underserved:

Across Clark County, the population has doubled in the past 25 years to more than 2.2 million residents. Also, more than 1 million people now live outside of the city limits of the major Clark County cities (e.g., Spring Valley, Enterprise, Sunrise Manor, Summerlin South, Etc.). Las Vegas received over 42 million visitors last year. The last time Las Vegas added a trauma center was 2004, when two centers were approved. Since then, the area’s population has grown from 1.6 million to 2.2 million residents (37 percent growth).

Northwestern Clark County Population			
Zip Code	2000	2010	2016
89031	34,707	60,589	67,541
89032	27,196	40,297	44,597
89084		21,837	24,935
89085		3,367	4,431
89108	66,558	70,123	76,257
89128	40,538	35,669	37,642
89129	32,441	51,252	55,955
89130	24,598	33,015	35,988
89131	10,968	43,072	46,790
89134	25,116	24,040	25,412
89138		12,118	14,964
89143	2,408	12,786	12,961
89144	11,772	18,714	19,128
89145	19,337	23,186	25,554
89149	11,312	31,143	35,623
89166		13,209	18,038
Total	306,951	494,417	545,816
Growth Rate (2000-2016)	77.8%		
Annual Growth Rate	4.9%		

Source: US Census Bureau, City-Data

According to U.S. Census Bureau data, the population of Northwest Clark County has grown from 307,000 in 2000 to 546,000 in 2016 – an increase of 78 percent in 16 years. At this pace (4.9 percent annually), the population will pass 600,000 by 2025. This growth and visitor volume are placing considerable strain on the region’s infrastructure as well as a corresponding increase in traffic congestion and challenges reaching the downtown area, where the closest trauma centers are located. The negative impact for trauma patients is longer transport times before definitive trauma care, ambulances not able to get back in service quickly, and patients recovering outside of their communities.

Population trends in Clark County also reveal a rapid growth rate in senior citizens. During the same time period, from 2000 to 2016, the population of residents aged 65 and older increased 106 percent. As a result of falls, severe injuries have been found to occur twice as frequently for seniors compared to younger age groups.¹ Injuries because of unintentional falls already account for the greatest share of trauma cases (46 percent) in Nevada.²

Clark County and Regional Population Trends			
	2000	2010	2016
Total Clark County	1,375,765	1,951,269	2,156,724
Total Northwestern Clark County	306,951	494,417	545,816
Clark County Population age 65+ years	146,899	222,425	303,349

Source: US Census Bureau, City-Data; US Census, American Factfinder

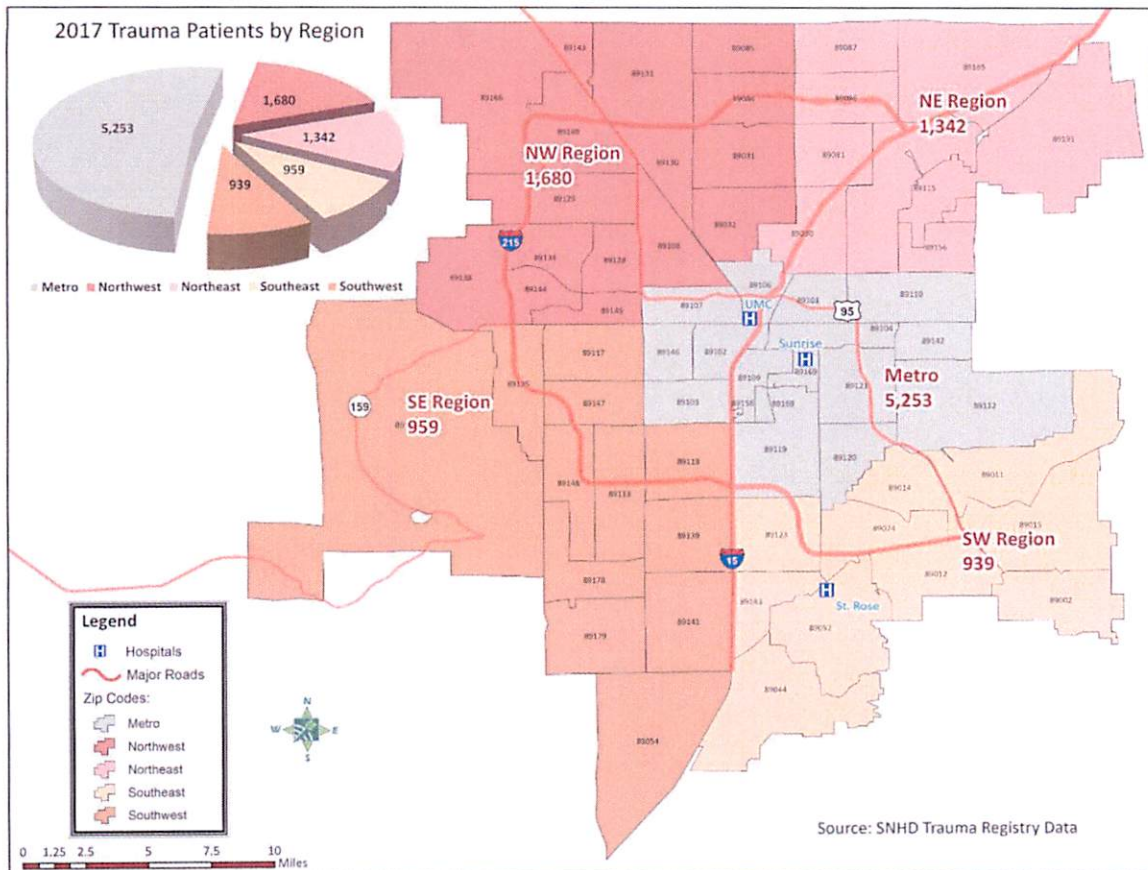
The American College of Emergency Physicians ranked Nevada last among all states in its ability to provide access to emergency care in 2014. Las Vegas also has one of the nation's highest motor vehicle fatality rates. More patients receiving high quality care by doctors and nurses trained and experienced in treating trauma injuries means more lives saved.

¹ Agency for Healthcare Research and Quality, “Causes of Injuries Treated in the Emergency Department, 2010,” <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb156.pdf>

² 2017 NV Annual Trauma Report

Southern Nevada Health District Trauma Application

The population in Northwest Clark County is the most underserved community for trauma care due to the population growth and corresponding increase in trauma cases. More people cause more traffic resulting in longer ambulance transport times – compounding the impact of the injury. There are more trauma cases in this region than the Southeast which has a designated Level III trauma center.



The Northwest community of Las Vegas and Clark County saw 1,680 citizens and visitors injured to the level meeting Trauma Field Triage Criteria (TFTC). Of the patients injured in the Northwest region, 1,530 (91%) were minor/moderate injuries (i.e., TFTC Step 3/4) and eligible to be seen at a Level III trauma center. The remaining 150 (9%) suffered major injuries (i.e., TFTC Step 1/2) and should be transported the further distance to a Level I or II trauma center.

2017 Trauma Patients										
Injury Type	Metro		Northwest		Northeast		Southeast		Southwest	
1: Physiological	248	4.7%	62	3.7%	44	3.3%	16	1.7%	43	4.6%
2: Anatomical	441	8.4%	88	5.2%	93	6.9%	47	4.9%	48	5.1%
3: Mechanism	2,016	38.4%	691	41.1%	494	36.8%	563	58.7%	515	54.8%
4: Considerations	2,548	48.5%	839	49.9%	711	53.0%	333	34.7%	333	35.5%
Grand Total	5,253	100.0%	1,680	100.0%	1,342	100.0%	959	100.0%	939	100.0%

Source: SNHD 2017 Trauma Registry Data

Southern Nevada Health District Trauma Application

The 1,530 patients with minor/moderate injuries include both adults and children. During 2017, roughly 90 percent of trauma patients were adults. This further reduces the number of adult, Level III appropriate trauma patients to 1,375.³

The American College of Surgeons (ACS) recommends between one and two high-level (i.e., Level I/II) trauma centers per million people. A comparison of other metropolitan areas shows that Las Vegas is below many other

2017 Trauma Patients in Northwest Las Vegas	
Trauma Type	Patients
All Trauma	1,680
Less: Step 1/2	-150
Less: Pediatrics	-155
Total	1,375

Source: SNHD Trauma Registry Data

Vegas is below many other communities. Las Vegas has less than the ACS recommended minimum. This disparity will only become worse based on 2025 population projections.

Regional Trauma Centers per 1M Population					
City/Area	Adult Level I/II TCs	Population, 2017	TCs per 1M People	Projected Population, 2025	TCs per 1M People
Dallas	7	1,341,075	5.2	2,844,629	2.5
Fort Worth	3	874,168	3.4	2,657,413	1.1
Austin	3	950,715	3.2	2,563,081	1.2
Houston	5	2,312,717	2.2	2,306,402	2.2
St. Louis	6	2,807,338	2.1	2,844,629	2.1
Sacramento	4	2,324,884	1.7	2,563,081	1.6
Pittsburgh	4	2,333,367	1.7	2,306,401	1.7
Baltimore	4	2,808,175	1.4	2,657,413	1.5
San Antonio	2	1,511,946	1.3	2,340,000	0.9
Orlando	3	2,509,831	1.2	2,879,177	1.0
Las Vegas	2	2,204,079	0.9	2,462,074	0.8
Portland	2	2,453,168	0.8	2,711,467	0.7
Charlotte	1	2,525,305	0.4	2,957,341	0.3

Source: www.FACS.org; US Census Bureau/Fact Finder; American City Business Journal

The number of injured meeting TFTC seen at MountainView, Centennial Hills, and Summerlin further supports the need of a new trauma center. The State tracks trauma patients being treated at all hospitals, not just trauma centers. Last year, 1,084 trauma patients were seen by these Northwest hospitals. There is

a reason why these patients are not going to a downtown trauma center.

Based on MountainView's Trauma Registry, 53 percent of its trauma arrives by ambulance. It could be because the paramedics are choosing to avoid traffic, have confidence in the local hospital, or want to keep the patients near their

Trauma Patients at Northwest Las Vegas Hospitals					
Hospital	2015	2016	2017	Total	
MountainView	363	269	503	1,135	52.3%
Summerlin	183	182	258	623	28.7%
Centennial Hills	67	24	323	414	19.1%
Total	613	475	1,084	2,172	100.0%

Source: NV Annual Trauma Reports

homes. When choosing to remain in the Northwest community, ambulance crews and patients are more likely (52 percent) to choose MountainView than either of the other two options (1,135/2,172). Based on the Nevada Trauma Registry, MountainView receives the greatest number of trauma patients among all non-trauma centers and treats more trauma patients than the region's current Level III trauma center, located in Southeast of Las Vegas.⁴

³ SNHD 2017 Annual Trauma Transport Report

⁴ 2017 NV Annual Trauma Report, Public Health Preparedness Program, Division of Public and Behavioral Health, Department of Health and Human Services, available at <http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Programs/EBV/2017%20Annual%20Trauma%20Registry%20Report%20-%20Color%201.0%20final.pdf>.

Southern Nevada Health District Trauma Application

During 2017 in Clark County, there were 11,060 TFTC trauma transports, which was an increase of 63 percent from the previous year. Reviewing January through June 2018 trauma data, Clark County reported 5,581 trauma patients, which projects to 11,162 cases for the year – slightly higher than last year.

SNHD Trauma Patients							
Year	2012	2013	2014	2015	2016	2017	2018
UMC	3,957	4,541	4,724	4,687	4,836	8,832	8360
Sunrise	791	824	882	1,001	1,322	1,545	2094
St. Rose	474	482	369	421	612	683	708
Total	5,222	5,847	5,975	6,109	6,770	11,060	11,162
Annual Growth		12.0%	2.2%	2.2%	10.8%	63.4%	0.9%

Source: SNHD Trauma Registry Data, 2018 projected from Jan-Jun data

The number of trauma transfers within the Southern Nevada Health District (SNHD) trauma system has increased by 325 percent. This significant number of trauma patients needing transfer implies that they are transported to non-trauma centers due to accessibility issues at the current trauma centers.

Transfers within SNHD Trauma System							
Year	2012	2013	2014	2015	2016	2017	2018
UMC	48	21	10	7	20	101	150
Sunrise	123	116	148	163	274	370	648
St. Rose	30	29	15	22	28	62	56
Total	201	166	173	192	322	533	854
Annual Growth		17.4%	4.2%	11.0%	67.7%	65.5%	60.2%

Source: SNHD Trauma Registry Data, 2018 projected from Jan-Jun data

Currently, the trauma system is seeing informal diversion of trauma patients via downgrades, EMS deferrals, and declining interfacility transfers. There are five documented cases from 2016 and probably more undocumented (based on feedback from ambulance crews). On October 1, 2017, the County's only Level I trauma center activated an internal disaster within an hour of the shooting.⁵ This caused confusion among emergency responders, including Clark County Fire Department, as it was not clear if the hospital or the trauma center was unavailable. The result was all transports were diverted from the Level I trauma center. This demonstrates the fragility of a trauma system when one mistake can change the care trauma patients receive.

During SNHD presentations in 2016, it was mentioned that the SNHD trauma system has an artificially higher number of trauma patients due to the addition of special considerations (i.e., TFTC Step 4) trauma patients. These are patients with comorbidity issues, such as blood thinner medications, older adult criterion, or underlying medical conditions that place them at higher risk of complications from a traumatic injury. The special considerations criteria enable a paramedic to transport a patient to a trauma center when the other TFTC are not met (i.e., TFTC Step 1/2/3).⁶ This is considered a best practice to ensure trauma systems achieve an appropriate level of over

SNHD Trauma Volume for Applications, 2014		
Location	Population	Step 3/4 Trauma Patients
St. Rose (Henderson)	224,191	368
Centennial Hills	170,397	277
Mountain View	533,875	641
Southern Hills	311,026	541

Source: John Hammond (SNHD EMS & Trauma System) presentation at Regional Trauma Advisory Board (RTAB) meeting 2/24/16

⁵ <https://www.reviewjournal.com/crime/shootings/umcs-internal-disaster-alert-on-oct-1-called-serious-mistake/>

⁶ Centers for Disease Control and Prevention. Guidelines for field triage of injured patients: recommendations of the National Expert Panel on Field Triage, 2011. MMWR.2012; 61 (RR-1):1-20.

Southern Nevada Health District Trauma Application

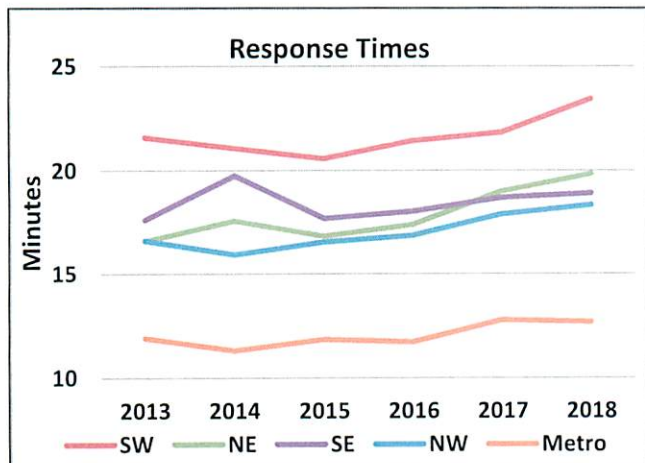
triage to not miss significant trauma. In 2017, Clark County had a population of 2.2 million and 11,060 trauma cases; for a ratio of 5.02 cases/1,000 population.⁷ This trauma rate is acceptable and comparable to other states such as Texas with 4.91 cases/1,000 population.⁸

In 2016, SNHD completed its own analysis and found that the Northwest region is currently underserved. At the February 24, 2016 Regional Trauma Advisory Board (RTAB) meeting, the Office of Emergency Medical Services & Trauma System (OEMSTS) presented data showing that the Northwest and Southwest currently have more trauma patients than the Southeast, which has a designated trauma center.

SNHD Trauma Volume for Applications, 2014		
Location	Population	Step III/IV Trauma Patients
St. Rose (Henderson)	224,191	368
Centennial Hills	170,397	277
Mountain View	533,875	641
Southern Hills	311,026	541

Source: John Hammond (SNHD EMS & Trauma System) presentation at Regional Trauma Advisory Board (RTAB) meeting 2/24/16

Proposed geographic area to be served, including consideration of distance from existing trauma centers already serving the geographic area and the potential impact on the trauma system:



Average of Median Transport Time (minutes)							
Region	2013	2014	2015	2016	2017	2018	Average
Rural	46.4	46.8	40.7	40.8	44.1	45.9	44.2
SW	21.6	21.1	20.6	21.4	21.8	23.4	21.7
NE	16.6	17.6	16.8	17.4	19.0	19.8	18.0
SE	17.6	19.7	17.7	18.0	18.7	18.9	18.4
NW	16.6	15.9	16.5	16.8	17.9	18.3	17.0
Metro	11.9	11.3	11.8	11.7	12.8	12.7	12.0
Average	17.2	17.0	16.6	17.3	19.0	19.6	17.8

Source: SNHD Trauma Registry Data; 2018 includes 1/1-11/7 data

In 2017, response times for Clark County range between 12.8 (Metro) and 44.1 (Rural) minutes with an average of 19.0 minutes. This is an increase of 11 percent over the last five years. Partial data shows this trend continues into this year with an increase of 3.1 percent.

The geographic area that would be served by MountainView includes 16 Northwest zip codes in the greater Las Vegas area. During 2017, the average transport time ranged from 13 to 26 minutes for these 1,680 trauma patients originating in these zip codes. The goal is to get patients to a trauma center within 60 minutes of injury – this is often referred to as the “Golden Hour.”⁹

⁷ US Census Bureau, 2017 SNHD Annual Trauma Report

⁸ 2014 Texas Annual Trauma Report, available at <https://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8590003665>.

⁹ R. Adams Crowley, Shock Trauma Institute, c. 1975

To determine the maximum transport time allowable, all other time intervals need to be removed. Based on industry-wide data, it is estimated that 26 minutes expire before the patient is ready for transport to a hospital – leaving 34 minutes for transport to arrive within the Golden Hour.

Estimated Event Interval	Average Minutes
Injury to 911 Call	2
911 Call to EMS Dispatched	2
EMS Dispatch to EMS Arrival	6
EMS Arrival to Ambulance Transport	16
Total Minutes Before Transport to TC	26

Source: The Abaris Group

The reported transport time per zip code is an average and does not represent the number of patients whose transport time exceeded 34 minutes (who presumably arrived past the Golden Hour). In the ambulance industry, the goal is to reach a 90 percent threshold when reviewing response times. Without knowing the standard deviation per zip code, an estimate can be utilized to determine the amount of time it will take to complete 90 percent of the ambulance transports. When applying this approach to trauma patients, 8 of the 16 Northwest zip codes are beyond the desired goal – representing half of the region.

2017 Trauma Patient Transport Times, Northwest			
Zip Code	Total Trauma Patients	Transport Time, average	Transport Time, 90%
89084	48	25.5	48.5
89166	19	24.7	46.9
89131	76	23.5	44.7
89149	70	20.6	39.1
89138	31	20.5	39.0
89143	23	20.4	38.8
89129	95	18.8	35.8
89031	175	18.8	35.6
89130	114	17.7	33.6
89134	56	17.5	33.3
89144	24	16.2	30.8
89145	78	14.6	27.8
89032	350	14.4	27.3
89128	110	14.2	26.9
89108	411	12.5	23.7
89085	-	n/a	n/a
Total	1,680	17.9	34.0

Source: SNHD Trauma Registry Data

As noted earlier, some trauma patients are being seen at non-trauma centers. Based on the State Trauma Registry, roughly 30 percent (2,180/7,365) of trauma patients went to non-trauma centers last year.¹⁰ This data means that almost a third of trauma patients are most likely going to a closer, non-trauma center hospital already. Because SNHD does not track response times for non-trauma centers, those trauma patient transport times are unknown. These non-trauma center patients could have longer distances to the downtown trauma centers, which is why ambulance crews are not willing to delay care for a traumatic injury.

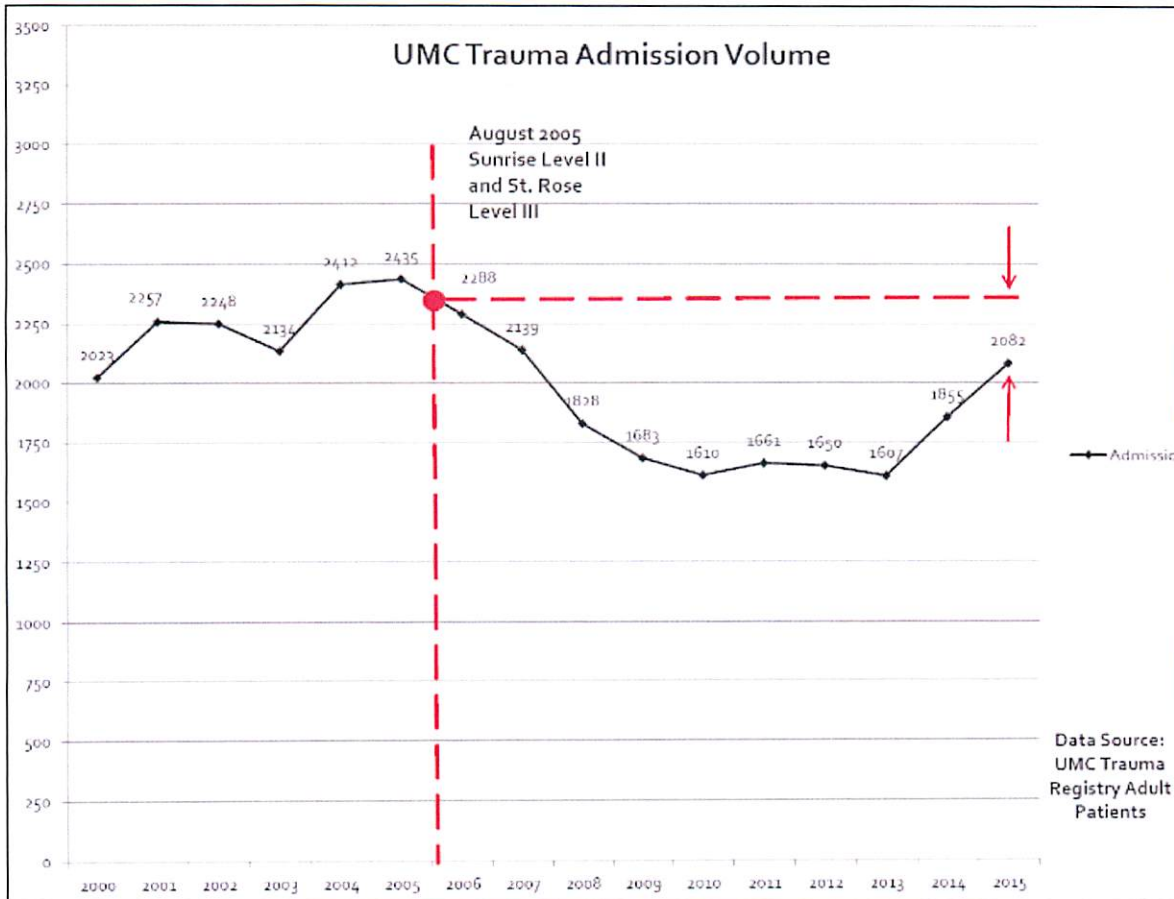
Without the per trauma case data, it is also unclear how patients arriving by private vehicle are factored into the summary of transport times by zip code. If these trauma patients are input as “zero” transport time, then the average transport times are further undervalued. Based on the current trauma center locations, MountainView Hospital is closer than any existing trauma center by up to 14 minutes (based on 30 MPH average from the center of each zip code) during normal traffic patterns. This can easily increase to over 30 minutes during commute hours. Faster ambulance transport times to a designated trauma center are critical to achieving the goal of “Zero Preventable Deaths after Injury” per Dr. Hashmi and Dr. Haider at the ACS 2018 Clinical Congress.¹¹

¹⁰ 2017 NV Annual Trauma Report

¹¹ Hashmi Z.G., Haider, A.H. (2018). Poor Access to a Trauma Center Linked to Higher Prehospital Death Rates in More Than Half of U.S. States. American College of Surgeons. 2018 Clinical Congress

Southern Nevada Health District Trauma Application

Data provided by Dr. Fildes (UMC Trauma Medical Director) at the February 24, 2016 RTAB meeting demonstrated how trauma admissions changed following the 2005 designation of two trauma centers. While the data indicates an impact, it was not from TFTC Step 3/4 trauma cases going to the Level III trauma center, which admits 15 percent of trauma patients. St. Rose sends less than four trauma patients to the operating room (OR) or intensive care unit (ICU) annually. The new Level II trauma center may have caused a transient loss of trauma admissions as it handles the same acuity of trauma patients.

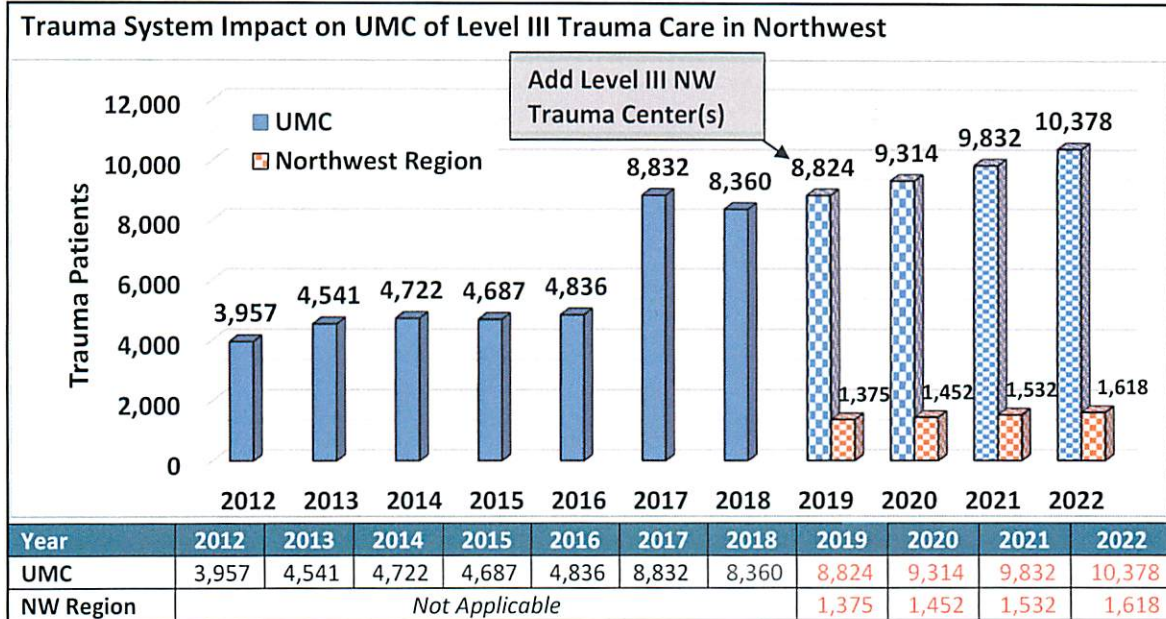


Source: Dr. Fildes, UMC Trauma Medical Director, 2/24/16, RTAB Meeting

Based on the 2017 SNHD Annual Trauma Report, UMC admitted 2,931 trauma patients – that is almost 500 more admissions than prior to the addition of two trauma centers (i.e., 2,435 admissions in 2004). During January through June 2018, UMC experienced a similar admission rate and will most likely admit a comparable number of trauma patients for the year.

Furthermore, the impact on the existing trauma system would be overwhelmingly positive. There would be minimal impact on any of the existing trauma centers and numerous system benefits. Although adding an additional Level III trauma center in the Northwest would initially reduce the volume of low-acuity trauma patients transported to UMC (i.e., the trauma center whose catchment zone includes the Northwest region of Las Vegas), the effect would be minimal and quickly mitigated by the forecasted increase in trauma volume. Out of the 1,680

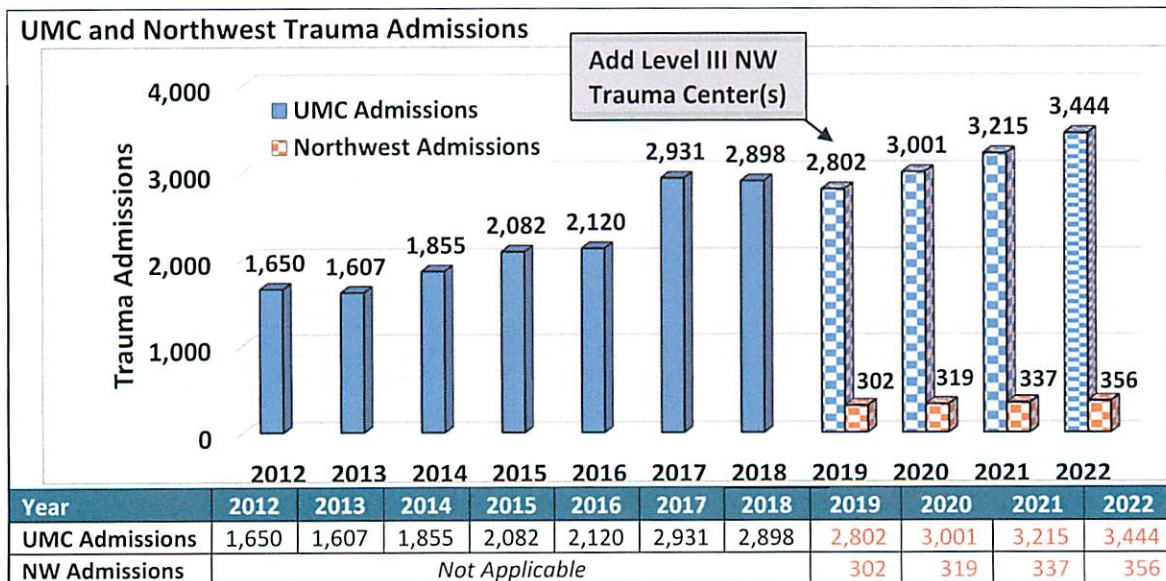
trauma cases in the Northwest region in 2017, it is estimated that 150 are high acuity (i.e., TFTC Step 1/2) and 155 are pediatric (using the 2017 pediatric trauma rate of 10 percent); neither of which are appropriate for a Level III trauma center. This leaves 1,375 low acuity (i.e., TFTC Step 3/4) adult trauma patients. Given the expected population growth, UMC trauma volume would reach current levels within two years. As a point of reference, ACS requires 1,200 trauma patients annually for a Level I trauma center – UMC received seven times that number last year.



Source: SNHD Annual Trauma Transport Reports, 2012-2017, 2018 projected using Jan-Jun data

Notes: Used 5.6% Average Annual Growth Rate from 2012-2016, 2017 not utilized, NW includes Adult Step 3/4 Patients only

Similarly, the number of trauma admissions at UMC would also return to current levels within two years.



Source: SNHD Annual Trauma Transport Reports Report, 2012-2017, 2018 projected using Jan-Jun data

Notes: Used 7.1% Average Annual Growth Rate from 2012-2016, 2017 not utilized, 22.0% Admit Rate (based on 2018 St. Rose Level III data)

Southern Nevada Health District Trauma Application

Moreover, designating an additional Level III trauma center in the Northwest region of Clark County would have many positive effects on the existing trauma system. These include:

- Providing shorter transport times to definitive care – especially during periods of high traffic volume;
- Enabling ambulance crews to return to service faster;
- Developing a greater depth of resources to draw on during disasters;
- Allowing lower acuity trauma cases to be handled locally – maintaining system resources for high acuity and specialty cases; and
- Permitting trauma patients to recover within their local communities – which improves outcomes.¹²

Briefly describe the hospital's capacity to provide trauma services in the community:

MountainView conducted an internal gap analysis, which established that the Hospital should not only meet the ACS standards for the Optimal Care of the Injured Patient, but also exceed them.¹³ This analysis included an evaluation of the projected impact on MountainView's capacity. Its emergency department (ED) has two adjacent helipads, four trauma resuscitation rooms, and the necessary staffing, supplies, and equipment. By the numbers, MountainView has the following:

- 408 licensed beds
- 2 helicopter landing pads (adjacent to the ED)
- 40 ED private treatment rooms
- 4 trauma resuscitation rooms
- 3 CT scanners (64-slice), including a PET CT and an ED-dedicated CT
- 1 MRI (1.5 T)
- 1 state-of-the-art ultrasound (dedicated to the ED)
- 12 operating rooms
- 5 robotic surgical systems with dedicated teams
- 2 interventional radiology suites (single and bi-plane)
- 47-bed ICU
- 12-bed neuro-ICU
- 36-bed inpatient rehabilitation

MountainView has the inpatient and operating room capacity to support the projected trauma volume. Additionally, it has an inpatient rehabilitation unit, which has the resources to help trauma patients recover from their injuries without discharge to another facility, potentially farther from home.

¹² "Are differences in travel time or distance to healthcare for adults in global north countries associated with an impact on health outcomes? A systematic review," research funded by the National Institute for Health Research (NIHR), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5178808/>

¹³ "Resources for Optimal Care of the Injured Patient," American College of Surgeons, Committee on Trauma. 2014.

Briefly describe the hospital's capabilities to provide trauma services in the community:

Adding trauma capabilities is a natural progression for MountainView. Since the facility opened in 1996, it has become an essential fixture of the local community. The Hospital is certified as both Primary Stroke and Chest Pain Centers. The ED staff treats more than 80,000 patients per year. In seeing that number of patients, the ED staff is receiving trauma patients by default. During 2017, MountainView reported 503 patients meeting trauma criteria to the Nevada Trauma Registry – 47 percent who arrived by private vehicle and 53 percent who arrived by ambulance.

Due to this high number of trauma patients being treated in its ED, MountainView feels it has an obligation to provide high-quality trauma care, which embraces the Hospital's Mission Statement, "We are dedicated to improving life in a healing environment." Therefore, it has already implemented trauma processes that currently meet or exceed ACS criteria for trauma care.

Due to its commitment, MountainView established an internal Trauma Registry in January 2016. The Hospital has participated in the Trauma Quality Improvement Program (TQIP), the National Trauma Data Bank (NTDB), and the State trauma databases since 2017. In 2018, MountainView implemented a comprehensive patient improvement and patient safety program (PIPS).

Current trauma capabilities include:

- **Trauma Staffing**
 - A Trauma Medical Director who is Board Certified in General Surgery, Surgical Critical Care, and Acute Care Surgery with Level I and II trauma center experience
 - An experienced Trauma Program Manager from a Level II trauma center to lead the trauma program for MountainView Hospital
 - Trauma/General surgeons with Advanced Trauma Life Support (ATLS) training and prior trauma experience to provide 24/7 coverage with a 30-minute response time

- **Physician Staffing and Trauma Training**
 - Board Certified/Eligible emergency medicine physicians with ATLS training and trauma experience (obtained by providing shift coverage at St. Rose's Level III trauma center)
 - Anesthesiologists supported by CRNA program
 - Board Certified Orthopedic surgeons including one Trauma Fellowship-trained and a comprehensive Total Joint Program
 - Board Certified neurosurgeons capable of performing craniotomy surgery and providing a Comprehensive Spine Program
 - Vascular surgeons available for consultation
 - Cardiovascular surgeons to perform procedures such as heart valve repair, coronary artery bypass capabilities, and Transcatheter aortic valve replacement (TAVR)

Southern Nevada Health District Trauma Application

- Thoracic surgeons capable of lobectomy (vats), wedge resections, and thoracic aortic aneurysm (TAA) repair procedures
- In-house Board Certified obstetricians capable of performing perinatal services including high-risk situations
- Board Certified and Fellowship-trained radiologists
- ICU intensivist in-house 24/7 coverage to support on-duty trauma surgeon
- Graduate medical education (i.e., residency) programs in emergency medicine, general surgery, anesthesia, obstetrics, internal medicine, and pharmacology
- Focused Assessment with Sonography in Trauma (FAST) by emergency medicine physicians; extensive point of care ultrasound (POCUS) program in the ED to meet ACS and the Emergency Medicine ACGME residency program criteria
- QPath, which incorporates an extensive FAST PI workflow for the purposes of storing images and a QI process for FAST images

- **Clinical Staff and Trauma Training**
 - An experienced ED clinical team which evaluates and treats 80,000 patients annually; RN ratio 2:1 for trauma activations
 - Trauma Nursing Core Course (TNCC) and Trauma Care After Resuscitation (TCAR) training completed by members of the trauma team in the ED and ICU

- **Ancillary Services**
 - American College of Radiology (ACR)-accredited center capable of providing CT and digital x-rays with in-house technologists, MRI services, and interventional radiology
 - Multiple in-house or on-call operating surgical teams at all times
 - The region's only robotic-assist program through the Las Vegas Institute for Robotic Surgery offering minimally invasive surgeries for trauma, general, thoracic, bariatric, gynecology, urology, and otolaryngology
 - Neuro-interventional laboratory with biplane
 - Cardiac catheterization and electrophysiology labs
 - Level-II Neonatal-ICU (Level III pending survey)
 - Comprehensive inpatient rehabilitation and physiatrist services available for inpatient consultation including physical, occupational, and speech therapy
 - Wound care and hyperbaric medicine center
 - Social Services and Case Management involved in trauma patient and family care

Essentially, MountainView is already functioning as a Level III trauma center through its capabilities that meet and exceed ACS standards. Multiple "mock" surveys have been completed. Due to the lengthy lead time (i.e., 12+ months), the Hospital has scheduled an ACS consultation visit for January 2019. SNHD staff are invited to participate in the consultation wrap-up meeting. The goal is to invite outside, objective subject matter experts to confirm the high-quality trauma care available at MountainView.

Southern Nevada Health District Trauma Application

Here is a brief overview of the trauma program strengths:

- **Trauma Program Enhancements**
 - Comprehensive quality assessment program (i.e., performance improvement [PI] plan, clinical guidelines, audit filters, loop closure, documentation/outcomes, multidisciplinary and peer review committee with specialist liaisons)
 - Full-time PI Coordinator
 - Trauma Registry collection and submission to NTDB; meets ACS requirement
 - Participation in TQIP and HCA TQIP Collaborative
 - One full-time and one half-time Trauma Registrar
 - Registry is current with greater than 80 percent cases entered within 60 days of discharge per ACS standards
 - Evidence-based Trauma Registry data validity (i.e., inter-rater reliability, single and multivariable reports)
 - Daily Multidisciplinary Trauma Rounds
- **Education/Research**
 - Continuing education provided for all trauma team members (including all clinical staff caring for the trauma patient) and referral centers
 - Meets all trauma continuing medical education (CME) and continuing education unit (CEU) requirements
- **Prevention**
 - Prevention effort involvement and active outreach program for referring facilities and community
 - Screening, brief intervention, and referral to treatment (SBIRT) program
 - Stop the Bleed public education program
- **Collaboration**
 - Participation in SNHD Office of Emergency Services and Trauma Systems RTAB Committee meetings; Trauma Needs Assessment Tool Taskforce, Southern Nevada Injury Prevention Program, and Trauma System Advisory Council (TSAC)

Briefly describe the hospital's longitudinal commitment (expected to be greater than five years) to provide trauma services in the community:

MountainView has no plans to decrease the ACS Level III trauma services provided today. It has a proven history of providing outstanding centers of excellence. These include:

- Certified Stroke Center
- Accredited Chest Pain Center
- Level III Neonatal ICU (pending survey)
- American Stroke Association "2018 Get with the Guidelines" Stroke Gold Quality Achievement Award and Target: Stroke Honor Roll

Southern Nevada Health District Trauma Application

- American Stroke Association “2017 Get with the Guidelines” Gold Plus
- Designated NICHE Hospital
- American Heart Association “Get with the Guidelines” Heart Failure Bronze Award
- 5-Star Recipient for Treatment of Heart Failure, Healthgrades (2012-2017)
- 5-Star Recipient for Treatment of Stroke, Healthgrades (2017)
- 5-Star Recipient for Treatment of Pneumonia, Healthgrades (2012-2017)
- 5-Star Recipient for Treatment of GI Bleed, Healthgrades (2016-2017)

The Hospital recently completed the first phase of a two-part expansion. The first phase included a new tower that increased its capacity by 60 hospital beds, including 23 medical/surgical beds. The ED received a dedicated CT scanner (increasing total capabilities to three scanners) and additional vertical treatment space adding 10 percent more capacity. A second helipad is also in place. The medical staff added a surgical residency program in 2016.

The second phase of its expansion will add another tower to the Hospital campus. The expansion will include 12 new operating suites and 100 additional hospital beds including the potential for dedicated trauma ICU beds. The surgical residency program will continue and expand to offer surgical fellowship opportunities as well. All improvements should be fully implemented within 36 months.

From a clinical perspective, MountainView has committed to expand its residency programs. Next year, the Hospital will add an endocrine fellowship and residencies in physical medicine & rehabilitation. In 2020, the program plans to offer fellowships in radiology, cardiovascular, hematology/oncology, pulmonary, and infectious diseases.

Additional information the applicant would like to provide in support of their request:

MountainView does not submit this application without a great deal of thought. It partnered with a nationally recognized, trauma consulting firm to evaluate objectively and determine the needs of the existing trauma system. The Trauma Needs Assessment Report provided an independent review of available trauma data and recommendations that are in line with prior trauma assessments. More importantly, the report concludes that the existing trauma centers will not be impacted negatively based on the past and projected growth of trauma cases in Clark County.

SNHD created a Trauma Needs Assessment Tool, which uses three categories of information to evaluate and determine the needs of the trauma system. As shown below, the Tool establishes a need for additional trauma resources in the Northwest region of Clark County.

SNHD Trauma Needs Assessment Tool																						
Need	Yes	No																				
1. Population																						
<p>A. Is the Las Vegas valley population increasing? Yes. Clark County population continues to grow rapidly. It has grown from 1.4M to 2.2M people from 2000 to 2017 – an increase of 54 percent, or 3.4 percent annually. The number of citizens over 65 has doubled in the same time period.</p> <table border="1"> <thead> <tr> <th colspan="4">Clark County Population Trends</th> </tr> <tr> <th></th> <th>2000</th> <th>2010</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>Clark County</td> <td>1,428,689</td> <td>1,951,269</td> <td>2,204,079</td> </tr> <tr> <td>Clark County Population age 65+ years</td> <td>146,899</td> <td>222,425</td> <td>303,349</td> </tr> </tbody> </table> <p>Source: Clark County Comprehensive Planning Demographic Forecasts by UNLV, Census Bureau</p>			Clark County Population Trends					2000	2010	2017	Clark County	1,428,689	1,951,269	2,204,079	Clark County Population age 65+ years	146,899	222,425	303,349	✓			
Clark County Population Trends																						
	2000	2010	2017																			
Clark County	1,428,689	1,951,269	2,204,079																			
Clark County Population age 65+ years	146,899	222,425	303,349																			
<p>B. Is the Las Vegas valley population projected to continue increasing? Yes. The population is projected to continue increasing. It is expected to reach 2.5M people by 2025, not including visitors to the valley.</p> <table border="1"> <thead> <tr> <th colspan="6">Regional Population Trends</th> </tr> <tr> <th></th> <th>2000</th> <th>2010</th> <th>2017</th> <th>2020</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td>Clark County</td> <td>1,428,689</td> <td>1,951,269</td> <td>2,204,079</td> <td>2,361,000</td> <td>2,532,000</td> </tr> </tbody> </table> <p>Source: Clark County Comprehensive Planning Demographic Forecasts by UNLV, Census Bureau</p>			Regional Population Trends							2000	2010	2017	2020	2025	Clark County	1,428,689	1,951,269	2,204,079	2,361,000	2,532,000	✓	
Regional Population Trends																						
	2000	2010	2017	2020	2025																	
Clark County	1,428,689	1,951,269	2,204,079	2,361,000	2,532,000																	
<p>C. Is an area of the Las Vegas valley demonstrating population growth at a faster rate than the rest of the valley? Yes. The Northwest region is growing faster than the rest of the valley. From 2000 to 2016, the population in the region increased 4.9 percent annually. The rest of the valley grew 3.4 percent each year in comparison.</p> <table border="1"> <thead> <tr> <th colspan="4">Regional Population Trends</th> </tr> <tr> <th></th> <th>2000</th> <th>2010</th> <th>2016</th> </tr> </thead> <tbody> <tr> <td>Northwest Clark County</td> <td>306,951</td> <td>494,417</td> <td>545,816</td> </tr> </tbody> </table> <p>Source: US Census Bureau, City-Data</p>			Regional Population Trends					2000	2010	2016	Northwest Clark County	306,951	494,417	545,816	✓							
Regional Population Trends																						
	2000	2010	2016																			
Northwest Clark County	306,951	494,417	545,816																			
<p>D. Are areas of population growth projected to continue growing at a faster rate than the rest of the valley? Yes. The Northwest region is projected to reach 600,000 by 2025. It has the largest population of all regions.</p> <table border="1"> <thead> <tr> <th colspan="6">Regional Population Trends</th> </tr> <tr> <th></th> <th>2000</th> <th>2010</th> <th>2016</th> <th>2020</th> <th>2025</th> </tr> </thead> <tbody> <tr> <td>Northwest Clark County</td> <td>306,951</td> <td>494,417</td> <td>545,816</td> <td>572,363</td> <td>600,200</td> </tr> </tbody> </table> <p>Source: US Census Bureau, City-Data</p>			Regional Population Trends							2000	2010	2016	2020	2025	Northwest Clark County	306,951	494,417	545,816	572,363	600,200	✓	
Regional Population Trends																						
	2000	2010	2016	2020	2025																	
Northwest Clark County	306,951	494,417	545,816	572,363	600,200																	

Need	Yes	No																																																
<p>E. Is there an increase in TFTC incidents in the area of population growth? Yes. Since 2013, TFTC incidents have increased by 33.9 percent or 8.5 percent annually.</p> <table border="1" data-bbox="404 406 1084 676"> <thead> <tr> <th colspan="6">Northwest TFTC Patients</th> </tr> <tr> <th>Injury Type</th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>1: Physiological</td> <td>64</td> <td>65</td> <td>57</td> <td>50</td> <td>62</td> </tr> <tr> <td>2: Anatomical</td> <td>77</td> <td>76</td> <td>65</td> <td>91</td> <td>88</td> </tr> <tr> <td>3: Mechanism</td> <td>565</td> <td>538</td> <td>546</td> <td>549</td> <td>691</td> </tr> <tr> <td>4: Considerations</td> <td>42</td> <td>95</td> <td>115</td> <td>157</td> <td>839</td> </tr> <tr> <td>Total</td> <td>2,761</td> <td>2,788</td> <td>2,798</td> <td>2,863</td> <td>3,697</td> </tr> <tr> <td>Annual Growth</td> <td></td> <td>1.0%</td> <td>0.4%</td> <td>2.3%</td> <td>29.1%</td> </tr> </tbody> </table> <p>Source: SNHD Trauma Registry Data</p>	Northwest TFTC Patients						Injury Type	2013	2014	2015	2016	2017	1: Physiological	64	65	57	50	62	2: Anatomical	77	76	65	91	88	3: Mechanism	565	538	546	549	691	4: Considerations	42	95	115	157	839	Total	2,761	2,788	2,798	2,863	3,697	Annual Growth		1.0%	0.4%	2.3%	29.1%	✓	
Northwest TFTC Patients																																																		
Injury Type	2013	2014	2015	2016	2017																																													
1: Physiological	64	65	57	50	62																																													
2: Anatomical	77	76	65	91	88																																													
3: Mechanism	565	538	546	549	691																																													
4: Considerations	42	95	115	157	839																																													
Total	2,761	2,788	2,798	2,863	3,697																																													
Annual Growth		1.0%	0.4%	2.3%	29.1%																																													
<p>F. Are the TFTC incidents for the appropriate step level increasing (Step III and IV patients for a Level III center, Step I and II patients for a Level I or II center)? Yes. From 2013 to 2017, the number of Step III and IV trauma patients has increased 152 percent, from 607 to 1,530 cases.</p> <table border="1" data-bbox="404 902 1091 1108"> <thead> <tr> <th colspan="6">Northwest TFTC Patients, Step 3/4</th> </tr> <tr> <th>Injury Type</th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>3: Mechanism</td> <td>565</td> <td>538</td> <td>546</td> <td>549</td> <td>691</td> </tr> <tr> <td>4: Considerations</td> <td>42</td> <td>95</td> <td>115</td> <td>157</td> <td>839</td> </tr> <tr> <td>Total</td> <td>607</td> <td>633</td> <td>661</td> <td>706</td> <td>1,530</td> </tr> <tr> <td>Annual Growth</td> <td></td> <td>4.3%</td> <td>4.4%</td> <td>6.8%</td> <td>116.7%</td> </tr> </tbody> </table> <p>Source: SNHD Trauma Registry Data</p>	Northwest TFTC Patients, Step 3/4						Injury Type	2013	2014	2015	2016	2017	3: Mechanism	565	538	546	549	691	4: Considerations	42	95	115	157	839	Total	607	633	661	706	1,530	Annual Growth		4.3%	4.4%	6.8%	116.7%	✓													
Northwest TFTC Patients, Step 3/4																																																		
Injury Type	2013	2014	2015	2016	2017																																													
3: Mechanism	565	538	546	549	691																																													
4: Considerations	42	95	115	157	839																																													
Total	607	633	661	706	1,530																																													
Annual Growth		4.3%	4.4%	6.8%	116.7%																																													

Need	Yes	No																																																																								
<p>G. Are the incidents of patients meeting trauma criteria for the appropriate step level increasing at a non-trauma hospital (Step III and IV for Level III, Step I and II for Level I and II)?</p> <p>Yes. Non-trauma hospitals have recently started tracking trauma patients and there is a demonstrated increase in the number of trauma patients treated at all hospitals in the Northwest region. MountainView saw 700 trauma patients in 2016 and 860 last year; an increase of 23 percent. The number of trauma patients who received treatment is projected to surpass 1,000 cases this year. The MountainView Trauma Registry shows 97-98 percent of cases have an injury severity score (ISS) of 1-14 – typically Step III and IV.</p> <p>The State Trauma Registry shows a similar increase in trauma cases for all hospitals in the Northwest region. Although Step-level trauma data by destination hospital was not available, data for each of the other hospitals in the region is likely to match MountainView as it provides the majority of trauma care in the Northwest. At MountainView, trauma patients transported by ambulance crews were categorized as follows and show an increase in Step III and IV patients at a non-trauma hospital:</p> <table border="1" data-bbox="461 921 1027 1123"> <thead> <tr> <th colspan="5">MountainView Trauma Patients via EMS</th> </tr> <tr> <th>Injury Type</th> <th colspan="2">2017</th> <th colspan="2">2018YTD</th> </tr> </thead> <tbody> <tr> <td>Step 1/2</td> <td>6</td> <td>1.3%</td> <td>3</td> <td>0.5%</td> </tr> <tr> <td>Step 3/4</td> <td>435</td> <td>95.6%</td> <td>578</td> <td>98.3%</td> </tr> <tr> <td>Not Applicable</td> <td>14</td> <td>3.1%</td> <td>7</td> <td>1.2%</td> </tr> <tr> <td>Grand Total</td> <td>455</td> <td>100.0%</td> <td>588</td> <td>100.0%</td> </tr> </tbody> </table> <p>Source: MountainView Trauma Registry Data</p>	MountainView Trauma Patients via EMS					Injury Type	2017		2018YTD		Step 1/2	6	1.3%	3	0.5%	Step 3/4	435	95.6%	578	98.3%	Not Applicable	14	3.1%	7	1.2%	Grand Total	455	100.0%	588	100.0%	✓																																											
MountainView Trauma Patients via EMS																																																																										
Injury Type	2017		2018YTD																																																																							
Step 1/2	6	1.3%	3	0.5%																																																																						
Step 3/4	435	95.6%	578	98.3%																																																																						
Not Applicable	14	3.1%	7	1.2%																																																																						
Grand Total	455	100.0%	588	100.0%																																																																						
2. Median Transport Times																																																																										
<p>A. Is the Southern Nevada Trauma System demonstrating transport times greater than 15 minutes?</p> <p>Yes. Based on SNHD data from 2012 to 2018, the average transport times in the Clark County Trauma System exceed 15 minutes. The metropolitan area is the only region where transport times are less than 15 minutes. It is getting worse each year, increasing 2-3 percent annually.</p> <table border="1" data-bbox="391 1442 1101 1740"> <thead> <tr> <th colspan="8">Average of Median Transport Time (minutes)</th> </tr> <tr> <th>Region</th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018</th> <th>Average</th> </tr> </thead> <tbody> <tr> <td>Rural</td> <td>46.4</td> <td>46.8</td> <td>40.7</td> <td>40.8</td> <td>44.1</td> <td>45.9</td> <td>44.2</td> </tr> <tr> <td>SW</td> <td>21.6</td> <td>21.1</td> <td>20.6</td> <td>21.4</td> <td>21.8</td> <td>23.4</td> <td>21.7</td> </tr> <tr> <td>NE</td> <td>16.6</td> <td>17.6</td> <td>16.8</td> <td>17.4</td> <td>19.0</td> <td>19.8</td> <td>18.0</td> </tr> <tr> <td>SE</td> <td>17.6</td> <td>19.7</td> <td>17.7</td> <td>18.0</td> <td>18.7</td> <td>18.9</td> <td>18.4</td> </tr> <tr> <td>NW</td> <td>16.6</td> <td>15.9</td> <td>16.5</td> <td>16.8</td> <td>17.9</td> <td>18.3</td> <td>17.0</td> </tr> <tr> <td>Metro</td> <td>11.9</td> <td>11.3</td> <td>11.8</td> <td>11.7</td> <td>12.8</td> <td>12.7</td> <td>12.0</td> </tr> <tr> <td>Average</td> <td>17.2</td> <td>17.0</td> <td>16.6</td> <td>17.3</td> <td>19.0</td> <td>19.6</td> <td>17.8</td> </tr> </tbody> </table> <p>Source: SNHD Trauma Registry Data</p>	Average of Median Transport Time (minutes)								Region	2013	2014	2015	2016	2017	2018	Average	Rural	46.4	46.8	40.7	40.8	44.1	45.9	44.2	SW	21.6	21.1	20.6	21.4	21.8	23.4	21.7	NE	16.6	17.6	16.8	17.4	19.0	19.8	18.0	SE	17.6	19.7	17.7	18.0	18.7	18.9	18.4	NW	16.6	15.9	16.5	16.8	17.9	18.3	17.0	Metro	11.9	11.3	11.8	11.7	12.8	12.7	12.0	Average	17.2	17.0	16.6	17.3	19.0	19.6	17.8	✓	
Average of Median Transport Time (minutes)																																																																										
Region	2013	2014	2015	2016	2017	2018	Average																																																																			
Rural	46.4	46.8	40.7	40.8	44.1	45.9	44.2																																																																			
SW	21.6	21.1	20.6	21.4	21.8	23.4	21.7																																																																			
NE	16.6	17.6	16.8	17.4	19.0	19.8	18.0																																																																			
SE	17.6	19.7	17.7	18.0	18.7	18.9	18.4																																																																			
NW	16.6	15.9	16.5	16.8	17.9	18.3	17.0																																																																			
Metro	11.9	11.3	11.8	11.7	12.8	12.7	12.0																																																																			
Average	17.2	17.0	16.6	17.3	19.0	19.6	17.8																																																																			

Need	Yes	No																												
<p>B. Are transport times for the appropriate step level greater than 15 minutes (Step I, II, III and IV for Center Levels I and II, Step III and Step IV only for Level III) Yes. Response times have exceeded 15 minutes since 2013 based on data provided from the SNHD Trauma Registry.</p> <table border="1" data-bbox="358 438 1130 597"> <thead> <tr> <th colspan="7">Trauma Patients Response Times, Step 3/4</th> </tr> <tr> <th>Injury Type</th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018YTD</th> </tr> </thead> <tbody> <tr> <td>3: Mechanism</td> <td>15.20</td> <td>15.20</td> <td>15.60</td> <td>15.70</td> <td>15.80</td> <td>16.20</td> </tr> <tr> <td>4: Considerations</td> <td>15.20</td> <td>14.40</td> <td>15.00</td> <td>15.60</td> <td>16.20</td> <td>16.40</td> </tr> </tbody> </table> <p>Source: SNHD Trauma Registry Data</p>	Trauma Patients Response Times, Step 3/4							Injury Type	2013	2014	2015	2016	2017	2018YTD	3: Mechanism	15.20	15.20	15.60	15.70	15.80	16.20	4: Considerations	15.20	14.40	15.00	15.60	16.20	16.40	✓	
Trauma Patients Response Times, Step 3/4																														
Injury Type	2013	2014	2015	2016	2017	2018YTD																								
3: Mechanism	15.20	15.20	15.60	15.70	15.80	16.20																								
4: Considerations	15.20	14.40	15.00	15.60	16.20	16.40																								
<p>C. Are transport times increasing for a population area demonstrating increasing growth? Yes. The Northwest region has response times exceeding 15 minutes and have reached 18.3 minutes this year; an increase of 10.4 percent since 2012.</p> <table border="1" data-bbox="302 821 1187 923"> <thead> <tr> <th colspan="8">Northwest Median Transport Time (minutes)</th> </tr> <tr> <th>Year</th> <th>2013</th> <th>2014</th> <th>2015</th> <th>2016</th> <th>2017</th> <th>2018YTD</th> <th>Average</th> </tr> </thead> <tbody> <tr> <td>Transport Times</td> <td>16.6</td> <td>15.9</td> <td>16.5</td> <td>16.8</td> <td>17.9</td> <td>18.3</td> <td>17.0</td> </tr> </tbody> </table> <p>Source: SNHD Trauma Registry Data</p>	Northwest Median Transport Time (minutes)								Year	2013	2014	2015	2016	2017	2018YTD	Average	Transport Times	16.6	15.9	16.5	16.8	17.9	18.3	17.0	✓					
Northwest Median Transport Time (minutes)																														
Year	2013	2014	2015	2016	2017	2018YTD	Average																							
Transport Times	16.6	15.9	16.5	16.8	17.9	18.3	17.0																							
3. Lead Agency/System Stakeholder/Community Support																														
<p>A. Lead Agency Support – based on a demonstration of need for more trauma resources for the stability of the trauma system Yes. MountainView utilized this Trauma Needs Assessment Tool to determine if there is a demonstrated need for more trauma resources for the stability of the trauma system. The Tool results are “Yes” for every question. Therefore, lead agency support should be extended for trauma system expansion.</p>	✓																													
<p>B. System Stakeholder Support (Letters of Support)</p>	✓																													
<p>1. Public Provider of Emergency 911 Services</p>	0																													
<p>2. Private Provider of Emergency 911 Services</p>	5																													
<p>3. Established Trauma Center</p>	1																													
<p>4. Non-Trauma Center Hospital</p>	2																													
<p>5. Other System Stakeholders</p>	5																													
<p>C. Community Support – appropriate State or local government in the area of an applicant seeking to join the Southern Nevada Trauma System Yes. MountainView obtained community support from three State government representatives in its area. These include the State of Nevada Assembly, Districts 3 and 37 and Senate, District 18. Additional community support has been offered by both federal and local government officials. Letters of Support are attached.</p>	✓																													

Letters of Support

- Applicant must obtain letters of support from stakeholders in at least three of the following five categories

Public Provider of Emergency 911 Services

Not Applicable

Private Provider of Emergency 911 Services

1. American Medical Response (AMR)Scott White, Regional Director of Nevada
2. AirMed.....Denise Treadwell, CRNP, MSN, CFRN, CMTE, President
3. AirMethods (Mercy Air)..... Chris Stachyra, Regional Business Development Manager
4. Community Ambulance.....Brian Rogers, COO/Owner
5. Guardian Elite Medical Services Samuel Scheller, MBA, NRP

Established Trauma Center

1. Sunrise Hospital & Medical Center.....Todd Sklamberg, Chief Executive Officer

Non-Trauma Center Hospital

1. Mesa View Regional Hospital Ned Hill, Chief Executive Officer
2. Southern Hills Hospital and CenterAdam Rudd, Chief Executive Officer

Other System Stakeholders (e.g., Educational, Professional, Payors, Social Advocacy)

1. CareNow Urgent Care..... Tim Miller, President
2. Southern Nevada Black Firefighters Chief Lawrence Wickliffe
3. Nevada Disability Coalition..... Madonna Long, Director
4. Nevada Highway Patrol Association..... Mathew Kaplan, President
5. Safe Kids Clark County..... Jeanne Cosgrove Marsala, RN, BSN, Executive Director

Community Support Letters

Federal, State, and Local Government

1. United States Senate Dean Heller, Nevada Senator
2. United States House of Representatives.....Ruben Kihuen, Congressional District 4
3. State of Nevada Senate Scott T. Hammond, Senator, District 18
4. State of Nevada Assembly..... Selena Torres, Assemblyman District 3
5. State of Nevada Assembly..... Jim Marchant, Assemblyman District 37
6. Board of Regents, State Board of Education Felicia Ortiz, District 3
7. Clark County School District, District E Lola Brooks, CCSD District E Trustee, District E
8. Chamberlain College of Nursing Judy Hightower, PhD, Ed, RN, President, Las Vegas Campus
9. Nevada State College, School of Nursing ... Douglas Turner, PhD, DNP, RN, CNE, NE-BC, NEA-BC, Dean

Additional Letters of Support

MountainView Hospital and Parent Company

1. Far West Division, HCA..... Brian Cook, President
2. MountainView Hospital..... Jeremy Bradshaw, Chief Executive Officer
3. MountainView Hospital.....Billy Paris, Board of Trustees Chairman
4. MountainView Hospital..... Ferenc Puskas, MD, PhD, MBA, Designated Institutional Official, Sunrise Health GME Consortium



November 9th, 2018

Jeremy Bradshaw
Chief Executive Officer
Mountain View Hospital and Medical Center
3100 North Tenaya Way
Las Vegas, NV 89128

Dear Mr. Bradshaw:

As an EMS service provider for over 50 years in Southern Nevada, AMR/MedicWest has witnessed tremendous growth throughout the Greater Las Vegas Valley. With the growth has come the necessity to expand resources and further the development of our healthcare infrastructure.

Presently, the Clark County Trauma System has three American College of Surgeons (ACS) authorized trauma centers to support patient care services for Nevada residents and visitors to our region. We understand that MountainView Hospital and Medical Center has applied to become a Level III Trauma Center in Clark County.

We would support the expansion of an additional trauma center to include MountainView Hospital and Medical Center if the Regional Trauma Advisory Board (RTAB) determined the need existed to add an additional Level III Trauma Center in Southern Nevada.

Should you have any questions, please feel free to contact me at (702) 671-6753.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott White", with a long, sweeping horizontal flourish extending to the right.

Scott White
Regional Director of Nevada



October 31, 2018

MountainView Hospital
ATTN: Jeremy Bradshaw, CEO
3100 N. Tenaya Way,
Las Vegas, NV 89128

Dear Mr. Bradshaw,

As a partner in the community for more than 16 years, Life Guard International – Flying ICU, proudly now part of AirMed International, has seen much growth in the Las Vegas Valley.

In working with the EMS system within the State of Nevada, we strive to deliver our patients to high-quality definitive care institutions and maintain our service to the communities as a 911 resource. The growth in our community over the past decade has brought additional patients, increased traffic, and new challenges for operational efficiency.

While the current Clark County Trauma System has three American College of Surgeons (ACS) verified Trauma Centers for the residents and visitors of Southern Nevada, we understand that MountainView Hospital is interested in becoming a Level III Trauma Center. We fully support this endeavor and believe it will increase access to higher care and improve our out of service times for emergency responders.

Furthermore, we support expanding the number of Trauma Centers and including MountainView Hospital to the Regional Trauma Advisory Board (RATB), should the county-wide needs assessment determine that such a need exist in Southern Nevada.

AirMed International looks forward to working with you to make this project a reality.

Should you have any questions, please feel free to contact me.

Sincerely yours,

Denise Treadwell, CRNP, MSN, CFRN, CMTE
President

Cc: Donna Miller, RN/EMSRN, CMTE, Market Development Director



November 1, 2018

Jeremy Bradshaw
Chief Executive Officer
Mountain View Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

RE: Letter of Support of Level III Trauma Center Designation at Mountain View Hospital

Dear Mr. Bradshaw:

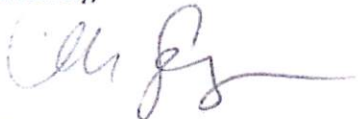
As a partner in the community for almost 20 years, Mercy Air has seen much growth in the Las Vegas Valley and surrounding areas.

As an EMS system responder, we strive to deliver our patients to high-quality, definitive care institutions and maintain our service to the communities as a 911 resource. The growth in the Northwest portion of our community over the past decade has brought additional patients, and increased traffic to the area.

We understand that Mountain View Hospital is interested in becoming a Level III Trauma Center and we support this endeavor to increase access to care and improve our service availability for emergency responders in the Northwest part of the Valley. We believe service could be improved with this additional resource for trauma calls coming from the Northwest 95 Corridor in Clark County and beyond.

We support expanding the number of trauma centers to include Mountain View Hospital. Mercy Air looks forward to working with you in the future on this endeavor. Should you have any questions, please feel free to contact me.

Sincerely,



Chris Stachyra
Regional Business Development Manager
Mercy Air



communityambulance.com

11/1/2018

Jeremy Bradshaw, CEO
Mountain View Hospital
3100 N Tenaya Way,
Las Vegas, NV 89128

As a partner in the community for more than eight years, Community Ambulance has seen much growth in the Las Vegas Valley.

As a first responder, we strive to deliver our patients to high-quality, definitive care institutions and maintain our service to the communities as a 911 resource. The growth in our community over the past decade has brought additional patients, increased traffic, and new challenges for operational efficiency.

The current Clark County Trauma System has three American College of Surgeons (ACS) verified trauma centers for the residents and visitors of Southern Nevada, we understand that Mountain View Hospital is interested in becoming a Level III trauma center and support this endeavor to increase access to care and improve our out of service times for emergency responders.

We support expanding the number of trauma centers to include Mountain View if the Regional Trauma Advisory Board (RTAB) and county wide needs assessment determined such a need existed.

Community Ambulance looks forward to working with you in the future on this endeavor. Should you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Brian K. Rogers", with a long horizontal flourish extending to the right.

Brian K. Rogers, COO/Owner

Community Ambulance

91 Corporate Park Drive

Henderson NV 89074

brogers@communityambulance.com

Office - 702-438-9100

Cell - 702-249-1919



October 28, 2018

To:
Jeremy Bradshaw
Chief Executive Officer
MountainView Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

Subject: Letter of Support of Level III Trauma Destination at MountainView Hospital

Dear Mr. Bradshaw,

I am writing this letter in support of MountainView Hospital obtaining their Level III Trauma Center accreditation. With the Northwest area of Clark County growing at exponential rates, having a Level III Trauma Center will reduce the times patients have to wait before definitive care can be delivered. According to the *Pre Hospital Trauma Life Support 8th Edition*, definitive care should be obtained within one hour of the time of incident and as it currently stands this is very difficult with the current trauma center plan.

I have personally seen the need for a trauma center in the Northwest part of the Las Vegas valley during my 14 years spent as a ski patroller at our local ski resort. During the winter months we encounter hundreds of patients hurt either in our ski area or in the surrounding areas and many times we have to give them a recommendation for a trauma center that is much further away from MountainView Hospital. This need for an additional trauma center in the Northwest part of the Las Vegas valley will continue to grow, especially as our local ski resort gets ready for a large expansion including year round operations, which will only increase the number of people seeking trauma services.

In addition, MountainView Hospital's current capabilities make it an excellent candidate to receive its Level III Trauma Center accreditation. MountainView Hospital already has 24 hour emergency services, including surgeons on call and a transfer agreement to a Level I trauma center for more acute trauma services. Further, MountainView Hospital is located near one of the largest senior populations in Clark County and has aggressive protocols to treat senior patients that suffer from hip fractures due to falls.

In conclusion, Guardian Elite Medical Services offers its unwavering support for MountainView Hospital to become a Level III Trauma Center if the Regional Trauma Advisory Board (RTAB) and county assessment determines that such a need exists. If you have any questions or comments about my support I can be reached at 702-436-7911 or by email at sam@gemslv.com.

Sincerely,

Samuel Scheller, MBA, NRP
Chief Executive Officer

GUARDIAN ELITE MEDICAL SERVICES, LLC.

2830 FERNE DRIVE • BLD E • LAS VEGAS • NV • 89104

WWW.LASVEGASAMBULANCE.COM



November 15, 2018

Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

Re: Application for initial authorization of MountainView Hospital as a designated Level III trauma center

Chair Kirkpatrick and SNHD Board members:

I am writing in support of MountainView Hospital, one of Sunrise Hospital & Medical Center's sister facilities in the greater Las Vegas community.

As CEO of Sunrise Hospital and Medical Center, and Sunrise Children's Hospital, I am dedicated to ensuring that we are delivering high quality care across southern Nevada and to the tens of million visitors who travel to Las Vegas each year. Focusing on quality of care and the patient experience is our priority above all else.

We are proud to operate a Level II trauma center that provides much needed access to life-saving trauma care, in addition to training and retaining expert trauma care personnel who are ready when our patients need us most. We are driven to improve outcomes and learn from our experience.

After witnessing the unprecedented tragedy that took place on Oct 1., 2017 and playing a major role in the response, we are more convinced that everyone deserves access to appropriate trauma care – no matter where they live or visit.

For such an unimaginable and horrific experience, the full capacities of our trauma center and medical facilities gave us the foundation to provide care to all the patients we treated. In the aftermath of this tragedy, the Sunrise trauma team and all supporting nursing units, critical care areas and ancillary services worked around the clock to treat nearly 250 victims and to assist their loved ones.

Our immediate coordinated response included 87 total surgeries performed and over 500 blood products administered by expert trauma specialists. Our ability to diagnose 124 gunshot wounds in a moment's notice is testament to how absolutely critical it is to prioritize trauma care capacity and apply robust triage and treatment protocols.

Throughout the response efforts following Oct. 1, Sunrise benefited greatly from HCA Healthcare's company-wide capacities and support system in the Las Vegas area. Immediate coordination among neighboring facilities such as Southern Hills and MountainView allowed us to replenish a wide variety of surgical and general needs. Further shifts in staff, Blood Bank resources, and other supplies also helped to ensure we had the resources we needed – whether personnel or supplies – to provide high quality trauma care.



The prospect of adding an additional designated Level III trauma center at MountainView will undoubtedly amplify these efforts to provide logistical support and improve harmonization throughout the Las Vegas valley trauma system.

In many ways the capacities of the region's current trauma care system have been pushed to the brink. Our trauma center, along with the region's Level I facility at UMC, have handled approximately 7,300 trauma activations each year. As well, data collected by the state for the annual trauma registry report highlights how MountainView is already stepping up to meet the needs in an underserved community. MountainView treats more trauma patients than any other non-trauma facility in Nevada, and also sees greater patient volumes than the Level III trauma center at St. Rose.

The tremendous population growth and economic development we have witnessed in the greater Las Vegas area is expected to continue. With this in mind, we must plan ahead and enhance our region's emergency care network in the interest of improving public health in local communities. MountainView Hospital is ready and fully capable of managing the demands of a Level III trauma designation.

I fully appreciate all the important work by the SNHD Board to determine our needs, and thank each member for their consideration of this proposal that will significantly increase much needed access to high-quality care and save more lives.

Sincerely,

A handwritten signature in black ink that reads "Todd P. Sklamberg".

Todd P. Sklamberg
Chief Executive Officer
Sunrise Hospital and Medical Center
Sunrise Children's Hospital

TPS/ac



November 9, 2018

Jeremy Bradshaw
Chief Executive Officer
Mountain View Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

Subject: Letter of Support of Level III Trauma Designation at Mountain View Hospital

Dear Mr. Bradshaw:

I am writing this letter in support of Mountain View Hospital obtaining their Level III Trauma Center accreditation. With the Northwest area of the Las Vegas Valley's current growth, as well as, the anticipated continued growth, having Mountain View Hospital as Level III Trauma Center will likely reduce the current transport time for trauma patients in that region needing definite care. According to the *Pre Hospital Trauma Life Support 8th Edition*, definitive care should be obtained within one hour of the time of incident to maximize the possibility of favorable patient outcomes.

Mountain View Hospital's current capabilities make it an excellent candidate to receive its Level III Trauma Center accreditation. Mountain View Hospital already has 24 hour emergency services, including surgeons on call, and a transfer agreement to a Level I trauma center for more acute trauma services.

Mesa View Regional Hospital offers its support for Mountain View Hospital in becoming a recognized and accredited Level III Trauma Center should the Regional Trauma Advisory Board (RTAB) and county assessment determine such a need exists. Should there be any questions please feel free to contact me directly via email at Ned.Hill@Mesaviewhospital.com.

Sincerely,

Ned Hill, CEO

Mesa View Regional Hospital



November 13, 2018

Via U.S. Mail
and
Email: Hammond@snhdmail.org

John Hammond
EMS & Trauma System Manager

Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, NV 89107

Re: Applications for Initial Authorization of MountainView Hospital as a Center for the Treatment of Trauma

Dear Mr. Hammond:

I am writing to you today to show my support for the initial authorization of Mountain View Hospital as a center for the treatment of trauma.

It is my sincerest belief that the health and safety of Clark County's citizens are especially important in the day and age that we live in. As of late, our nation has been hit with uncontrollable natural disasters and horrific accounts of malevolence and terrorism, one of which hit home for Las Vegas. Now, more than ever, is the appropriate time for additional options to be authorized as centers for the treatment of trauma and MountainView Hospital is an ideal facility for initial authorization.

Located in the rapidly expanding northwest part of Las Vegas, MountainView Hospital provides local medical access to key neighborhoods including Summerlin, Spring Valley, Lone Mountain, Centennial Hills, Providence, Aliante and many others. The citizens of these neighborhoods are entitled to access to an additional and closer option for the treatment of trauma. The initial authorization of MountainView as a center for trauma would prove to be not just convenient but critical in times when trauma care is needed in the area. Furthermore, this authorization would not just be critical to citizens in the northwest area but would also be helpful in a time of need for the entire County should another incident occur.

It is my hope that you all will seriously consider the initial authorization of MountainView Hospital as a trauma center within Clark County free of bias or politics and do what is best for the citizens of our community.

Sincerely,

A handwritten signature in blue ink that reads "Adam Rudd".

Adam Rudd, CEO
Southern Hills Hospital and Center



November 5, 2018

Jeremy Bradshaw
Chief Executive Officer
Mountain View Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

Subject: Letter of Support of Level III Trauma Designation at Mountain View Hospital

Dear Mr. Bradshaw:

I am writing this letter in support of Mountain View Hospital obtaining their Level III Trauma Center accreditation. With the Northwest area of Clark County growing at exponential rates, having a Level III Trauma Center will reduce the times patients have to wait before definitive care can be delivered. According to the *Pre Hospital Trauma Life Support 8th Edition*, definitive care should be obtained within one hour of the time of incident and as it currently stands, this is very difficult with the current trauma center plan.

Mountain View Hospital's current capabilities make it an excellent candidate to receive its Level III Trauma Center accreditation. Mountain View Hospital already has 24 hour emergency services, including surgeons on call, and a transfer agreement to a Level I trauma center for more acute trauma services.

As part of the HCA healthcare system, CareNow Urgent Care offers its support for Mountain View Hospital to become a Level III Trauma Center if the Regional Trauma Advisory Board (RTAB) and county assessment determines that such a need exists. If you have any questions or comments about my support I can be reached by email at TimothyDMiller@hcahealthcare.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tim Miller".

Tim Miller, President

Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

SNHD Board Members,

The purpose of this letter is to encourage the creation of a new Level III trauma center at MountainView Hospital. Clark County currently has three trauma centers, each providing care for about 700,000 residents per trauma center. This area is underserved and there is not enough access to trauma care to meet the needs of this evolving community. Likewise, a new trauma center at MountainView would be in a great position geographically to serve to the black population in the Las Vegas area. The location of the hospital provides direct access and a perfect opportunity to serve this segment of residents in Clark County.

As the population grows in Southern Nevada, the need for trauma care does too. Having another trauma center would mean easier access to trauma care and faster treatment. We support the creation of a new Level III Trauma Center for the sake of the southern areas of our state who may have to wait hours to receive trauma care. In emergency situations, time is not on your side.

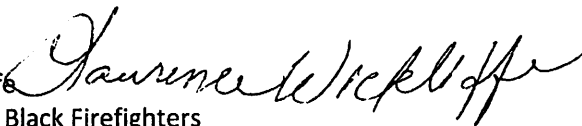
Similar to most years, Clark County hosted over 45 million visitors in 2017. Tourism in our community has brought additional patients, accidents, increased traffic and new challenges to providing care to those in need. We should have more than the three current trauma centers to ensure that we can continue to provide sufficient service to the communities as an emergency resource.

The Southern Nevada Health District has a great responsibility to ensure the high quality and economic feasibility of Southern Nevada's trauma system. MountainView Hospital is well-prepared to operate a Level III trauma care center to further serve the Southern Nevada residents.

As a provider of emergency services, we are always looking for ways to be more efficient, improve outcomes, and increase survival rates. Adding a Level III Trauma center at MountainView Hospital would do just that. The Southern Nevada Black Firefighters support this expansion of the trauma system in our region.

Regards,

Lawrence Wickliffe
Southern Nevada Black Firefighters

A handwritten signature in black ink, appearing to read "Lawrence Wickliffe", written over the printed name and title.



This document is now complete.

CLOSE

Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

November 12, 2018

To Whom It May Concern,

The Nevada Disability Coalition would like to express its strong support for MountainView Hospital's Level III Trauma Center application. The Coalition is an alliance of organizations and individuals that supports Nevadans of every age, economic background, political persuasion, and disability. The Coalition urges this Board to take action to improve a trauma system that has seen an influx of patients over the past decade, but has not added trauma center since 2004. By adding a trauma center at MountainView Hospital, you will help to ensure that people with disabilities have the fastest and best care possible.

The Coalition hopes that you will approve MountainView Hospital's Level III Trauma Center application so that the most vulnerable Southern Nevadans in the Northwestern part of Las Vegas receive the trauma care that they deserve.

Sincerely,

Madonna Long
Director, Nevada Disability Coalition



NEVADA HIGHWAY PATROL ASSOCIATION
Serving Department of Public Safety employees since 1972
Post Office Box 11310, Reno, Nevada 89510
www.nhpassociation.com

Board of Health, Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

Board Members,

The Clark County and Las Vegas metropolitan area continues to experience significant population growth. With more than two million residents and an average of 42 million visitors each year, traffic and motor-vehicle accidents remain a significant problem. Further, Las Vegas has the 5th worst motor vehicle fatality rate out of the nation's top cities. An increase in life-threatening injuries demonstrates the need for a more advanced trauma care system in southern Nevada.

Southern Nevada currently has three trauma centers, one center for each level of designation, which is insufficient for the overall needs of an expanding community. Additional trauma centers would support our southern Nevada emergency response personnel and decrease patient-transport times for life-saving treatment needs. For example, the closest trauma center to the northwest Las Vegas area is University Medical Center, which is located near downtown Las Vegas. In this instance, a new Level III trauma center at MountainView Hospital would be a responsible addition to the trauma care system.

MountainView Hospital has an experienced staff of trauma medical personnel, physicians, surgeons and more that are poised to treat trauma patients and apply life-saving treatments. The capabilities and location of MountainView give patients the best chance to receive care close to home and return to functional life sooner.

This aligns closely with The Nevada Highway Patrol Association's mission to ensure that our communities receive the highest level of service. With all of this in mind, we fully support a level III trauma designation at MountainView Hospital.

Regards,

A handwritten signature in blue ink, appearing to read "Matthew Kaplan", is written over a horizontal line. The signature is fluid and cursive.

Matthew Kaplan, President

SAFE K:DS

CLARK COUNTY

Lead Organization
Sunrise Hospital and Medical Center
Trauma Services

SAFE KIDS Clark County
3196 S. Maryland Parkway #101
Las Vegas, NV 89109
702/731-8666
702/731-1954 (fax)
www.safekidsclarkcounty.com

Honoree Chairs
Former Senator Mark Manendo

Executive Director
Jeanne Cosgrove Marsala, RN, BSN
Injury Prevention Coordinator
Sunrise Hospital and Medical Center

SAFE KIDS Buckle Up Coordinator
Connor Cosgrove

Medical Director
Michael Zbiegien, MD
Director-Pediatric Emergency Services
Sunrise Children's Hospital

Co-Medical Director
John Fildes, MD
Director-Medical Trauma
University Medical Center

President
Heather Watson

Vice President
Aisha Farmer

Secretary
Kim Kandt, RN

Treasurer
Ellie Gates

Jeremy Bradshaw
Chief Executive Officer
MountainView Hospital
3100 N. Tenaya Way
Las Vegas, NV 89128

Subject: Letter of Support of Level III Trauma Destination at MountainView Hospital

Dear Mr. Bradshaw,

I am writing this letter in support of MountainView Hospital obtaining their Level III Trauma Center accreditation.

With the increase in population here in Clark County, it is extremely necessary for Clark County to follow the national standards of one trauma center per every 500,000 population. With the Northwest area of Clark County growing, having a Level III Trauma Center will reduce the times patients have to wait before trauma care can be delivered within the "golden hour". According to the Pre Hospital Trauma Life Support 8th Edition, definitive care should be obtained within one hour of the trauma. If this trauma occurs in the northwest area of our town, this is very difficult to achieve with the current catchment areas.

MountainView has been a great partner of Safe Kids in injury prevention. They have partnered with us in the risk areas of child passenger safety, bike and pedestrian safety. The staff at MountainView has a great passion for preventing traumas in the community.

In addition, MountainView Hospital's current capabilities make it an excellent candidate to receive its Level III status.

Should you have any further questions or are willing to donate, please call me on my cellular at 702-682-8749.

Sincerely,

Jeanne Cosgrove Marsala

Jeanne Cosgrove Marsala, RN, BSN
Executive Director
Safe Kids Clark County
Lead organization
Sunrise Children's Hospital
Trauma Services

United States Senate

WASHINGTON, DC 20510

November 16, 2018

Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

Dear Board Members,

As elected officials, we are responsible for meeting the needs of our communities by advancing prosperity, evaluating resources, and ensuring overall wellness. Our priorities are often focused on the economy, healthcare, transportation, tourism, crime and other need-based issues. Within health policy matters, we must not overlook the tremendous needs to ensure that our communities are properly equipped with high-quality emergency care systems that can treat our residents and provide exceptional care when life-threatening injuries occur.

Currently, the greater Las Vegas area has access to only three trauma centers, all of which are located downtown or further south. With the growing population of the region and an increasing number of tourists to the area, three trauma centers is not sufficient. MountainView Hospital is prepared to build a new Level III trauma center that would help meet greater needs in Clark County and especially serve communities in the northwest.

The addition of a new trauma center would not compete with, but would support, the existing trauma centers located in Las Vegas. Immediately following the tragedy of the October 1 mass shooting on the Strip, the region's existing trauma system became overwhelmed, causing delays in patient access to expert trauma personnel and care. For crises like this and also accidental injuries that can occur at any time, Las Vegas residents deserve the peace of mind to know that they have access to greater treatment capacity and shorter transport times to care.

When caring for a trauma patient, travel time and ease of access is extremely important. The trauma care authorities of the American College of Surgeons indicate that survival chances increase when patients are treated within the "golden hour" or the first 60 minutes of injury. With a rapidly growing number of residents and tourists visiting the area, enabling our trauma system to expeditiously transport patients only grows more challenging with factors like traffic congestion, accidents and a rising number of patients overall.

I encourage the Board to take an important step in addressing the need for another trauma center and help our current trauma system to grow alongside the metro area. I support the designation of a new Level III trauma center at MountainView Hospital with our region's safety in mind.

Regards,



DEAN HELLER
U.S. Senator

RUBEN KIHUEN
4TH DISTRICT, NEVADA

Congress of the United States
House of Representatives
Washington, DC 20515

313 Cannon House Office Building
Washington, DC 20515
(202) 225-9894

November 19, 2018

Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

Dear Board Members,

As elected officials, we are responsible for meeting the needs of our communities. No need is more pressing than ensuring we are equipped to meet the needs of our community with regards to health care. Within healthcare policy matters, we must not overlook the tremendous needs to ensure that our communities are properly equipped with high-quality emergency care systems that can treat our residents and provide exceptional care when life-threatening injuries occur.

As you know, the greater Las Vegas area has access to only three designated trauma centers, all of which are located downtown or further south. Furthermore, as I am sure you are also aware, Clark County has not added a trauma center in over ten years, yet we have added a tremendous amount of new residents. I am concerned the current trauma care system may be unable to keep up with the needs of the growing region. Overcrowded facilities and longer times to reach treatment may be remedied by adding trauma designations to some outer-core hospitals, such as Mountain View Hospital in northern Las Vegas.

Because of these reasons, I strongly support the designation of a new level III trauma center at Mountain View Hospital. The greater Las Vegas area, and particularly the rapidly growing northwest areas need access to facilities that would have these treatment capabilities.

Regards,



Ruben J. Kihuen
U.S. House of Representatives
Congressional District 4

SCOTT T. HAMMOND

SENATOR
District No. 18



State of Nevada
Senate
Seventy-Seventh Session

COMMITTEES:

Member
Government Affairs
Judiciary

DISTRICT OFFICE:

9101 W. Sahara Avenue, No. 105-H30
Las Vegas, Nevada 89117-5772

LEGISLATIVE BUILDING:

401 S. Carson Street
Carson City, Nevada 89701-4747

Office: (775) 684-1442 or
(775) 684-1400

Fax No.: (775) 684-6522

Email: Scott.Hammond@sen.state.nv.us
www.leg.state.nv.us

Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

November 12, 2018

Dear Members of the Board:

I write this letter to express my strong support for your approval of new Level III trauma centers in the western and northwestern parts of the Clark County Metropolitan district. My district stretches north from its southern border of Cheyenne on the west and Sheep Mountain on the east to beyond Floyd Lamb Park. Decatur comprises most of the eastern border. Clark County has grown over by 40 percent, since the last new trauma centers were approved, and much of that growth has occurred in my district as well as the areas immediately south and east of it. Growth also means much heavier traffic. Yet, Level III and IV trauma patients throughout this area must still be transported all the way to UMC, a slow process during certain times of the day, rather than being treated much more quickly at a nearby Level III center.

Many elderly and retired live in the west and northwest; their falls comprise a very large proportion of Level III traumas. A Level III center or centers in this region would provide these patients high-quality definitive care much more quickly than is currently possible. These new trauma centers would enable patients to recover in their own communities, close to their comforting friends and relatives.

The Centers for Disease Control states in the trauma guidelines: "Ideally, all persons with severe, life-threatening injuries would be transported to a Level I or Level II trauma center, and all persons with less serious injuries would be transported to lower-level trauma centers..." This is a critical point. New Level III trauma centers out in the regions where the population has exploded do not compete with existing centers; rather they complement them.

SCOTT T. HAMMOND
SENATOR
District No. 18



DISTRICT OFFICE:
9101 W. Sahara Avenue, No. 105-H30
Las Vegas, Nevada 89117-5772

COMMITTEES:
Member
Government Affairs
Judiciary

LEGISLATIVE BUILDING:
401 S. Carson Street
Carson City, Nevada 89701-4747
Office: (775) 684-1442 or
(775) 684-1400
Fax No.: (775) 684-6522
Email: Scott.Hammond@sen.state.nv.us
www.leg.state.nv.us

State of Nevada Senate

Seventy-Seventh Session

In addition to the tremendous growth in population, we must also be mindful that on many nights, the Las Vegas area's actual total population far exceeds those who actually live here. That tourist population also has significantly increased in the intervening years. We need only cite October 1, 2017 to be reminded that a mass casualty event 1) unfortunately, can happen, and 2) severely strains existing trauma resources.

Public awareness of the importance of the availability of high-quality healthcare is probably at an all-time high. Compare to other metropolitan areas of similar size, Clark County is very under-served with regard to sufficient availability of timely trauma care. I believe it is imperative that the Board of Health meet this need for more high-quality Level III trauma care and approve additional trauma centers that would serve District 18 and the other western and northwestern districts.

Sincerely,

A handwritten signature in blue ink that reads "Scott Hammond".

Scott Hammond
Nevada State Senate
District 18

November 14, 2018

Board of Health
Southern Nevada Health District
280 S. Decatur Blvd.
Las Vegas, NV 89107

Dear Board Members,

My name is Selena Torres. I represent Assembly District 3 in the Nevada Legislature. I write to you today as a representative of constituents who utilize the services at MountainView Hospital. After serious consideration of the reasons for and against adding a Level III Trauma Center at MountainView, I have concluded that it is in the best interests of my constituents and others in Northwest Clark County to add an additional trauma center.

Currently, Southern Nevada only has three trauma centers. It has had only one Level I Trauma Center since 1992 and has not added any new trauma centers since 2004. Given our rapidly growing population, our existing trauma center infrastructure is not only insufficient to serve the daily needs of our community, but is inadequate if we were to experience a mass casualty event.

Hospitals in Northwest Las Vegas already have over a thousand patients per year who come to their emergency rooms and meet the criteria for traumatic injury. A significant reason why so many trauma patients are not travelling to a downtown trauma center is likely a decision to avoid delaying treatment. When a medical emergency occurs, our community must have access trauma centers, like MountainView Hospital, in order to receive the best care as quickly as possible.

In addition to allowing patients to receive treatment in a timely manner, it is also very important for them to have the chance to recover close to where they live. This not only makes it more feasible for family members and friends from their community to visit in the immediate aftermath of the traumatic injury, but it also makes subsequent follow-up visits to the hospital easier.

I urge you to join me in support of MountainView Hospital's application for a Level III Trauma Center. Should you have any questions, please feel free to contact me by telephone at (702) 716-2273 or by email at Selena.Torres@asm.state.nv.us.

Sincerely,

/S/ Selena Torres
Assembly District 3

JIM MARCHANT
ASSEMBLYMAN
District No. 37

COMMITTEES:
Commerce and Labor
Government Affairs
Taxation



State of Nevada
Assembly
Seventy-Ninth Session

DISTRICT OFFICE:
848 North Rainbow Boulevard, No. 464
Las Vegas, Nevada 89107-1103
Office: (702) 706-1815
Email: jim@jimmarchant.com
Twitter: @votejimmarchant
Facebook: Elect Jim Marchant

LEGISLATIVE BUILDING:
401 South Carson Street
Carson City, Nevada 89701-4747
Office: (775) 684-8505
Fax No.: (775) 684-8533
Email: Jim.Marchant@asm.state.nv.us
www.leg.state.nv.us

Board of Health
Southern Nevada Health District
280 S. Decatur
Las Vegas, NV 89107

November 2, 2018

Dear Members of the Board:

I write in support of Mountain View Hospital's application to establish a Level III Trauma Center. Located at the intersection of Cheyenne and Tenaya, adjacent to I-95, Mountain View sits on the eastern edge of Assembly District 37 which I represent in the Nevada Legislature. District 37 stretches north to Washburn and on the south side of Cheyenne, extends west to I-215. A large proportion of my constituents are elderly; they are very susceptible to falls and other circumstances of medical emergency. Falls comprise a significant proportion of elderly trauma injuries, and such injuries usually can be treated at a Level III trauma center. Seconds and minutes matter when transporting patients to a trauma center. Consequently, a Level III trauma center at Mountain View would be invaluable for the people in this area. Massive growth has occurred throughout the northwest. Given its location just off I-95 and near the I-95 and Summerlin Freeway intersection, trauma victims would be transported in far less time to Mountain View than to UMC which is in the heavily congested urban center of the valley. This is especially true at rush hour.

In addition to enabling these patients to arrive at a trauma center more rapidly, the Mountain View Trauma Center would enable ambulances to return to service more quickly. Las Vegas' ranking in CDC data as having the 5th worst motor vehicle fatality rate among the 53 largest US cities confirms the need for more trauma centers with faster access. By way of comparison, the Sacramento area which has a similar population to Clark County, has one Level I and four Level II trauma centers. Clark has one Level I, one Level II, and one Level III. Although we hope and pray such an event never again occurs, the October 1, 2017 shootings demonstrated that an additional trauma center would enhance the valley's ability to cope with a major disaster.

Expansion of the medical services at Mountain View Hospital will also create an additional site for training of its medical residents. This is a priority to improving opportunities for retention of our new doctors.

I strongly urge you to approve Mountain View Hospital's application for a level III trauma center. In your review of the application, I urge you to be guided in your considerations by the February 2015 statement of the American College of Surgeons who stated that "trauma center designation should be guided by the regional trauma plan based on the needs of the population being served, rather than the needs of individual health care organizations or hospital groups." Much of the more than 40 percent growth in Clark County's population since new trauma centers were last approved has occurred in the west and northwest. A new trauma center will complement – not compete with – the care provided by the county's three existing centers. The new trauma center will ensure shorter transport times to care, allow for less severe trauma cases to be handled closer to home, and permit UMC and Sunrise to focus on more severe cases.

Sincerely,

A handwritten signature in blue ink that reads "Jim Marchant".

James Marchant
Nevada Assembly District 37

Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

The attention of the SNHD Board Members:

Clark County has experienced significant population growth in recent years. Specifically, this has translated to growing families, evolving school systems, and increasing roles for local organizations. In my work with the state Board of Education, I know the importance of having appropriate services to meet the needs of children and all of our communities.

As growth in the region continues, resources for emergency care – like first-responders, fire stations, trucks, and more – cannot be forgotten. Having more people undoubtedly leads to more accidents on the roads and more life-threatening injuries. This demonstrates the need for an enhanced trauma care system. While local population continues to rise, the number of trauma centers has stayed the same over the last decade. To compensate for the influx of people in the valley, a new Level III trauma center at MountainView Hospital would be a great addition to the area.

Southern Nevada currently has three trauma centers, one center for each level of designation, but this is not sufficient when looking at the overall needs of the community. More critically-injured patients receiving high quality care by skilled medical staff means more lives saved. Another trauma center would be extremely helpful to the Clark County's emergency medical personnel and ambulatory services so that patients can be transported and receive life-saving when they need it most.

Clark County residents need enhanced local access to trauma treatment in order to keep travel times within the "golden hour" and to ensure that patients get the best possible care. Factoring in traffic time, there is a large portion of residents in Clark County that would be traveling up to an hour to get the care they need. This is something we must improve on.

Residents and especially children in Clark County should have access to a local trauma center without having to worry that in the event of a crisis, that they may have to wait hours to be seen or that they may not make it to a facility in time. Fortunately, MountainView Hospital seeks to alleviate these problems with a new Level III trauma center right here in Clark County.

Designating this trauma center at MountainView is the best course of action to reinforce the work of our schools and public agencies, and most effectively serve the needs of the community.

Thank you for your consideration,



Felicia Ortiz
State Board of Education - District 3

Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

Dear Members of the Board,

Residents of Clark County should have access to exceptional health care and trauma resources. In the event of an emergency, no one should have to travel great lengths to receive care in a time of need. To ensure that our community has access to the best possible care, I support the creation of a new Level III trauma center at MountainView Hospital.

Our county currently has three trauma centers serving more than 2 million residents. Adding a Level III trauma center at MountainView Hospital will support our current trauma system's work to treat patients, improve travel times, and keep up with the growing population of our region.

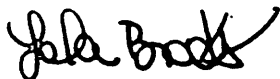
Having been a Clark County resident for over a decade, I have seen our area grow and sprawl at a rapid rate. Just last year, Clark County added more new residents than almost any other county nationwide. This population growth leads to concern that our trauma system has not kept up with current trauma needs. Las Vegas has not added any trauma centers since 2004, yet our region continues to grow.

We must ensure access to emergency health care for our residents, school systems, as well as our visitors. As we continue to maintain a vibrant tourism industry here in Las Vegas, we must expand our trauma system to keep up with the growing number of people on the roads and those exploring our city. Trauma care expansion is important so that each resident, school, and visitor has access to life-saving trauma care in the event of an emergency.

Traumatic injuries such as car accidents, sports injuries, firearm wounds, falls, and many more can happen at any time and we must be ready to treat them properly. Caring for these injuries within the "golden hour", or within 60 minutes of the incident, is vital to survival. This window is often missed due to factors like traffic congestion, wait times, and capacity challenges at existing trauma centers. An added Level III trauma center would further alleviate these factors that obstruct patients from getting the care they need.

MountainView Hospital has the capacity, resources, and the desire to build a Level III trauma center in southern Nevada to further serve the region. I urge my fellow citizens, and the Southern Nevada Board of Health, to support this proposal and expand access to trauma care for our communities.

Signed,

A handwritten signature in black ink that reads "Lola Brooks". The signature is written in a cursive, flowing style.

Lola Brooks
Representing District E of the Clark County School District

CHAMBERLAIN UNIVERSITY
COLLEGE of NURSING

November, 20, 2018

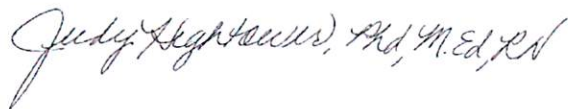
To Whom It May Concern,

This letter is to inform you that the Chamberlain University College of Nursing, Las Vegas campus is a strong supporter of Mountain View Hospital's.

Mountain View Hospital has been recognized as one of the top state of the art, full service healthcare facilities in Las Vegas, Nevada and the campus is honored to have them as one of our clinical partner for our pre-licensure nursing program. Within recent months, the nursing program establish a Dedicated Education Unit partnership with the facility. This partnership will provide an optimal teaching/learning experience for our students as well as promote clinical education outcomes. Through this partnership, staff and faculty can break down barriers between education and practice to better prepared our graduates to transition to practice and prepare a new generation for the realities of healthcare delivery.

Please do not hesitate to contact me if you would like more information regarding the partnership between Chamberlain College of Nursing Las Vegas and Mountain View Hospital.

Sincerely,



Dr. Judy Hightower, PhD, M. Ed, RN
Chamberlain College of Nursing Las Vegas Campus President
9901 W. Covington Cross Dr.
Las Vegas, NV, 89144
Office phone: 702-786-1666





NEVADA STATE
COLLEGE
bold. great. State.

November 14, 2018

Todd Isbel
Chief Nursing Officer
Mountain View Hospital
3100 N. Tenaya
Las Vegas, NV 89128

Mr. Isbel,

The greater Las Vegas trauma system is currently limited to University Medical Center, Sunrise Hospital, and St. Rose Siena, all which are located in the central Las Vegas and Henderson areas. This leaves the northern and western areas of the city vulnerable as significant growth continues in Summerlin, Centennial Hills, and North Las Vegas. Other areas, including Mount Charleston, Indian Springs, Mercury, and Pahrump are also negatively impacted by the lack of a readily accessible trauma center. I strongly believe that adding trauma center capacity to better support these areas would be a prudent decision.

This issue is about more than convenience, but instead about saving lives. Outcomes are improved when trauma victims receive access to critical services quickly; minutes make the difference between life and death. And when first-responders spend less time in transport they are available to provide care to an increased number of patients, improving their efficiency and decreasing the need for additional ambulances and personnel. The ever-increasing risk of disaster scenarios also points to the need for increased trauma center units within the greater Las Vegas area.

Based on the information above, I fully support the development of a Level III Trauma center at Mountain View Hospital.

Sincerely,

Douglas M. Turner, PhD, DNP, RN, CNE, NE-BC, NEA-BC
Dean School of Nursing



November 15, 2018

Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

Dear Chair Kirkpatrick and Board of Health members:

I am writing on behalf of MountainView Hospital in Las Vegas, which is one of eight hospitals and surgery centers that HCA's Far West Division operates in Southern Nevada.

As the HCA Far West Division President, it is my responsibility to coordinate with our hospital leadership to ensure we are providing high quality healthcare in the communities where we provide care. A key element to our approach is that we identify gaps in access to care and look for opportunities to align our strengths to eliminate those gaps.

Clark County has not authorized a new trauma center in 14 years. Since that time the county population has grown to 2.2 million, and we continue to enjoy a thriving tourism industry that brings over 42 million visitors to our region annually. We also saw firsthand the importance of adequate access to trauma care in our community in the aftermath of the night of Oct. 1, 2017.

I understand that this public health matter will be addressed as the Board of Health considers applications for initial authorization in the weeks ahead. We support the expansion of the trauma system in Southern Nevada to include MountainView Hospital as a Level III trauma center and look forward to maintaining a dialogue on this collaborative effort with the Board throughout the process.

At MountainView Hospital, we are making significant investments to improve our trauma capabilities and provide better access to quality trauma care. These planned improvements to expand treatment infrastructure and add critical technologies are being made at no expense to taxpayers.

Designating a Level III trauma center at MountainView will help ensure that adequate trauma resources are available in areas that are currently underserved, while also strengthening capabilities of existing trauma centers in the area.

Since the region last added a trauma center in 2004, the Las Vegas Valley has experienced significant growth. During this period, the population of Clark County has grown by approximately 500,000 people (nearly 28 percent). Much of this growth is attributable to the more than 1 million residents who now live outside of the city limits (e.g. Spring Valley, Enterprise, Sunrise Manor, Summerlin South, Etc.).

For communities in the northwest, this growth has also naturally led to an increase in the instances of trauma. Despite not being designated as a trauma center, MountainView treated more than 500 trauma cases in 2017. It handled more cases than the Level III trauma center at St. Rose Dominican at Siena and treated more trauma cases than any other non-trauma hospital in the state.

The region's only Level I trauma center (UMC) admits more than 3,000 cases annually, which far exceeds the minimum threshold set by American College of Surgeons to maintain status as a Level I facility. Based on these current volumes, we are confident that the addition of a Level III trauma center at MountainView will complement existing higher-level facilities by treating the lower acuity traumas and allowing UMC and Sunrise Hospital to properly direct their resources to high acuity and specialty cases.

Further, expanding the footprint of the trauma system to cover far greater portions of the northwest will enable more efficient use of trauma resources, and most importantly, improve patient access to care.

Specifically, for Level III trauma cases occurring in northwest communities, transport times to MountainView would average 14 minutes less than the current transport times to the existing Level I trauma center. During challenging commute traffic periods, patients could reach MountainView 30 minutes faster on average. Reduced distances mean treating a greater share of critically injured patients within the “Golden Hour” and allowing them to recover closer to home, all of which are imperative to improving outcomes.

The unique characteristics of Las Vegas and the surrounding communities merit a thoughtful expansion of the existing trauma system. In addition to the growing base of permanent residents, tourism continues to be a major driver of the area’s economy, bringing hundreds of thousands of visitors each week. Las Vegas also faces a distinctively higher rate of motor vehicle accidents compared to other metropolitan areas and a rapidly growing population of senior citizens. The impact of these factors has been noticeable as the majority of trauma cases in Nevada have involved either vehicle incidents or older individuals suffering from unintentional falls.

Adequately preparing for mass casualty incidents is also an essential function of a 21st century trauma system. Along with our sister facility at Sunrise Hospital, a Level III designation at MountainView would allow us to achieve even greater efficiencies through collaboration. Both medical centers have proudly served the greater community in times of need, and especially during the multi-layered response to the 1 October mass shooting.

HCA Healthcare is wholly committed to ensuring the best quality care and ultimately higher survival rates and better patient outcomes. We are one of the nation’s largest providers of trauma care, operating 95 trauma centers in 20 states. Our network provides expert medical staff with the data, resources, and leadership to support an enhanced trauma care system in Southern Nevada. HCA’s enterprise-wide trauma registry with data from more than 240,000 patients is a key element for shared learning in trauma care protocol.

In consideration of these facts, we sincerely encourage the Board of Health to approve MountainView’s application for designation as a Level III trauma center to significantly improve access to emergency care in communities throughout Southern Nevada.

Thank you for your consideration,



Brian Cook
President
Far West Division, HCA



Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107

Re: Support Letter for MountainView Hospital Level III Trauma Application

November 14, 2018

Dear Members of the Board:

I am writing in support for MountainView Hospital's Level III Trauma application. MountainView has been working diligently over the past several years to meet the healthcare needs for our surrounding communities and families. We are committed to providing this specialized care and expertise to currently underserved trauma patients.

Because we are already treating about 500 trauma patients annually, MountainView Hospital has integrated the American College of Surgeons Level III Trauma Designation requirements into our everyday care. We have dedicated and experienced caregivers, which includes our Trauma Program Manager, Trauma Medical Director, and a trauma surgeon call panel. Additionally, we have a trauma registry that meets American College of Surgeons (ACS) requirements with a robust performance improvement program, which includes data submission to ACS's Trauma Quality Improvement Program (TQIP), and the capacity, equipment, specialty physicians, staff training and two helicopter landing pads.

We live in and serve communities where patients face traumatic injuries every day. These moments of need range from falls, assaults, motor vehicle crashes and more. Our residents deserve a designated trauma center to provide them high quality care without the unnecessary risks of extended travel times outside of their community to reach a trauma center.

The importance of immediate access to expert trauma care was undoubtedly highlighted during the aftermath of the October 1, 2017 tragedy on the Las Vegas strip. As the Sunrise Hospital trauma team worked tirelessly to treat nearly 250 patients and perform 87 surgeries, our team was proud to help save lives. Through a well-integrated HCA Healthcare network, MountainView reinforced critical supply chains to maintain essential trauma resources, caregivers and other critical personnel to help save lives and improve outcomes.

The communities within Clark County are experiencing significant growth, and we must work to ensure our trauma network can accommodate greater needs for critical care. We have witnessed significant developments within the local economy and a two-fold increase in population in the past 25 years. This includes a growing population of senior citizens who face high risk of traumatic injuries due to unintentional falls.

The American College of Emergency Physicians ranked Nevada last among all states in its ability to provide access to emergency care in 2014. Las Vegas also has one of the nation's highest motor vehicle fatality rates. According to new research presented at the American College of Surgeons Clinical Congress 2018, states with relatively poor access to comprehensive trauma centers have more deaths occur before injured patients even arrive at a hospital. Nevada was one of 28 states identified as having a high prehospital death burden. It's clear there is more that can and should be done to provide adequate access to trauma care and save more lives.

Fortunately, MountainView Hospital is uniquely positioned to fill this gap in access to trauma care. MountainView Hospital is applying to join the Southern Nevada Trauma System to complement the care that is already being provided by the three trauma centers in the greater Las Vegas area. We look forward to working collaboratively with the Southern Nevada Health District and local trauma care providers to increase injury prevention initiatives, decrease transport times, and ultimately provide optimal life-saving care.

If you have any questions or concerns, please feel free to contact me.

Respectfully,



Jeremy Bradshaw

Chief Executive Officer

3100 N. Tenaya Way, Las Vegas, NV 89128

702.962.9000 (office) | 956.388.0376 (cell)



November 13, 2018

Board of Health
EMS & Trauma System Manager
Southern Nevada Health District
280 South Decatur Blvd.
Las Vegas, NV 89107

Re: Applications for Initial Authorization as Centers for the Treatment of Trauma

Dear Members of the Board:

As a twenty-five year resident of Sun City Summerlin, Las Vegas; and as the Chairman of the Board of Trustees at MountainView Hospital for the past twenty years, I have been privileged to oversee the expansive development of the hospital to meet the growing needs of our local community.

Beyond our medical center, the city and the greater Las Vegas area have recently experienced significant growth. In the past five years, the population of Clark County has grown by 10 percent to more than 2.2 million residents. During the same time period the population of seniors aged 65 and older has increased even faster with through 28 percent growth across the county.

Yet, the services, support and infrastructure provided to area residents and visitors has not adequately kept up with the population trends and rapid pace of development. The American College of Surgeons, generally recommends that there should be one or two trauma centers for every 1 million citizens. Therefore, access to life-saving trauma care is unfortunately included in this list.

Fortunately, MountainView Hospital is ready to step up to fill this gap in access to care. Following the latest improvement projects at MountainView Hospital, we are uniquely qualified to operate a designated trauma center in the northern corridor. Not only is our location on route 95 and Cheyenne well-suited for high volumes of emergency vehicles, but we are also equipped with two heli-pads that are critical for handling patients transported by air.

It is an exciting time at MountainView as our emergency facilities have grown substantially, allowing us to handle more than 47,000 visits in our ER in 2017. As recent efforts have expanded further our emergency room already reached this same number of ER visits in July of this year. The next expansion we are planning to start in the months ahead will lay the foundation for MountainView to provide many additional services to match the needs of the community. A new \$190 million capital improvement project is slated to enhance much of our surgical infrastructure, including adding 6 new operating rooms, a new ICU, a new catheterization lab, and substantial renovations to parking garages, meeting spaces, and more.

In addition to ensuring our facilities are equipped with the latest cutting edge equipment and services, MountainView is also home to expert medical professionals and trauma personnel. Top notch equipment, facilities, services and personnel all combine to ensure that we deliver high quality care to the community. This year, we are proud that the Leapfrog Group gave MountainView Hospital an "A Rating". This group rates over 2,600 hospitals nationwide on quality of healthcare and patient safety, and requires hospitals to get a score of 3.159 or greater to achieve an "A rating". Notably, MountainView's score (3.3514) put our medical center in the upper tier of hospitals in the Valley.

Thankfully, in the event of emergencies or even mass casualty incidents, such as the tragedy on 1 October, we are here to provide access to high-quality care and accommodate the needs of the public. Witnessing the area's Level I trauma center, UMC, undergo an "internal disaster" alert on the night of the mass shooting underscores trauma capacity challenges in our area that we must all work to resolve in the interest of public health.

Further, ensuring improved trauma care access and capacity is especially important for serving the rapidly aging population and growing number of seniors who face substantially higher risks. Life-threatening injuries as a result of falls are twice as common for seniors compared to lower age groups. Falls already constitute the greatest share of trauma cases (46 percent) across the state of Nevada.

During past evaluations of the local trauma care system, we appreciate the work of the Regional Trauma Advisory Board (RTAB) within the Southern Nevada District Board of Health to closely examine key factors that determine need. As the Board and underlying agencies further evaluate our trauma system in the weeks ahead, we encourage leaders in healthcare community to thoughtfully consider the needs of our growing community and the inherent public health risks associated when there are gaps in access to life saving trauma care. Given that it takes two years to designate a new trauma center, it only makes sense that we plan ahead.

For too long, the needs of the local region have expanded beyond the community's ability to provide appropriate trauma care when patients face life-threatening injuries. Across the Las Vegas Valley, we face particular challenges with a consistently high volume of tourists (more than 42 million last year alone), congestion on the roads, multiple major air facilities, and many new businesses and sports franchises joining the local economy.

MountainView Hospital has the ability, medical team, and capacity to provide high quality trauma care for the underserved communities in northwest Las Vegas.

We hope the Board will agree that designating a Level III trauma center at MountainView is the best approach to ensuring adequate access to trauma care.

Thank you for your consideration,


Billy G. Paris

Board of Health
Southern Nevada Health District
280 South Decatur Boulevard
Las Vegas, Nevada 89107



GRADUATE
MEDICAL
EDUCATION
CONSORTIUM

Re: Support Letter for MountainView Hospital Level III Trauma Application

November 8, 2018

Dear Board Members,

I am writing in support for MountainView Hospital's Level III Trauma Designation application. As the Designated Institutional Official for Sunrise Health Graduate Medical Education (GME) Consortium, MountainView Hospital's Level III Trauma accreditation would strongly support our mission to educate, train and retain competent medical residents in Southern Nevada.

MountainView Hospital is a member of the Sunrise Health GME Consortium, with approved residency training programs in Internal Medicine, Surgery, OB/GYN, Transitional Year, Emergency Medicine and Anesthesiology. Trauma programs provide considerable teaching at all levels of medical education. Increased patient exposure, acute and chronic care, prompt assessment, resuscitation, emergency surgery and stabilization are all irreplaceable elements of medical training and examples of tangible benefits of elevated trauma designation.

MountainView Hospital General Surgery and Emergency Medicine residency programs have specific trauma experience requirements and it is also incorporated into the Anesthesiology residency clinical curriculum. MountainView Hospital has the only anesthesiology GME training program in the State of Nevada.

According to the *Physician Workforce in Nevada* (2018 Edition), Nevada ranked in the bottom five states of the U.S. regardless of the specialty, highlighting the State's chronic physician shortage. On the other hand, Nevada ranks 8th in the U.S. for retaining physicians from Graduate Medical Education.

MountainView Hospital's expanding Graduate Medical Education programs have a critical role in training and retaining physicians for our Nevada communities. The experience a Level III Trauma designation will provide for our resident trainees will be invaluable in achieving this goal, and therefore has my full support.

Respectfully,

Ferenc Puskas, MD, PhD, MBA
Designated Institutional Official
Program Director - Anesthesiology
Sunrise Health GME Consortium
ferenc.puskas@hcahealthcare.com
o: 702-962-9614
c: 702-488-0822