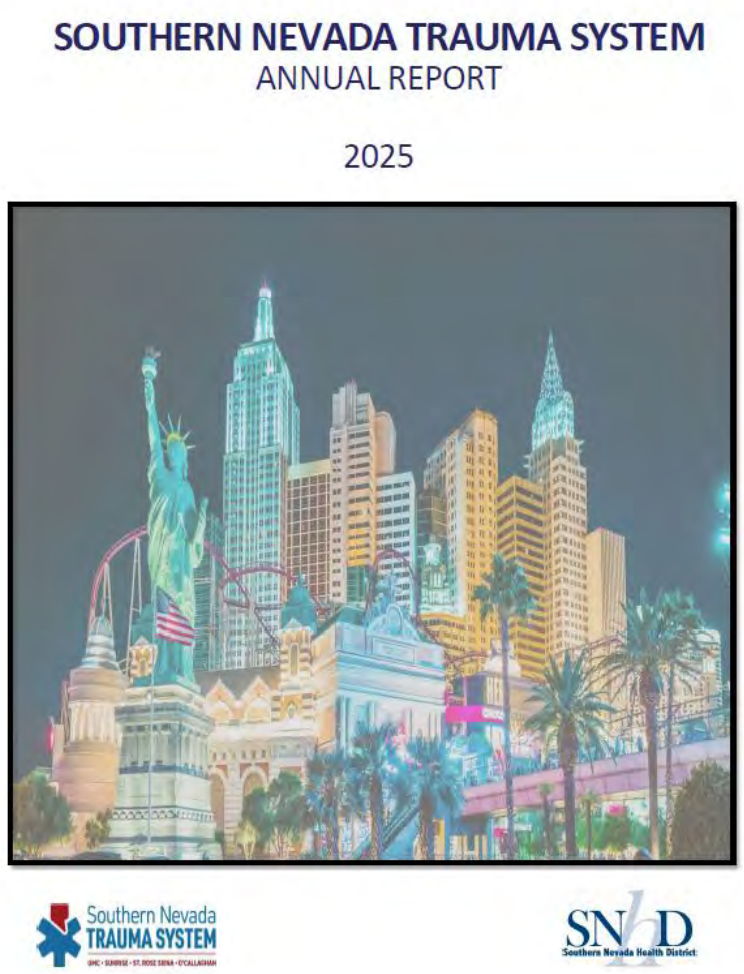
Southern Nevada Trauma System

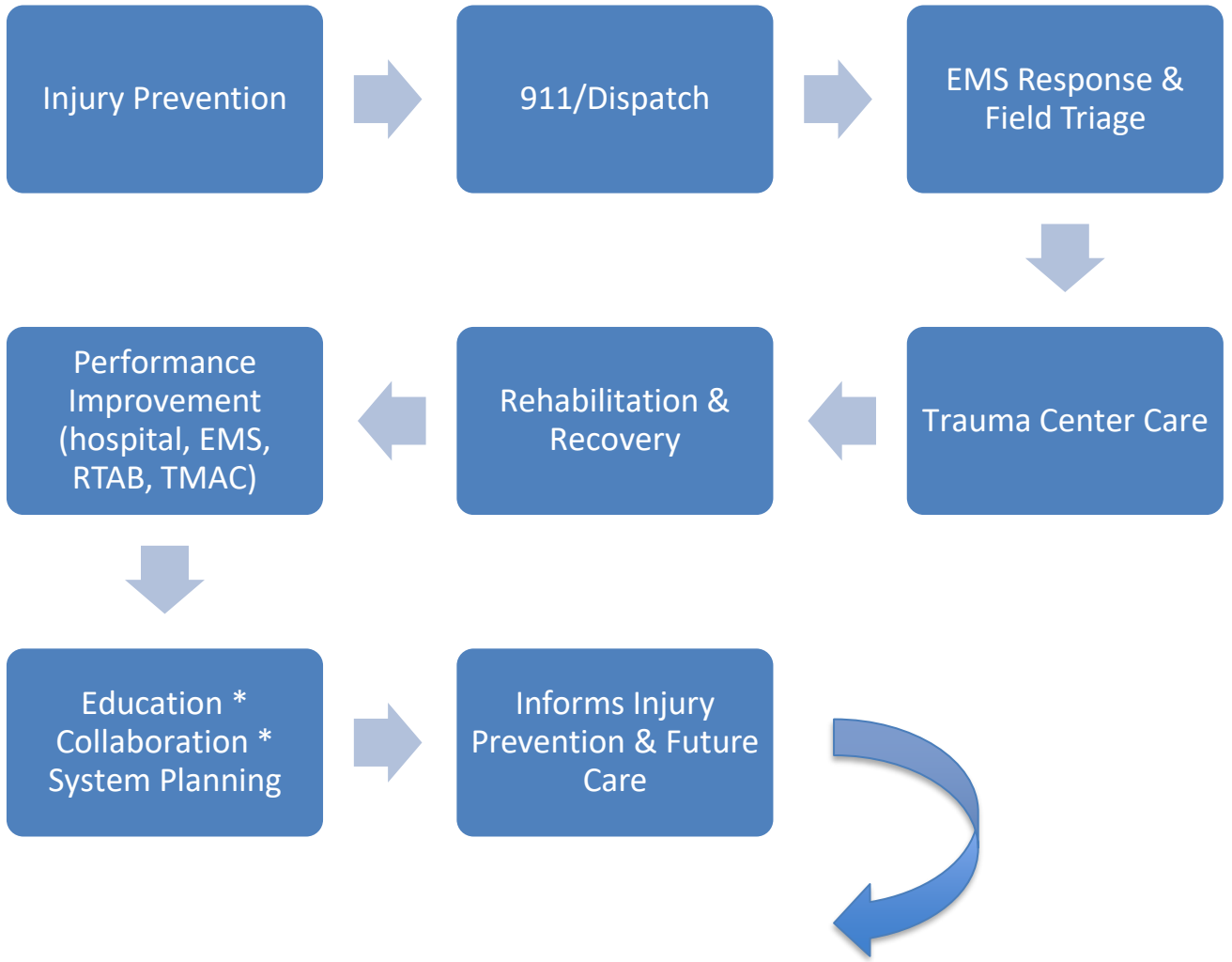


This report, along with past reports, are available online:

https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/southern-nevada-trauma-system/

Southern Nevada
TRAUMA SYSTEM
UMC • SUNRISE • ST. ROSE SIENA • O'CALLAGHAN

How the Trauma System Works



Why Does Southern Nevada Need a Trauma System

Trauma is a race against time.

- **Over 12,600 patients entered the Southern Nevada Trauma System in 2025.**
- **Serious injury can occur anywhere, at any time.**
- **Coordinated trauma systems improve survival by getting patients to the right resources quickly.**

Understanding Trauma Center Levels

Level	What it Means
Level I	Highest level of trauma care. Provides every specialty needed to treat the most severely injured patients 24 hours a day. Also conducts research, education, and system leadership.
Level II	Provides essentially the same immediate trauma care as a Level I but is not required to conduct the same level of research, residency training, or statewide leadership activities.
Level III	Stabilizes, evaluates, performs emergency surgery when needed, and either definitively treats appropriate injuries or transfers patients requiring more specialized care.

Higher level does NOT mean better hospital

It means the hospital has committed additional personnel, equipment, and resources to care for patients with increasingly complex traumatic injuries.

Understanding Our Trauma Data

State Trauma Registry

Patients who:

- Meet registry inclusion criteria
  - Have a specific trauma injury and:
    - Admitted >24 hrs
    - Die
    - Transferred

*Collected to match the National Trauma Data Bank (NTDB).

SNHD Trauma Field Triage (TFTC) Data

Patients identified by EMS using TFTC

Includes:

- Patients transported to trauma centers
- Regardless of admission status

*These patients may or may not be in the State Registry date

*Collected from EMS reports.

What may not be included in either report?

- Walk-in patients/arriving by private vehicle that don't get admitted for a trauma injury
- Patients arriving by EMS not identified as meeting TFTC
- Patients that die on-scene

Together, these datasets provide different perspectives on the trauma system—but neither captures every injured patient treated in Southern Nevada.

2025 Data Collection Methodology

Understanding the Change in This Year's Data

Previous Reporting Methodology

Hospital reports

(manual/subjective)

↓

Multiple submissions

(compiled into one by OEMSTS)

↓

Annual report

2025 Reporting Methodology

EMS electronic patient care reports

(One standardized EMS data source)

↓

OEMSTS review & validation

↓

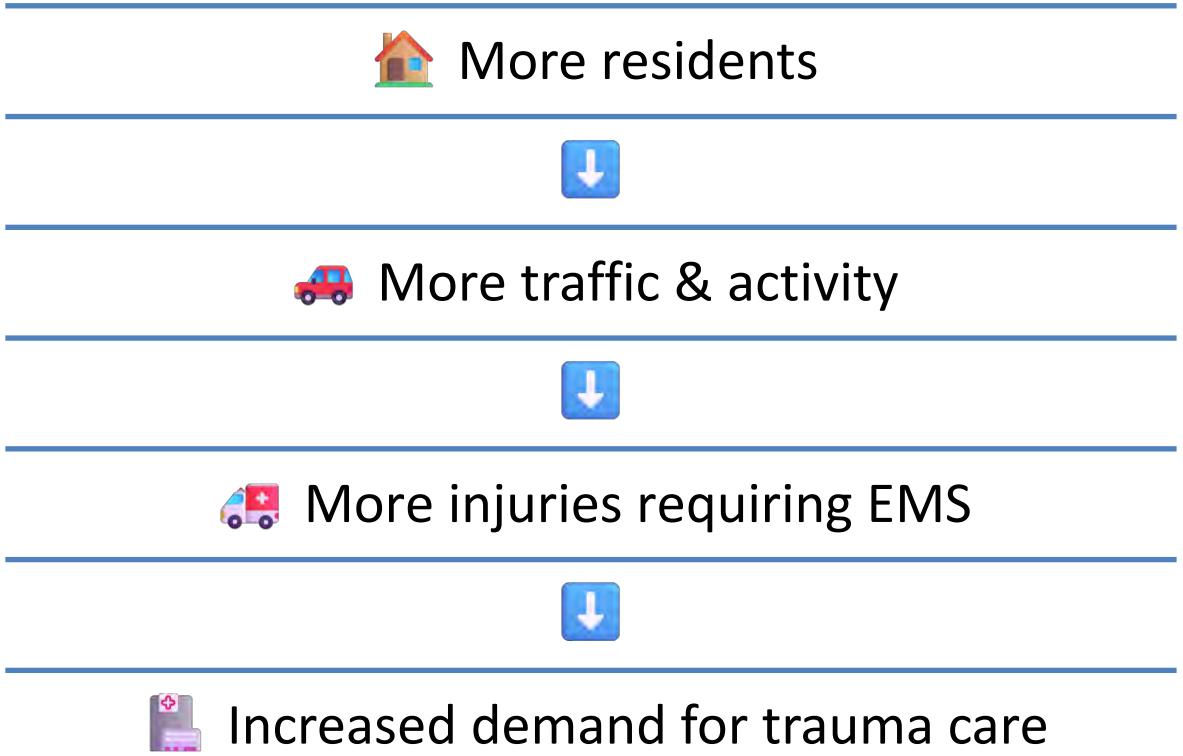
Trauma center verification

↓

Annual report

Population Growth Trends in Southern Nevada

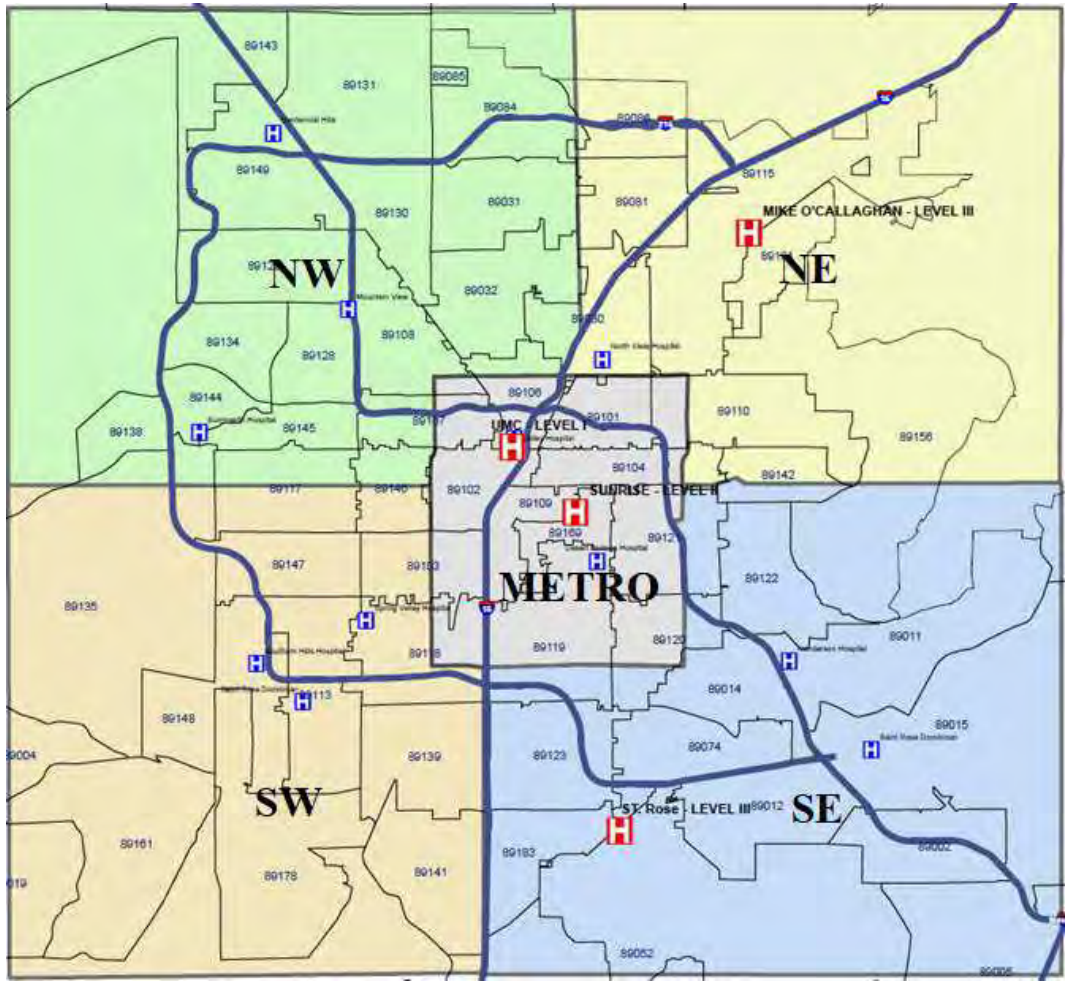
📈 **Population increased by approximately 140,000 residents from 2021 - 2025 (6% growth)**



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

Population growth is one of the strongest predictors of future demand for emergency and trauma services. Planning today helps ensure the trauma system remains accessible as Southern Nevada continues to grow.

Trauma Incident Trends in Southern Nevada



TFTC Incidents
5-year trends (2021-2025)

- Metro Area - 2 trauma centers: ↓6%
  (4900→4584=316 decrease)
- Northwest Area – 0 trauma centers: ↑5%
  (2698→2834=136 increase)
- Southeast Area - 1 trauma center: ↓8%
  (1387→1135=252 decrease)
- Northeast Area - 1 trauma center: ↓13%
  (1892→1644=248 decrease)
- Southwest Area - 0 trauma centers: ↓8%
  (2166→1982=184 decrease)

Based on 2025 TFTC Data (Page 40-41)

Every 42 minutes

Someone enters the

Southern Nevada Trauma System

via EMS

Based on 2025 TFTC data

What is Causing Their Injuries?

Leading Mechanisms of Injury - Nevada 2025

- Falls (61%)
- Motor Vehicle Traffic (15.1%)
- Struck by/Against (6%)
- Cut/Pierce (3.4%)
- Firearm (2.5%)

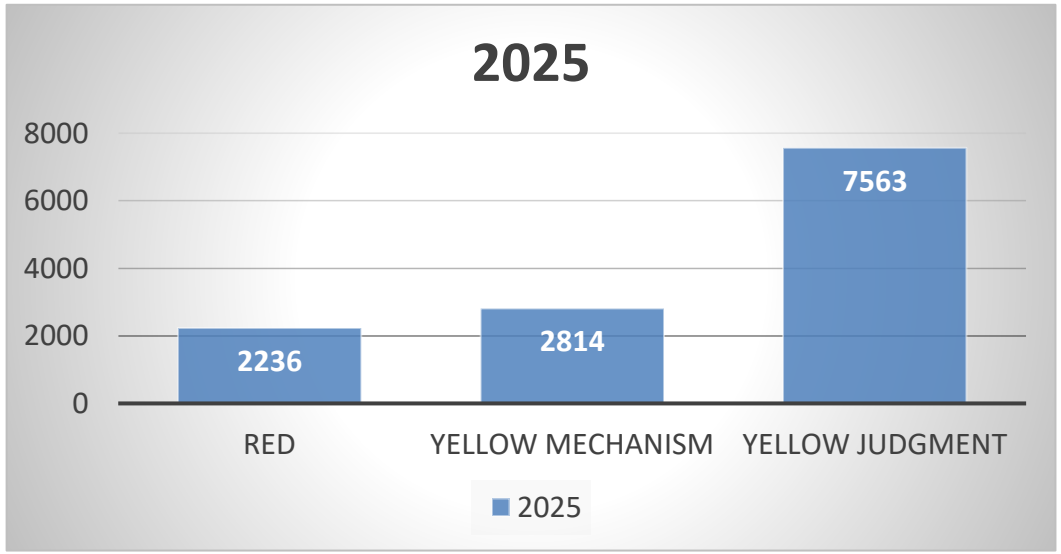
Understanding how injuries occur helps guide prevention efforts and future trauma system planning.

How EMS Identifies a Trauma Patient

🚨 **Red Criteria:** *Most Seriously Injured*

🟡 **Yellow Mechanism of Injury:** *High-risk event*

🟡 **Yellow EMS Judgment:** *Clinical concern (older adult, anticoagulant use, pregnancy, pediatrics)*



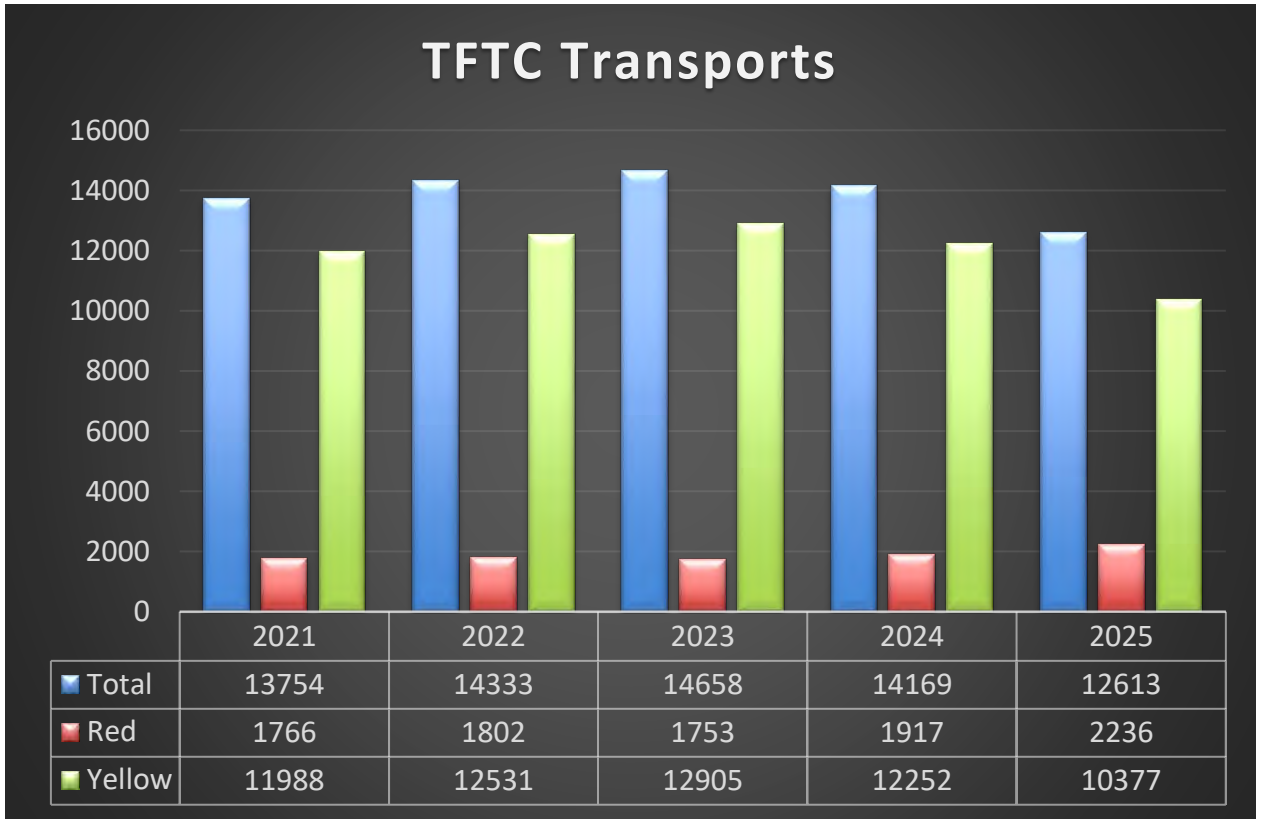
Based on 2025 TFTC Data

***Most trauma patients are identified through EMS assessment before the full extent of their injuries are known**

Trauma field triage is designed to identify patients **before** the full extent of their injuries is known, ensuring they receive the most appropriate level of care as quickly as possible.

How Many Trauma Patients Entered the System?

Southern Nevada Trauma System Volume



	2021	2022	2023	2024	2025
Total	13754	14333	14658	14169	12613
Red	1766	1802	1753	1917	2236
Yellow	11988	12531	12905	12252	10377

Based on 2025 TFTC Data

That's about...

35 Patients

Every Day

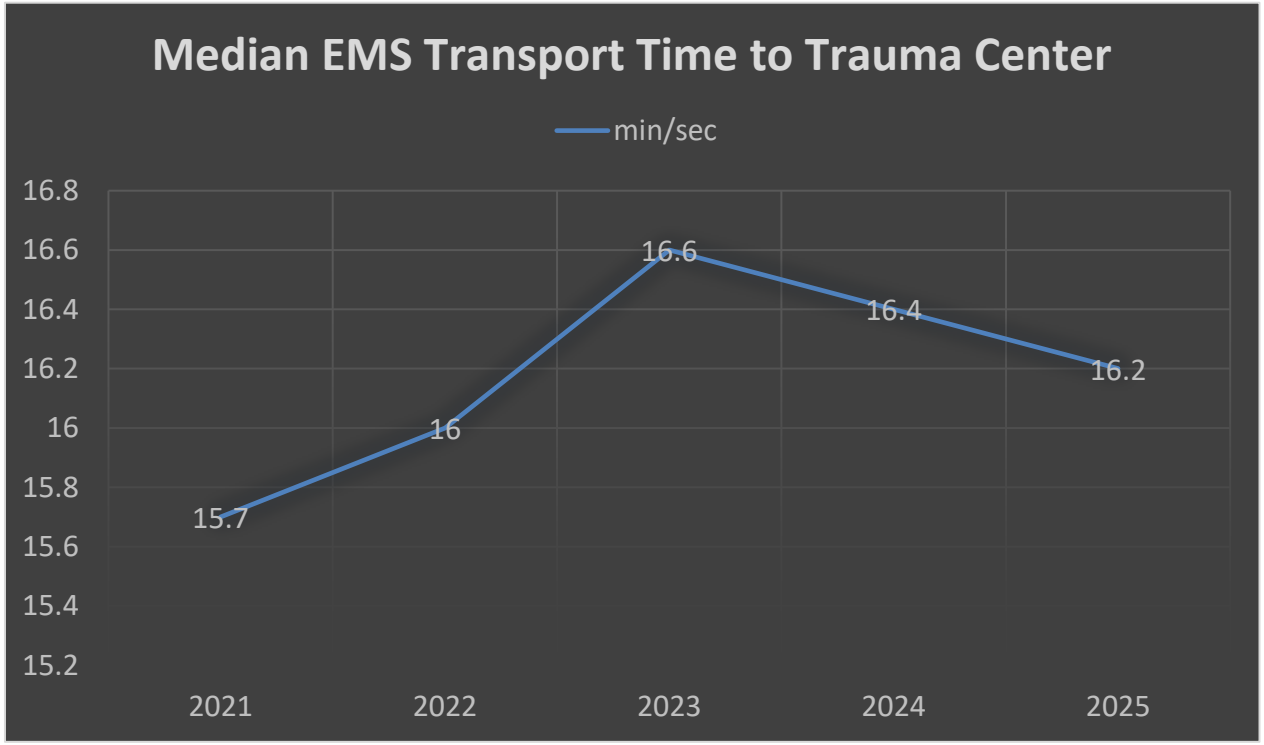
or

1–2 patients every hour

⚠️ **Important Interpretation:** The 2025 volume appears lower than 2024 because Trauma Field Triage data was collected using a new standardized EMS-based methodology. The difference should not be interpreted as a decline in trauma activity.

Access Remains Stable

Transport Times Have Remained Stable



Based on 2025 TFTC Data

2025 Snapshot

🟢 ≈16 Minutes
Median EMS Transport Time

Why This Matters

🚑 Rapid access to trauma care

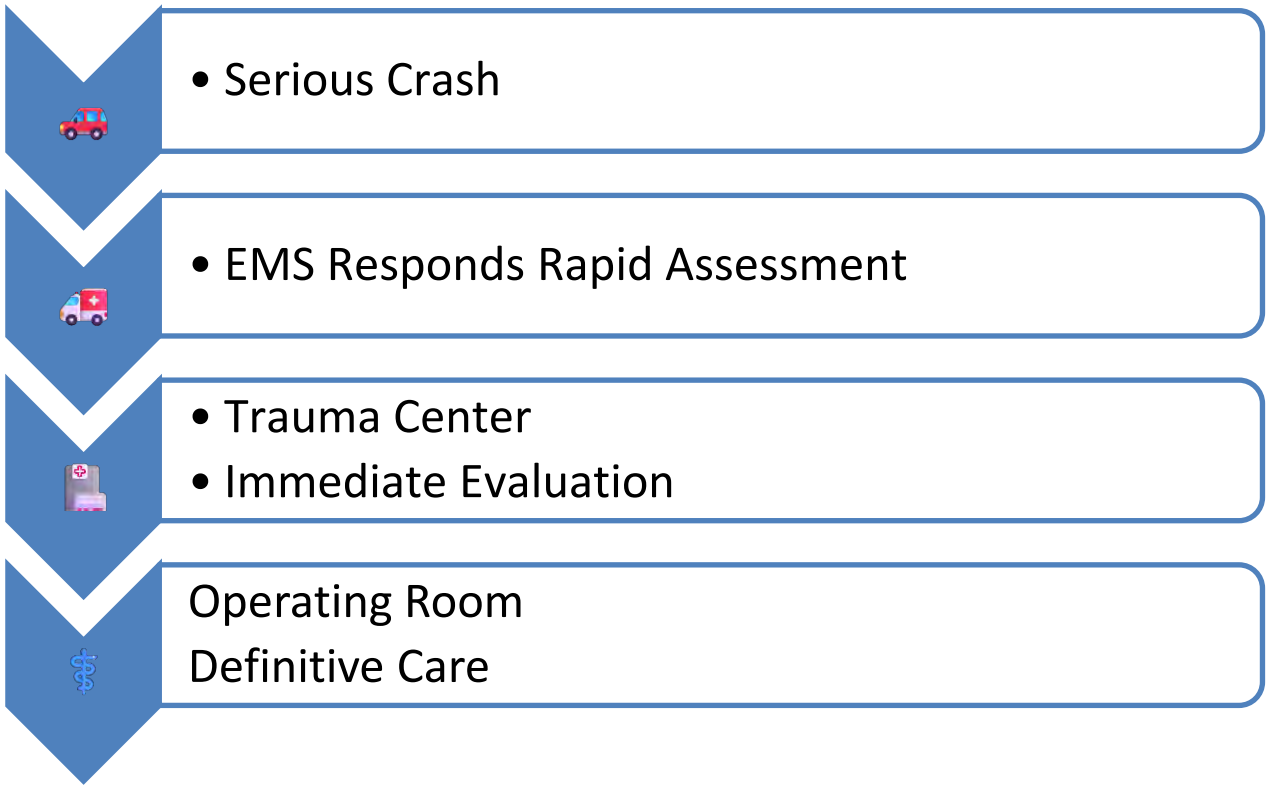
🏥 Consistent access across the region

📈 No indication that growing population has increased transport times

There is no evidence that access to trauma care has worsened. EMS continues to transport seriously injured patients to trauma centers in consistent timeframes despite continued population growth.

Transport Time is More Than a Transportation Measure

Trauma Care Begins Long Before the Hospital



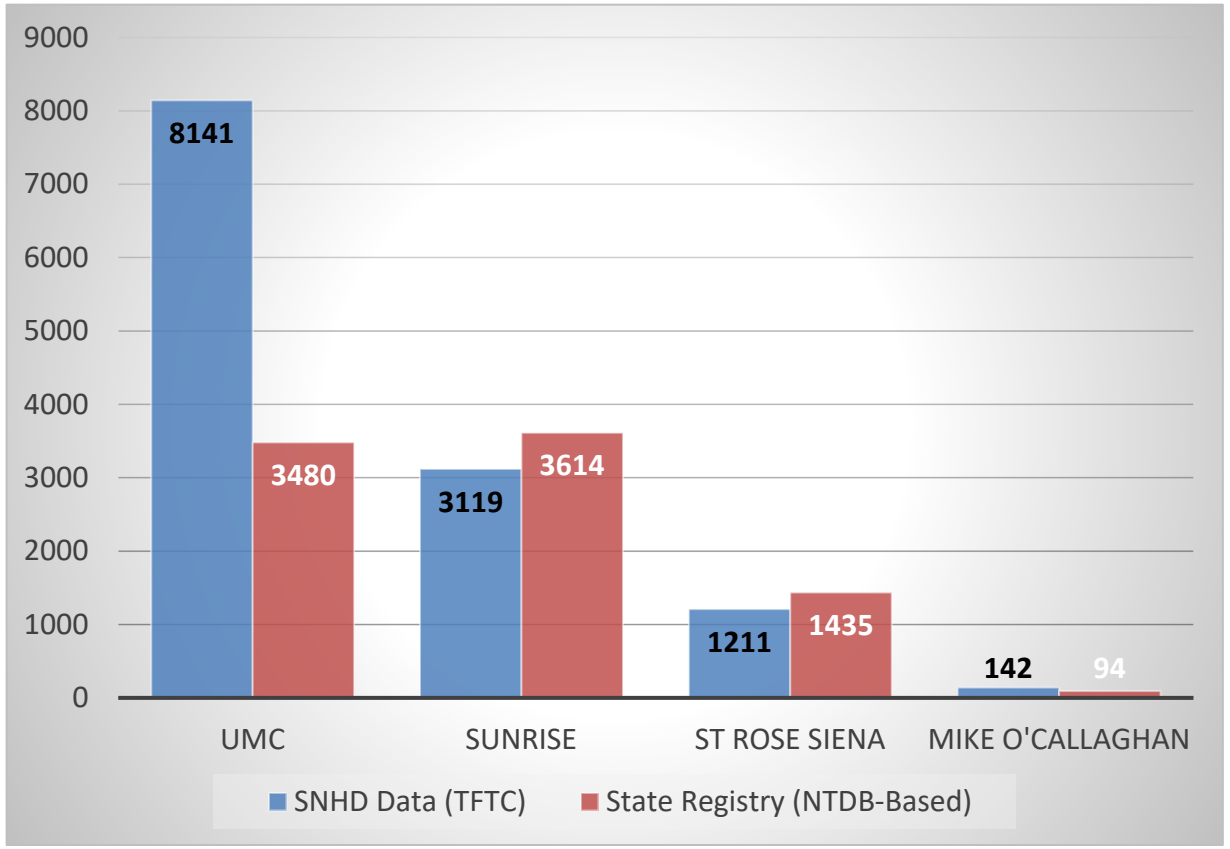
The Goal: Get the right patient to the right trauma center as quickly as possible.

Why the Board Measures This:

- Ensures timely access to trauma care
- Identified emerging access challenges
- Supports future system planning

Where Do Trauma Patients Receive Care?

A balanced Trauma System Maintains Regional Readiness



What This Means

UMC
- The region's highest-volume trauma center

Sunrise Hospital
- Maintains consistent trauma volume
- Supports regional trauma capacity

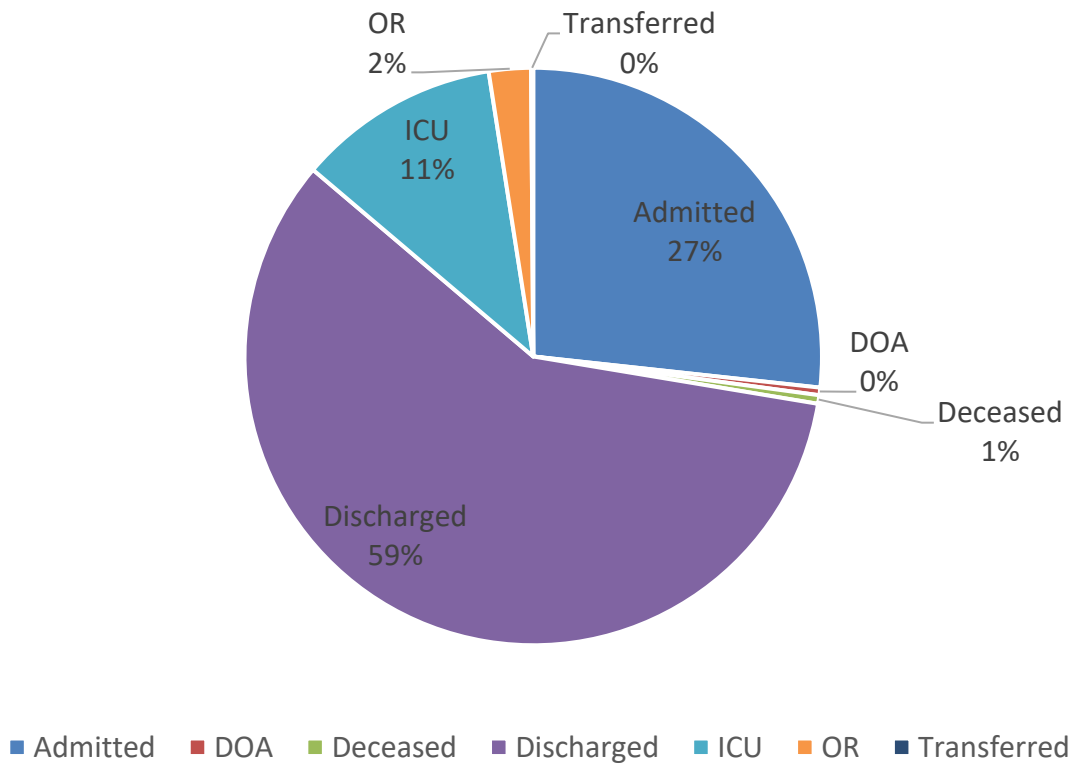
St. Rose Siena
- Continues providing trauma services for the southeast valley
- Maintains consistent patient volume

Mike O'Callaghan
- Continues integration into the regional trauma system
- Expands access for eligible patients

A healthy trauma system depends on **all designated trauma centers maintaining sufficient patient volume to preserve clinical expertise, staffing, and readiness.** Patient distribution is monitored continuously to ensure the system remains balanced and sustainable.

What Happens After Patients Arrive?

Trauma Centers Provide the Right Level of Care for Each Patient



Based on 2025 TFTC Data

What the Data Tells us

🏠 Most patients are evaluated, treated, and safely discharged.

🏥 Patients requiring hospitalization receive continued inpatient care.

❤️ The most seriously injured patients receive intensive care or emergency surgery.

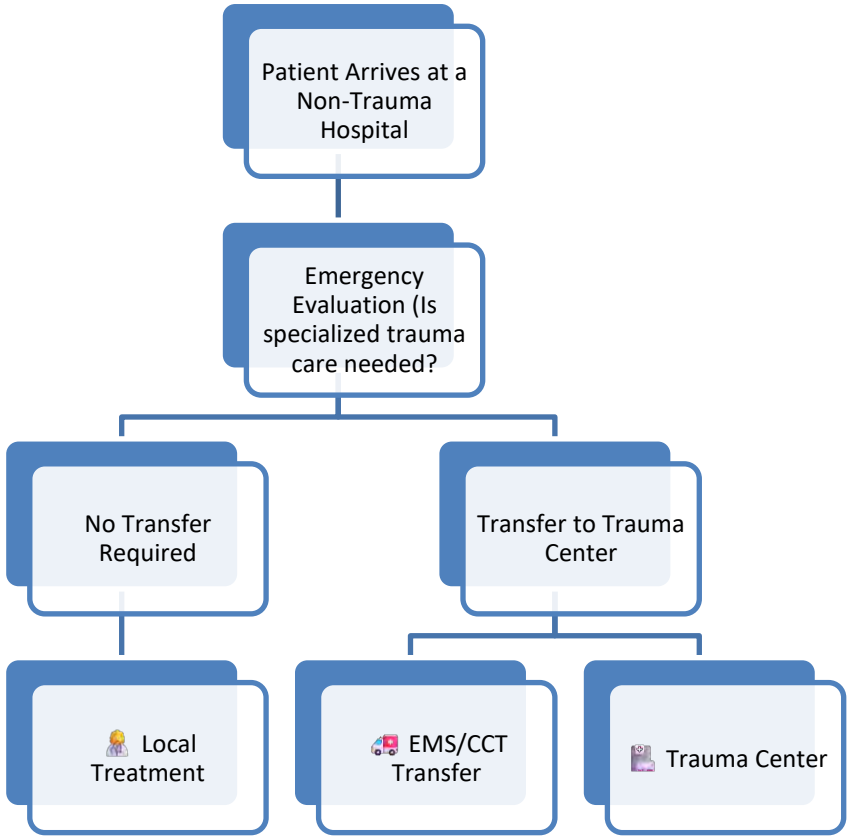
📊 Every patient receives care matched to the severity of their injuries.

Trauma centers are designed to provide the appropriate level of care for every injured patient - from evaluation and discharge to lifesaving surgery and intensive care.

Discharged patients still require trauma evaluation, treatment, resources, and clinical decision-making before safe discharge.

How Non-Trauma Hospitals Support the Trauma System

Identifying Patients Who Need a Higher Level of Care



1192 patients were transferred from non-trauma hospitals to designated trauma centers in 2025

Based on 2025 State Trauma Data (Page 30)

Non-trauma hospitals are an essential part of the regional trauma system. When patients require specialized trauma resources, they are stabilized and transferred to the most appropriate designated trauma center.

Looking Ahead

Planning for Southern Nevada's Future Trauma System

Trauma Centers Cannot Be Built Overnight

- Community Growth
- Increased Trauma Demand
- Planning & Analysis
- Regulatory Review
- Hospital Investment
- Construction & Staffing
- Trauma Center Designation

⏳ Years, Not Months

Planning ahead is essential because trauma system expansion requires years of preparation, investment, and regulatory review.

2025 Report: Executive Summary/Takeaways

- ✓ Population continues growing
- ✓ More than 12,600 trauma transports
- ✓ Transport times remain stable
- ✓ Trauma centers continue collaborative performance review
- ✓ 2025 introduces improved EMS data collection

Every number in this report represents a person whose life depended on a trauma system being ready before they needed it.

Our goal is simple: to ensure that when someone experiences the worst day of their life, the Southern Nevada Trauma System is ready.

Southern Nevada TRAUMA SYSTEM
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SOUTHERN NEVADA TRAUMA SYSTEM

ANNUAL REPORT

2025

Southern Nevada TRAUMA SYSTEM
UMC • SUNRISE • ST. ROSE SIENA • O'CALLAGHAN

SNHD Southern Nevada Health District

Contents

Acknowledgments

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

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

Thanks to the members of the Regional Trauma Advisory Board, all SNHD EMS committees, participating in the trauma center medical directors, program managers, and registrars. Their dedication to continuously improving data collection makes it possible to fully evaluate and advance the Southern Nevada Trauma System.

Southern Nevada Trauma System Review

Introduction

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

Understanding Trauma

Trauma refers to injury resulting from an external force. Within the trauma system, patients are evaluated using standardized criteria to identify potentially serious injuries, determine the appropriate level of care, and evaluate the severity of injuries and outcomes.

Measure	What it tells us	When it's used
Mechanism of Injury (MOI)	How the injury occurred and the potential for significant injury	Prehospital/initial assessment
Field Triage Criteria	Physiologic and anatomic indicators that may indicate the need for trauma center care	Prehospital
Injury Severity Score (ISS)	Severity of a patient's diagnosed traumatic injuries	Hospital/retrospective analysis
Trauma Registry/Data Criteria	Which patients and injuries are included in standardized trauma-system reporting	Data collection/analysis

These standardized measures allow trauma system performance to be evaluated consistently across EMS agencies, hospitals, and time periods.

The Need for a Trauma System

Trauma systems embody extensive infrastructures designed to deliver top-tier care for injured individuals. They cover a broad range of services, including initiatives for injury prevention, a cohesive network of trauma centers, and coordinated research initiatives. Traumatic injury is the leading cause of death among young people and a significant health threat to Southern Nevada and its millions of visitors each year. Using evidenced based data to recognize top injury mechanisms, preparedness and injury prevention efforts can be directed at decreasing injury before it occurs.

Southern Nevada is an expert in providing care for large scale events, including concerts, conferences, and major sporting events.

What is a Trauma System?

A trauma system is an organized, coordinated, and comprehensive system of care spanning prevention, prehospital care, acute treatment, rehabilitation, and reintegration. The system facilitates real-time coordination, appropriate triage, and efficient patient distribution to ensure patients receive care at the right place and time.

Goals of the Trauma System

- reduce the incidence and severity of injuries
- improve health outcomes
- promote efficient delivery of care
- implement performance improvement
- advocate for sufficient resources
- identify and address disparities in access and outcomes across populations
- maintain system surge capacity and disaster readiness

Trauma System Components

Prehospital Emergency Medical Services

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

Level I

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

Level II

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

Level III

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

Pediatric Level I or II

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

Rehabilitation, Data Collection, Injury Prevention, Performance Improvement

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

Southern Nevada Trauma System

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

Office of Emergency Medical Services & Trauma System

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

American College of Surgeons Committee on Trauma

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

Optimal versus Minimal Standard

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

Verification versus Designation

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

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

Southern Nevada Designated Trauma Centers

- University Medical Center Level I and Pediatric Level II Trauma Center
- Sunrise Hospital Level II Trauma Center
- St. Rose Dominican Hospitals – Siena Campus Level III Trauma Center
- Mike O'Callaghan Miliary Medical Center Level III Trauma Center

Southern Nevada Emergency Medical Services

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

Southern Nevada Trauma Catchment Areas

To facilitate the timely transportation of trauma patients from the scene of an emergency to the closest appropriate trauma center, the Office of Emergency Medical Services & Trauma System (OEMSTS) creates and determines geographic catchment areas (Appendix B). The office monitors trauma patients' distribution to ensure patients are matched with the appropriate resources while providing sufficient volume to each trauma center to provide stability within the trauma system. In 2024, the prehospital emergency services triage for trauma patients was implemented to reflect the CDC's updated 2021 Guidelines for field triage of injured patients.

Non-Trauma Center Hospitals

The Southern Nevada Trauma System recognizes that hospital facilities that provide emergency services contribute to its inclusive trauma system. These facilities are known as Non-Trauma Center Hospitals and provide prompt assessment, resuscitation, emergency operations, and stabilization and arrange for transfer to a designated trauma center. Most trauma patients arrive at Non-Trauma Center Hospitals by self-delivery or by EMS provider judgment exemptions.

Leadership and Legislation

The Administrator of Nevada's Department of Health and Human Services, in conjunction with the Deputy of the Division of Public and Behavioral Health, has the authority to designate a health care institution as a trauma center based on a proposal that must include a verification of the American College of Surgeons classification system and approval of a district board of health in any county whose population is 700,000 or more. During the 2005 state legislative session, Nevada Revised Statute (NRS) 450B.237 was promulgated, authorizing the Southern Nevada District Board of Health to establish and adopt a comprehensive trauma system plan concerning trauma treatment in Clark County. During the 2020 state legislative session, NRS 450B.237 was altered. The overall designation process remained the same except that approval of a new Level III trauma center must come from the Nevada State Health Division's Administrator after they have conducted a comprehensive assessment of needs. Additionally, the Southern Nevada District Board of Health cannot approve the proposal without having met the criteria outlined.

The Health District's Regional Trauma Coordinator, as part of OEMSTS, provides administrative oversight of the Southern Nevada Trauma System. With the assistance of local trauma leaders and community stakeholders, the Southern Nevada Trauma System regulations were first adopted by the District Board of Health in May 2007.

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

Trauma System Evaluation and Performance Improvement

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

The cornerstone of the Southern Nevada Trauma System medical review process is the Trauma Medical Audit Committee (TMAC). It is a peer review committee that meets quarterly to review, monitor, and evaluate trauma system performance. The TMAC derives its authority and privilege from NRS 49.117 - 49.123; NRS 49.265; and NRS 450B.237. The members of the TMAC include the trauma medical director and program manager from each designated trauma center; the Southern Nevada medical examiner or designee; the Health District's Regional Trauma Coordinator; specialty physicians as needed.

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

Each designated Trauma Center also submits data to the National Trauma Data Bank (NTDB), which is maintained by the ACS-COT. The NTDB establishes the criteria for inclusion, encompassing patients who have sustained one or more traumatic injuries within 14 days of their initial hospital encounter. To be included, patients must meet specific eligibility requirements.

Injury mortality data provided by the Southern Nevada Coroner's Office is also utilized by the TMAC to assess trauma system resource utilization and support planning efforts for improved system effectiveness and efficiency.

Purpose of Southern Nevada Trauma Annual Report

To provide a data-driven assessment of the Southern Nevada Trauma System, the Regional Trauma Coordinator produces the annual Southern Nevada Trauma System Report. Where possible, a five-year data set is used to present the most current information available. All sources are selected to provide an overview of injury and trauma system utilization at the local level. As defined in NRS, the District Board of Health shall consider plans for future county trauma needs, the designation of new trauma centers, and the most effective ways to provide trauma services. This report is intended as a tool for subject-matter experts within the Southern Nevada Trauma System to review the overall system, identify trends, and offer informed guidance to decision-makers.

Data Sources

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

Southern Nevada Department of Comprehensive Planning

Nevada State Trauma Registry

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

- One or more traumatic injuries within 14 days of initial hospital encounter
- At least one diagnostic code for injury:
    - ICD-10 code from the following ranges: S00-S99 (7th Character Modifier A, B, or C), T07, T14, T79.A1-T79.A9 with 7th character modifier of A ONLY (Traumatic Compartment Syndrome–initial encounter)
- Excluding the following isolated injuries:
    - S00 (Superficial injuries of the head)
    - S10 (Superficial injuries of the neck)
    - S20 (Superficial injuries of the thorax)
    - S30 (Superficial injuries of the abdomen, pelvis, lower back and external genitals)
    - S40 (Superficial injuries of shoulder and upper arm)
    - S50 (Superficial injuries of elbow and forearm)
    - S60 (Superficial injuries of wrist, hand and fingers)
    - S70 (Superficial injuries of hip and thigh)
    - S80 (Superficial injuries of knee and lower leg)
    - S90 (Superficial injuries of ankle, foot and toes)
- And must include one of the following in addition to the above:
    - Death resulting from the traumatic injury; or
    - Patient transfer from one acute care hospital to another acute care hospital; or
    - Patients directly admitted to the trauma hospital (exclude patients with isolated injuries admitted for elective and/or planned surgical intervention); or
    - Patients who were an in-patient admission and/or observed.

Trauma Field Triage Criteria (TFTC) 2025 Data

The designated trauma centers in Southern Nevada participate in a collaborative Trauma Field Triage Criteria (TFTC) data review process coordinated by the Office of Emergency Medical Services & Trauma System (OEMSTS). Effective in 2025, Trauma Field Triage Criteria (TFTC) data began being extracted directly from ESO electronic patient care reports rather than through hospital-submitted data. Because of this change in data capture methodology, differences observed in 2025 may reflect improved data collection rather than actual changes in trauma system volume or performance. Accordingly, comparisons with prior years should be interpreted with caution. As additional years of data are collected using the new methodology, trend analyses will become more meaningful and comparable.

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

- day and time;
- address with longitude and latitude coordinates;
- injury code;
- EMS response time-stamps;
- transport destinations;
- out-of-area.

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

Red Mental Status & Vital Signs (Previously Step 1/Physiologic): A trauma patient whose injury is so severe that their vital signs or level of consciousness are abnormal.

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

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

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

Future Plans

The continued evolution of the Southern Nevada Trauma System depends on maintaining a reliable, data-driven surveillance and performance improvement process capable of identifying trends, evaluating system performance, and recognizing opportunities for enhancement. High-quality data supports informed decision-making and assists healthcare leaders, emergency managers, and policymakers in assessing current resources, planning for future system needs, and developing evidence-based strategies to improve trauma care delivery throughout the region.

Beginning in 2025, the Office of Emergency Medical Services & Trauma System (OEMSTS) implemented a revised Trauma Field Triage Criteria (TFTC) data collection and validation process utilizing EMS electronic patient care report (ePCR) data extracted directly from ESO reports. This standardized approach is intended to improve data consistency, accuracy, and system-wide analysis capabilities while strengthening collaboration between OEMSTS and the designated trauma centers.

Future priorities for the Southern Nevada Trauma System include continued enhancement of trauma system performance improvement activities, expansion of data analytics capabilities, evaluation of system capacity and patient distribution trends, support for disaster preparedness and surge planning, and ongoing assessment of community trauma care needs.

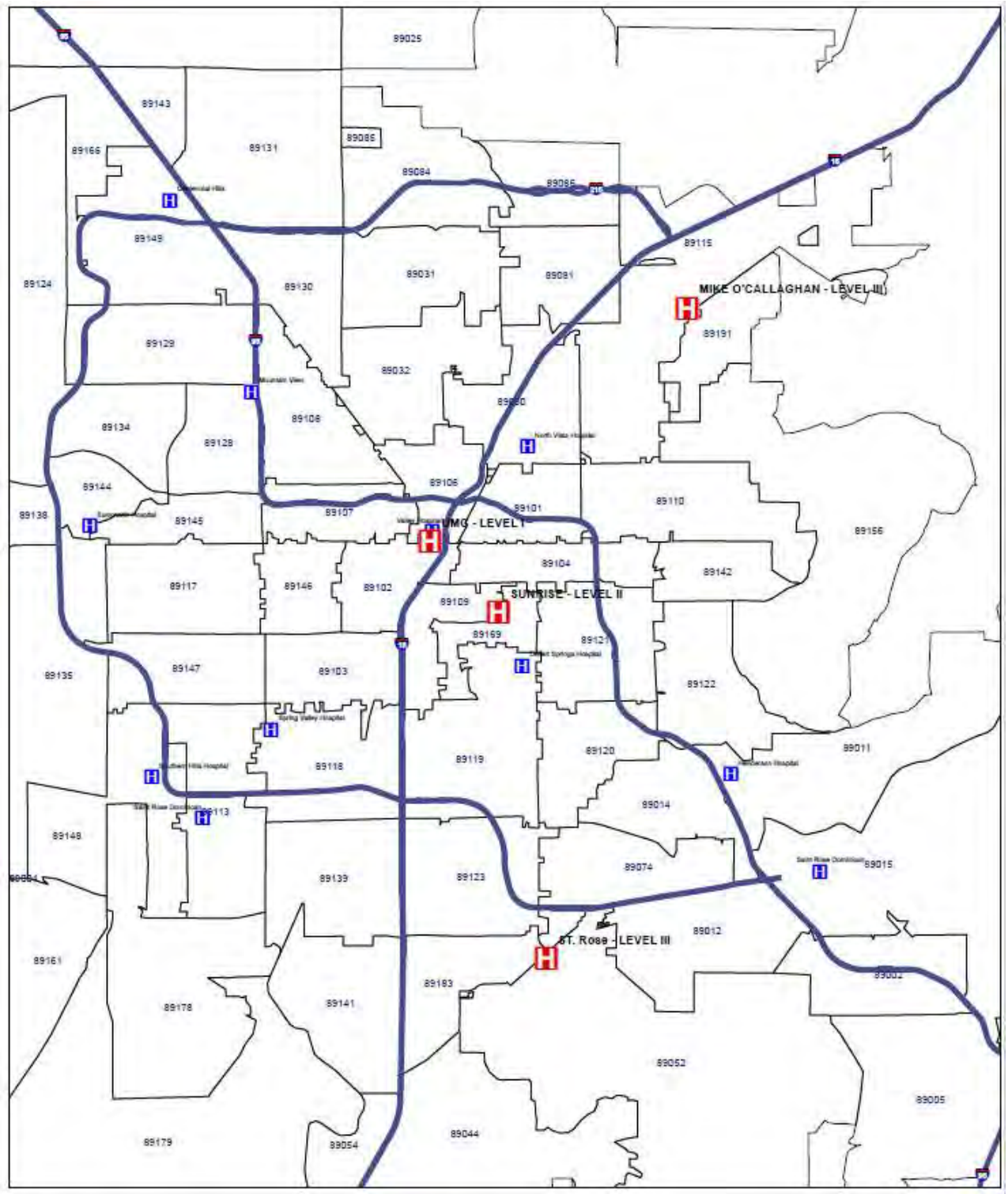
The Office of Emergency Medical Services & Trauma System appreciates the continued partnership and support of the region's hospitals, EMS agencies, public safety partners, healthcare professionals, and community stakeholders. Through this collaborative effort, the Southern Nevada Trauma System remains committed to building upon its accomplishments and advancing a coordinated, high-quality system of trauma care for the residents and visitors of Southern Nevada.

Population Data

Intent

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

Clark County ZIP Code Map



Clark County Population Forecast: 2026-2060

Year	Population Forecast	Change in Population Forecast	Growth in Population (Percent)
2026	2,493,000	50,000	2.0%
2027	2,537,000	44,000	1.8%
2028	2,578,000	41,000	1.6%
2029	2,617,000	39,000	1.5%
2030	2,655,000	38,000	1.5%
2031	2,692,000	37,000	1.4%
2032	2,728,000	36,000	1.3%
2033	2,764,000	36,000	1.3%
2034	2,797,000	33,000	1.2%
2035	2,830,000	33,000	1.2%
2036	2,860,000	30,000	1.1%
2037	2,889,000	29,000	1.0%
2038	2,917,000	28,000	1.0%
2039	2,944,000	27,000	0.9%
2040	2,969,000	25,000	0.8%
2041	2,994,000	25,000	0.8%
2042	3,017,000	23,000	0.8%
2043	3,039,000	22,000	0.7%
2044	3,061,000	22,000	0.7%
2045	3,081,000	20,000	0.7%
2046	3,101,000	20,000	0.6%
2047	3,120,000	19,000	0.6%
2048	3,139,000	19,000	0.6%
2049	3,157,000	18,000	0.6%
2050	3,174,000	17,000	0.5%
2051	3,191,000	17,000	0.5%
2052	3,208,000	17,000	0.5%
2053	3,225,000	17,000	0.5%
2054	3,241,000	16,000	0.5%
2055	3,258,000	17,000	0.5%
2056	3,274,000	16,000	0.5%
2057	3,290,000	16,000	0.5%
2058	3,306,000	16,000	0.5%
2059	3,322,000	16,000	0.5%
2060	3,337,000	15,000	0.5%

** SNRPC Census population estimate.*

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

Note: The average annual forecasted growth rate is 0.9 percent.

Clark County Historical Population by Zip Code, 2021-2025

ZIP	2021	2022	2023	2024	2025	Absolute Growth 2021-2025	Growth Rate (%) 2021-2025
89002	38515	38176	38536	38950	39,132	617	1.60
89004	150	151	153	155	155	5	3.33
89005	15250	14972	15023	15010	14,986	-264	-1.73
89007	991	939	929	945	951	-40	-4.04
89011	40068	41693	45239	50110	56,262	16,194	40.42
89012	37311	36366	36697	37413	37,800	489	1.31
89014	42223	42512	42905	42917	42,898	675	1.60
89015	43447	41972	42969	45051	46,465	3,018	6.95
89018	1114	1407	1554	1553	1,518	404	36.27
89019	2808	2570	2565	2551	2,537	-271	-9.65
89021	2733	3059	3,059	3062	3,059	326	11.93
89025	1278	1308	1284	1291	1,308	30	2.35
89027	19703	18673	18,993	19728	19,981	278	1.41
89029	9734	9350	9297	9335	9,171	-563	-5.78
89030	56056	50691	50444	50501	51,782	-4,274	-7.62
89031	76085	78527	79427	80837	80,828	4,743	6.23
89032	49448	48816	49,669	50565	49,930	482	0.97
89034	3372	3474	3817	4134	4,455	1,083	32.12
89039	149	156	154	152	152	3	2.01
89040	3455	3259	3259	3259	3,261	-194	-5.62
89044	27551	30804	33,931	36,748	39,760	12,209	44.31
89046	485	479	453	460	455	-30	-6.19
89052	61276	61079	62031	62623	62,682	1,406	2.29
89054	62	66	63	63	49	-13	-20.97
89074	54376	52941	53002	53030	53,070	-1,306	-2.40
89081	41804	42546	42706	42808	42,656	852	2.04
89084	37263	38175	40532	43377	46,588	9,325	25.02
89085	3699	4263	4266	4262	4,259	560	15.14
89086	8660	10735	12517	13490	13,662	5,002	57.76
89101	46728	41479	42513	42428	42,591	-4,137	-8.85
89102	37782	34614	34204	34341	35,316	-2,466	-6.53
89103	45150	45170	45303	45463	45,721	571	1.26
89104	38337	36516	36449	36439	36,442	-1,895	-4.94
89106	31678	30811	30796	31223	31,350	-328	-1.04
89107	38623	38891	39111	40030	41,451	2,828	7.32
89108	78128	76138	76685	76986	76,615	-1,513	-1.94
89109	7165	6880	6739	6782	6,503	-662	-9.24

ZIP	2021	2022	2023	2024	2025	Absolute Growth 2021-2025	Growth Rate (%) 2021-2025
89110	78526	74821	74649	74196	75,144	-3,382	-4.31
89113	34794	37623	40384	44370	46,333	11,539	33.16
89115	75196	73305	70694	71856	72,634	-2,562	-3.41
89117	55761	55750	55750	55809	55,827	66	0.12
89118	26082	26979	27840	28009	28,580	2,498	9.58
89119	50411	47594	48785	48668	49,834	-577	-1.14
89120	24084	24366	24374	24390	24,443	359	1.49
89121	66209	67609	68186	68514	68,599	2,390	3.61
89122	56056	55706	55683	56972	58,248	2,192	3.91
89123	58763	58026	57938	57903	57,958	-805	-1.37
89124	6616	6861	6786	7103	6,311	-305	-4.61
89128	39775	38716	38742	38740	38,756	-1,019	-2.56
89129	55565	54158	54585	54843	55,166	-399	-0.72
89130	32490	32357	32413	32847	34,126	1,636	5.04
89131	50227	50354	50484	50730	50,975	748	1.49
89134	24205	23820	23806	23819	23,788	-417	-1.72
89135	33092	32928	34405	34962	35,838	2,746	8.30
89138	23289	26515	29218	31700	33,612	10,323	44.33
89139	43112	45600	46376	47703	48,924	5,812	13.48
89141	41017	43033	45284	48673	52,153	11,136	27.15
89142	35568	36010	36046	35971	36,065	497	1.40
89143	13350	13879	15072	16156	18,049	4,699	35.20
89144	19291	18980	19000	19087	19,042	-249	-1.29
89145	28452	27908	27896	27893	27,871	-581	-2.04
89146	18686	19008	18903	19033	19,080	394	2.11
89147	56287	56070	56253	57192	57,560	1,273	2.26
89148	65967	66568	67827	70159	71,690	5,723	8.68
89149	42908	44915	45454	47361	46,177	3,269	7.62
89156	29945	30895	31270	31743	32,321	2,376	7.93
89158	1367	476	736	740	742	-625	-45.72
89161	443	0	479	485	488	45	10.16
89166	23425	28834	32921	37375	41,876	18,451	78.77
89169	26853	25852	24981	25193	26,052	-801	-2.98
89178	41198	43852	45733	46860	48,045	6,847	16.62
89179	11819	11856	11856	11957	12,469	650	5.50
89183	39602	39788	43497	44599	44,852	5,250	13.26
Total	2,325,798	2,325,798	2,371,586	2,421,685	2465431	139,633	6.00

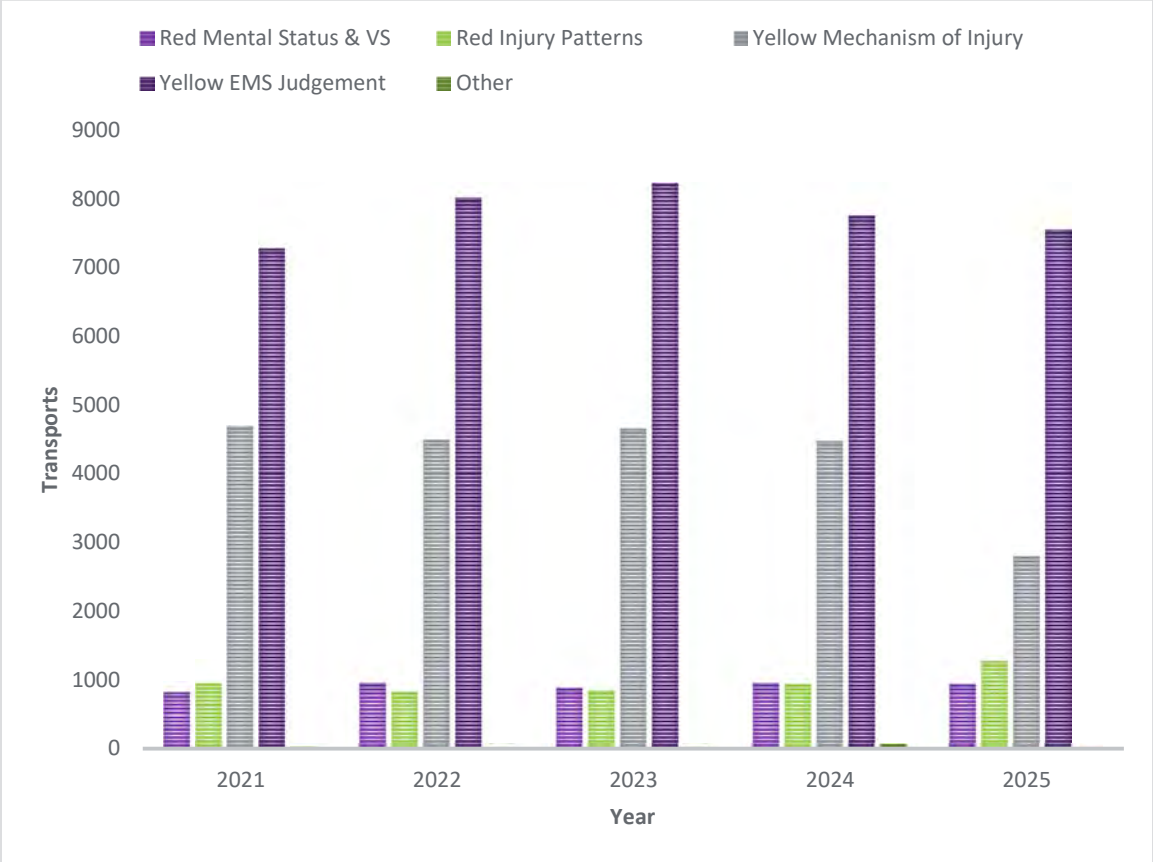
SNHD Trauma Field Triage Criteria (TFTC) Data

Intent

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

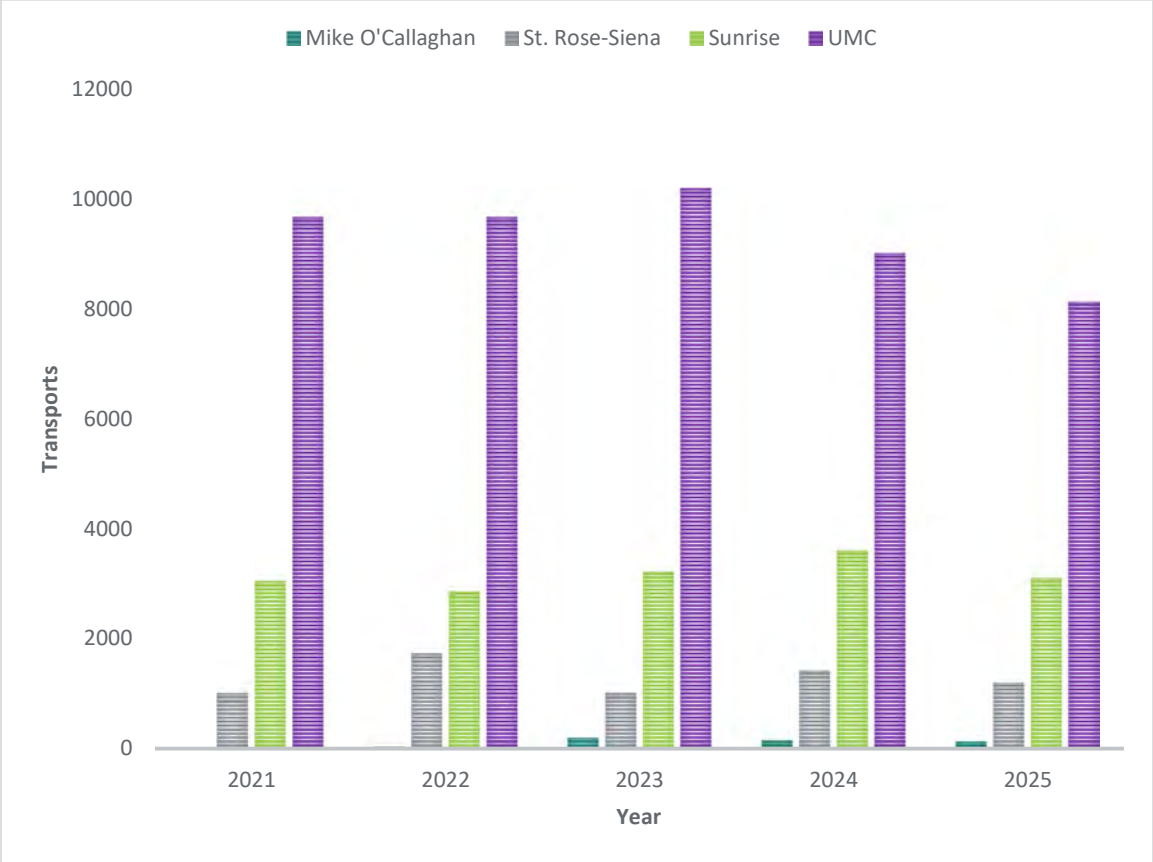
Appendix A: Trauma Field Triage Criteria

Number of TFTC Transports by Category, 2021-2025



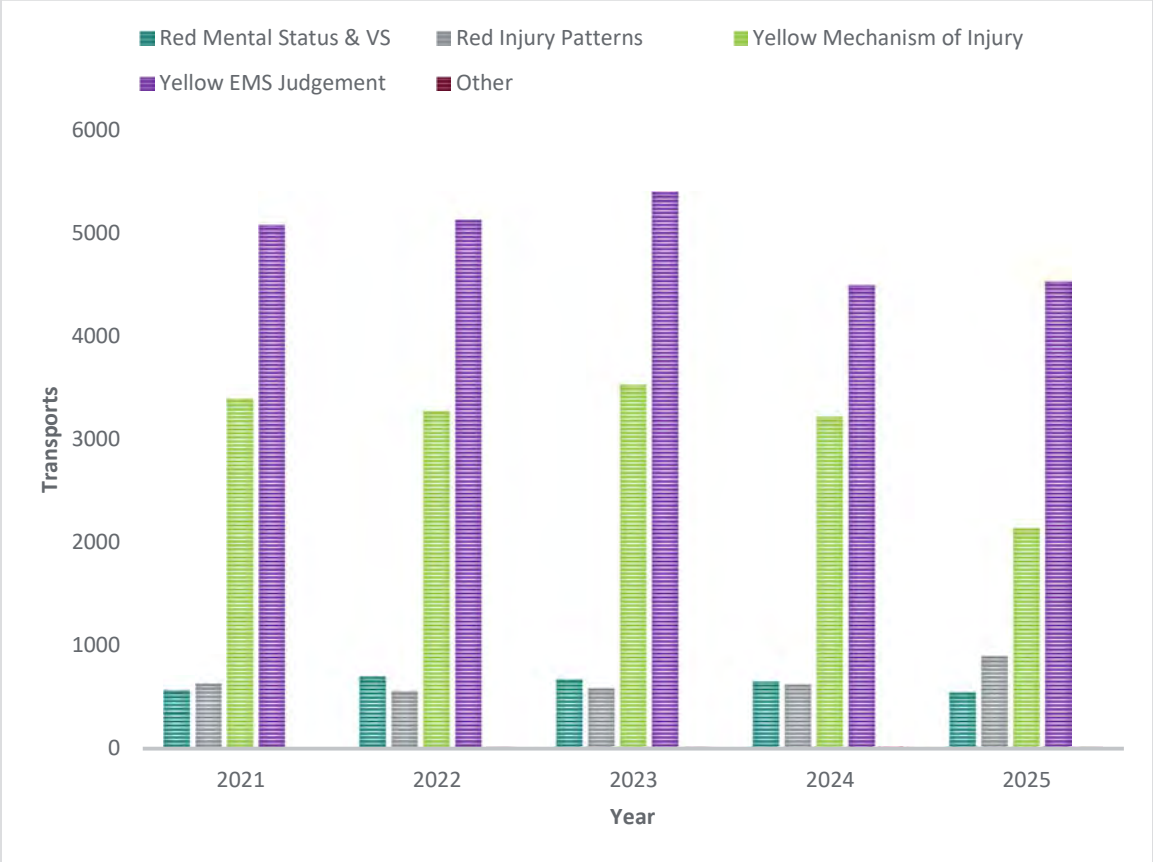
TFTC Transports by Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS **(Previously Step 1)**	819	966	896	964	951
Red Injury Patterns **(Previously Step 2)**	947	836	857	953	1285
Yellow Mechanism of Injury **(Previously Step 3)**	4699	4500	4662	4482	2814
Yellow EMS Judgement **(Previously Step 4)**	7289	8031	8243	7770	7563
Other	23	15	20	76	3
All	13777	14348	14678	14247	12616
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

TFTC Transports by Trauma Center, 2021-2025



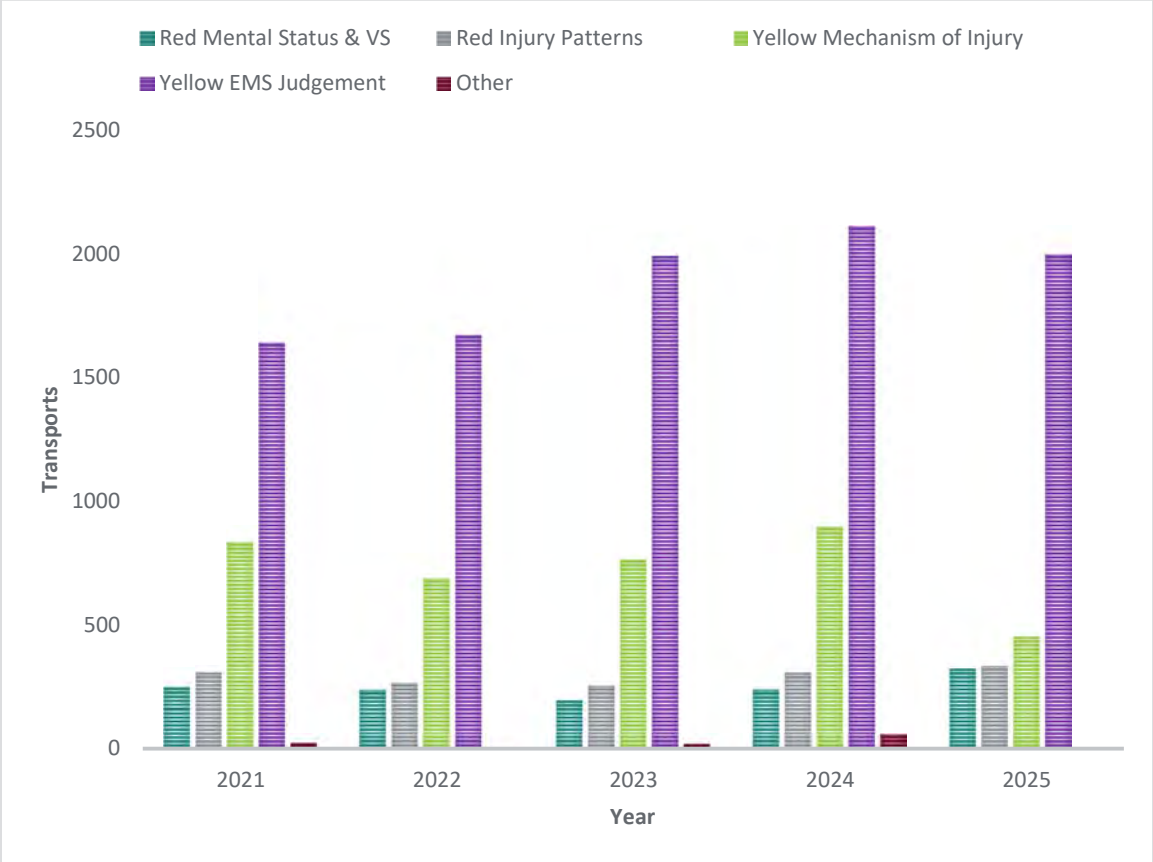
TFTC Transports by Trauma Center, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Mike O'Callaghan	0	37	208	157	142
St. Rose-Siena	1017	1749	1023	1436	1211
Sunrise	3062	2876	3235	3624	3119
UMC	9687	9686	10212	9024	8141
All	13766	14348	14678	14241	12613
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

UMC TFTC Transports by Category, 2021-2025



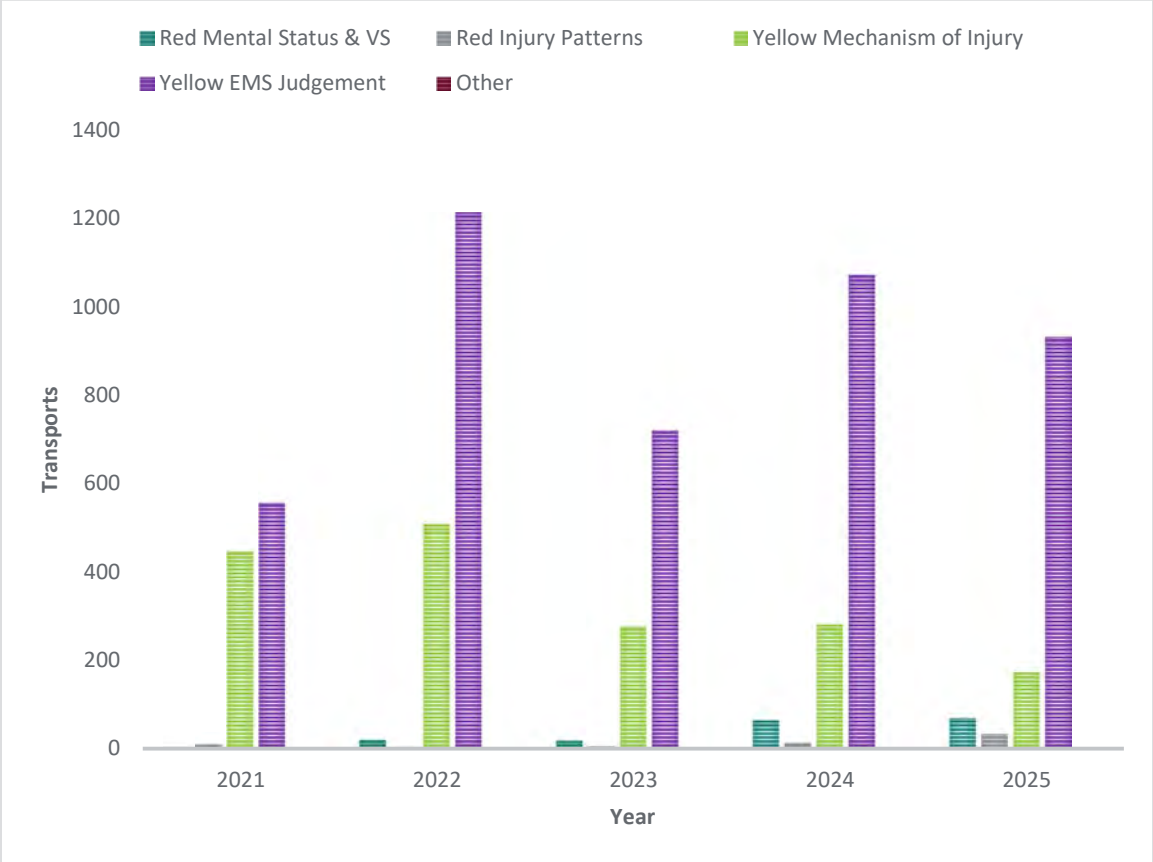
UMC TFTC Transports by Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS (Step 1)	570	705	676	655	551
Red Injury Patterns (Step 2)	627	564	590	627	906
Yellow Mechanism of Injury (Step 3)	3403	3279	3535	3223	2145
Yellow EMS Judgement (Step 4)	5087	5136	5410	4503	4537
Other	0	2	1	16	2
All	9687	9686	10212	9024	8141
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

Sunrise TFTC Transports by Category 2021-2025



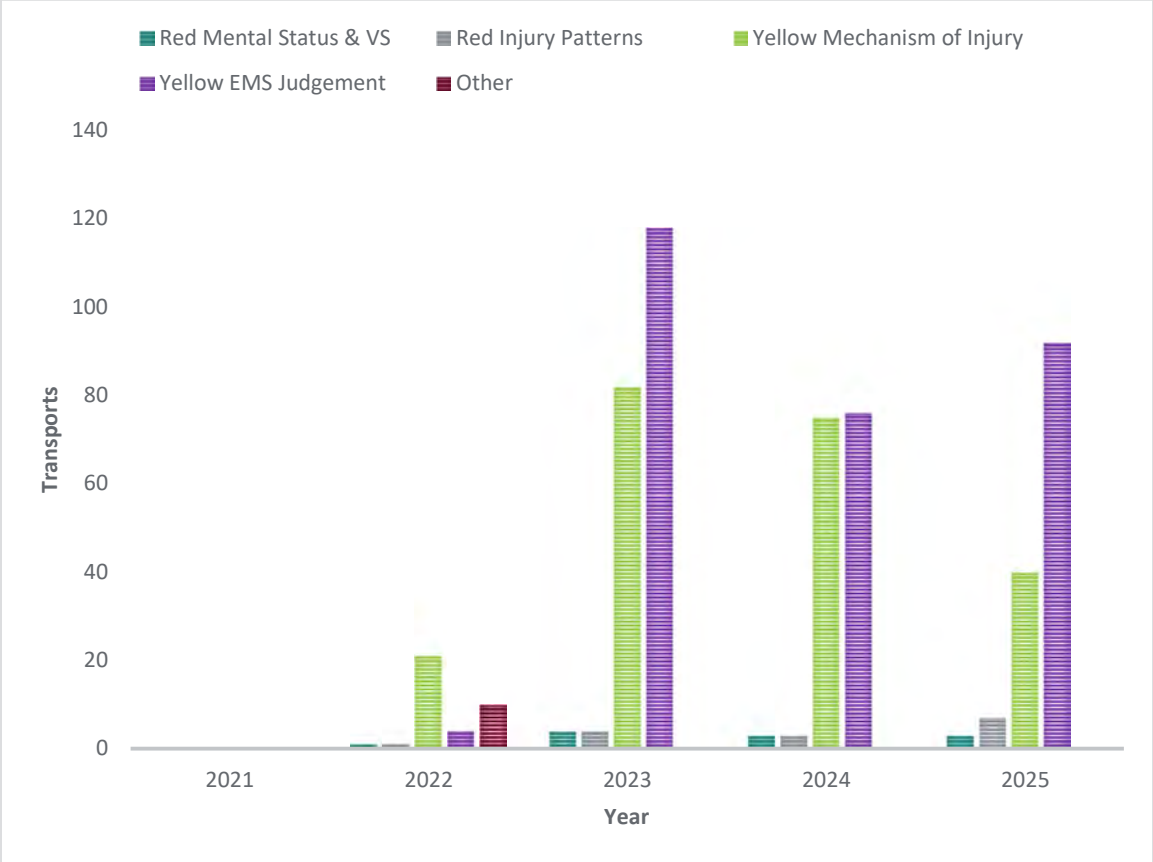
Sunrise TFTC Transports by Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS (Step 1)	248	240	197	241	326
Red Injury Patterns (Step 2)	310	268	257	309	337
Yellow Mechanism of Injury (Step 3)	837	690	767	900	455
Yellow EMS Judgement (Step 4)	1644	1675	1995	2116	2001
Other	23	3	19	58	0
Total	3062	2876	3235	3624	3119
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

St. Rose – Siena TFTC Transports by Category, 2021-2025



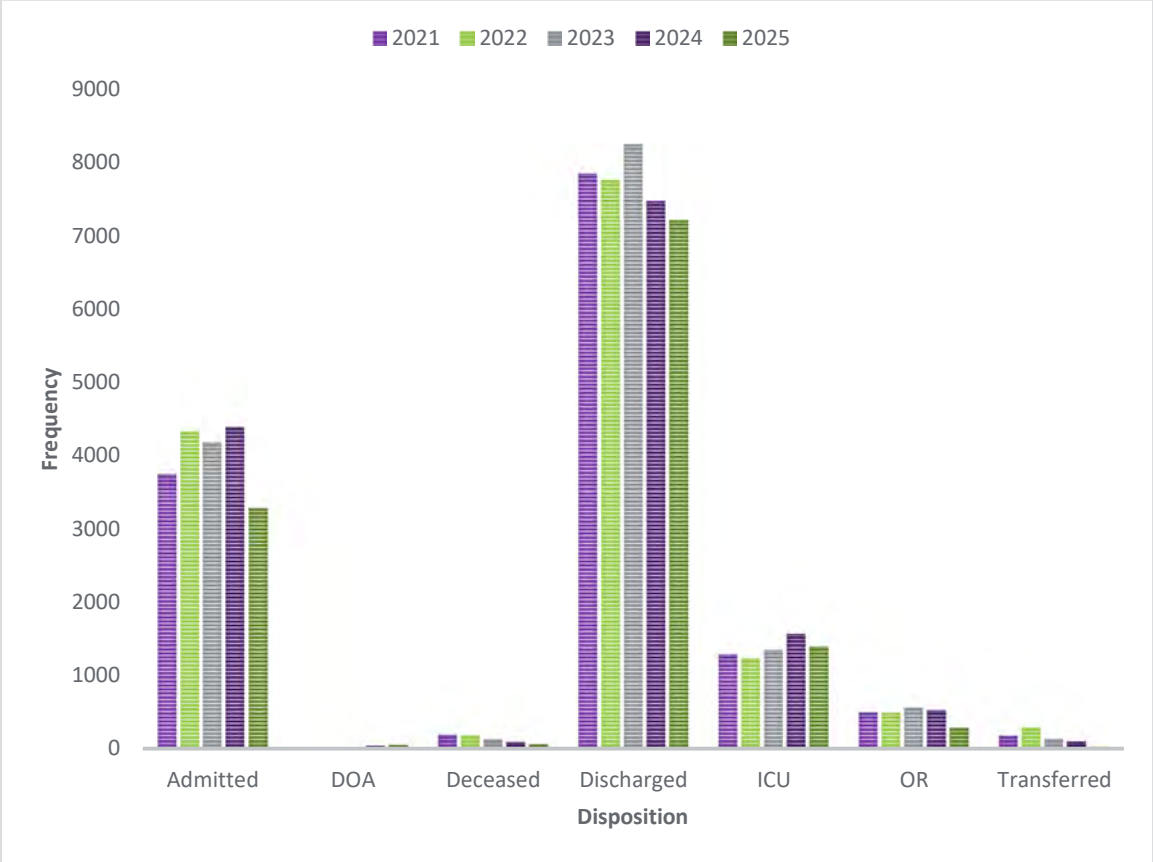
St Rose – Siena TFTC Transports by Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS (Step 1)	1	20	19	65	70
Red Injury Patterns (Step 2)	10	3	6	14	35
Yellow Mechanism of Injury (Step 3)	448	510	278	282	174
Yellow EMS Judgement (Step 4)	558	1216	720	1073	932
Other	0	0	0	0	0
Total	1017	1749	1023	1434	1211
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

Mike O'Callaghan TFTC Transports by Category, 2021-2025



Mike O'Callaghan TFTC Transports by Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS (Step 1)	0	1	4	3	3
Red Injury Patterns (Step 2)	0	1	4	3	7
Yellow Mechanism of Injury (Step 3)	0	21	82	75	40
Yellow EMS Judgement (Step 4)	0	4	118	76	92
Other	0	10	0	0	0
Total	0	37	208	157	142
Source: SNHD TFTC Data					
Note: Mike O'Callaghan became a Level III Trauma Center in 2022. Includes all TFTC transports in the Southern Nevada Trauma System.					

TFTC Transports by Disposition 2021-2025



TFTC Transports by Disposition, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Admitted	3753	4338	4188	4396	3294
DOA*	0	0	0	44	52
Deceased	193	184	135	98	59
Discharged	7857	7773	8262	7486	7220
ICU	1293	1237	1357	1576	1397
OR	498	495	566	531	290
Transferred	181	291	141	104	15
All	13775	14318	14649	14237	12601
**DOA was noted as "deceased" prior to 2024*					
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a Documented Disposition.					

TFTC Categories by Disposition 2021-2025

TFTC Categories by Disposition, 2021-2025						
		2021	2022	2023	2024	2025
Red Mental Status & VS	Admitted	153	223	213	248	228
(Step 1)	DOA	0	0	0	32	23
	Deceased	124	136	91	66	31
	Discharged	127	170	168	135	283
	ICU	351	336	325	405	306
	OR	64	96	93	70	33
	Transferred	0	4	5	7	0
Red Injury Patterns	Admitted	215	211	221	259	385
(Step 2)	DOA	0	0	0	10	24
	Deceased	53	33	26	22	19
	Discharged	350	306	283	355	411
	ICU	123	111	116	120	258
	OR	203	170	207	183	147
	Transferred	3	5	3	3	2
Yellow Mechanism of Injury	Admitted	877	837	870	1000	621
(Step 3)	DOA	0	0	0	2	0
	Deceased	10	7	11	7	3
	Discharged	3366	3264	3343	2959	1861
	ICU	313	248	314	386	254
	OR	99	84	91	103	43
	Transferred	34	50	27	22	4
Yellow EMS Judgement	Admitted	2502	3063	2879	2876	2059
(Step 4)	DOA	0	0	0	0	5
	Deceased	5	8	7	3	6
	Discharged	4004	4024	4459	3998	4663
	ICU	501	541	597	647	579
	OR	131	145	175	171	67
	Transferred	144	231	106	72	9
Other	Admitted	6	4	5	15	1
	DOA	1	0	0	0	0
	Deceased	10	9	9	39	2
	Discharged	5	1	5	18	0
	ICU	1	0	0	4	0
	OR	0	1	0	0	0
	Transferred	6	4	5	15	0
All		13775	14318	14649	14237	12601
Source: SNHD TFTC Data						
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a Documented Disposition. Includes 1 unclassified category in 2020.						

Transport Times

Intent

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

Appendix B: Southern Nevada Trauma Catchment Areas

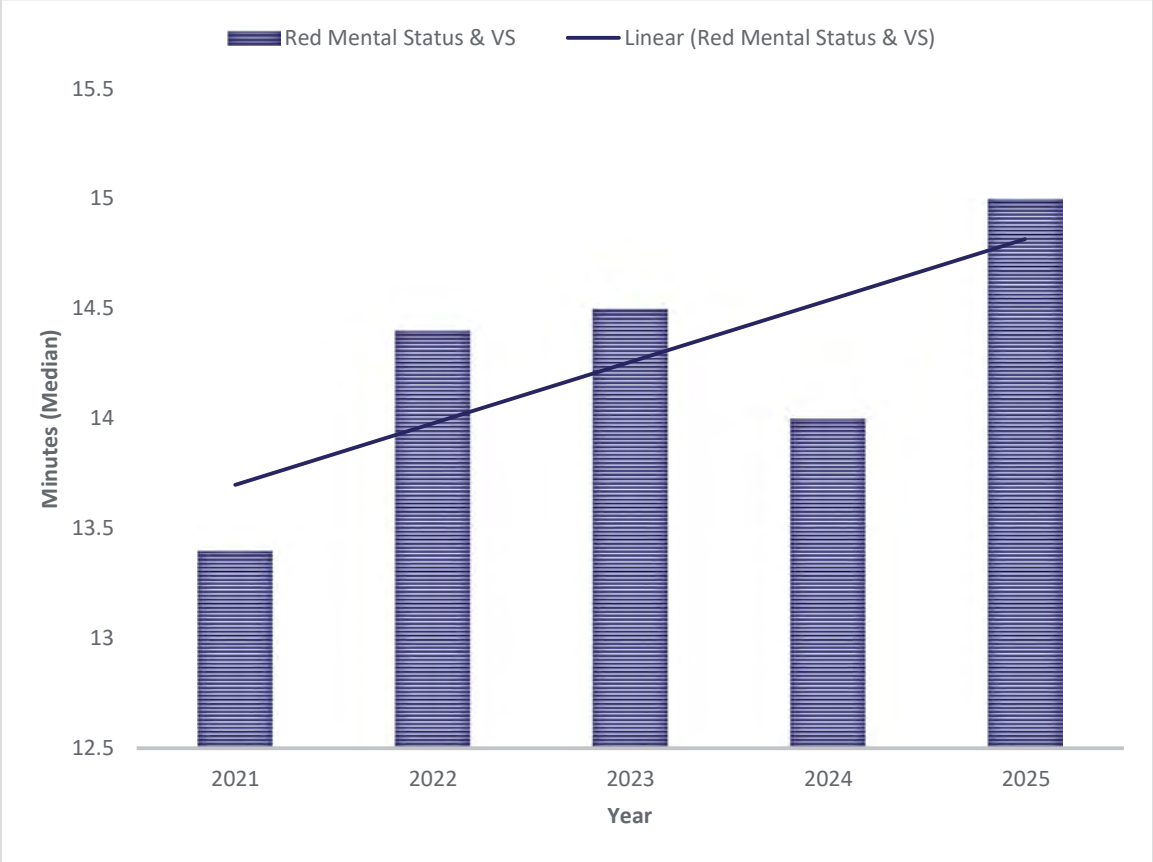
Southern Nevada Median Transport Time in Minutes by Category, 2021-2025

Southern Nevada Median Transport Time by Category, 2021-2025						
		Year				
		2021	2022	2023	2024	2025
Red Mental Status & VS (Step 1)	N	638	743	688	757	724
	Median (Decimal Time in Minutes)	13.4	14.4	14.5	14	15
	Median (Minutes & Seconds)	13m 24s	14m 24s	14m 30s	14m 0s	15m 0s
Red Injury Patterns (Step 2)	N	768	663	666	762	1058
	Median (Decimal Time in Minutes)	13.2	13	13.8	14.2	14.4
	Median (Minutes & Seconds)	13m 12s	13m 0s	13m 48s	14m 12s	14m 24s
Yellow Mechanism of Injury (Step 3)	N	3968	3688	3778	3665	2394
	Median (Decimal Time in Minutes)	15.6	15.8	16.2	16	16
	Median (Minutes & Seconds)	15m 36s	15m 48s	16m 12s	16m 0s	16m 0s
Yellow EMS Judgement (Step 4)	N	6250	6735	6385	6209	6364
	Median (Decimal Time in Minutes)	16.2	16.4	17.4	17.2	16.8
	Median (Minutes & Seconds)	16m 12s	16m 24s	17m 24s	17m 12s	16m 48s
Other	N	2	5	10	38	2

Source: SNHD TFTC Data

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

Southern Nevada Red Mental Status & VS Median Transport Time, 2021-2025

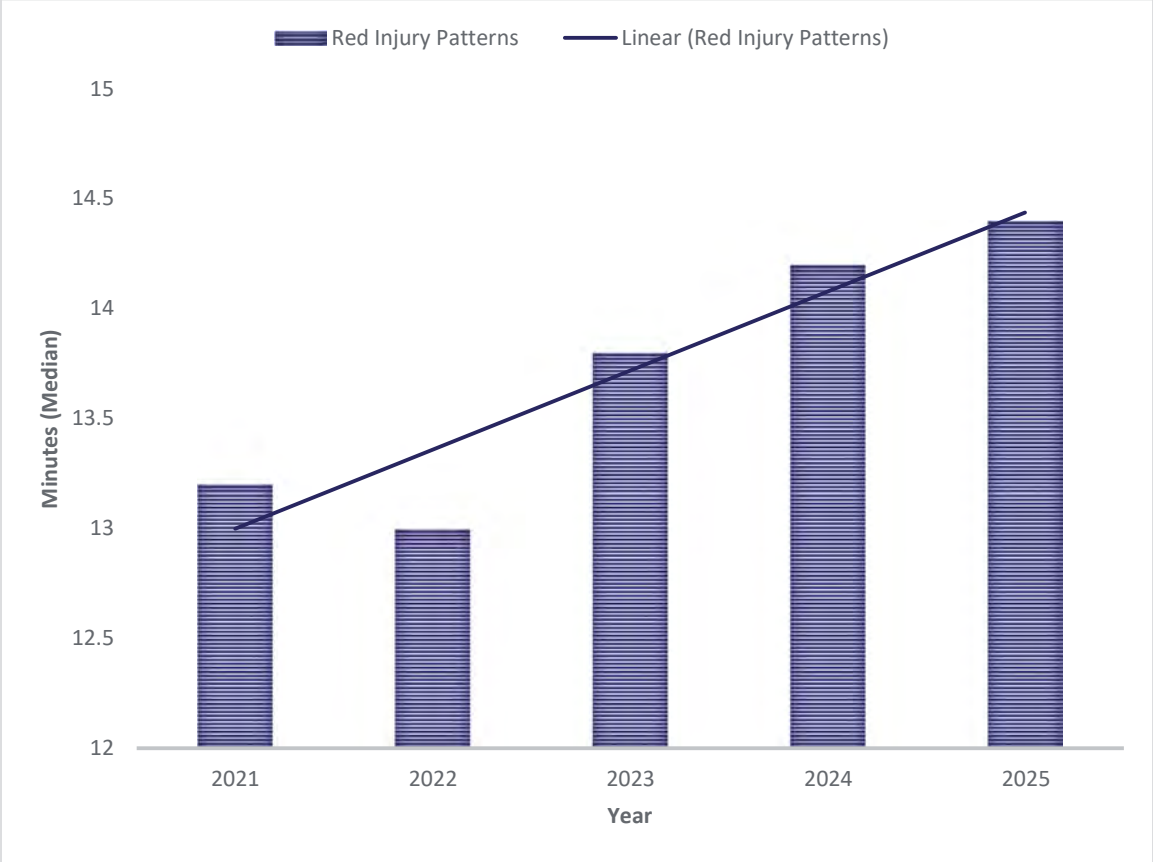


Southern Nevada Red Mental Status & VS Median Transport Time, 2021-2025						
		Year				
		2021	2022	2023	2024	2025
Red Mental Status & VS	N	638	743	688	757	724
	Median (Decimal Time in Minutes)	13.4	14.4	14.5	14	15
	Median (Minutes & Seconds)	13m 24s	14m 24s	14m 30s	14m 0s	15m 0s

Source: SNHD TFTC Data

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

Southern Nevada Red Injury Patterns Median Transport Time, 2021-2025

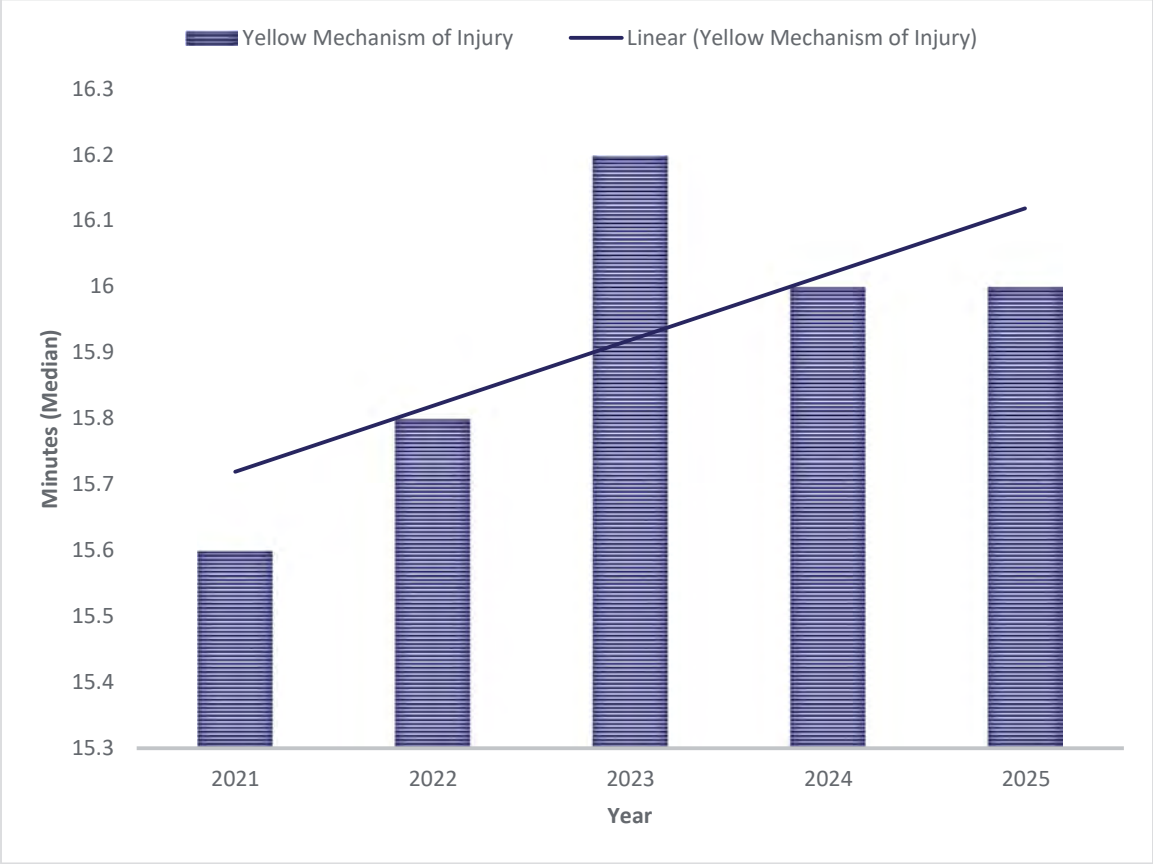


Southern Nevada Red Injury Patterns Median Transport Time, 2021-2025						
		Year				
		2021	2022	2023	2024	2025
Red Injury Patterns	N	768	663	666	762	1058
	Median (Decimal Time in Minutes)	13.2	13	13.8	14.2	14.4
	Median (Minutes & Seconds)	13m 12s	13m 0s	13m 48s	14m 12s	14m 24s

Source: SNHD TFTC Data

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

Southern Nevada Yellow Mechanism Median Transport Time, 2021-2025

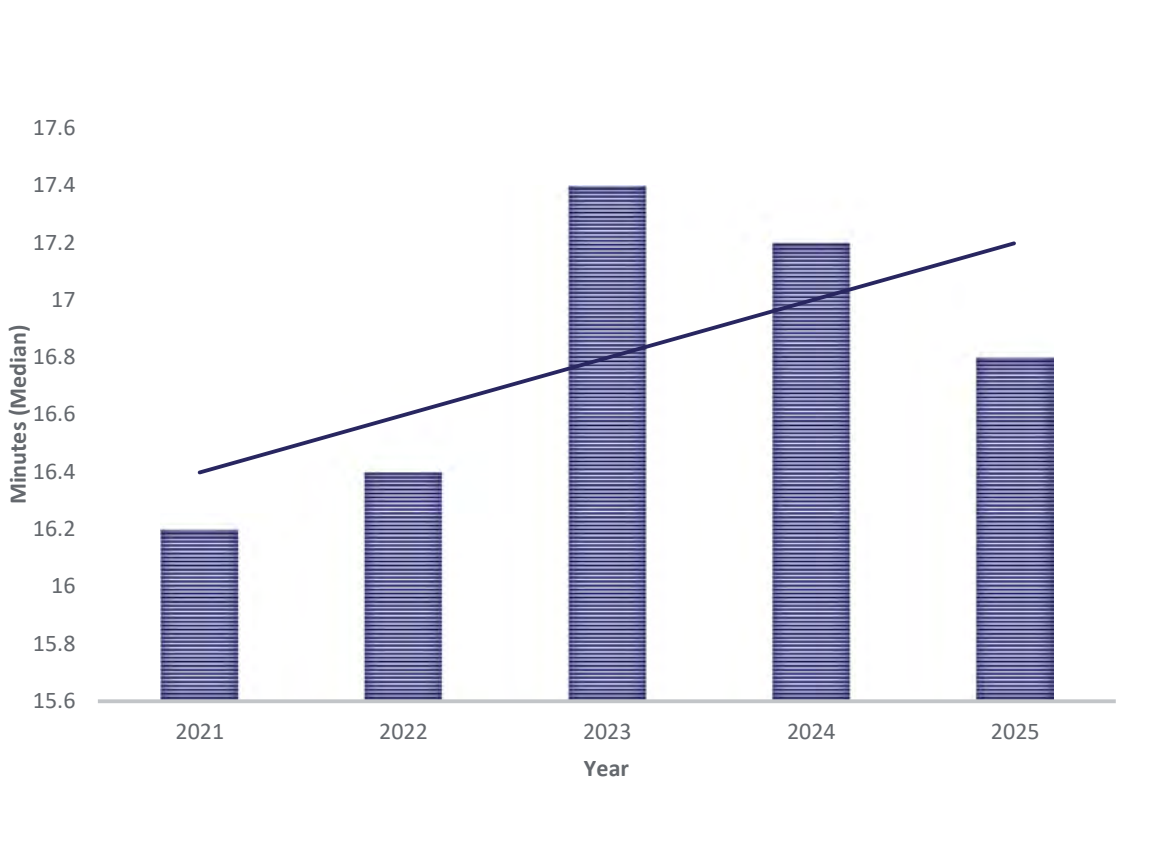


Southern Nevada Yellow Mechanism of Injury Median Transport Time, 2021-2025						
		Year				
		2021	**2022**	**2023**	**2024**	**2025**
Yellow Mechanism of Injury	N	3968	3688	3778	3665	2394
	Median (Decimal Time in Minutes)	15.6	15.8	16.2	16	16
	Median (Minutes & Seconds)	15m 36s	15m 48s	16m 12s	16m 0s	16m 0s

Source: SNHD TFTC Data

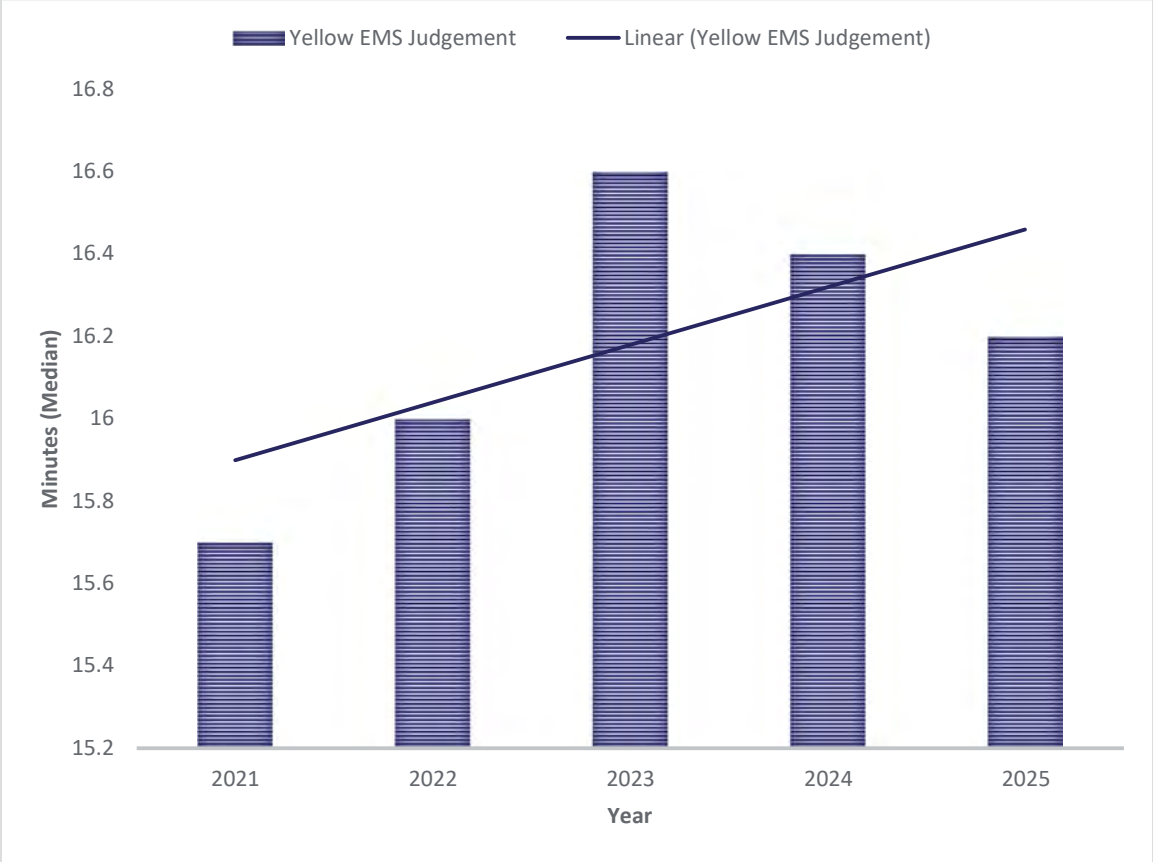
Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044,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

Southern Nevada Yellow EMS Judgement Median Transport Time, 2021-2025



Southern Nevada Yellow EMS Judgement Median Transport Time, 2021-2025						
		Year				
		2021	2022	2023	2024	2025
Yellow EMS Judgement	N	6250	6735	6385	6209	6364
	Median (Decimal Time in Minutes)	16.2	16.4	17.4	17.2	16.8
	Median (Minutes & Seconds)	16m 12s	16m 24s	17m 24s	17m 12s	16m 48s
Source: SNHD TFTC Data						
Note: Data not listed if out of state or if zip code is unavailable. Service area for Southern Nevada includes the following zip codes where the injury took place: 89002, 89004, 89005, 89007, 89011, 89012, 89014, 89015, 89018, 89019, 89021, 89027, 89029, 89030, 89031, 89032, 89034, 89039, 89040, 89044, 89046, 89052, 89054, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89110, 89113, 89115, 89117, 89118, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89178, 89179, and 89183. Includes TFTC transports with a transport time greater than 0 seconds.						

Southern Nevada (Composite) Median Transport Time – All Categories, 2021-2025

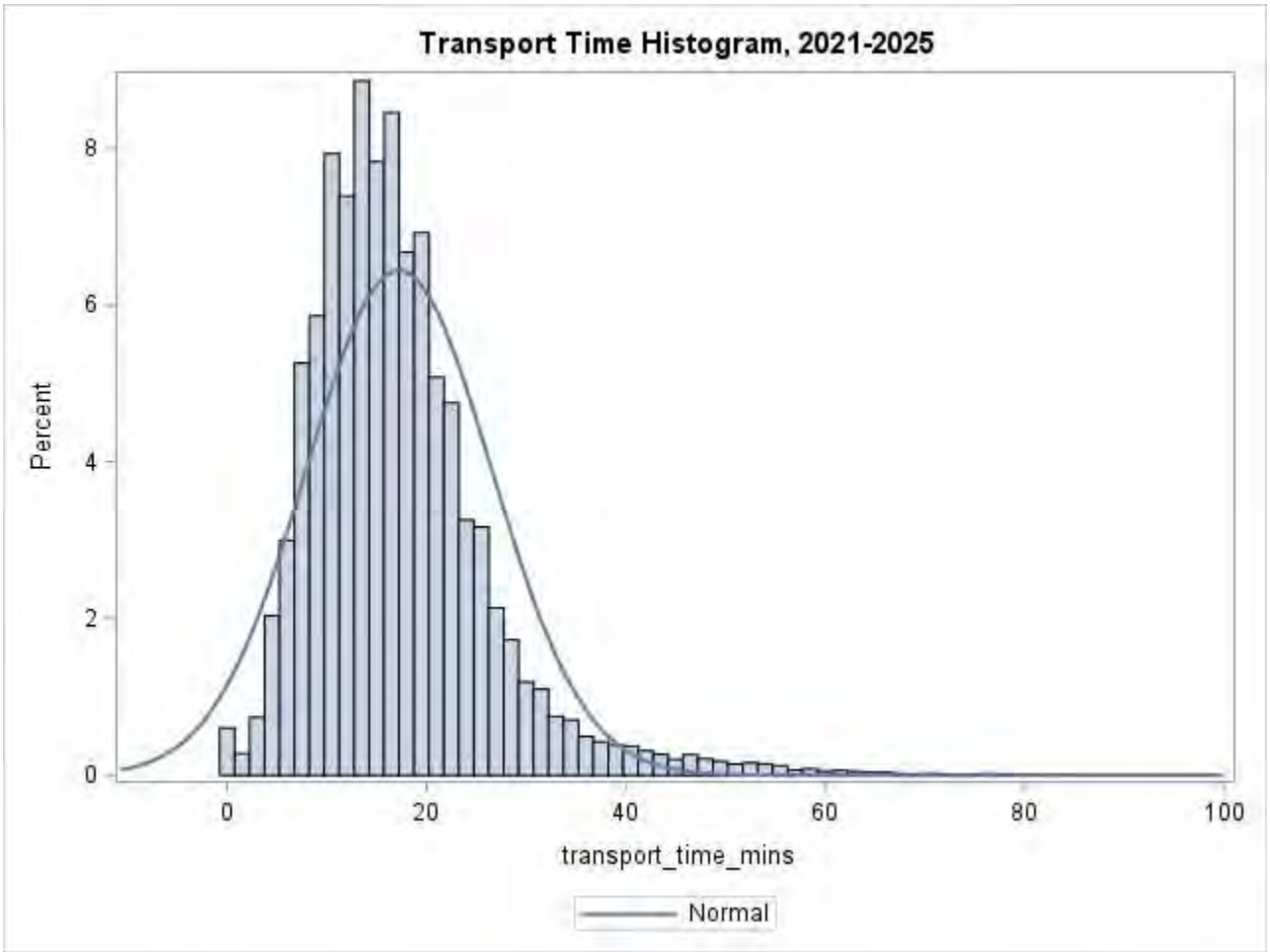


Southern Nevada Median Transport Time – All Categories, 2021-2025						
		Year				
		2021	2022	2023	2024	2025
All Categories	N	11626	11834	11527	11431	10542
	Median (Decimal Time in Minutes)	15.7	16	16.6	16.4	16.2
	Median (Minutes & Seconds)	15m 42s	16m 0s	16m 36s	16m 24s	16m 12s

Source: SNHD TFTC Data

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

Histogram and Interquartile Range of Transport Time, 2021-2025



Interquartile Range of Transport Time, 2021-2025					
	Year				
	2021	**2022**	**2023**	**2024**	**2025**
25th Percentile Transport Time (Minutes)	10m 48s	11m 0s	11m 36s	11m 24s	11m 24s
50th Percentile Transport Time (Minutes)	15m 12s	15m 36s	16m 12s	16m 0s	15m 48s
75th Percentile Transport Time (Minutes)	20m 36s	21m 0s	21m 36s	21m 24s	21m 12s
Quartile Range Transport Time (Minutes)	9m 48s	10m 0s	10m 0s	10m 0s	9m 48s
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds. Histogram is restricted to show transport times between values greater than 0 and less than or equal to 100.					

TFTC Incidents by Transport Time and Category, 2021-2025

TFTC Incidents by Transport Time and Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
>15 Minutes					
Red Mental Status & VS (1)	271	370	350	361	406
Red Injury Patterns (2)	321	278	300	369	543
Yellow Mechanism of Injury (3)	2264	2154	2260	2165	1436
Yellow EMS Judgement (4)	3869	4261	4341	4181	4087
>20 Minutes					
Red Mental Status & VS (1)	135	197	158	170	221
Red Injury Patterns (2)	157	149	140	181	291
Yellow Mechanism of Injury (3)	1171	1174	1234	1151	809
Yellow EMS Judgement (4)	2098	2303	2457	2320	2220
>25 Minutes					
Red Mental Status & VS (1)	62	84	75	82	92
Red Injury Patterns (2)	83	67	66	85	145
Yellow Mechanism of Injury (3)	613	627	638	595	385
Yellow EMS Judgement (4)	1021	1147	1249	1080	990
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System.					

Percentage of TFTC Incidents with Transport Time ≤15, 2021-2025

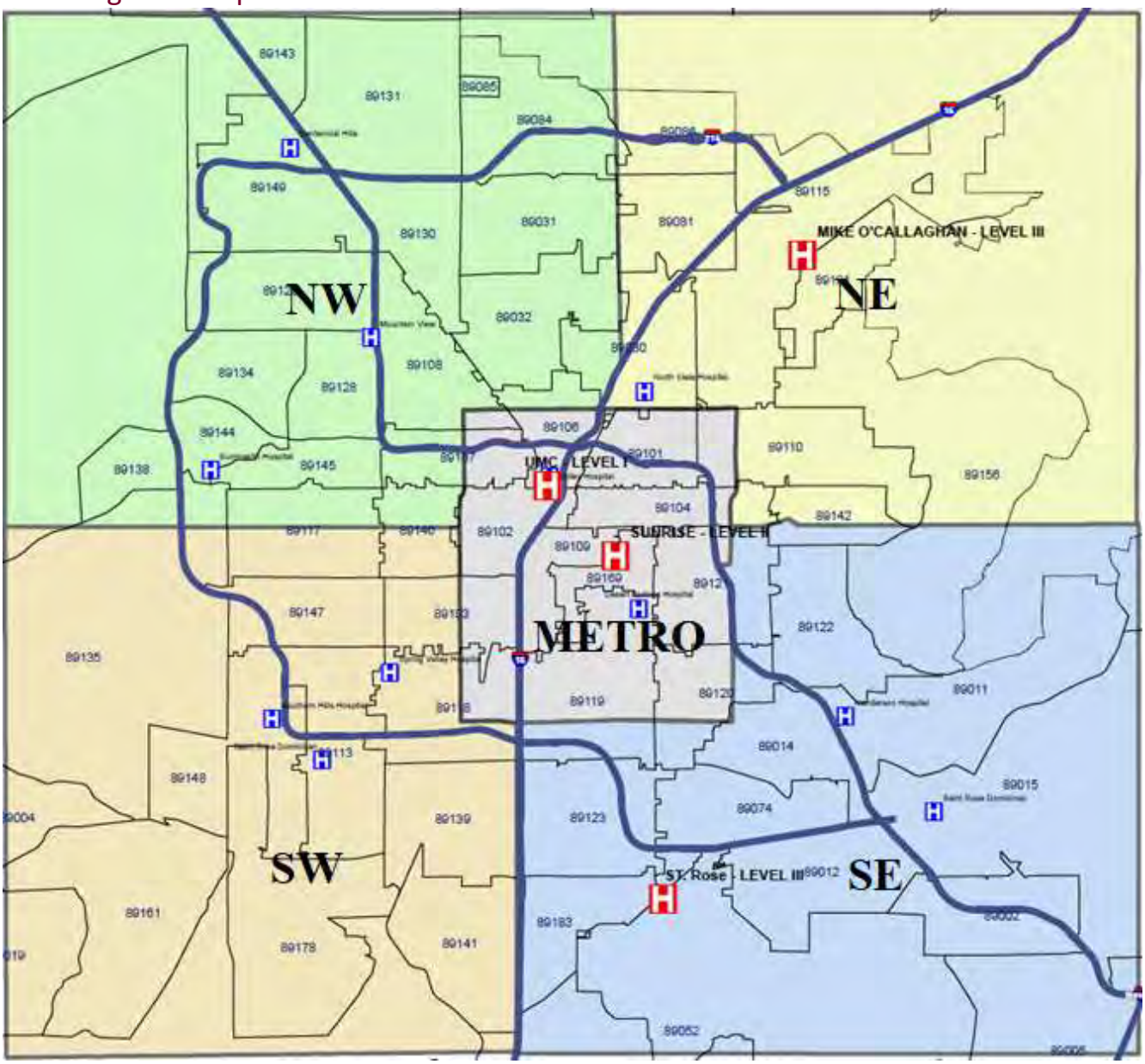
Percentage of TFTC Incidents with Transport Time ≤15 Minutes, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
≤15 Minutes					
Red Mental Status & VS (1)	494	508	426	506	482
Total	765	878	776	867	888
%	64.66%	57.92%	54.90%	58.36%	54.28%
Red Injury Patterns (2)	598	518	452	489	667
Total	919	796	752	858	1210
%	65.07%	65.08%	60.11%	56.99%	55.12%
Yellow Mechanism of Injury (3)	2205	2024	1839	1853	1236
Total	4469	4178	4099	4018	2672
%	49.34%	48.46%	44.86%	46.12%	46.26%
Yellow EMS Judgement (4)	3310	3421	2888	2986	3120
Total	7179	7682	7229	7167	7207
%	46.11%	44.53%	39.95%	41.66%	43.29%
Other	2	3	5	25	0
Source: SNHD TFTC Data					
Note: Includes all TFTC transports in the Southern Nevada Trauma System with a transport time greater than 0 seconds.					

TFTC Regional Incidents

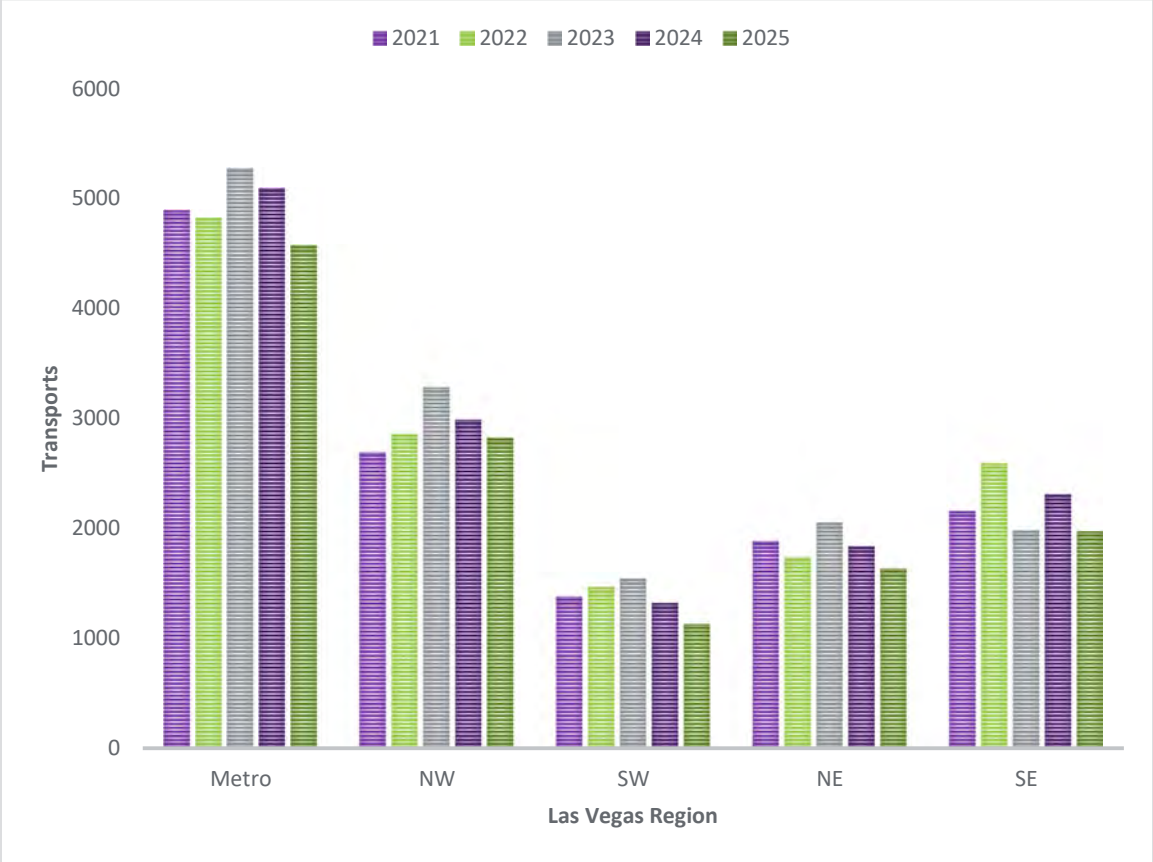
Intent

TFTC Regional Incidents is provided to analyze trauma in Southern Nevada's metropolitan area. Divided into five regions that contain unique geographical, socioeconomic, and infrastructure, the transport times and number of incidents are intended to identify barriers to access to care. This further develops an approach to monitor unmet needs to create new capacity when and where needed. The five regions were agreed upon by the RTAB, TMAC, and generated by OEMSTS. (Note: These regions are not catchment areas.)

TFTC Regional Map



TFTC Incident Total by Las Vegas Region, 2021-2025



TFTC Transports by Las Vegas Region, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Metro	4900	4833	5286	5101	4584
NW	2698	2864	3291	2997	2834
SW	1387	1473	1549	1328	1135
NE	1892	1746	2061	1844	1644
SE	2166	2600	1987	2318	1982
Total	13043	13516	14174	13579	12179
Source: SNHD TFTC Data					
Note: Only includes transports with a category designation					

TFTC Transports by Las Vegas Region and Category, 2021-2025

TFTC Transports by Las Vegas Region and Category, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Red Mental Status & VS (Step 1)					
Metro	307	324	317	332	348
NW	138	197	195	177	188
SW	87	79	91	102	90
NE	100	132	139	145	96
SE	124	147	111	158	203
Red Injury Patterns (Step 2)					
Metro	386	353	330	369	457
NW	149	136	143	162	259
SW	54	58	73	60	124
NE	155	130	159	167	178
SE	156	133	114	141	203
Yellow Mechanism of Injury (Step 3)					
Metro	1408	1377	1475	1537	947
NW	944	882	1026	944	703
SW	539	508	603	488	288
NE	632	557	723	631	385
SE	791	794	617	636	325
Yellow EMS Judgement (Step 4)					
Metro	2799	2779	3164	2863	2832
NW	1467	1649	1927	1714	1684
SW	707	828	782	678	633
NE	1005	927	1040	901	985
SE	1095	1526	1145	1374	1251
Source: SNHD TFTC Data					
Note: Only includes transports with a category designation.					

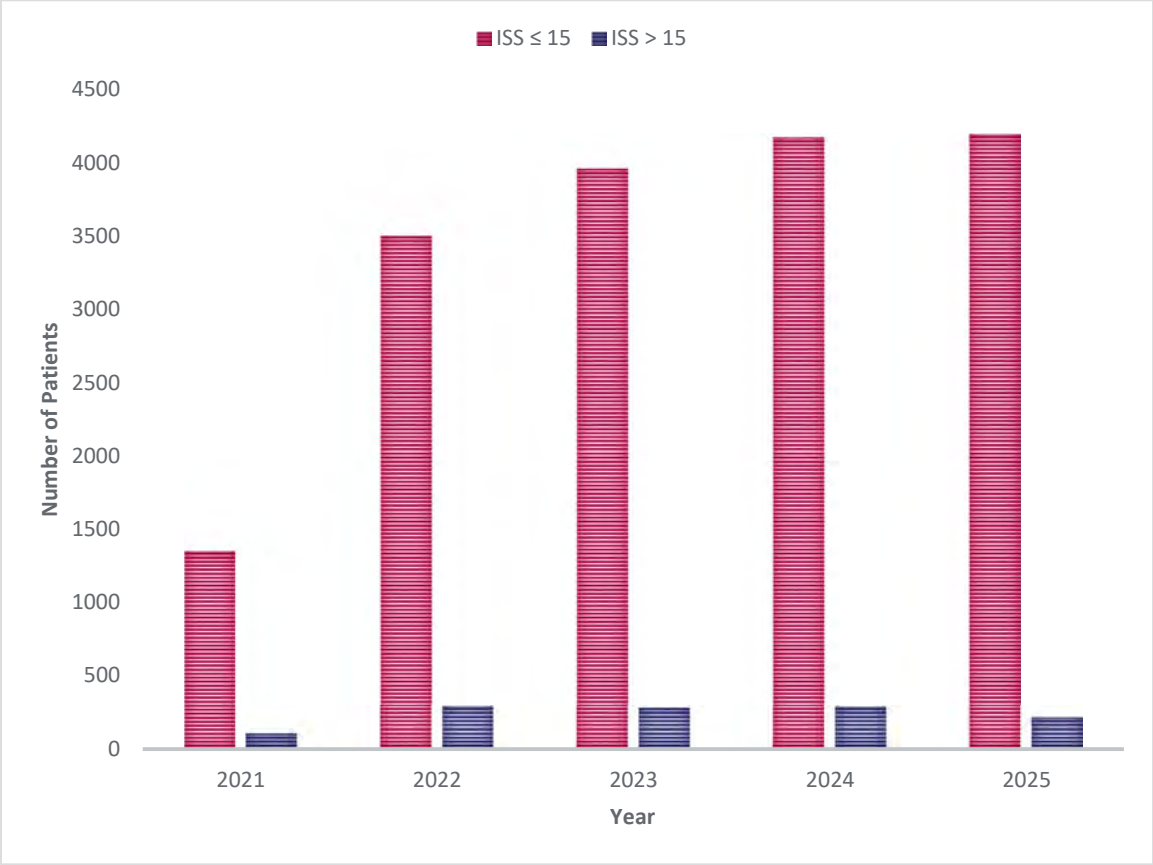
Non-Trauma Center Hospital Data

Intent

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

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

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital by Injury Severity Score (ISS) in Southern Nevada, 2021-2025



Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital by Injury Severity Score (ISS) in Southern Nevada, 2021-2025					
	ISS ≤ 15				
	2021	**2022**	**2023**	**2024**	**2025**
All	1357	3507	3966	4181	4202
	ISS > 15				
All	110	294	282	291	216
Source: State Trauma Registry data					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity (ISS) >15 by Facility in Southern Nevada, 2021-2025

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) > 15 by Facility in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Boulder City Hospital	0	1	1	0	2
Centennial Hills Hospital	8	16	23	32	16
*Desert Springs Hospital Medical Center	1	1	1	5	0
*ER at Valley Vista	0	0	0	1	0
*ER at West Craig	0	0	0	2	0
Henderson Hospital	4	1	1	3	2
*Henderson Hospital - ER at Green Valley	0	1	1	0	1
Mesa View Regional Hospital	0	0	6	10	10
Mountain View Hospital	21	45	25	26	22
*Mountain View Hospital - ER at Aliante	0	1	0	1	0
*Mountain View Hospital - ER at Skye Canyon	0	2	0	0	1
North Vista Hospital	68	155	138	148	134
*Southern Hills - ER at South Las Vegas Blvd.	0	0	0	1	0
*Southern Hills Hospital - ER at the Lakes	0	1	2	1	0
Southern Hills Hospital Medical Center	0	1	13	12	11
*Spring Valley Hospital - ER at Blue Diamond	0	0	1	2	0
Spring Valley Hospital Medical Center	1	4	6	3	1
St. Rose Dominican Hospital - Blue Diamond	0	1	10	4	0
*St. Rose Dominican Hospital - De Lima Campus	2	0	1	0	1
*St. Rose Dominican Hospital - North Las Vegas	0	8	16	14	1
St. Rose Dominican Hospital - San Martin Campus	0	3	3	4	10
*St. Rose Dominican Hospital - West Flamingo	0	3	1	6	0
*St. Rose Dominican Hospital - West Sahara	0	2	8	2	0
Summerlin Hospital Medical Center	4	45	19	9	4
Valley Hospital Medical Center	1	3	6	5	0
All	110	294	282	291	216
Source: State Trauma Registry data **Free-Standing Remote ER*					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity (ISS) ≤15 by Facility in Southern Nevada, 2021-2025

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤ 15 by Facility in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Boulder City Hospital	22	58	52	47	61
Centennial Hills Hospital	103	301	349	447	500
*Desert Springs Hospital Medical Center	19	85	64	25	1
*ER at Cadence	0	0	0	9	0
*ER at Desert's Edge	0	0	0	4	0
*ER at North Las Vegas	0	0	0	8	0
*ER at Valley Vista	0	0	0	56	0
*ER at West Craig	0	0	0	32	0
Elite Medical Center	0	0	0	6	0
Henderson Hospital	130	284	425	449	348
*Henderson Hospital - ER at Green Valley Ranch	27	29	31	22	30
Mesa View Regional Hospital	3	59	49	50	37
Mountain View Hospital	358	700	754	717	885
*Mountain View - ER at Aliante	2	26	21	27	59
*Mountain View - ER at Skye Canyon	0	11	10	9	25
North Vista Hospital	3	5	5	8	31
*Southern Hills - ER at South Las Vegas Blvd.	0	17	26	26	27
*Southern Hills - ER at the Lakes	0	13	31	33	44
Southern Hills Hospital Medical Center	8	295	347	411	422
*Spring Valley - ER at Blue Diamond	7	35	68	39	36
Spring Valley Hospital Medical Center	328	655	785	640	640
St. Rose Dominican Hospital - Blue Diamond	6	35	35	45	35
*St. Rose Dominican Hospital - De Lima Campus	61	104	103	104	85
*St. Rose Dominican Hospital - North Las Vegas	14	70	64	86	72
St. Rose Dominican Hospital - San Martin Campus	43	144	157	176	150
*St. Rose Dominican Hospital - West Flamingo	3	25	25	20	22
*St. Rose Dominican Hospital - West Sahara	4	35	47	49	38
Summerlin Hospital Medical Center	202	480	502	619	635
Valley Hospital Medical Center	14	41	16	17	19
All	1357	3507	3966	4181	4202
Source: State Trauma Registry data **Free-Standing Remote ER*					

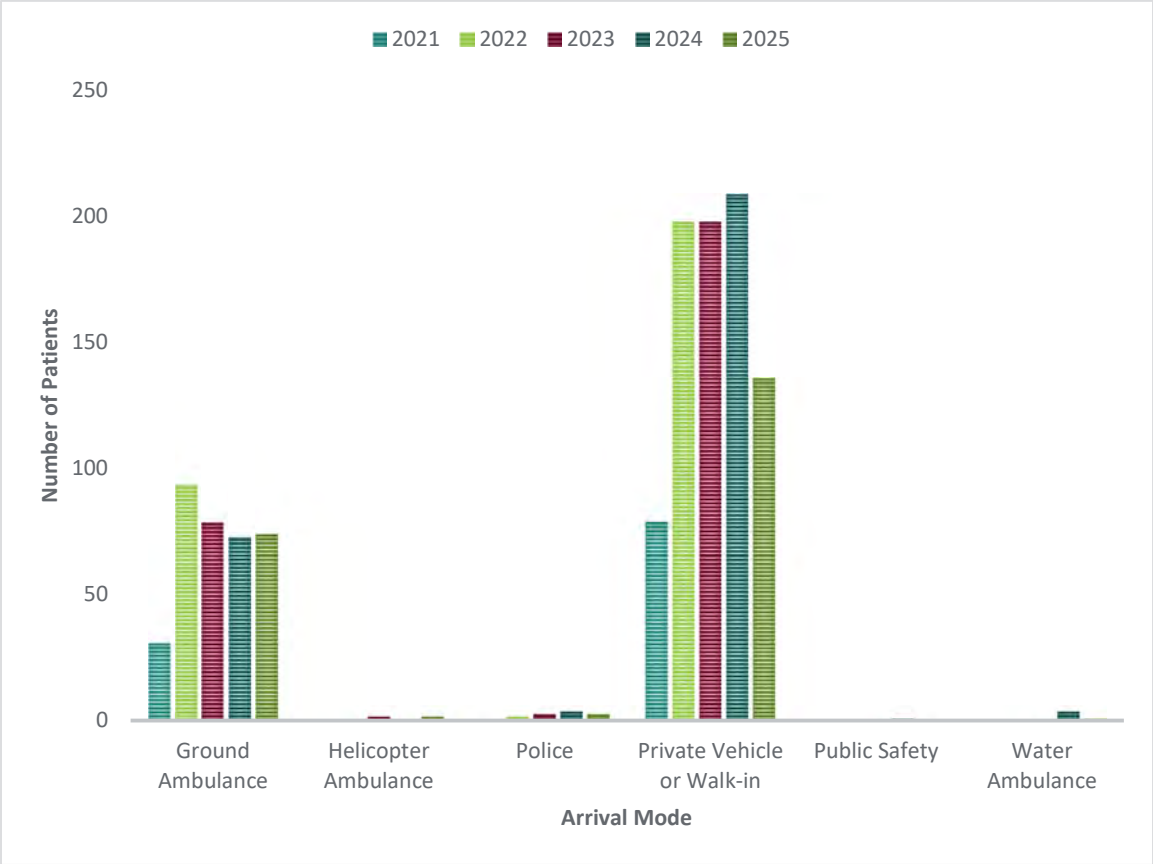
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity (ISS) >15 by Facility in Southern Nevada, 2021-2025

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity Score (ISS) > 15 by Facility in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Boulder City Hospital	0	1	0	0	2
Centennial Hills Hospital	8	13	11	23	7
*Desert Springs Hospital Medical Center	1	1	1	4	0
*ER at Valley Vista	0	0	0	1	0
Henderson Hospital	1	1	0	1	1
*Henderson Hospital - ER at Green Valley	0	1	1	0	1
Mesa View Regional Hospital	0	0	2	6	4
Mountain View Hospital	1	3	1	0	0
*Mountain View Hospital - ER at Aliante	0	0	0	0	0
*Mountain View Hospital - ER at Skye Canyon	0	2	0	0	0
North Vista Hospital	65	153	137	148	132
*Southern Hills Hospital - ER at the Lakes	0	0	1	0	0
Southern Hills Hospital Medical Center	0	0	1	0	0
*Spring Valley Hospital - ER at Blue Diamond	0	0	1	0	0
Spring Valley Hospital Medical Center	1	0	2	2	0
St. Rose Dominican Hospital - Blue Diamond	0	0	9	4	0
*St. Rose Dominican Hospital - De Lima Campus	2	0	1	0	1
*St. Rose Dominican Hospital - North Las Vegas	0	8	15	13	1
St. Rose Dominican Hospital - San Martin Campus	0	3	3	4	6
*St. Rose Dominican Hospital - West Flamingo	0	3	1	6	0
*St. Rose Dominican Hospital - West Sahara	0	2	7	2	0
Summerlin Hospital Medical Center	3	29	12	7	2
Valley Hospital Medical Center	1	3	6	5	0
All	83	223	212	226	157
Source: State Trauma Registry data **Free-Standing Remote ER*					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity (ISS) <= 15 by Facility in Southern Nevada, 2021-2025

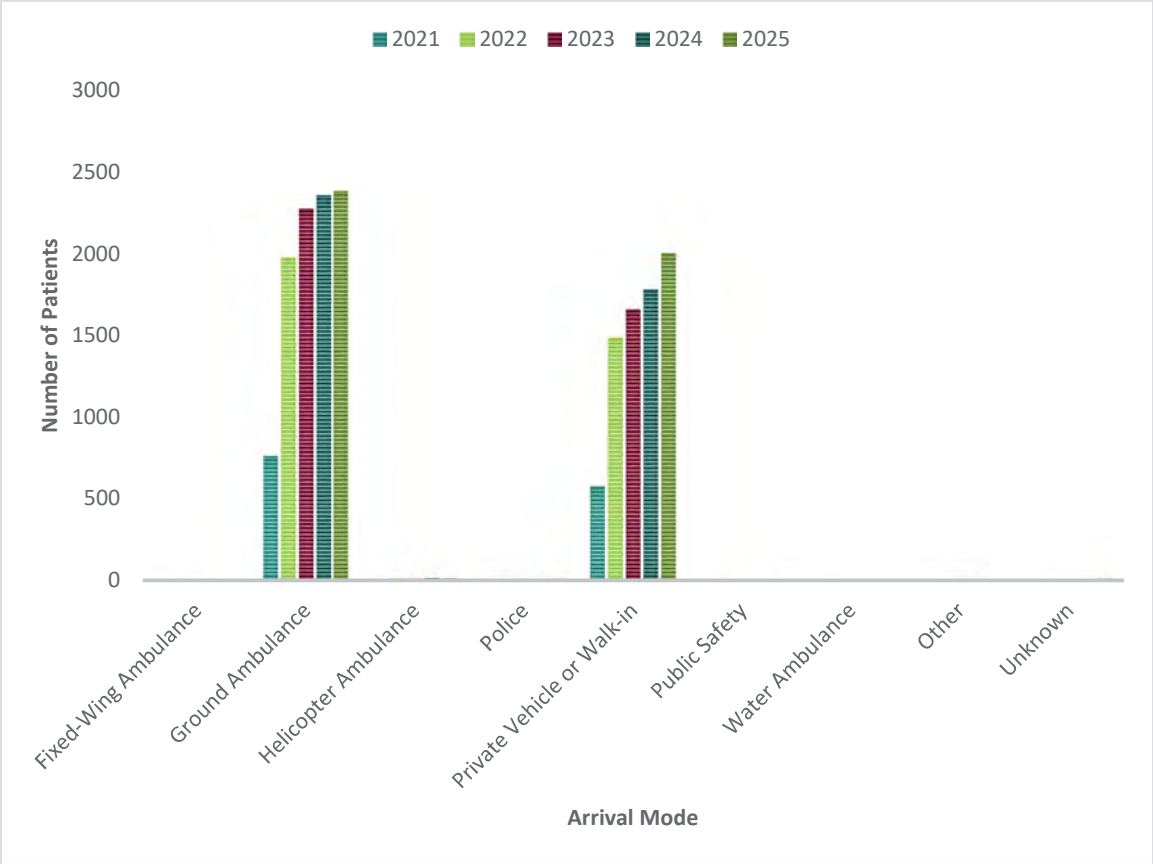
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital who were Transferred to a Trauma Hospital with an Injury Severity Score (ISS) ≤ 15 by Facility in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Boulder City Hospital	11	43	31	23	30
Centennial Hills Hospital	29	57	57	51	78
*Desert Springs Hospital Medical Center	19	40	27	11	1
*ER at Cadence	0	0	0	3	0
*ER at North Las Vegas	0	0	0	7	0
*ER at Valley Vista	0	0	0	12	0
*ER at West Craig	0	0	0	7	0
Elite Medical Center	0	0	0	6	0
Henderson Hospital	44	90	75	88	75
*Henderson Hospital - ER at Green Valley	7	15	18	13	26
Mesa View Regional Hospital	1	23	21	15	15
Mountain View Hospital	24	56	17	7	3
*Mountain View Hospital - ER at Aliante	1	11	0	2	0
*Mountain View Hospital - ER at Skye Canyon	0	2	0	1	0
North Vista Hospital	3	5	5	8	31
*Southern Hills Hospital - ER at South Las Vegas Blvd.	0	9	1	0	0
*Southern Hills Hospital - ER at the Lakes	0	5	5	1	0
Southern Hills Hospital Medical Center	7	50	2	2	0
*Spring Valley Hospital - ER at Blue Diamond	2	19	24	14	11
Spring Valley Hospital Medical Center	41	71	72	54	69
St. Rose Dominican Hospital - Blue Diamond	3	30	27	30	21
*St. Rose Dominican Hospital - De Lima Campus	46	77	75	79	71
*St. Rose Dominican Hospital - North Las Vegas	12	61	54	64	60
St. Rose Dominican Hospital - San Martin Campus	0	35	60	73	45
*St. Rose Dominican Hospital - West Flamingo	1	21	15	10	12
*St. Rose Dominican Hospital - West Sahara	4	27	35	37	29
Summerlin Hospital Medical Center	52	93	82	85	116
Valley Hospital Medical Center	14	41	16	17	16
All	321	881	719	720	709
Source: State Trauma Registry data **Free-Standing Remote ER*					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 by Arrival Mode in Southern Nevada, 2021-2025



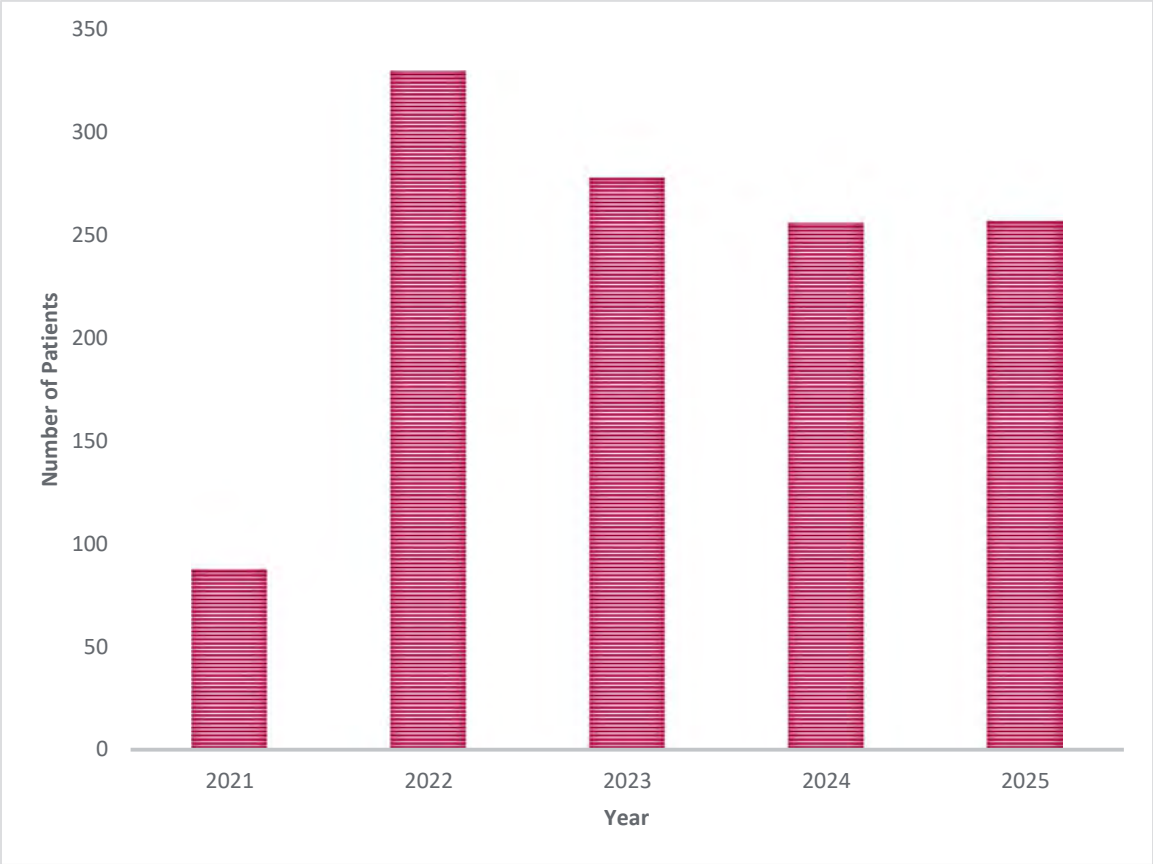
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) > 15 by Arrival Mode in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Ground Ambulance	31	94	79	73	74
Helicopter Ambulance	0	0	2	0	2
Police	0	2	3	4	3
Private Vehicle or Walk-in	79	198	198	209	136
Public Safety	0	0	0	1	0
Water Ambulance	0	0	0	4	1
All	110	294	282	291	217
Source: State Trauma Registry data					

Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤15 by Arrival Mode in Southern Nevada, 2021-2025



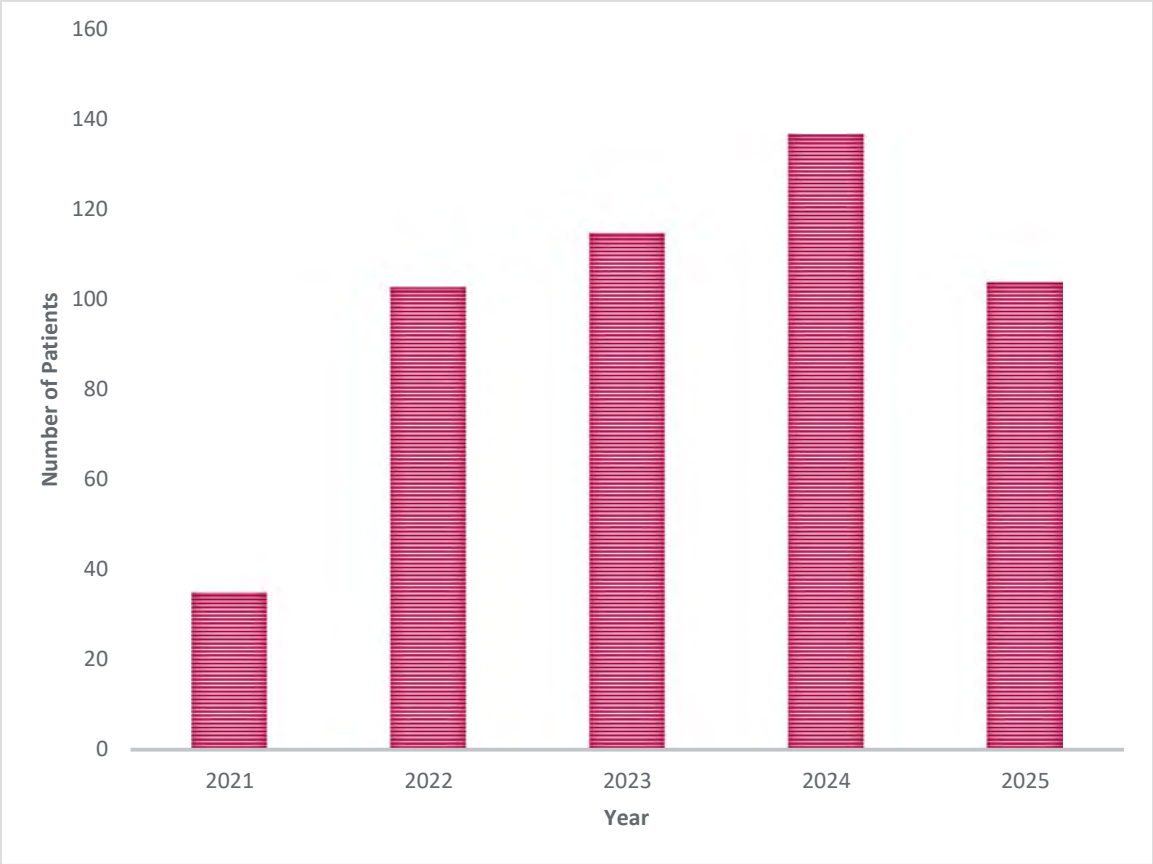
Number of Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) <= 15 by Arrival Mode in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
Fixed-Wing Ambulance	1	7	1	1	0
Ground Ambulance	768	1982	2281	2363	2387
Helicopter Ambulance	3	15	11	19	16
Police	2	6	6	7	11
Private Vehicle or Walk-in	581	1491	1664	1784	2007
Public Safety	0	1	0	0	1
Water Ambulance	0	1	0	0	0
Other	2	3	3	6	0
Unknown	0	1	0	1	12
All	1357	3507	3966	4181	4486
Source: State Trauma Registry data					

Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2021-2025



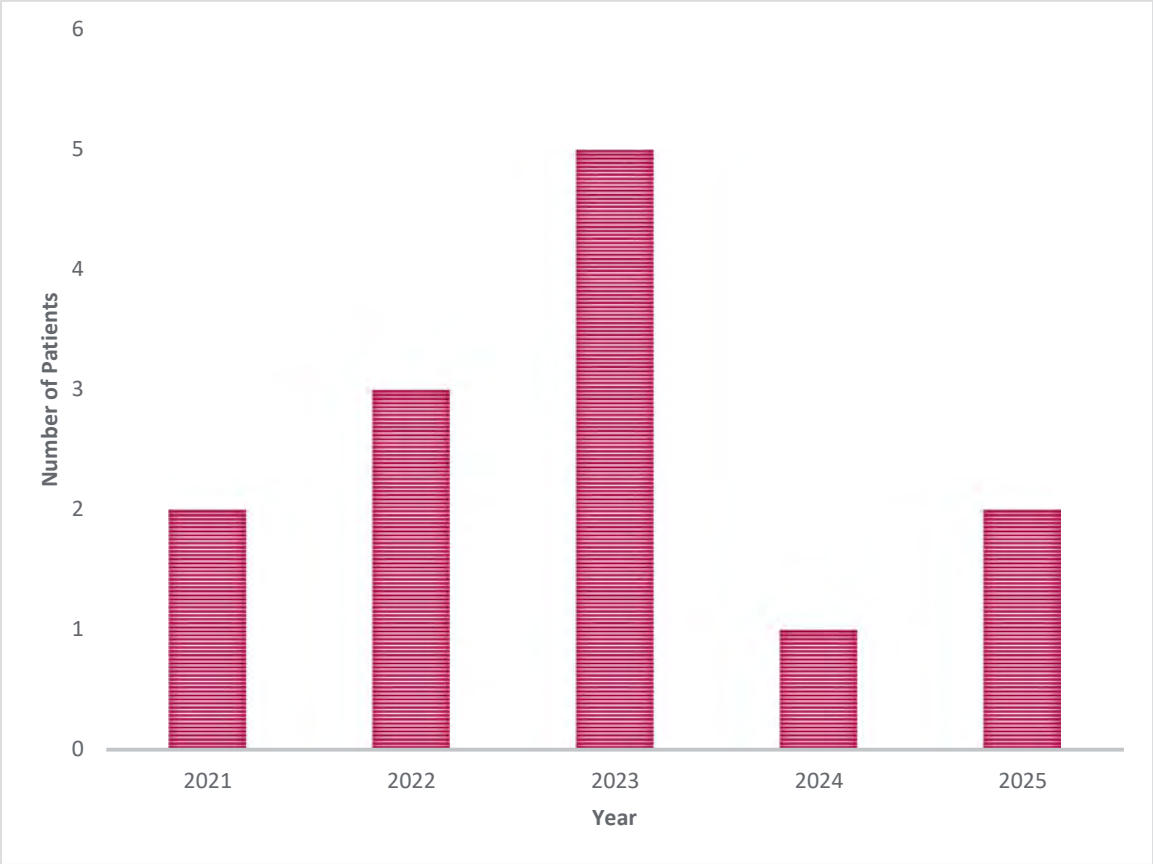
Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
All	88	330	278	256	257
Source: State Trauma Registry data					

Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) ≤15 in Southern Nevada, 2021-2025



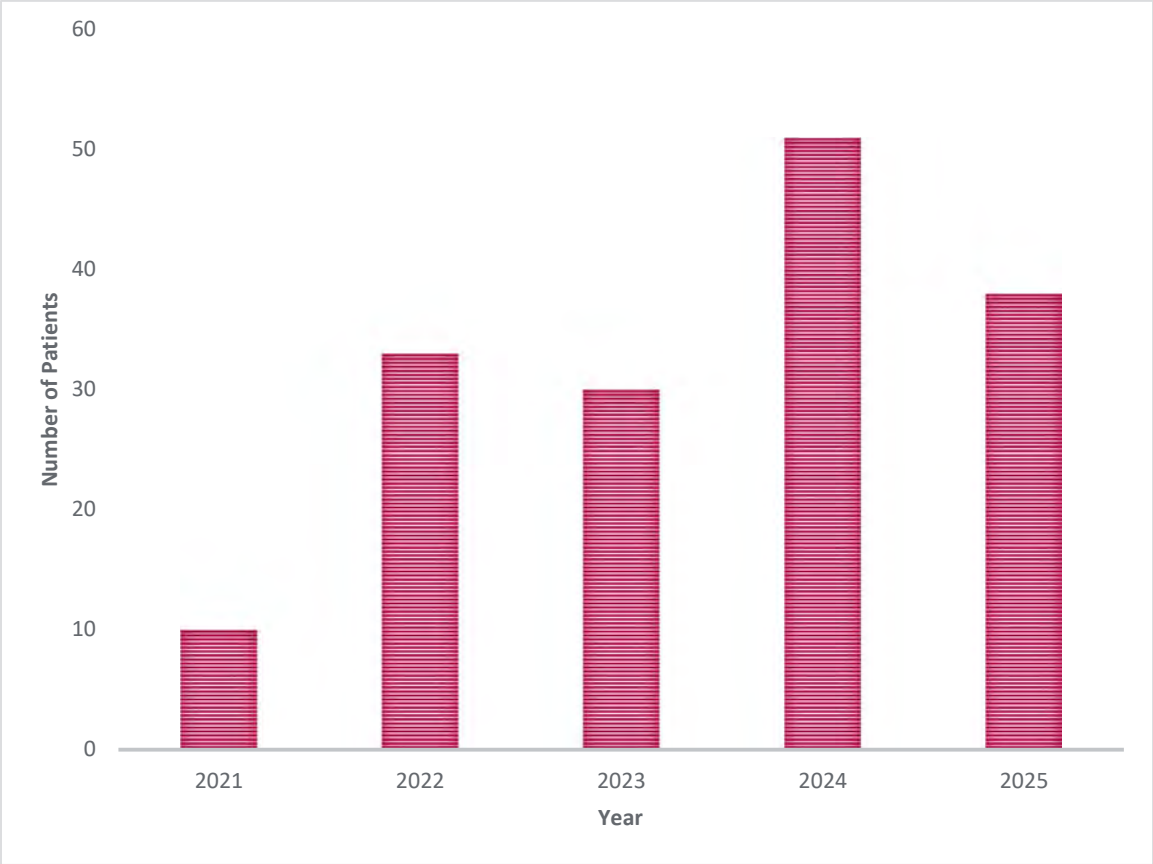
Number of Deceased Patients Meeting Trauma Criteria at a Trauma Hospital with an Injury Severity Score (ISS) <=15 in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
All	35	103	115	137	104
Source: State Trauma Registry data					

Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2021-2025



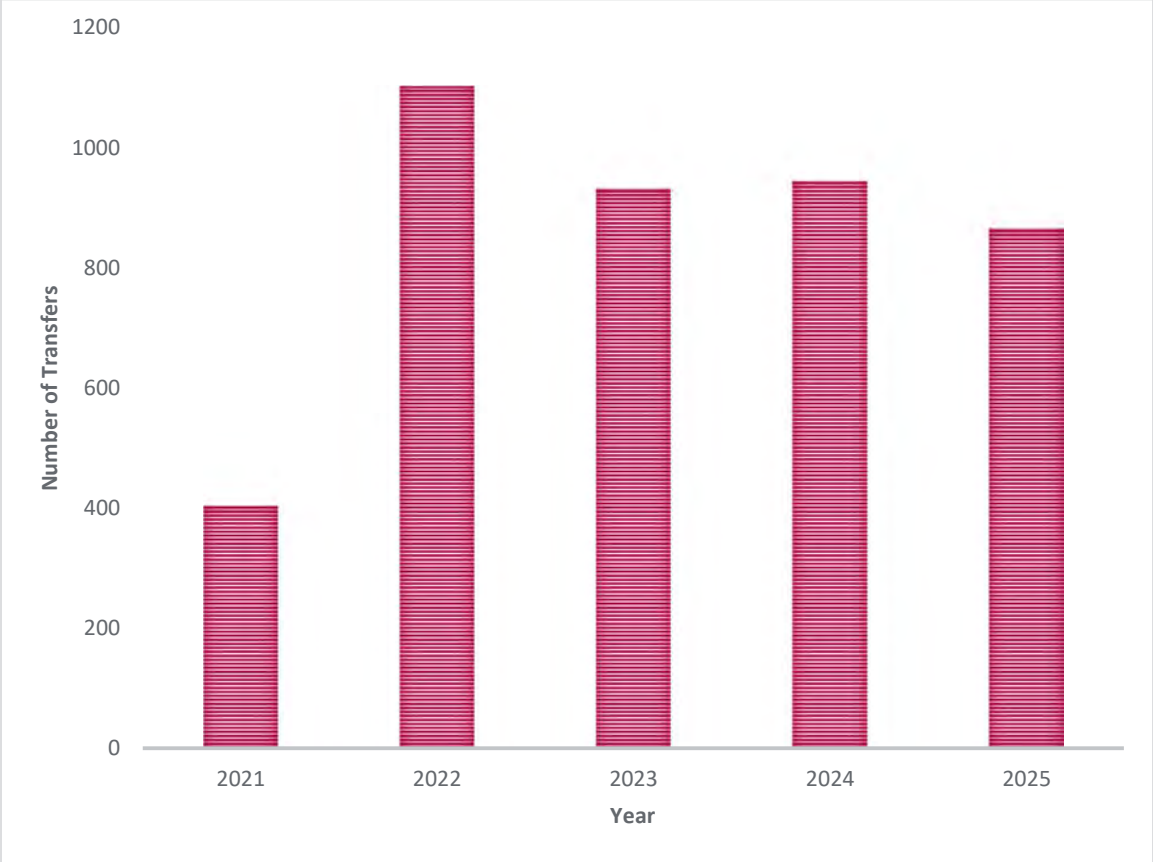
Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) >15 in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
All	2	3	5	1	2
Source: State Trauma Registry data					

Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) ≤15 in Southern Nevada, 2021-2025



Number of Deceased Patients Meeting Trauma Criteria at a Non-Trauma Hospital with an Injury Severity Score (ISS) <=15 in Southern Nevada, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
All	10	33	30	51	38
Source: State Trauma Registry data					

Transfers to Southern Nevada Trauma Centers from Non-Trauma Centers, 2021-2025



Transfers into Southern Nevada Trauma Centers from Non-Trauma Centers, 2021-2025					
	2021	**2022**	**2023**	**2024**	**2025**
All	405	1104	933	946	867
Source: State Trauma Registry data					

Emergency Department and Trauma Center Hours, 2021-2025

Intent

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

Definitions specific to Southern Nevada Trauma System and Emergency Medical System:

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

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

Operational Hours for Emergency Departments and Trauma Centers, 2021-2025

* Source: Juvare EMS Data System

University Medical Center	2021	2022	2023	2024	2025
ED Open Total Hours	8510	8518	8440	8517	8727
ED Closed Total Hours	250	242	320	267	33
ED % of Total Hours Open	97%	97%	96.3%	97.0%	99.6%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%

Sunrise Hospital	2021	2022	2023	2024	2025
ED Open Total Hours	8760	8760	8760	8784	8760
ED Closed Total Hours	0	0	0	0	0
ED % of Total Hours Open	100%	100%	100%	100%	100%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%

St. Rose Siena	2021	2022	2023	2024	2025
ED Open Total Hours	8188	8480	8708	8783	8760
ED Closed Total Hours	572	280	52	1	0
ED % of Total Hours Open	94%	97%	99.4%	99.99%	100%
Trauma Center Bypass Event Hours	0	0	0	0	0
Trauma Center % Open	100%	100%	100%	100%	100%

Michael O'Callaghan	2021	2022	2023	2024	2025
ED Open Total Hours	N/A	8732	8746	8745	8757
ED Closed Total Hours	N/A	28	14	39	3
ED % of Total Hours Open	N/A	99%	99.8%	99.6%	99.9%
Trauma Center Bypass Event Hours	N/A	0	15	35	4.3
Trauma Center % Open	N/A	100%	99.8%	99.6%	99.0%

Southern NV Hospitals					
	2021	**2022**	**2023**	**2024**	**2025**
ED Open Total Hours	243k	269k	262k	278K	320k
ED Closed Total Hours	3073	2245	3639	648	190
ED % of Total Hours Open	98%	99%	98.6%	99.8%	99.9%
Trauma Centers Bypass Event Hours	0	0	15	35	4
Trauma Centers % Open	100%	100%	99.9%	99.9%	99.99%

Trauma Medical Audit Committee

The Trauma Medical Audit Committee (TMAC) is a multidisciplinary, closed medical peer review committee of the District Board of Health that meets quarterly. Its purpose is to evaluate the Southern Nevada trauma system by reviewing trauma care, monitoring system performance, identifying trends, and recommending opportunities for continuous quality improvement.

For 2025, the Audit Committee completed its review of the annual trauma system report. The annual data were distributed to all TMAC members for review, and no questions, concerns, or issues were identified regarding the accuracy, completeness, or interpretation of the information presented.

Throughout the year, TMAC continued its routine oversight of key system performance indicators, including:

- Out-of-hospital death data
- EMS system issues and operational concerns
- Internal disaster closure hours reported by the region's designated trauma centers

Based on these reviews:

- TMAC did not identify any significant variances from established trauma protocols or applicable regulations
- TMAC did not observe any system-wide delays in trauma care delivery
- No significant concerns were identified related to out-of-hospital deaths, EMS operations, or trauma center internal disaster closures

The committee appreciates the collaboration of the Southern Nevada trauma centers, EMS agencies, and OEMTS staff in providing comprehensive and timely data for review. TMAC remains committed to ongoing monitoring of system performance and to supporting a transparent, data-driven process that promotes continuous quality improvement throughout the regional trauma system.

Dr. Chris Fisher

TMAC Chair

Appendix A: Trauma Field Triage Criteria

Trauma Field Triage Criteria

RED INJURY PATTERNS

- Penetrating injuries to head, neck, torso, and proximal extremities
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss
- Chest wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture
- Suspected fracture of two or more proximal long bones
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

RED MENTAL STATUS & VITAL SIGNS

All Patients

- Unable to follow commands (GCS Motor <6)
- RR <10 or > 29 breaths/min
- Respiratory distress or need for respiratory support
- Room-air pulse oximetry < 90%
- The following vital signs fall into Red criteria when found in the presence of traumatic mechanism:

- **Age 0-9 years**
- SBP < 70 mm Hg + (2 x age years)
- **Age 10-64 years**
- SBP < 90 mm Hg or
- HR > SBP
- **Age > 65 years**
- SBP < 110 mm Hg or
- HR > SBP

YELLOW MECHANISM OF INJURY

- High-Risk Auto Crash:
  - Partial or complete ejection
  - Significant intrusion (including roof) of >12 inches on occupant site OR >18 inches on any site OR need for extrication for entrapped patient
  - Death in passenger compartment
  - Child (Age 0-9) unrestrained or in unsecured child safety seat
  - Vehicle telemetry data consistent with severe injury
- Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc)
- Pedestrian/bicycle rider thrown, run over, or with significant impact
- Fall from height > 10 feet (all ages)

YELLOW EMS JUDGMENT

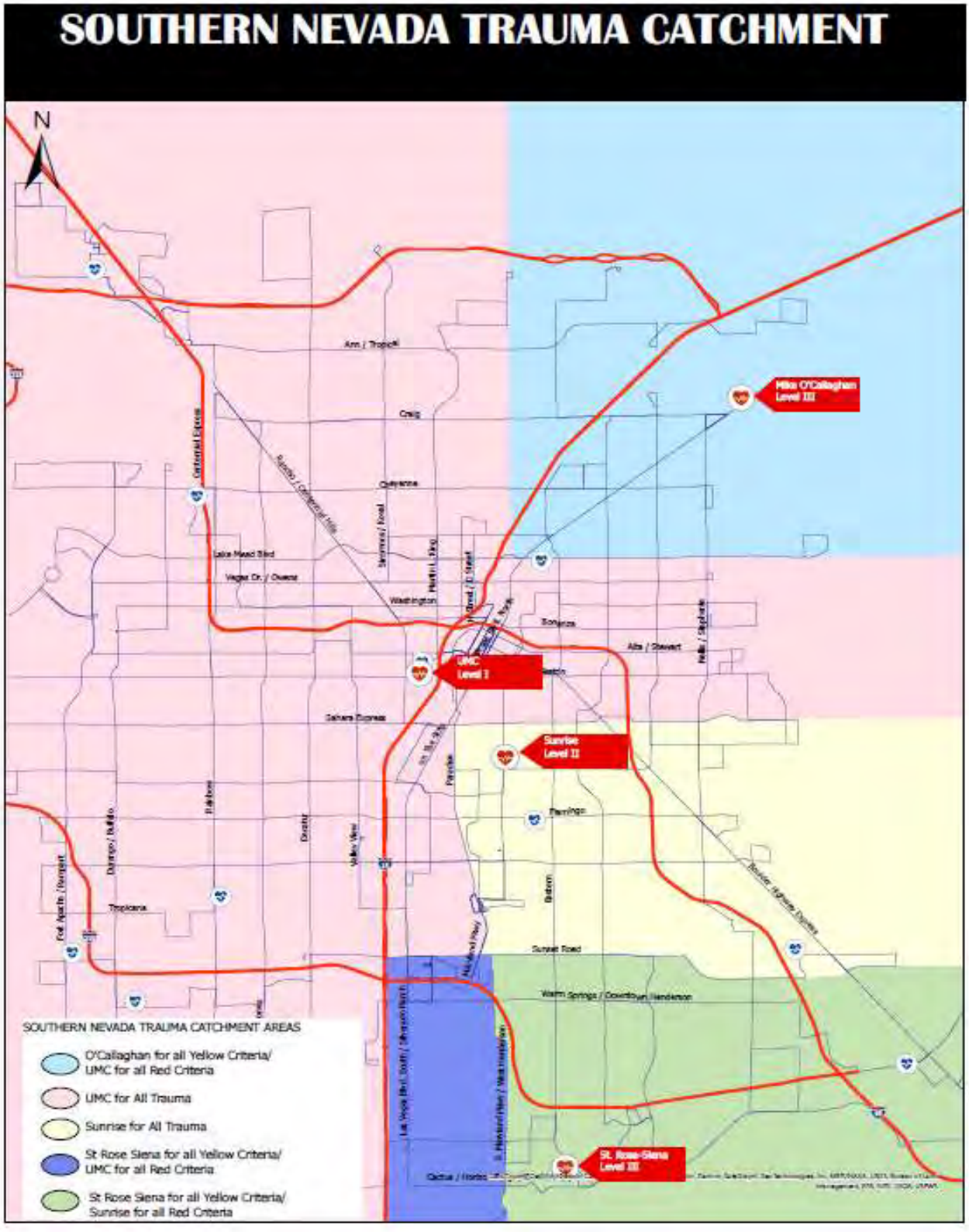
Consider risk factors, including:

- Low-level falls in young children (age 5 or less) or older adults (age 65 or older) with suspected head injury
- Anticoagulant/Antiplatelet use
- Suspicion of child abuse
- Special, high-resource healthcare needs
- Pregnancy > 20 weeks

If concerned, take to a trauma center

Trauma Field Triage Criteria (Revised and approved by MAB 08/02/2023)

Appendix B: Southern Nevada Trauma Catchment Areas



https://www.southernnevadahealthdistrict.org/programs/emergency-medical-services-trauma-system/southern-nevada-trauma-system/