



MINUTES
EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM
DIVISION OF COMMUNITY HEALTH
REGIONAL TRAUMA ADVISORY BOARD

July 7, 2016 - 2:30 P.M.

MEMBERS PRESENT

Sean Dort, MD, St. Rose Siena Hospital, Chair	John Fildes, MD, UMC (via phone)
Kim Dokken, RN, St. Rose Siena Hospital	Abby Hudema, RN, University Medical Center
Chris Fisher, MD, Sunrise Hospital	Alma Angeles, RN, Sunrise Hospital
Dale Carrison, DO, MAB Chairman	Kelly Taylor, Payers of Medical Benefits
Shirley Breeden, Public Representative	Danita Cohen, Public Relations/Media
Erin Breen, Legislative/Advocacy	Margaret Russitano, RN, Rehab Services
Amy Doane, System Finance/Funding	Frank Simone, Paramedic, Public EMS Provider
Sajit Pullarkat, Administrator, Non Trauma Center Hospital	Dineen McSwain, RN, Health Education & Injury Prevention Services (via phone)
Steve Johnson, Paramedic (Alt.) Private Franchise EMS Provider	

MEMBERS ABSENT

Jason Driggars, Paramedic, Private Franchise EMS Provider

SNHD STAFF PRESENT

Joseph P. Iser, MD, Chief Health Officer,	John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Medical Director	Laura Palmer, EMSTS Supervisor
Michael Johnson, PhD, Director of Community Health	Judy Tabat, Recording Secretary

PUBLIC ATTENDANCE

Jeanne Freeman, State of Nevada (via phone)	George Ross, HCA Healthcare
Jennifer Renner, RN, HCA Healthcare	Chad Katona, MD, UMC
Sara Chalhagian, TMSG	

CALL TO ORDER – NOTICE OF POSTING

The Regional Trauma Advisory Board (RTAB) convened in the Red Rock Trail Conference Room at the Southern Nevada Health District, located at 280 S. Decatur Boulevard, on July 7, 2016. Chairman Dort called the meeting to order at 2:38 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 pertaining to items listed on the Agenda. 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 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: 4/20/16

Chairman Dort asked for approval of the minutes from the April 20, 2016 meeting. Danita Cohen noted that she is not an RN and asked that be removed from her name. *A motion was made by Member Dokken, seconded by Member Fisher and passed unanimously to approve the minutes with the revision.*

III. REPORT/DISCUSSION/POSSIBLE ACTION

- A. Workshop Report: RTAB Member Nominating Committee; and
- B. Introduction of Board Members

Laura Palmer announced the RTAB Member Nominating Committee met to discuss vacant seats that needed to be filled. They voted for the following people to be added to the Board:

1. One person representing health education and prevention services - Dineen McSwain
 2. One person representing the payers of medical benefits for the victims of trauma - Kelly Taylor
 3. One person representing the general public - Shirley Breedon
 4. One person with knowledge of legislative issues/advocacy - Erin Breen
 5. One person involved in public relations/media - Danita Cohen
 6. One person with knowledge of system financing/funding - Amy Doane
- C. Discussion of June 23, 2016 Board of Health Meeting Recommendations Regarding the Southern Nevada Trauma System and the Potential Role of a Trauma System Consultant

Dr. Iser gave a summary of the events that took place at the last Board of Health (BOH) meeting. He stated the Board voted 7-2 in favor of not expanding the trauma system at this time. Presentations were given by Dr. Fildes and Mr. Hammond on the methodology used to make the RTAB's decision. Dr. Iser related that the newspapers and some of his BOH members have commented that the RTAB and Health District are biased in their decision making. He stated he does not personally believe either is biased. Some people think that an outside organization coming in and looking at the same data they did and arriving at a different recommendation may be deemed less biased. He feels they would probably arrive at the exact same recommendation. He added that it may be more effectual to look at the current trauma system, including the Office of EMS & Trauma System (OEMSTS), to see how it functions, how it makes decisions, and what data is used to make its decisions. Dr. Iser discussed the importance of finding an independent, reliable funding mechanism that would enhance our ability to hire more staff, do more education and outreach, and of course, have a functional trauma registry. He stated the Health District cannot raise its fees, so the funding would need to come out of tax dollars, which means we have need to cut services for the public. He stated it is also a possibility the RTAB goes back to the BOH with a recommendation to "do nothing." That they feel very comfortable with how things progressed and do not recommend any outside organization come in and review anything. Kim Dokken commented that she didn't think "do nothing" was an option after being directed by the BOH to do an outside review. Dr. Iser clarified that they were directed

only to come back with a plan or recommendation, along with a ballpark budget. Mr. Pullarkat stated he, too, was of the understanding that they were directed to do an independent assessment. Dr. Iser stated he would review the minutes to verify.

Dr. Carrison stated one of his primary concerns is the number of trauma system consultations they have had to date. If someone doesn't like the results of the next consultation, they'll ask for another one; it will go on ad infinitum. He understands he may be viewed as prejudiced because he's from UMC, but he agrees with Dr. Iser that the issues were well vetted, multiple people spoke out, and a decision was made with a 7-2 final vote. He noted there were a large number of people in attendance at the BOH meeting, in addition to the BOH members, who didn't have a clue as to what a Level III trauma center is, which was disappointing. One gentleman got up and spoke about training surgical residents at the Level III trauma center; St. Rose rarely does surgeries. There is a big misconception about exactly what a Level III trauma center is. Additionally, there was concern regarding the financial aspect when BOH members learned HCA in Florida charges a \$90,000 fee for Level III activation. Dr. Carrison expressed concern about having multiple consultations, and stated he is not sure what they're accomplishing by doing so. He stated a decision was made, and now we need to move forward. He suggested they instead look into the criteria used to determine the need for expansion, but not because a consultant says they can make more money by doing so.

Dr. Carrison commented that emergency physicians in this community can do anything at a Level III trauma center that they can do in a regular emergency department, on a regular basis. They see low level patients in emergency departments every single day in this valley, and they take great care of them. When they need advanced procedures or a higher level of care, they appropriately transport. He noted that that's what people don't understand. An emergency physician is on the ground level of a Level III trauma center; not a trauma surgeon. The trauma surgeon comes in if certain criteria are met after speaking with the emergency physician who has seen the trauma patient, or if it's an activation. But for that first 20 minutes before they get there, if they're not in a trauma center, they're taken care of by an emergency physician. He summarized by stating he's not sure they should "do nothing," but they have had consultants in the past who recommended not to expand at this time.

Ms. Dokken stated it was apparent the BOH is completely uneducated about the Level III trauma centers. She feels the RTAB has done a disservice to the BOH in not educating them. She disagrees that a Level III trauma center is the same as an emergency department. They are verified by the ACS (American College of Surgeons) because there are several trauma program components that a regular emergency department does not have. Additionally, they don't have pre-existing processes in place to take care of traumatically injured patients who meet TFTC criteria. She expressed the need to educate the BOH members. She feels the RTAB needs to go to the BOH with a single voice, and that a taskforce is the direction they should be heading in order to be vigilant of current and future decisions for the trauma system. She stated that in an inclusive system the non-trauma centers, and Levels I, II and III trauma centers all have a role. They need to be clear on those roles and send a single message out to the community, the BOH, and other decision makers.

Dr. Iser agreed the trauma system currently functions very well. He has had conversations with individual members of the BOH about the differences between an emergency department and a Level III trauma center. Some of the people have put forth an effort into trying to understand the differences. He noted that BOH chairman Bob Beers spent hours poring over the documents. He called John Hammond and himself with questions, including what the activation fee covers. Dr. Iser made a suggestion that the RTAB do an informative presentation to educate the BOH on the differences between an emergency department and Level I, II and III trauma centers.

Dr. Dort noted the BOH needs to be made aware of the fact the ACS did not recommend adding another trauma center. The decision must be based on need, not want. There appears to be a lack of understanding of how this system works. There are Level III trauma centers all over the country. It was mentioned in the meeting there are more Level III trauma centers in Boston. Clearly, they

recognized a need for the Step 3 or 4 patients with low level of suspicion, or low level of injury that need to be seen at these centers. He feels it is unfair to equate them with a regular emergency department because there are a lot of resources and necessity that go into a Level III trauma center. He doesn't feel that was made very clear at the BOH meeting.

Dr. Dort stated the community is very lucky to have UMC as their Level I trauma center. He would not argue at all that a Level III trauma center isn't built to train residents, which is the reason the ACS doesn't ask them to. He explained the ACS asks the Level III trauma center to do what it's supposed to do to support the Level I or II trauma centers in the system. They visit every three years and are very, very strict about whether you have the above and beyond requirements to be a Level III trauma center; he's unsure that was conveyed to the BOH. It should have been as simple as explaining how the ACS creates a trauma system and what they expect. When we asked the ACS to visit five years ago, they made their assessment and told us what we didn't need at that time, and at some point, what we should need. He doesn't think they should impugn the entire national trauma system because of an argument about what is needed in the city of Las Vegas. He stated he takes it a little personally that the RTAB is viewed as being biased. They've been meeting on a monthly, and now quarterly, basis for 16 years, making decisions based on the data gathered by the Health District, utilizing metrics developed by the ACS. After review of the data, the RTAB made a decision and took the recommendation to the BOH; it was not an opinion-based decision.

Dr. Iser stated he does not believe the RTAB is biased. There is a perception, or the promotion of the perception that they are biased, which is concerning to him. This was demonstrated through letters from the community to the BOH, and the media. Dr. Young stated the BOH should not be relying on the Las Vegas Review-Journal's editorials to make their decisions. Dr. Iser related that the BOH members were inundated by both paid and unpaid lobbyists on both sides of the issue, and they walked away admittedly confused.

Mr. Pullarkat stated he is in support of educating the BOH so they truly understand the issue. They need to identify one of the key measures. The NBATS (Needs Based Assessment of Trauma Systems) tool was a good starting point. If the BOH truly made the decision that this should be a dual process, does the RTAB have the authority to overturn the BOH's decision if they decide not to move forward with an independent assessment? If they don't, it's the RTAB's responsibility to objectively look at their options and, budget or no budget, come up with a plan to report back to the BOH. Dr. Iser replied that the RTAB was tasked to make a recommendation to the BOH. That recommendation was made, and regardless of what they believe the BOH is asking, the final recommendation needs to come from the RTAB. Dr. Dort commented that there shouldn't be any influence from lobbyists when making a determination related to the trauma system, in any city in America. Dr. Iser reiterated it is the RTAB's role to recommend what the assessment should look like, and he in turn will make that recommendation to the BOH. The BOH can go ahead with any kind of assessment it wants, regardless of the RTAB's recommendation, but it is incumbent upon them to make a recommendation.

Erin Breen recommended they move forward with the original recommendation to form a taskforce to decide on criteria for the future. She related that at the BOH meeting, Commissioner Giunchigliani requested they assess the existing trauma system, including whether Sunrise should have been authorized as a Level II trauma center. A decision was made by the BOH to create a taskforce that includes representation from each of the trauma centers, with the goal of arriving at evidence-based criteria to assess when expansion of the trauma system is necessary. Ms. Dokken noted that there is a need for non-trauma center representation as well.

Dr. Dort noted two points of importance. Firstly, RTAB needs to come up with an absolute metric, an absolute barrier, for what they consider "need." They need to show that it is an objective decision. Secondly, no matter what system you're from, it's important that the public does not lose trust in the system. The system isn't broken; it's worked very well. The negative publicity has been completely

unfair. People who visit the city are going to read the articles and wonder if anybody in this city has any idea what they're doing. UMC does an outstanding job as a Level I trauma center. They were doing trauma before anybody even knew what it was in this city, and they were willing to do it before anybody else wanted to do it. This issue must be kept in perspective and made clear to the media that the system is not broken. Dr. Iser noted that the Health District chose not to respond to any media inquiries because they felt it would be inappropriate given the level of discussion and recommendations that were brought forth. He stated he can write an op-ed and try to inform people, but it is his feeling that people's opinions are set in place and all we can do is try the best we can to correct them.

Dr. Iser commented that they also need to discuss the issue of the trauma registry. He reminded everyone that we don't currently have a working trauma registry, which has hindered us. We use similar data, surrogate data, to get the data we need, but we need to have a functioning trauma registry. Although the three trauma centers have access to the trauma registry it doesn't include any information from any of them for a variety of reasons. The Health District has volunteered to take on the responsibility of the trauma registry. He met with Julia Peek, Manager of the Office of Public Health Informatics and Epidemiology, who is amenable to that, so he is exploring funding options. Dr. Iser reiterated he is receptive to using tax dollars because funding the trauma registry is important to the entire state, especially the counties of Clark and Washoe. He noted they are on the verge of working on an agreement for the transference of delegation. He promised the data will be de-identified, which was part of the problem with UMC's data initially. The de-identified data will be made available to everyone who needs access. It's an important step to take to obtain access to a functional trauma registry along with legacy data from the three trauma centers.

Dr. Fisher stated the BOH is looking for a clear message from RTAB; a clear recommendation proceeding forward. He noted there are two issues that he feels everyone is in accordance with on the RTAB. Firstly, the value of a Level III trauma center is what the ACS would agree with. Secondly, The RTAB needs to arrive at quantifiable numbers and objective guidelines to evaluate the necessity of expanding the system with another Level III trauma center. Those numbers should be generated by the taskforce and discussed at the RTAB prior to making a recommendation. In the future, when those numbers are met, discussions can then take place about possible expansion of the trauma system. Dr. Fisher noted that the only outside source that would be considered unbiased is the ACS. He related that there is a lengthy lead time for the ACS; possibly a year's wait before they would be able to come out for a visit, and even then, he is unsure they would even make a recommendation. They usually do an assessment but are very hesitant to make that sort of recommendation. They give you the tools to make the decision and leave it to each city to make the determination to expand or not. He added that they need to move forward in a constructive manner. Dr. Dort was in agreement that the ACS is very wearisome about entering into the politics involved with these kinds of decisions. Mr. Hammond commented that the ACS won't even begin to address the issue until June 2017. Dr. Dort stated that, although the system's isn't failing, that date is far enough away to not satisfy anybody as to when something will be accomplished.

Dr. Iser noted he hasn't yet discussed the independent consultation issue with Centennial Hills, MountainView and Southern Hills. He did make a suggestion that an outside consultant evaluate how the RTAB and OEMSTS conducted their assessments and the tools that were used to make that assessment. He believes we did the best with the tools we have at hand. He had hoped to quell some of the naysayers on the BOH by having a clean bill of health, with perhaps a recommendation that we need a stable funding source. Dr. Iser agreed to take whatever recommendation the RTAB makes to the BOH.

Ms. Dokken stated she would like to hear what the members felt about having an independent consultant look at the decision-making process. If the belief is that bias exists, we can clear everyone of bias via a third-party assessment. Ms. Hudema agreed, stating that bias is inherent. We all have bias; it becomes dangerous when you don't recognize and address it. Her recommendation was to

move forward with the needs based assessment, whether or not they choose to have a third-party consultant. They need to come together with respect for the system, and for each other, to ensure that none of their resources or assets is threatened in any way. It's also a great moment in time for them to realize what the community doesn't know so they can educate them. The public needs to know that a lot of thoughtfulness and energy goes into their decisions, as it will for future decisions. She believes that is where the public trust is going to be solidified. Mr. Hammond reiterated that he also would welcome an assessment of the processes in place.

Dr. Fildes noted that the RTAB's discussions have been productive and they captured a couple of very important points. Firstly, that the RTAB made a very thoughtful decision in denying the three applications for authorization because they were improperly timed and planned. We are not against growth; this just wasn't smart growth. He recommends they stand by that decision because it was the right decision. Dr. Iser and others have pointed out that we know some of the weaknesses in our system, including procuring stable funding, a comprehensive trauma registry, and the need to improve our ability to look at data and to identify need using measures that are precise and relevant to Southern Nevada, and patterned after the NBATS platform. Secondly, they will need to develop new processes and procedures for how they will monitor the need for expansion in a systematic way. He looks upon having the Needs Based Assessment Taskforce as a required activity to achieve most of their objectives. They can have a consultant group come in to conduct an annual audit to make sure everything measures up appropriately. He noted that with consultant groups, the more work you put in on the front end, the higher quality result you get on the back end. Clear direction needs to be given so they focus on the processes and procedures currently in use to assess whether they are meeting the standard. They can be tasked with the specifics that will ultimately improve the system as opposed to having them come out and perform a survey in an uninformed way where we end up with a very bland and general report.

Dr. Carrison noted that he has been through at least seven surveys for trauma centers since he's been with UMC. They have never gotten the support they've needed for the trauma registry. The ACS wants to validate the data from the trauma registry prior to making its decisions. They can bring in all the consultants they want, but if they don't have appropriate data, then how can the ACS identify the needs of the system? He suggested going back to the BOH to explain that we need appropriate data to make informed decisions with regard to expansion or non-expansion of the trauma system. It is beyond his comprehension how the Nevada Division of Public and Behavioral Health (DPBH) cannot recognize the importance of a trauma registry, and fund it. He believes that the RTAB should be putting their efforts towards obtaining data they can objectively look at and come up with metrics with regard to expansion of the system. Otherwise, how can appropriate decisions be made?

Dr. Iser commented that the DPBH understands the importance of a trauma registry. They don't utilize the trauma registry because they would only oversee Renown Regional Medical Center in Reno. He reiterated he has been working with the DPBH and Senator Woodhouse to fund the trauma registry. Ms. Angeles commented that in addition to the trauma registry, the funding will be used to provide community outreach and injury prevention. Dr. Iser stated a functioning trauma registry will enable them to see where the injuries are occurring, including mechanism. This information can be used to start developing appropriate outreach, which requires funding.

Member Dokken made a motion that the Trauma Needs Assessment Taskforce develop evidence-based criteria to evaluate the need for additional trauma centers and to recommend to the Board of Health that they allow the taskforce to do its job. The motion was seconded by Member Hudema and passed unanimously

Dr. Iser stated he will continue to work with the DPBH and encourage support from the BOH, including utilizing tax dollars to get the trauma registry up and running. Ms. Dokken added that it's also important the BOH support their legislative efforts.

Member Dokken made a motion to make a recommendation that the Board of Health members work

within their current jurisdictions to lobby for funding of the state trauma registry in Southern Nevada, and to direct Dr. Iser to ask the Health District's lobbyist to do the same. The motion was seconded by Member Breedon and passed unanimously.

Ms. Angeles stated she attended the BOH meeting. It was her understanding that hiring a third-party consultant was not negotiable. She asked for clarification on the process. Dr. Iser replied they would need an RFP (request for proposal); he is currently trying to get some estimates and timelines. Dr. Dort asked if they should make a recommendation that the RTAB views the ACS as the only appropriate unbiased third party, but the expense and time may not make it appropriate or valid. If another third-party consultant makes a recommendation that isn't palatable it may lead to a request for another evaluation to change that evaluation. Dr. Iser asked the members whether they want an evaluation of the RTAB's current processes, or the trauma system as a whole. Dr. Young replied that it needs to be a focused reassessment. It was his understanding it would not be a top to bottom system analysis. Ms. Taylor noted that if they don't have enough data the BOH will realize the importance of having a functional trauma registry. The RTAB members were in agreement.

Member Fisher made a motion to make a recommendation to the Board of Health to have the Trauma Needs Assessment Taskforce continue its work to develop objective data and criteria to assess the future need for expansion of the trauma system. The American College of Surgeons is the only third-party consultant deemed as unbiased by the RTAB. The motion was seconded by Member Carrison and passed unanimously.

Dr. Iser stated he will bring the RTAB's recommendations back to the BOH at their next regularly scheduled meeting. He does not feel an evaluation of the OEMSTS is necessary at this point in time. Dr. Dort commented that he does not think any of the RTAB members are asking that the OEMSTS be evaluated. He asked Dr. Iser to remind the BOH members that he hasn't given them any bad advice in the past and they should trust in his judgment.

D. Trauma Needs Assessment Taskforce Report (5/4/16)

Ms. Palmer reported the taskforce met and came up with the parameters to be measured, the experts who will measure them, and the methodology used to obtain that information. She referred the Board to the spreadsheet that was created (Appendix). She noted areas of population density increased by greater than 30%. Dr. Fisher commented that they should attach the time period. Ms. Breen stated that the Center for Business Research at UNLV, and the Las Vegas Global Economic Alliance publish that data annually. They can look at the percentages of increase in any given zip code in Southern Nevada. Ms. Palmer clarified that the data is taken from the TFTC data, not the non-trauma center data. Ms. Hudema noted that all the hospitals submit data to the Office of Traffic Safety, which may be another good source. Mr. Hammond stated he has access to the non-trauma center trauma registry data, but only for 2015. He noted that they send him the raw data, and that only about 60% to 70% of the hospitals have complied. He has all of Clark County's data. Ms. Hudema asked if travel times are included. Ms. Hudema noted that it is not the whole data set. Mr. Hammond replied that he can backtrack to see whether an EMS call was dispatched or not and make a determination. Dr. Fildes suggested they have the Center for Business Research at UNLV look at the discharge data to seek out the serious injury codes, i.e. liver laceration, brain contusions, etc. They can be cross-referenced against the data submitted to the Health District. That would drop out a subset of patients who may have or should have been transported but weren't, so they were treated at a non-trauma center hospital. The technique is pretty standardized around the country.

Ms. Palmer stated they will have the Health District Informatics Scientists generate reports once they have the criteria in place. Ms. Angeles clarified that they will be using the data provided to the Health District by the trauma centers. Ms. Palmer also clarified the data is for both ground and air transport. Dr. Dort stated the taskforce will proceed with their recommendation as to what the hard numbers are going to be when considering expansion of the trauma system. Ms. Dokken added that,

moving forward, they will look at other needs as well. Dr. Fildes suggested they refine some of the measures, and also discuss additional measures that are relevant to Southern Nevada. Dr. Dort agreed, and stated it is a work in progress.

After some discussion, the Board agreed to meet monthly until the parameters are established. Once they are in place and they start reporting on the data they can agree to meet quarterly. The members agreed to meet again on Wednesday, July 20th.

E. Trauma System Advocacy Committee Report (TSAC)

Ms. Breen reported the TSAC decided to once again pursue a \$1 user's fee on every vehicle insurance policy and homeowner's policy. They are in the process of setting up meetings with the insurance industry to gain their support. They will then meet with a larger group of legislators to get them to sign onto the bill. The bill is again being carried by Senator Woodhouse and they don't anticipate many revisions.

F. Trauma Field Triage Criteria Data Report

Ms. Palmer reported the following data for the 1st quarter of 2016:

- 1) Total Transports = 1,518; (1,452 adult; 66 pediatric)
- 2) UMC = 1,135 (1,086 adult; 49 pediatric)
- 3) Sunrise = 288 (275 adult; 13 pediatric)
- 4) St. Rose Siena = 93 (90 adult; 3 pediatric)
- 5) Total Out of Area Transports = 4%

Ms. Palmer noted that the total out of area transports for March was 5%, but the overall for the quarter was 4%.

IV. INFORMATION ITEMS / DISCUSSION ONLY

A. Report from Emergency Medical Services Representative

Mr. Simone stated there were no items to report.

B. Report from General Public Representative

Shirley Breeden stated there were no items to report.

C. Report from Non-Trauma Center Hospital Representative

Mr. Pullarkat stated there were no items to report.

D. Report from Rehabilitation Representative

Ms. Russitano stated there were no items to report.

E. Report from Health Education & Prevention Services Representative

Ms. McSwain reported the Southern Nevada Injury Prevention Partnership committee is taking nominations the following week for a Chair and Vice-Chair.

F. Report from Legislative/Advocacy Representative

Ms. Breen reported the TSAC is pursuing a mandatory ignition interlock for first-time DUI convictions at the next legislative session.

V. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020.

All comments are limited to five (5) minutes. Chairman Dort asked if anyone wished to address the Board. Seeing no one, he closed the Public Comment portion of the meeting.

VI. ADJOURNMENT

There being no further business to come before the Board, *Chairman Dort adjourned the meeting at 3:52p.m.*