Draft Minutes of Meeting – Subject to Change Upon Approval by the Regional Trauma Advisory Board at their next regularly scheduled meeting

Southern Nevada Health District

MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

REGIONAL TRAUMA ADVISORY BOARD

OCTOBER 21, 2015 - 2:30 P.M.

MEMBERS PRESENT

Sean Dort, MD, St. Rose Siena Hospital, Chair
Kim Dokken, RN, St. Rose Siena Hospital
Abby Hudema, RN, University Medical Center
Michelle Spott, RN, Sunrise Hospital
Sajit Pullarkat, Centennial Hills Hospital
Frank Simone, North Las Vegas Fire Department
Erin Breen, Transportation Research Center, UNLV
Dale Carrison, DO, MAB Chairman
John Fildes, MD, University Medical Center
Chris Fisher, MD, Sunrise Hospital (via teleconference)
Senator Shirley Breeden, Public Representative
Margaret Russitano, RN, Sunrise Hospital
Eric Dievendorf, Paramedic, AMR
Danita Cohen, University Medical Center

SNHD STAFF PRESENT

John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMSTS Supervisor
Lei Zhang, SNHD – Informatics
Joseph P. Iser, MD, Chief Health Officer
Heather Anderson-Fintak, Esquire
Mike Bernstein, SNHD – OCDPHP
Michelle Nath, Recording Secretary

PUBLIC ATTENDANCE

Senator Mark Manendo
Adam Rudd, CEO, Southern Hills Hospital
Todd Sklamberg, CEO, Sunrise Hospital
Jen Renner, RN, HCA Healthcare
Kathy Millhiser, RN, Southern Hills Hospital
John Coldsmith, RN, Centennial Hills Hospital
Jessica Lovell, Mass Media
Eric Ramos, HCA Healthcare
Karla Perez, Valley Health System
Nancy Nowell, RN, Centennial Hills Hospital
John Bailey, Esq., Bailey Kennedy
Kimberly Cerasoti, UMC
Mariah Northington, Boyd Law
Daniel Llamas, HCA Healthcare
Pam Myers, HCA Healthcare
Ann Savin, Valley Health System
Chris Stachyra, Mercy Air
Alex Ortiz, Clark County
Kurt Hour, UMC
Jeanne Freeman, Nevada State Division (via teleconference)
Chris Mowan, COO, Mountain View Hospital
Bill Bullard, Abaris Group
Stacy Johnson, RN, Mountain View Hospital
Josh Hedden, Mountain View Hospital
Dorita Sondereker, RN, Southern Hills Hospital
Rob Dyer, HCA Healthcare
Brooke Crumpler, Mass Media
Dan McBride, Valley Health System
James Lovett, Centennial Hills Hospital
Stacey Noonan, HCA Healthcare
Kelly Stout, Esq, Bailey Kennedy
Douglas Fraser, MD, UMC
Marta Kurshumova, Boyd Law
Elizabeth Snavely, UMC
Tivara Betz, HCA Healthcare
Calesha Johnson, UMC
Clarence Dunagan, MD, Mountain View Hospital
Kendall Heath, Veritext Legal Solutions
Patrick McGee, Public

CALL TO ORDER – NOTICE OF POSTING

The Regional Trauma Advisory Board convened in the Southern Nevada Health District (SNHD) 330 S. Valley View Boulevard facility, Conference Room #2 on October 21, 2015. Chairman Dort called the meeting to order at 2:30 p.m. and the Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Chairman Dort noted that a quorum was present.

I. PUBLIC COMMENT

Members of the public are allowed to speak on Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the action item is closed, no additional public comment will be accepted.

Chairman Dort asked if anyone wished to address the Board. Seeing no one, he closed the Public Comment portion of the meeting.

II. CONSENT AGENDA

Chairman Dort stated the Consent Agenda consisted of matters to be considered by the Regional Trauma Advisory Board (RTAB) that can be enacted by one motion. Any item may be discussed separately per Board member request. Any exceptions to the Consent Agenda must be stated prior to approval.

Approve Minutes/Regional Trauma Advisory Board Meeting: 7/15/15

Chairman Dort asked for approval of the minutes from the July 15, 2015 meeting. *A motion was made by Dr. Fildes, seconded by Kim Dokken, and passed unanimously to approve the minutes as written.*

Upon acceptance of the meeting minutes, Michelle Spott motioned to combine agenda items IIIB and IIIC because the two items refer to applications from separate facilities for initial trauma center designation that are located in the same geographic area. Counsel clarified that agenda item IIIA was open for discussion and action if needed; therefore, the Board would need to hear this item first, unless there was a motion to take the action items out of order. The Chairman stated that item IIIA would be heard first, and then the Board would proceed to item IIIB and entertain the motion on the floor.

III. REPORT/DISCUSSION/POSSIBLE ACTION

A. Renewal of Authorization of University Medical Center as a Level I Trauma Center and Level II Pediatric Trauma Center

University Medical Center (UMC) submitted an application requesting authorization to continue to operate as a Level I trauma center and a Pediatric Level II trauma center. Abby Hudema presented the application and requested the Board's approval. John Hammond informed the Board that UMC has met all the requirements for renewal of authorization and the SNHD Office of Emergency Medical Services and Trauma System staff recommends approval of its application. Dr. Fildes added that this is the fourteenth time the American College of Surgeons (ACS) has visited UMC since the 25 years that they have been verified as a trauma center. Although it's only been two years since the last ACS visit, UMC needs to submit their application a year in advance to meet the required deadlines.

A motion was made by Kim Dokken, seconded by Sajit Pullarkat, and passed unanimously to approve UMC's application for renewal of authorization.

B. Centennial Hills Hospital Application for Initial Authorization as a Center for the Treatment of Trauma

Upon approval of UMC's application, Chairman Dort called attention to Michelle Spott's initial motion. *Ms. Spott previously motioned to combine agenda items IIIB and IIIC, Centennial Hills and Mountain View Hospitals' application for initial authorization as centers for the treatment of trauma, because both facilities are located in the same geographic area, and the motion was seconded by Margaret Russitano.* Dr. Dort opened the floor for discussion and this was followed by Sajit Pullarkat's inquiry regarding the basis for combining these two separate applications. Ms. Spott remarked that both hospitals are located in the northwest region and it would be beneficial to the public to determine which hospital in that region would better serve the community; therefore, her recommendation is to discuss these items together. Kim Dokken commented that these are two separate applications to be considered, and they should be heard separately as this is a new process for the Board. Dr. Carrison expressed his concern over the request to combine the two separate applications and added that each facility, three in total, deserves to be presented separately and considered based on their own merits. Ms. Dokken also pointed out that the three applications are located in the same trauma catchment area zone. The Chairman called for a vote on the motion made by Michelle Spott: *Aye: 2 votes; Nay: 12 votes; the motion did not pass.*

The next item presented was the Centennial Hills Hospital application for initial authorization as a trauma center, and Mr. Hammond informed the Board that their application was received on September 15, 2015. He stated that their application is complete, and representatives from Centennial Hills Hospital were ready to present their reasoning and evidence for trauma services in the northwest region. Mr. Pullarkat introduced himself as the CEO of Centennial Hills Hospital and provided the Board a presentation (Attachment A) to support their application for initial authorization as a center for the treatment of trauma. He discussed population growth and development in the northwest and explained that Centennial Hills Hospital would create a trauma program to enhance the current trauma system by serving the expanding patient needs in this area. He also displayed diagrams of the trauma systems in Milwaukee and Cincinnati, noting that these cities have a population count similar to Clark County however they have a greater number of trauma centers to serve their communities.

Upon conclusion of the presentation, Dr. Dort thanked Mr. Pullarkat for the presentation and inquired if there was any discussion. Dr. Fildes asked if the three centers intended on making a presentation, and Mr. Hammond replied that each center was prepared to deliver one. *Dr. Fildes motioned that prior to taking action on the three applications that 1) SNHD OEMSTS staff provide a presentation to the Board and the public which reviews the policies, procedures, rules and regulations governing the approval process for centers requesting initial authorization as a center for the treatment of trauma; 2) upon receiving the presentations, the Board be given the opportunity to engage in a question and answer period with each of the centers that have submitted an application; and 3) the Board receive a briefing on the current status of the trauma system that is evidence based using the metrics that are customarily collected to monitor the system. The motion was seconded by Danita Cohen.* Dr. Carrison added that he is interested in viewing the two remaining presentations prior to taking action on any of the applications. Ms. Dokken added that it's prudent for the Board to make decisions based on delivering appropriate patient care and what is best for the system, and that data are used to support those decisions. Dr. Dort called for a vote on the three part motion made by Dr. Fildes, and *the motion passed unanimously*.

C. Mountain View Hospital Application for Initial Authorization as a Center for the Treatment of Trauma

Chris Mowan, COO, Mountain View Hospital introduced himself and informed the Board that Bill Bullard, from the healthcare consulting firm, the Abaris Group, was going to initiate the presentation (Attachment B). Mr. Mowan explained that the Abaris Group had provided the trauma needs analysis and assessment component of Mountain View Hospital's application for initial authorization as a center for the treatment of trauma. Following that portion of the presentation, Mr. Mowan gave the remainder of the presentation (Attachment B1) which detailed Mountain View Hospital's trauma services capabilities.

Upon completion of the presentation, Mr. Mowan indicated he would answer any of the Board's questions. Dr. Carrison remarked that based on Mountain View Hospital's trauma capabilities: 108 patient beds, potential for fellowships, and dedicated trauma ICU beds, it would appear that the facility was planning for Level II trauma center designation. Mr. Mowan answered that Level II trauma center designation would be ideal. Erin Breen inquired why Mountain View Hospital was receiving trauma patients when it is not a designated trauma center, and Mr. Mowan replied that lower level trauma patients present to their emergency department. Dr. Fildes furthered that in an all inclusive trauma system, it's the responsibility of every acute care facility to treat all patients with injuries, and sometimes those patients are transported by private vehicles. As there were no further questions or comments, this completed Mountain View Hospital's presentation in support of its application for initial authorization as a center for the treatment of trauma.

D. Southern Hills Hospital Application for Initial Authorization as a Center for the Treatment of Trauma

The presentation (Attachment B2) for the Southern Hills Hospital application for initial authorization as a center for the treatment of trauma was presented by Adam Rudd, CEO of Southern Hills Hospital. He informed the Board that Southern Hills is located in the southwest region of Clark County, in comparison to the first two applications which were from facilities located in the northwest area. He discussed the center's capabilities, resources and future plans for delivering trauma services to the community. Following the completion of Mr. Rudd's presentation, the Chairman inquired if the Board wanted to ask questions at the present time, or if they would prefer to study the information and ask specific questions at the next scheduled Board meeting. Dr. Fildes commented that the presentations were informative and there is a lot of material to be studied, and any questions would need to be framed in the context of the services rendered by a Level III trauma center.

Erin Breen remarked that as a long time resident of Clark County and an injury prevention advocate, she has concerns regarding the areas for the proposed Level III trauma centers. She often reviews maps that illustrate areas where there are significant bicycle and pedestrian injuries, and the three proposed trauma centers are not located in any of these vicinities. She added while each presenter has noted that there will not be any impact to patient volume at the existing trauma centers, she has concerns that there will be an effect at the level of reimbursement. Therefore, she recommended that the payer mix be one of those metrics that are considered during this process. Mr. Bullard echoed Ms. Breen's concern about creating an unbalanced system when considering new resources and agreed that the financial component is an important factor. However, he stated that this process relates to patient care issues and that the appropriate resources are available to every patient. Ms. Breen replied that her concern also revolves around patient care and those resources need to be maintained.

Abby Hudema inquired if the OEMSTS has received any complaints or concerns voiced by any citizen regarding access to trauma services, and Mr. Hammond responded that the office had not received any complaints. Dr. Young asked Mr. Bullard about the methodology that was used to create the regions in his presentation, and specifically if the regions as illustrated were used during the time he had consulted for the Health District in 2004. Mr. Bullard noted that when the Abaris Group conducted the 2004 Clark County trauma system needs assessment there was only one trauma center so at that time there weren't any regions. Dr. Young furthered if the boundaries that were reflected in the regional map were arbitrary. Mr. Bullard explained that the data that were used were in a zip code format; therefore, the methodology applied was to focus on the distance from the center of every zip code region to the existing trauma centers to provide a good benchmark for patient volume in those areas.

Dr. Fildes added that during the first Abaris Group trauma system consultation, regions were not used because at that time the valley was about 20 miles wide and 40 miles tall, crisscrossed by two interstates, and looked upon from a more homogeneous standpoint; therefore, the regions were not

included in the last Abaris report. He also stated that when considering transport times and catchment areas from a Level III trauma center perspective, they are rendering care to step 3 and step 4 patients as reflected in the Trauma Field Triage Criteria Protocol. This protocol is based on guidelines published by the Centers for Disease Control and Prevention for field triage of injured patients and those patients are not unstable and transport times are not crucial. Dr. Dort asked if there were any further questions or comments, and seeing none, he thanked all the presenters and stated that the Board will have the opportunity to come back with pointed questions during the next meeting.

E. Report: Southern Nevada Injury Prevention Partnership Meeting 10/12/15

1. Welcome and Introductions
2. Discussion of Injury Prevention Emphasis Areas Resource List
3. Update on Proposed Injury Prevention and Trauma Related Legislation
4. Update on Trends in Non-accidental Trauma
5. Analysis of Trauma Data in Nevada: Bicycle Crashes, Helmets and Implications for Public Health
6. Update on Prescription Drug Abuse
7. Next Meeting and Agenda Items

Mike Bernstein reported that the SNIPP has completed its update to the list for the wide range of injury prevention resources that are available in Southern Nevada. He stated that the list is a document that will be constantly changed and revised as new resources develop. There was also discussion regarding inviting guest speakers from the various injury prevention areas to occasionally present to the SNIPP. The committee expressed interest in receiving presentations in areas related to suicide prevention and gang violence and they will contact the Suicide Prevention Resource Center and Metropolitan Police Department to extend invitations for guest speakers to participate at future SNIPP meetings. Mr. Bernstein also announced that the Nevada Suicide Prevention Conference was taking place October 22-23, and there were great key note speakers appearing at the event. One such individual is Kevin Hines, author of *Cracked Not Broken*, who attempted to take his own life by jumping from the Golden Gate Bridge.

The next item pertained to the discussion of trends in non-accidental trauma (NAT). Mr. Bernstein reported that UMC treated an additional six pediatric NAT cases since the committee had last met, and they have surpassed the amount of cases that were seen during this time frame the year prior. It was noted that Dineen McSwain is working with other acute care facilities to propose utilization of UMC's "Time Out Save A Child's Life" campaign at their centers. The committee also discussed the development of a questionnaire to be used in the healthcare setting to serve as a tool for identifying NAT, which led to the topic of mandatory reporting by healthcare professionals. Mr. Bernstein remarked that the SNIPP continues to conduct outreach and education on this topic and members of the Child Death Review Team are working with the Department of Family Services and Metro Area Commands to assist with these efforts. These agencies are scheduled to hold meetings with apartment managers to provide education on recognizing the signs of child abuse and how to report those cases. In summary, Mr. Bernstein emphasized the importance of monitoring trends in NAT and that it will be an ongoing topic for the SNIPP.

The SNIPP viewed a presentation given by Nadia Fulkerson, University School of Medicine, Center for Traffic Safety and Research, titled An Analysis of Trauma Data in Nevada, Bicycle Crashes and Helmets and Public Health. Based on bicycle crash data collected from the four trauma centers in Nevada for 2012-2013, there were a total of 637 patients treated for bicycle related injuries. It was reported that 48% of the patients involved in bicycle crashes sustained serious to critical injuries and 64% of these patients were not wearing a helmet. Hospital costs ranged between $18,000-90,000 for patients treated at a trauma center, with a median cost of $49,000. The African American population had the lowest recorded helmet use and the 15-19 year old age category had the highest percentage of not wearing helmets. By illustrating the correlation between bicycle crashes and helmets and the implications for public health, the data can assist with the development of injury prevention programs geared towards bicycle safety. Further, specific audiences like the African American

community and the 15-19 year old population can be targeted when developing campaigns to encourage helmet use.

An update regarding prescription drug abuse was provided by Mr. Bernstein. He reported that the National Governors Association Policy Academy on Prescription Drug Abuse Prevention issued a draft report which entails plan recommendations for the State of Nevada in addressing the problem of prescription drug abuse. Future meetings will be scheduled in both the northern and southern regions for stakeholders to give feedback on the plan prior to its finalization. He added that the Clark County Coroner's Office has produced a report about substance related deaths in the county for 2013 and it will be reviewed by the SNIPP at a future meeting.

Dr. Carrison referred the Board back to the injury prevention areas that were discussed during the initial portion of Mr. Bernstein's report. He remarked that there has been a decrease in reporting of domestic violence cases by emergency departments, and unlike elderly and child abuse, domestic violence does not fall under the criteria of mandatory reporting. He opined that from an injury prevention perspective, domestic violence is still an area of concern that needs to be monitored. Mr. Bernstein agreed that this is an important topic and it continues to be a focal point for the SNIPP.

Dr. Fildes thanked Mr. Bernstein for his report and stated that the Trauma Medical Audit Committee, a subcommittee of the RTAB, regularly reviews the Coroner's Office statistics. He noted that 2/3 of trauma deaths in Clark County occur on-scene and 2/3 of the deaths are suicide. His closing remarks for the SNIPP report related to NAT, which he explained to be intentional violence against children, and he noted that there has been an escalation in the severity of cases. Recognition of NAT is important and those cases treated at an acute care facility are accounted for; however, there is no way to determine how widespread the issue is because not all patients present to a hospital. He recommended that the SNIPP provide epidemiological direction to the Board, and Ms. McSwain responded that the committee is moving forward to develop a system wide response to this significant issue. As the SNIPP report came to a close, it was noted that the next SNIPP meeting will be held on January 11, 2016.

F. Update of Status of State Trauma Registry

Before proceeding to the status of the trauma registry, Mr. Hammond requested confirmation from the Chairman that agenda items IIIB, C, and D have been tabled to a future meeting and Dr. Dort responded in the affirmative. Mr. Hammond proceeded to welcome Jeanne Freeman, Nevada Division of Public and Behavioral Health, who was attending the meeting by phone conference, and he requested that she provide the update regarding the status of the State Trauma Registry. Ms. Freeman reported that the DPBH has been going through a significant upgrade with the trauma registry. She explained that the newer version of the software package will be ICD-10 compliant and allow for the efficient transmission of trauma data from the trauma centers on quarterly basis. A testing phase was conducted with Sunrise Hospital and she reported a successful transmission of test records, and they are in the process of developing confidentiality agreements between the two organizations to move forward. She looks forward to working with both UMC and St. Rose Siena as they upgrade to the newer version of the software and she will coordinate similar testing with these centers. Once all users are on the same platform, DPBH will be able to produce reports with more usable data that can assist with statewide trauma system activities.

Ms. Dokken inquired if Renown Medical Center has been able to successfully transmit their data to the DPBH. Ms. Freeman replied that there was a testing phase with a partial, positive upload but there were also challenges with the transmission. Consequently, it was during this testing phase that the DPBH realized a patch was needed from the vendor to address some of the issues with the transfer and receiving of records. They are currently working to resolve the issue and both Sunrise and Renown trauma centers are on the cusp of being able to submit their trauma registry data.

G. Trauma Field Triage Criteria Data Report

Mr. Hammond referred the Board to view the various TFTC reports for the second quarter of 2015 that were available in their member packets. He reported that there were 2,911 patients transported to the three trauma centers by EMS in the first two quarters. The monthly totals for quarter two were as

follows: April: 441 adult and 22 pediatric patients; May: 513 adult and 32 pediatric patients; June: 538 adult and 30 pediatric patients. Therefore there was an increase in TFTC transports from the 1,335 patients reported for quarter one to the 1,576 patients in quarter two. The out-of-area transports remained under the 5% tolerance benchmark for the second quarter with an average total of 3%. Dr. Fildes added that in extending the data back a few years, patient volume remains flat, with operating levels that are lower than 2002 and 2003 at its current time. While there may have been minimal growth in the system, he explained it's largely patients of low acuity. He furthered that the number of patients with injury severity scores greater than 15 and the number of patients directly admitted to the operating room and ICU has been flat for approximately eight years.

Erin Breen inquired if in the last quarter there was any occasion when the trauma centers reached a level whereby they couldn't treat a patient. Mr. Hammond explained that trauma center access is not generally affected by internal disaster declaration, and that the center must declare a trauma overload. He mentioned that there has not been a declaration of trauma overload since 2010 and that over the years each trauma center has indicated that there is excess capacity at their facility. Ms. Breen asked if there were a way to document trauma overload and other significant factors, like the guidelines provided by the CDC for TFTC. Mr. Hammond was amenable to this request and indicated that he could develop a white paper addressing these concerns. However, he asked that the Board provide him with their specific questions so that each question can be addressed. Dr. Fildes added that this was the purpose of his motion and he reiterated that it is beneficial to provide the Board and the community the opportunity to identify specific questions to be submitted to the OEMSTS. In turn, staff could properly research those questions and present their findings to the Board at a future meeting.

IV. INFORMATIONAL ITEMS/DISCUSSION ONLY

A. Report from Emergency Medical Services Representative

Frank Simone reported that the EMS agencies are working on the development of the curriculum for community paramedicine education. Community paramedicine is a new realm under emergency services that will address frequent 9-1-1 users by providing the patients with resources to access appropriate healthcare for their specific conditions.

B. Report from General Public Representative

Senator Shirley Breeden stated there were no items to report.

C. Report from Non-Trauma Center Hospital Representative

Sajit Pullarkat stated there were no items to report.

D. Report from Rehabilitation Representative

Margaret Russitano stated there were no items to report.

E. Report from Health Education & Prevention Services Representative

Dineen McSwain reported that injury prevention activities will take place at various scheduled Trunk-Or-Treats the week of October 26th. In addition, UMC will conduct a Halloween Safetacular at the Kohl's on S. Grand Canyon Drive on October 24th, and Southern Hills Hospital is hosting a free balloon festival to promote injury prevention and education the weekend of October 23rd-25th. Last, she informed the Board that the City of North Las Vegas has received a grant which will allow the city to hold various pedestrian safety events throughout local elementary schools beginning October 1st through September 2016.

F. Report from Legislative/Advocacy Representative

Erin Breen stated that a few of the Senate Bills (SB) related to traffic safety that were passed during this legislative session became effective October 1st. One such bill is SB144 which prohibits a driver from making a U-turn or passing another vehicle in a school zone. She thanked Senator Mark Manendo, who was in the audience, for sponsoring this bill and for his contributions to SB245, which is referred to as the hit and run bill. SB245 also went into effect on October 1st and it revises

provisions concerning penalties for a person who drives a vehicle and causes substantial bodily harm or death of another person and leaves the scene of an accident. In looking to the next legislative session, Ms. Breen reported that there are place holders for bills related to trauma system activities, primary seat belt law, and revisions to existing booster seat requirements.

It was reported that motor vehicle fatalities have increased in Clark County for 2015. In October 2014, the year to date total for pedestrian fatalities was 24, which was lower in comparison to the current total of 37 in 2015. Ms. Breen commented that there are various community outreach activities scheduled which will focus on aids to improve pedestrians visibility. She furthered that with the change to daylight savings time drivers of vehicles often fail to see pedestrians in time to avoid a collision.

In closing, Ms. Hudema remarked that the legislative efforts to create a funding mechanism for trauma system activities in Southern Nevada gained national attention through coverage on the ACS website. Ms. Breen added that it would have been beneficial to receive that level of attention from the State.

G. Report from Public Relations/Media Representative

Danita Cohen stated there were no items to report.

V. PUBLIC COMMENT

Mr. Hammond introduced Laura Palmer, OEMSTS Supervisor, and noted that she comes with a wealth of experience and has already hit the ground running.

VI. ADJOURNMENT

As there was no further business on the agenda, *Chairman Dort adjourned the meeting at 3:49 p.m.*

Trauma System Care

Centennial Hills Hospital Medical Center Application for Level III Trauma

Centennial Hills Hospital
MEDICAL CENTER
A Member of The Valley Health System

Regional Needs

- Coordinated system of Acute Care Facilities, EMS and Trauma Sites
- Cooperative Relationships between Acute Care Facilities and Trauma Centers
- Maintain and keep under 30 minute access to Trauma Care
  - Increased population growth and road traffic
- Adequate volumes at Trauma Designated facilities to maintain physician and staff trauma skills
- Clinically appropriate protocols to assure proper placement of patients

Centennial Hills Hospital
MEDICAL CENTER
A Member of The Valley Health System

Why the North/Northwest Region?

- Population Growth and Development
  - The area includes North/Northwest Las Vegas, and Kyle Canyon, Indian Springs, Mercury, Beatty, and Pahrump
  - Population Growth in Area – current population of this area exceeds 160,000 and will grow by an additional 15,000 in the next 5 years
  - Housing Development
    - Two large master planned communities developing that will bring over 20,000 homes to the area over the next 5-10 years
  - Committed Infrastructure
    - $47 million investment by city to improve interchange between US95 and I 215 roadways which is located in the Centennial Hills area. Currently roadways support over 100,000 vehicles, with an expectation of 160,000
- Geographic Location
  - Centennial Hills Hospital is 15 miles from the Level I, 20 miles from the Level II and 30 miles from the Level III facility.

Centennial Hills Hospital
MEDICAL CENTER
A Member of The Valley Health System

Centennial Hills Hospital Medical Center

- Opened facility in January 2008
  - Part of the Valley Health System
  - 190 bed facility with closest proximity to growing communities of Northwest and North Las Vegas areas

- Facility has key components including:
  - Large Emergency Department w/ Trauma Rooms
  - Operating room, Critical Care, Hospital, and Helipad capacity
  - Key physician coverage in place including:
    - Trauma Medical Director
    - Board Certified General Surgeons
    - Desert Radiology
    - 24/7 ER physicians with ATLS
    - 24/7 Laborist Program
    - 24/7 Anesthesiology Program

Centennial Hills Hospital
MEDICAL CENTER
A Member of The Valley Health System

ATTACHMENT A

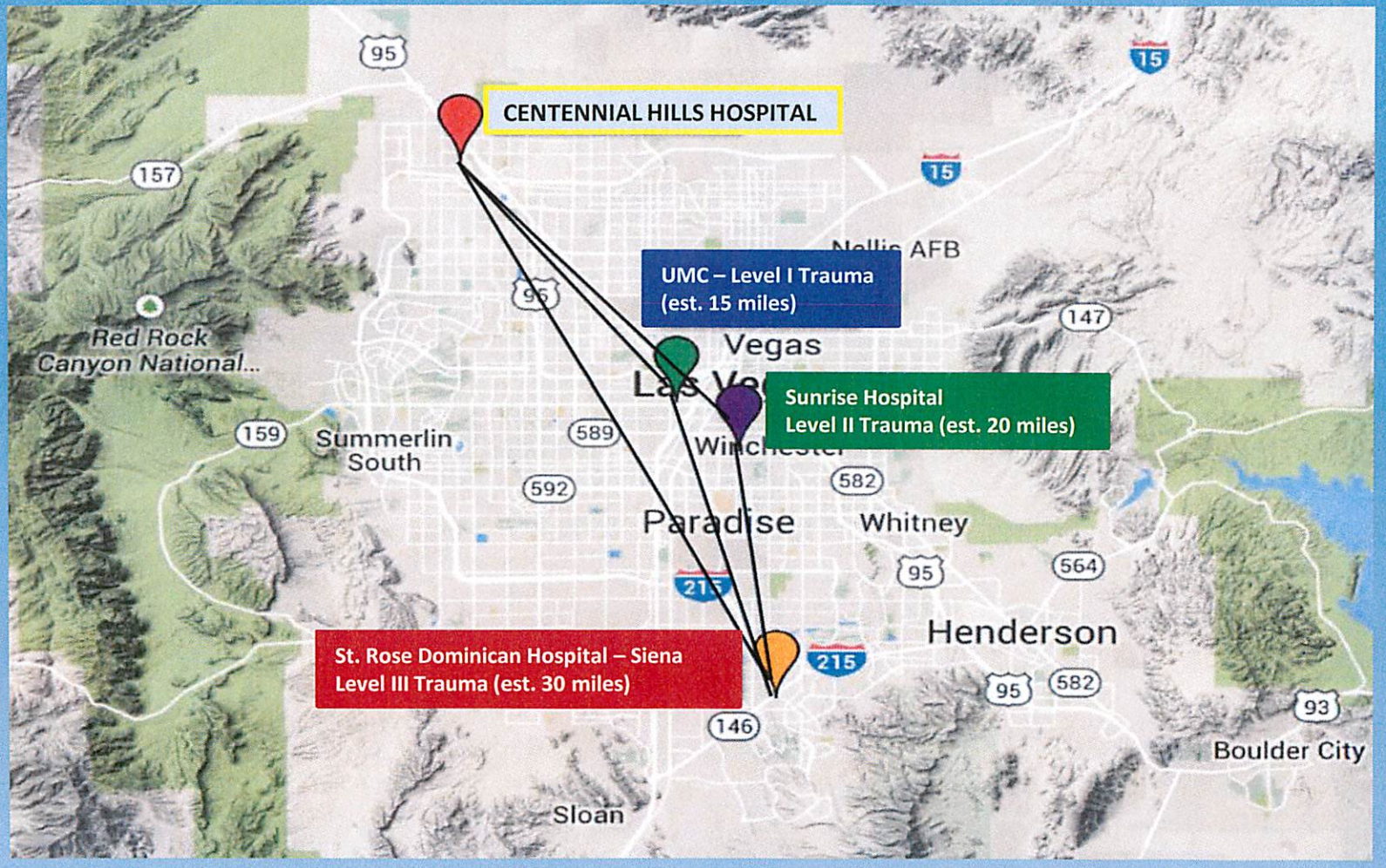
Reasons for Centennial Hills Hospital Trauma Program

- Improved access for Trauma services based on geographic location
- Reduced time out of service for EMS and Fire agencies
- Emergency/Disaster Response
- Negligible Volume Impact to current trauma system
- Letters of Support
  - Centennial Hills Hospital Medical Executive Committee
  - Valley Health System Board of Governors
  - EMS providers
  - North Las Vegas and Nevada Test Site Fire
  - Councilman Ross
- Future Growth
- Valley Health System

Centennial Hills Hospital MEDICAL CENTER
A Member of The Valley Health System

ATTACHMENT A

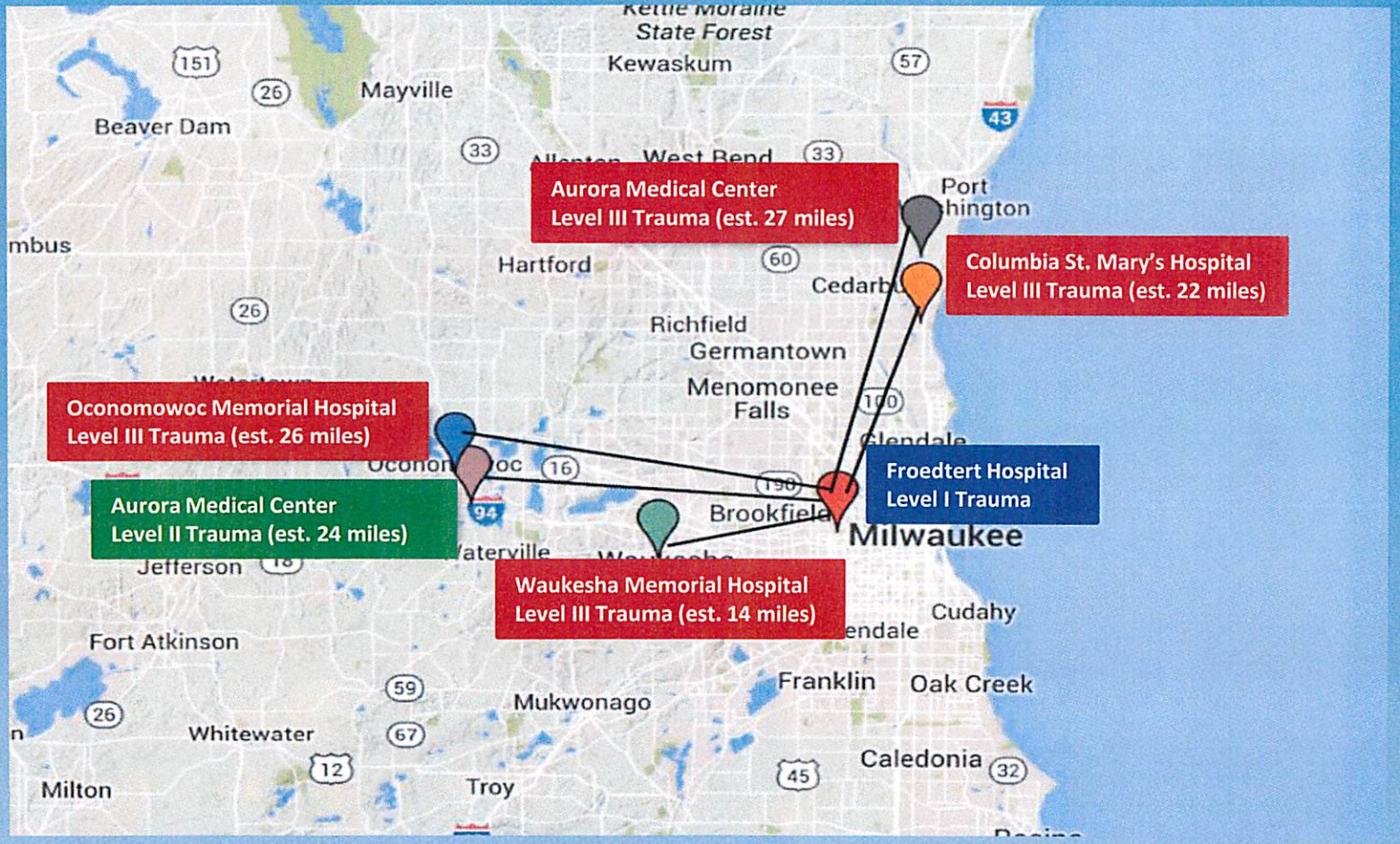
Current Trauma System in Las Vegas



Centennial Hills Hospital
MEDICAL CENTER
A Member of The Valley Health System

ATTACHMENT A

Other Cities of Similar Population Size



Milwaukee, Wisconsin area – Population of 2,037,542

Centennial Hills Hospital MEDICAL CENTER
A Member of The Valley Health System

ATTACHMENT A

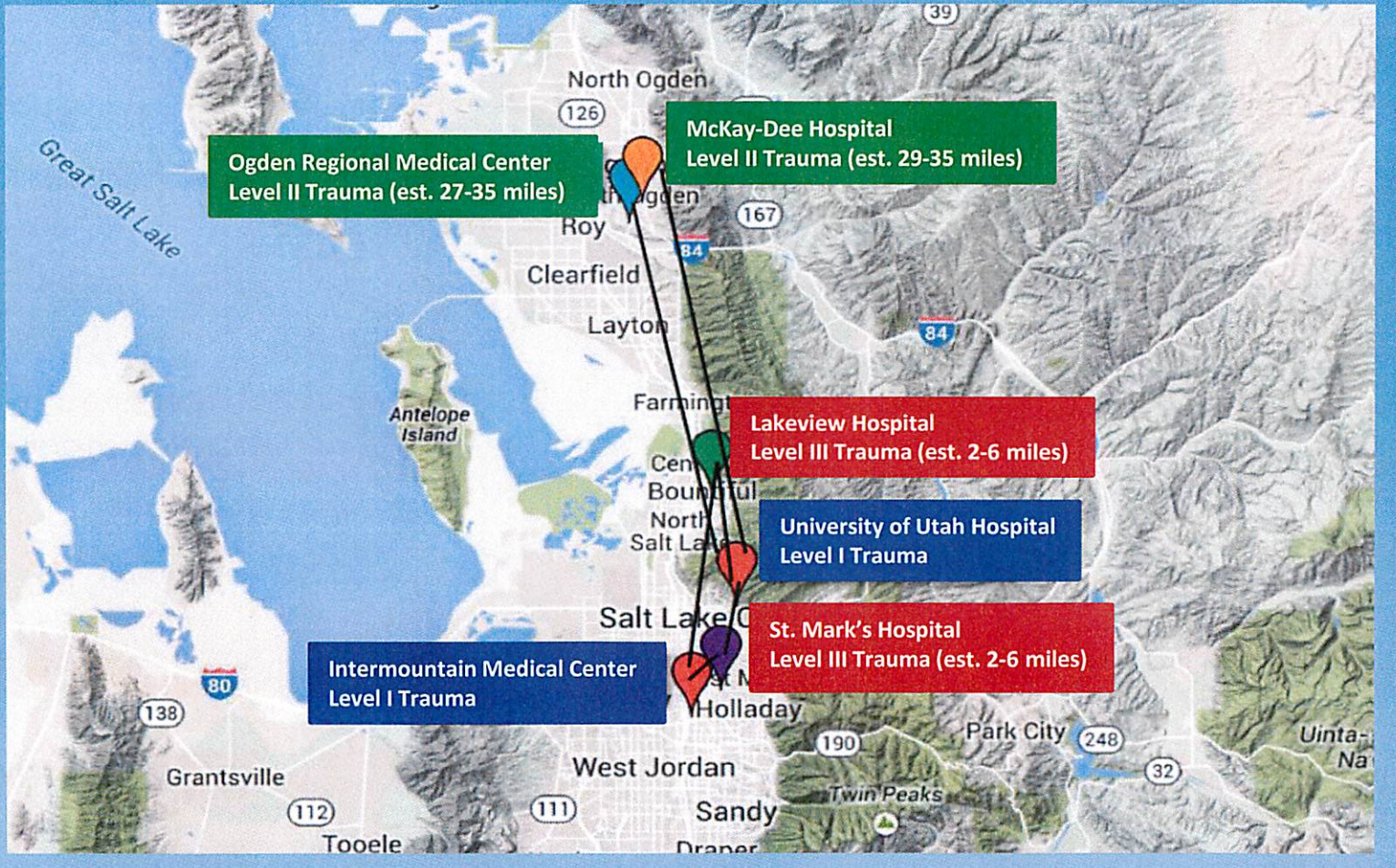
Other Cities of Similar Population Size

Cincinnati, Ohio area – Population of 2,188,001

Centennial Hills Hospital MEDICAL CENTER
A Member of The Valley Health System

ATTACHMENT A

Other Cities of Similar Population Size



Salt Lake City area – Population of 2,350,274

Centennial Hills Hospital
MEDICAL CENTER
A Member of The Valley Health System

Final Conclusion

- The addition of Centennial Hills Hospital to the local trauma system would :
  - Keep us in line with trauma systems in cities that have a similar population
  - Reduce Fire/EMS Transport Times thereby improving availability for emergency services across the valley
  - Provide additional capacity for emergency response issues when needed
  - Enhance current trauma system with Level III trauma services to serve the expanding patient needs in the Northwest Las Vegas Valley

Centennial Hills Hospital
MEDICAL CENTER
A Member of The Valley Health System

ABARIS GROUP

FOUNDED 1989 INNOVATING FOR 25 YEARS

CLARK COUNTY TRAUMA SYSTEM ASSESSMENT

Bill Bullard, MBA

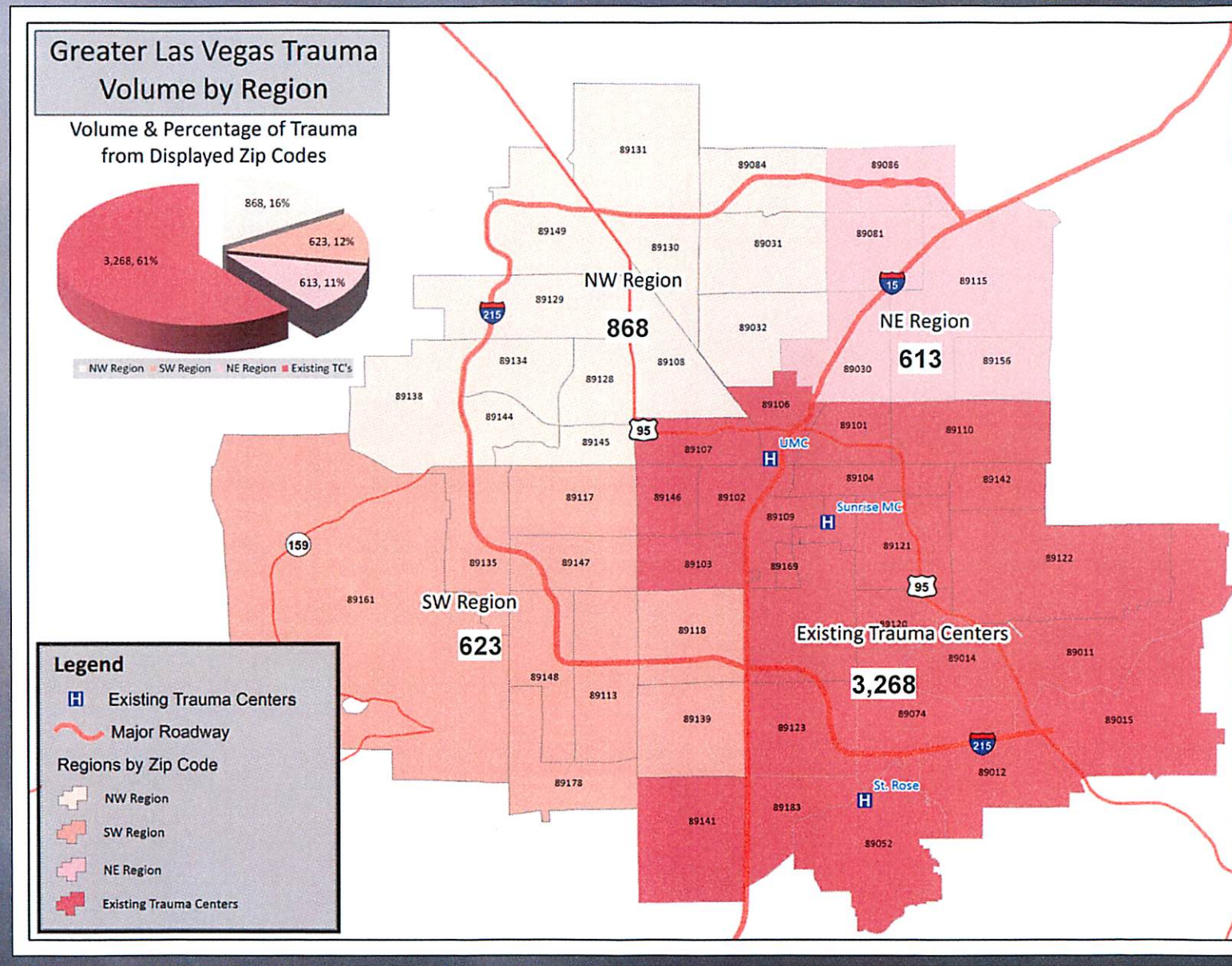
Senior Vice President

bbullard@abarisgroup.com 707.823.0350

October 21, 2015

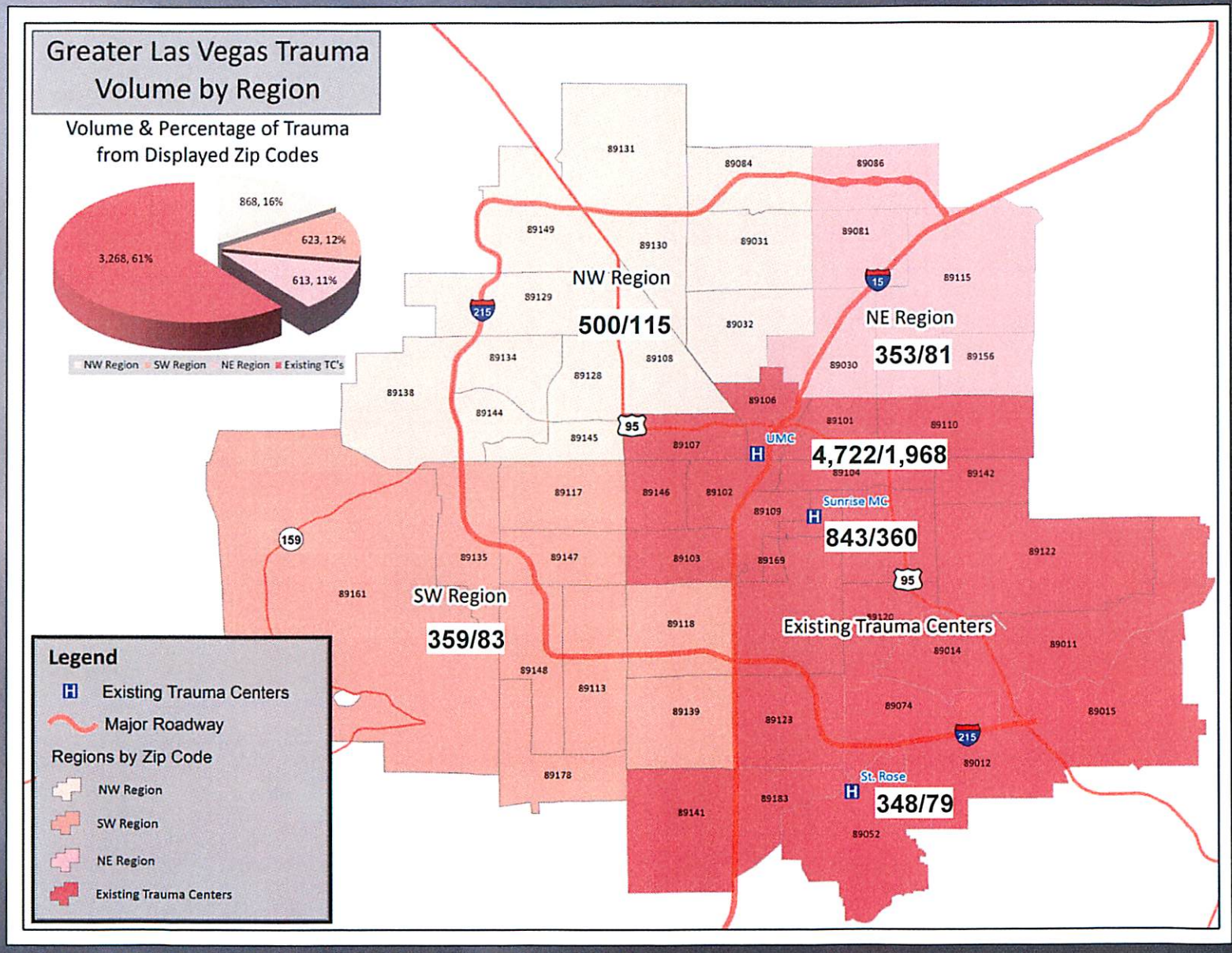
ABARIS GROUP FOUNDED 1989 INNOVATING FOR 25 YEARS

Trauma Volume by Region



Source: 2014 SNHD trauma zip code data

Level III Trauma Volume/Admits



Notes: Reduced by pediatric and high acuity rates; utilizes St. Rose admission's rate

New Trauma Centers Impact

Trauma System Impact of Regional Level III Trauma Centers on Adult Admissions							
Year	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**
UMC	1,450	1,740	1,968	2,106	2,253	2,213	2,368
Northwest Region	*Not Applicable*					115	123
Southwest Region	*Not Applicable*					83	89
Northeast Region	*Not Applicable*					81	87
Total Admissions	**1,450**	**1,740**	**1,968**	**2,106**	**2,253**	**2,411**	**2,580**

Source: SNHD Annual Trauma Transport Reports, 2012-2014

Note: admissions data includes admits, direct to OR, ICU, and deaths

CONCLUSION

The impact of up to three, new regional Level III trauma centers is eliminated by the forecasted growth in trauma cases

Regional Trauma Center Benefits

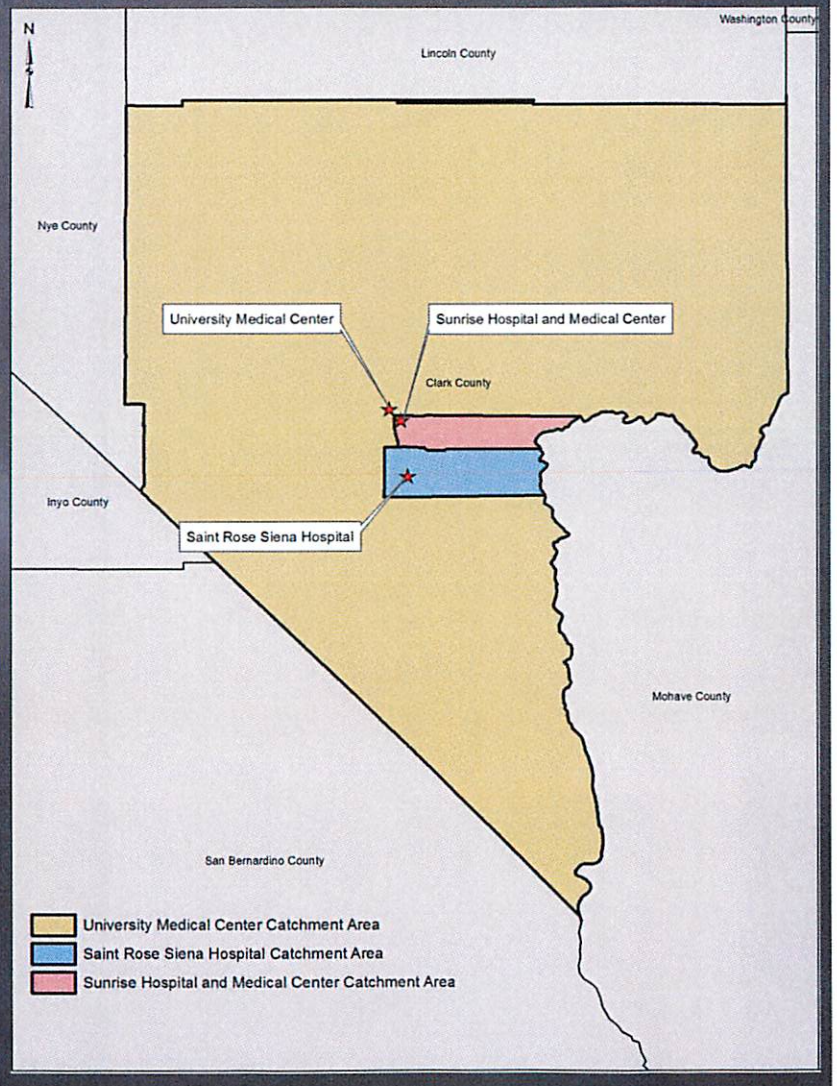
1. Provide shorter transport times to definitive care – especially during commute traffic periods;
2. Enable ambulance crews to return to service faster;
3. Develop greater depth of resources during disasters;
4. Allow for lower acuity trauma cases to be handled locally – maintaining system resources for high acuity and specialty cases; and
5. Permit trauma patients to recover within their local communities.

Trauma Catchment Areas

- Regularly Reassessed to Ensure Appropriateness
- Current Process – Good Opportunity to Review

ACS/Industry Standards

- Closest, Most Appropriate Facility
- Level I/II Offer Same Service
- Paramedic Discretion
  - Traffic, Construction, Specialty Care, etc.



MOUNTAINVIEW HOSPITAL

MOUNTAINVIEW
HOSPITAL

Level III
Trauma Center Application

Chris Mowan
Chief Executive Officer

HCA
Hospital Corporation of America®

ATTACHMENT B1

Population to be Served

- Northern L.V. Population Increased 71% in last 12 years
  - 135,000 (2002) to 231,000 (2014)
- Population Underserved
  - Traffic Congestion
  - Longer Transport Times to Trauma Centers
  - Removes Ambulances from Service Area
  - Patients receive care away from their community
- Southeastern Las Vegas already receives Better Trauma Care through a Level III and it has Fewer Trauma Cases

ATTACHMENT B1

Service Area, Distance to Existing Centers, & Impact on Trauma System

- Geographic Service Area
  - 13 Zip Codes in the Northwest Las Vegas Region
- Distance to Existing Trauma Centers
  - Normal Traffic = up to 14 Minutes Closer
  - Commute Traffic = over 30 Minutes Closer
- Impact on Existing Trauma System
  - No Negative Impact to Existing Centers as Current Trauma Volume Growth will Exceed Loss of Admitted Patients
  - 868 Total Cases - 38 Pediatric - 330 High Acuity = 500 Cases
  - 500 Cases * 23% Admit Rate = 115 Admissions
  - UMC Admission Growth = Ranges Between 228-290 Annually

ATTACHMENT B1

MountainView Trauma Capacity

ACS Standards Comparison Completed by The Abaris Group

- Helicopter Landing Pad
- ED Resuscitation Rooms
- Two (soon to be Three) CT Scanners
- Operating Suites
- Inpatient Beds with 12-bed Neuro-ICU
- Inpatient Rehabilitation

ATTACHMENT B1

MountainView Trauma Capabilities

- Personnel
  - Trauma Medical Director – Level II Trauma Center Experience
  - Trauma Program Manager – Level II Trauma Center Experience
  - ED Physicians – BC/BE in Emergency Medicine, ATLS Trained, Trauma Experience
  - Surgical Coverage – General, Orthopedics, Neurosurgery, Anesthesia
- Facility
  - OR Teams 24/7 – Multiple In-house or On-call Teams
  - ICU Intensivists
  - Interventional Radiology with Biplane
- Experience
  - With 80,000+ Emergency Visits, currently seeing Trauma

MountainView Trauma Commitment

Planned Improvements that will Benefit Trauma

- Phase I, 12-18 Months
  - 60 Inpatient Beds with 23 M/S Beds
  - Dedicated CT Scanner for ED
  - 10% ED Capacity Increase through New Vertical Treatment Space
  - Second Helicopter Landing Pad
  - Surgical Residency Program
- Phase 2, 48-60 Months
  - 100 Inpatient Beds, possibly add Dedicated Trauma ICU Beds
  - 12 Operating Suites
  - Surgical Fellowship Opportunities

MountainView-Level III Trauma Center

- Seeing Trauma Currently
- Hired Independent Trauma Consulting Firm
- Fully Researched Local Need
- Identified Internal Capabilities to Meet the Need

Objective

- Raise Level of Trauma Care to Match that Available Elsewhere in Las Vegas and Clark County

SOUTHERN HILLS HOSPITAL & MEDICAL CENTER

SOUTHERN HILLS
HOSPITAL & MEDICAL CENTER

Level III
Trauma Center Application

Adam Rudd
Chief Executive Officer

HCA
Hospital Corporation of America®

Population to be Served

- Clark County Population Increase 40% in last 12 years
  - 1.5M (2002) to 2.1M (2014), not including Visitors
- Population Underserved
  - Traffic Congestion
  - Longer Transport Times to Trauma Centers
  - Removes Ambulances from Service Area
- Patients receive the care needed in their community

ATTACHMENT B2

Service Area, Distance to Existing Centers, & Impact on Trauma System

- Geographic Service Area
  - 9 Zip Codes in the Southwest Las Vegas Region
- Distance to Existing Trauma Centers
  - Normal Traffic = up to 28 Minutes Closer
  - Commute Traffic = over 60 Minutes Closer
- Impact on Existing Trauma System
  - No Negative Impact to Existing Centers as Current Trauma Volume Growth will Exceed Loss of Admitted Patients
  - 623 Total Cases - 27 Pediatric - 237 High Acuity = 359 Cases
  - 359 Cases * 23% Admit Rate = 83 Admissions
  - UMC Admission Growth = Ranges Between 228-290 Annually

Southern Hills Trauma Capacity

ACS Standards Comparison Completed by The Abaris Group

- Helicopter Landing Pads
- ED Resuscitation Rooms
- Two CT Scanners, one Dedicated in the ED
- Operating Suites
- Inpatient Beds

Southern Hills Trauma Capabilities

- Personnel
  - ED Physicians – BC/BE in Emergency Medicine, ATLS Trained, Trauma Experience
  - Surgical Coverage – General, Orthopedics, Neurosurgery, Anesthesia
- Facility
  - OR Teams 24/7 – In-house or On-call Teams
  - ICU Intensivists
  - Interventional Radiology
- Experience
  - With 30,000+ Emergency Visits, currently seeing trauma

ATTACHMENT B2

Southern Hills Trauma Commitment

Planned Improvements that will Benefit Trauma

- Phase I, 6-12 Months
  - 46 M/S Inpatient Beds
  - Freestanding ED Off-site to Increase Hospital ED Capacity
- Phase 2, 48-60 Months
  - 48 M/S Inpatient Beds
  - Additional OB/GYN Services due to Local Population Needs

ATTACHMENT B2

Southern Hills-Level III Trauma Center

- Seeing Trauma Currently
- Fully Researched Local Need
- Identified Internal Capabilities to Meet the Need

Objective

- Raise Level of Trauma Care to Match that Available Elsewhere in Las Vegas and Clark County