

Memorandum # 01-16

Date:

June 23, 2016

To:

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH

From:

John Hammond, BS, EMSTS Manager

Michael D. Johnson, PhD Director of Administration

Joseph P. Iser, MD, DrPH, MSc, Chief Health Officer

Subject:

Request for Approval of Initial Authorization as a Level III Center for the Treatment of Trauma by Centennial Hills Hospital & Medical Center, MountainView Hospital and Southern Hills Hospital & Medical Center

I. BACKGROUND:

In accordance with Clark County Trauma Regulations 300.000 and 300.100, Centennial Hills Hospital & Medical Center (Centennial Hills), MountainView Hospital (MountainView), and Southern Hills Hospital & Medical Center (Southern Hills) submitted an application for initial authorization as a Level III Center for the Treatment of Trauma.

Upon receipt and review of Centennial Hills', MountainView's and Southern Hills' applications, the Office of Emergency Medical Services & Trauma System (OEMSTS) assessed whether a demonstrated need exists for another Center for the Treatment of Trauma.

II. RECOMMENDATION:

The OEMSTS does not recommend Board approval of Centennial Hills', MountainView's, and Southern Hills' applications for initial authorization as a Level III Center for the Treatment of Trauma at this time. This decision is based on evidence obtained through continuous evaluation of the system assessing the volume, acuity and geographic distribution of patients requiring trauma care; and the location, depth and utilization of trauma resources in the system. Centennial Hills, MountainView and Southern Hills have not demonstrated the need for additional trauma services that cannot be met by existing Centers for the Treatment of Trauma.

Request for Approval of Initial Authorization as a Level III Center for the Treatment of Trauma by Centennial Hills Hospital & Medical Center, MountainView Hospital and Southern Hills Hospital & Medical Center Page 2

June 23, 2016

Attachments:

- A. Centennial Hills Hospital Medical Center's Application for Initial Authorization as a Level III Center for the Treatment of Trauma
- B. MountainView Hospital's Application for Initial Authorization as a Level III Center for the Treatment of Trauma
- C. Southern Hills Hospital & Medical Center's Application for Initial Authorization as a Level III Center for the Treatment of Trauma
- D. Letter dated 2/19/16 from Christopher Mowan, CEO, MountainView Hospital
- E. Letter dated 9/30/15 from Bryan Rogers, HCA
- F. Letter dated 2/24/16 from Maya Holmes, Culinary Workers Union, Local 226
- G. Public comment dated 2/24/16 from Maya Holmes, Culinary Workers Union
- H. Letter dated 2/24/16 from Joshua M. Dickey, Esq., Bailey Kennedy Attorneys at Law
- I. Position statement dated 2/24/16 from UNLV School of Medicine



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

Name of Institution: Centennial Hills	s Hospital Medical Center	
Street Address: 6900 North Durango	Orive	
City: Las Vegas	State: Novada	Zip Code: 89149
Telephone: (702)835-9700	FAX: (702) 835-9780	E-Mail; sajit.pullarkat@uhsinc.com
Owner of Facility: Universal Health	Services	
Street Address: 387 South Gulph Ros	d	······································
City: King of Prussia	State: PA	Zip Code: 19406
Telephone: (610)768-3300	FAX: (610)992-4560	E-Mail: sajit.pullarkat@uhsinc.com
Hospital Administrator/Director	: Sajit Pullarkat	
Contact Person for Application	Processing: Sajit Pullarkat	
Telephone: (702) 835-9720	FAX: (702) 835-9780	E-Mail: sajit.pullarkat@uhsinc.com
Level of Center for the Treatme	nt of Trauma being sought:	
☐ Level I☐ Pediatric Level I	☐ Level II ☐ Pediatric Level II	₹ Level III
Population to be served and the See attached	extent to which the population is currently	vunderserved:
	served, including consideration of distance the potential impact on the trauma system	
Sea suscitor		
Briefly describe the hospital's c	apacity to provide trauma services in the c	community:
	-	

Briefly describe the hospital's capabilities to provide trauma services in the community: See attached
Briefly describe the hospital's longitudinal commitment (expected to be greater than five years) to provide trauma services in the community: See attached
Additional information the applicant would like to provide in support of their request: See attached
 The following are conditions of authorization as a center for the treatment of trauma in Clark County. B signing the application, the administrators of the hospital and the medical director of the center for the treatment of trauma acknowledge these conditions and agree to: 1. Comply with the requirements of the graduated process for authorization and designation as a center for the treatment of trauma as defined in the Clark County Trauma System Regulations Section 300.000, subsections IV-VI; 2. Submit trauma data to SNHD and the State Trauma Registry; 3. Actively participate in the Regional Trauma Advisory Board and Trauma System Performance Improvement activities;
 Provide standard financial information to assist in the assessment of the financial stability of the trauma system; and Comply with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma.
I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge.
I authorize the release of such information as may pertain to the purpose of this application.
I understand that any misstatements or omissions of material facts may cause forfeiture of the right to authorization as a center for the treatment of trauma.
Signature of Hospital Administrator or Owner: Date: 09/15/2015
Printed Name of Hospital Administrator or Owner: Sajit Pullarkat
Title of Person signing the Application: CEO/Managing Director

Centennial Hills Hospital Medical Center

Application for Level III Trauma

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

Centennial Hills Hospital Medical Center is an eight-story, 360,000 square foot hospital with 190 licensed beds. Centennial Hills Hospital Medical Center is seeking approval to become a Level III Trauma Center. According to the American College of Surgeons, a Level III Trauma Center serves communities that do not have immediate access to a Level I or II facility. Level III Trauma Centers can provide prompt assessment, resuscitation, emergency surgeries, stabilization and arrange for patient transfer to a higher level of care when needed.

Today, there are areas in Las Vegas that are underserved and do not have immediate access to Level I or Level II Trauma Centers in the city. The specific underserved communities include the North/Northwest regions of the Las Vegas Valley, Pahrump, Mt. Charleston, Kyle Canyon, Red Rock, Indian Springs (Creech AFB), Mercury (Nevada National Security Site), Nellis Artillery Range, Beatty and Tonopah (See map below). Each of these communities are greater than 15 miles from their respective trauma facilities. Patient transportation time often exceeds 30 minutes due to traffic congestion delaying access to patient care.



The population of the North/Northwest region is growing exponentially, demonstrated by data collected from Intellimed. Currently the population in this region is greater than 160,000, with a projected growth rate of 8% over the next five years. This outpaces the projected growth rate for Las Vegas, which is growing by 6.5%. The growth is demonstrated by an increase in overall development, the presence of medical facilities in the Centennial Hills area and the overall growth at the hospital.

The following are key examples of growth for the North/Northwest region of the Valley

a) Two Large Master Planned Communities Started in 2014

- Skye Canyon Construction started with the development of 9,000 homes over the next 10 years. (5 miles from CHHMC)
- Park Highlands Construction started with the development of 15,000 homes over the next 10 years (8 miles from CHHMC)

b) Other Developments Include

- Continued development of the Apex Industrial Park in North Las Vegas
- · Development of CSN Campus in Centennial Hills area
- · Continued growth and development of Mt. Charleston recreational activities

c) Growth at Centennial Hills Hospital Medical Center

a. From 2012-2014

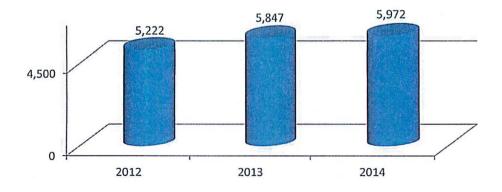
- i. Emergency Room Volume has grown by 20%
- ii. Average Daily Census has grown by 21%
- iii. Surgeries have grown by 22%
- iv. Deliveries have grown by 55%
- v. Admissions have grown by 26%

d) Medical Development in Area

- a. CHHMC Medical Office Building is now 80% leased
- b. Steinberg Imaging Center established in 2014
- c. Wellbrook Senior Living developing skilled nursing facility within 2 miles of hospital
- d. Marquis Care SNF developed 2 years ago
- e. Centennial Hills Center Medical Park development 2 miles south of facility
- f. New 136 Convalescent Home to be developed within 5 miles of hospital

Current Clark County Trauma Trends

Total Trauma Transports



Centennial Hills Hospital Medical Center

Application for Level III Trauma

From 2012 – 2014, the total trauma transport volume in Clark County has increased by 14.4% based on data received from the OEMSTS. Considering the increase total transport volume trend, the usage rate per 100,000 has increased 8.5% from 2012 to 2014. This current trend coupled with the projected Clark County population of 2,283,000 (by 2019) and 41,126,512 amount of visitors annually in 2014 would result in nearly 6,500 trauma transports based on current use rates compared to current transport volumes as depicted in the figure above. The growth in population and trauma usage rates will exert more pressure on the existing trauma system in Las Vegas. Additionally, reviewing trauma transports by zip code provided by OEMSTS, while overall volumes increased by 14.4% in the last two years, the zip codes located in the West/Northwest areas of Las Vegas experienced a 26.4% increase in trauma transport volumes at the same time.

With respect to trauma access and transport times, the underserved population resides in the northwest portion of Las Vegas and the northern areas of Clark and Nye counties as depicted in the above map. These communities are a minimum of 15 miles away from the nearest trauma facility which corresponds to a transport time exceeding 30 minutes.

In summary, the combination of population growth in the region, lack of immediate trauma access and current trauma transport trends, makes Centennial Hills Hospital Medical Center the perfect location to add a Level III Trauma Center to Southern Nevada's existing Trauma System.

Establishing CHHMC as a level III trauma center will offload our current level I and II trauma centers allowing allocation of resources to the critically injured patients and providing appropriate resource utilization.

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

Based on Centennial Hills Hospital Medical Center's geographic location in the North/Northwest Las Vegas Valley, an area currently underserved; not only for local community residents but also for outlying areas (as depicted in Map):

- Pahrump
- Mt. Charleston
- Kyle Canyon
- Red Rock
- Indian Springs (Creech AFB)
- Mercury (Nevada National Security Site)
- Nellis Artillery Range
- Beatty
- Tonopah

Centennial Hills Hospital Medical Center has the capability and capacity to provide early-access Trauma Services to this underserved population of 160,000. Our hospital will follow the Trauma System criteria, guaranteeing every patient is afforded the optimal care at the appropriate facility.

With consideration of the existing Trauma System, the distance from Centennial Hills Hospital Medical Center to the three Trauma Centers is as follows:

- University Medical Center Level I Trauma Center 15 miles
- Sunrise Hospital Medical Center Level II Trauma Center 20 miles
- St. Rose Siena Hospital Level III 30 miles



Map 1. Distance from Centennial Hills Hospital Medical Center to current Trauma Centers in Southern Nevada

Centennial Hills Hospital Medical Center's designation as a Level III Trauma Center would have a zero impact to both the Sunrise and Siena Trauma Centers based on the current catchment areas for each of those facilities.

The greatest advantage for the addition of this trauma center is the mitigation of distance and travel time challenges. Centennial Hills Hospital Medical Center will engage in a synergistic relationship with University Medical Center focused on improving and guaranteeing Southern Nevada's Trauma System will provide early-access, optimal care, and the appropriate level of care based on the patients need and the facilities capabilities according to the ACS criteria.

The addition of Centennial Hills Hospital Medical Center as a Level III Trauma Center would also accomplish the following:

• Improved access to trauma services: The current Trauma System in Southern Nevada has facilities located downtown and in the southeast in Henderson. This addition assures quick access to trauma-care services for the growing communities in the North and Northwest regions of Southern Nevada.

- Community Senior Trauma Needs: The growing communities in the North and Northwest include senior populations which are growing by greater than 20% in the next 5 years. This is further supported by the large senior communities in Sun City Summerlin, Sun City Aliante and developing communities in Ardiente (all of these communities are in North and Northwest Las Vegas). Today, there are national trends showing an increase in elderly related trauma. These trends include falls in the home, falls that are typically lower level acuity traumas and could easily be treated in a Level III Trauma Center.
- Emergency Medical Response: The addition of Centennial Hills Hospital Medical Center as a
 Level III Trauma Center would significantly reduce the out-of- service time for current Fire and
 EMS transports, benefiting the entire Southern Nevada EMS System guaranteeing immediate
 emergency access for all of our communities.
- Emergency Response: With increasing trends of homeland security issues and our city being a
 destination site, having additional trauma capacity would help the city to respond to mass
 casualty issues with more readily available capacity.

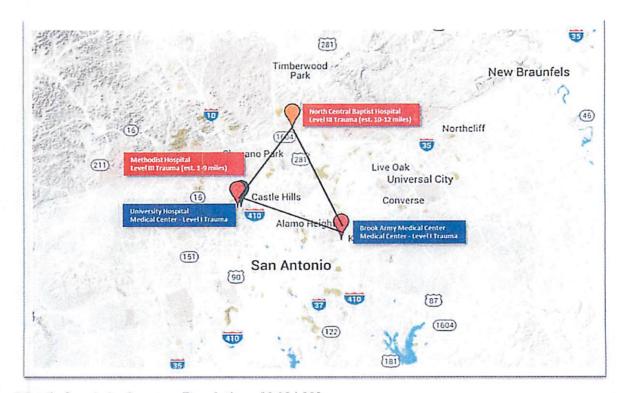
In comparison to other U.S. cities the size of Las Vegas, these comparable metropolitan areas all have more than three Trauma Centers, with Level III Trauma Centers to support effective City-wide Trauma Systems (see below).



Map 2. Milwaukee, Wisconsin area - Population of 2,037,542



Map 3. Cincinatti, Ohio area - Population of 2,188,001



Map 4. San Antonio area - Population of 2,234,003



Map 5. Salt Lake City area - Population of 2,350,274

The intent of Centennial Hills Hospital Medical Center's application for Level III Trauma Center designation is to support Southern Nevada's Trauma System continuing to provide early access and optimal trauma care to all communities across the valley. With trauma facilities located centrally and the southeast, there is a lack of geographic coverage in the northwest. The northwest region is the fasting growing area in Las Vegas and Clark County. The provision of Centennial Hills Hospital Medical Center as a Level III Trauma Center would improve trauma access to the underserved population, allow better resource utilization for the critical injured patients and supplement the city's emergency response capabilities.

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

Centennial Hills Hospital Medical Center's capacity to provide Level III Trauma Services to the local communities, in support of the Southern Nevada Trauma System is based on our longstanding management of daily operations:

- Emergency Department Capacity: 41 bed Emergency Department with a 6 Bay Behavioral Health Pod and 3 major Treatment/Trauma Resuscitation Rooms.
- Operating Room Capacity: 6 OR Suites with current utilization at 75%, currently building 2 additional operating rooms with expected completion by December 2015
- Critical Care Capacity: With 16 ICU beds and 16 IMC beds (71% utilization) there is capacity to manage additional patients that meet Trauma criteria requiring ICU admission

- Medical/Surgical Capacity: Currently the hospital's utilization for our Med/Surg capacity is over 80% with the ability to manage additional capacity and a commitment to building additional nursing unit by 2016
- Helipad Capacity: Facility currently has a helipad located at facility to accommodate emergencies.
- Air Ambulances: The Helipad is constructed to accommodate all weight limits including military Blackhawk helicopters.
- Radiology/Interventional capacity Facility has dedicated interventional radiology suite and has interventional radiology services available 24/7. Facility also has 24/7 Radiology coverage to provide services for CT and Radiology services.

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

Centennial Hills Hospital Medical Center's capabilities to provide Trauma Services in our local community are supported by the following components:

• Centennial Hills Hospital Medical Center

- a) Has been operating as an acute care facility in Las Vegas for 7 years
- b) This level of experience has helped the facility to develop key service lines including:
 - a. Orthopedic Surgery
 - i. 34 orthopedic surgeons on staff
 - ii. Dedicated IP Unit supported by hospital based NP
 - iii. Only facility in Las Vegas with Makoplasty technology for partial knees and total hip surgeries
 - b. General Surgery
 - i. 20 general surgeons on staff
 - c. Supplemental specialties on staff: ENT, Oral Maxillofacial surgery, plastics, urology, OB, Vascular, and Neurosurgery

• Physician Call Coverage

- a) General Surgeons to support Trauma call
- b) Orthopedic Surgeons to support Trauma call
- c) ED physicians inhouse
- d) Anesthesia on call

Kev Physician Services

- a) Trauma Medical Director James Lovett, MD, FACS, MMM
- b) 24/7 Radiology Service by Desert Radiology to include Radiological Interventionalist coverage
- c) All EmCare Emergency Department Physicians ATLS credentialed
- d) In-house 24/7 Anesthesia coverage
- e) 24/7 Laborist Program supporting Obstetric Services
- f) 4th Quarter of 2015 implementing 24/7 Hospitalist to support Medicine Services
- g) Pathology Services provided by LMC group
- h) Chief Medical Officer Daniel McBride, MD, FACS

Application for Level III Trauma

• Key Hospital Services

- a) Trauma Program Coordinator RN
- b) Emergency Department Registered Nurses trained TNCC
- c) 24/7 Nursing for ED/ICU/IMC/OB/Med Surg nursing units
- d) On-call Surgical personnel to support emergency surgeries
- e) 24/7 Radiology, Respiratory Therapy, Laboratory and Pharmacy Services
- f) 2-CT Scanners, 1 MRI, Interventional radiology suite
- g) Surgical Robotics and O-arm Surgical Imagery
- h) In-house full service Rehab Program (PT,OT, Speech)
- i) Out-patient Rehab Facility on Campus in Medical Office Building
- j) Trauma Committee multi-disciplined meeting in development to support program
- k) In-house Nurse Educator
- UHS System Subject Matter Experts George Washington University Level I Trauma, Inland Valley Hospital Level II Trauma, NorthWest Texas Hospital Level III Trauma Center support and guidance
- m) Awards/Recognitions:
 - a. 2013 Joint Commission Top Performer Key Quality Measures
 - b. Recognized by Consumer Reports as top 16 hospitals in the nation for infection control
 - c. Joint Commission Stroke Certification
 - d. ACR Accredited Facility in all Radiology modalities
 - e. Society of Chest Pain Centers with PCI
 - f. American Heart Association Get with the Guidelines Gold Heart Failure Award
 - g. American Heart Association Get with the Guidelines Gold Plus Stroke Award
 - h. Mission Lifeline Gold Plus Performance Achievement Award

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

Centennial Hills Hospital Medical Center understands and is clearly committed to our highest duty of developing, maintaining and sustaining a Level III Trauma Center for the North/Northwest Region of the Southern Nevada valley. We will support and enhance the current Trauma System, providing trauma coverage to all current and future communities being developed throughout the North/Northwest area of the valley.

Within Centennial Hills Hospital Medical Center's Trauma Program, it is our intent to have a comprehensive Injury Prevention Program with Community Outreach, an aggressive EMS Outreach Program and committed staff to focus on Trauma Registry and PIPS (Performance Improvement and Patient Safety).

Centennial Hills Hospital Medical Center is motivated and prepared to meet and exceed all conditions of authorization as a Center for the treatment of Trauma as directed by the Clark County Trauma System Regulations Section 300.000: subsections IV-VI and the American College of Surgeons guidance and requirements to be identified as a Level III Trauma Center for Southern Nevada.

Centennial Hills Hospital Medical Center will also submit trauma data to SNHD, State Trauma Registry and American College of Surgeon National Trauma Data Bank/Trauma Quality Improvement Program.

Centennial Hills Hospital Medical Center

Application for Level III Trauma

Our facility will also actively participate in the Regional Trauma Advisory Board, provide standard financial information to assist in the assessment of the financial stability of the trauma system and comply with all SNHD regulations and DPBH requirements for authorized and designated centers for the treatment of trauma.

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

Centennial Hills Hospital Medical Center was opened in 2008 with a mission to provide excellence in clinical care to our communities. Through innovation and understanding of our mission, Centennial Hills Hospital Medical Center has achieved excellence providing the best care to "every patient, every time".

We are a certified Advanced Stroke Center with Door-to-CT, in less than 45 minutes and a certified Chest Pain Center with Door-to-Balloon in less than 90 minutes. We adopted the Rapid Medical Exam initiative to improve ED capabilities, support more efficient ED with the ER Reserve initiative, and stage ED staff in the lobby as a part of our Fast Track ED. Centennial Hills Hospital Medical Center was the first Nevada hospital to offer the O-ARM Surgical Imaging Platform; optimizing use in orthopedic, spine and trauma-related surgeries.

At Centennial Hills Hospital Medical Center, we have demonstrated our capacity, capabilities and commitment to provide Trauma Care Services to our communities. Our goals align with Clark County's Trauma System goals;

- Reduce the incidence and severity of injuries
- Improve the health outcome of those who are injured by ensuring timely and equal access to the most appropriate health care resources
- Promote efficient, cost-effective delivery of care
- Implement performance improvement activities to ensure quality of care throughout the System
- Advocate for sufficient resources to meet the needs of the injured in the community

Centennial Hills Hospital Medical Center has identified a need in the North/Northwest region of the Las Vegas Valley based on collection and review of demographic data, validating there is a substantial gap for prompt access to Trauma Services for those residents and those in the outlying areas as discussed earlier. We believe this gap can be effectively mitigated by selecting Centennial Hills Hospital Medical Center as the "candidate" to build a Level III Trauma Program – one that supports the residents of the North/Northwest and achieves the goals and mission for the Clark County Trauma System.



City of Las Vegas

Steven D. Ross Councilman, Ward 6

June 27, 2015

Sajit Pullarkat Chief Executive Officer Centennial Hills Hospital 6900 N. Durango Las Vegas, NV 89149

Dear Mr. Pullarkat,

Thank you for taking the steps to make Centennial Hills Hospital a level 3 trauma facility for residents of the Northwest Las Vegas valley. As the elected official representing Las Vegas Ward 6 covering the immediate area surrounding the hospital I see this expansion as critical to the health and safety of my constituents.

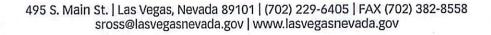
Ward 6 includes the fastest growing neighborhoods in the entire Las Vegas valley. This growth is expected to continue given the expansion of both the Skye Canyon master planned community, and Creech Air Force base. In my district alone over 1,000 households have a family member working at this base. The drive to the base from my district is approximately 45 minutes with no other medical facility available to take in accident victims. Sadly our community has lost active duty service members taking this commute. I have pledged to do all that I can in order to increase their odds of survival after an accident.

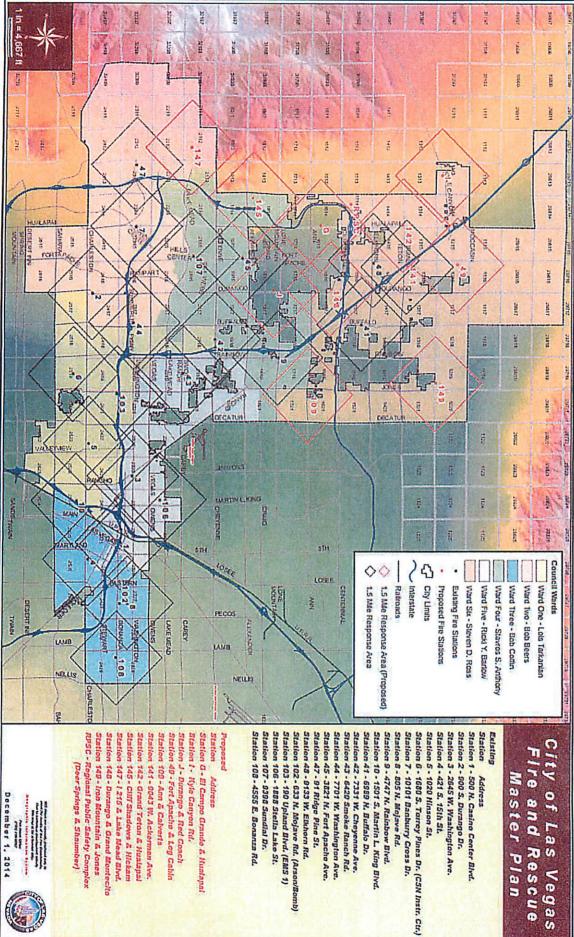
Additionally a level 3 trauma unit coordinates with the plans of the City of Las Vegas to add more fire stations within minutes of the hospital. Please see the attached map which demonstrates several stations slated for construction all within the response range for Centennial Hills Hospital.

Thank you again for undertaking this tremendous task to bring a higher level of safety and service to our community. Please do not hesitate to contact me at any time for additional assistance in this matter.

Steve Ross Mayor Pro Tem

City of Las Vegas Ward 6





City of La Fire and Rescue Master Plan Vegas

Station 1 - 500 N. Casino Center Blvd.

Station 3 - 2645 W. Washington Ave.

Station 4 - 421 S. 15th St.

Station 5 - 1020 Hinson St.

Station 8 - 805 N. Mojave Rd. Station 7 - 10101 Banbury Cross Dr.

Station 41 - 6989 N. Buffalo Dr. Station 10 - 1501 S. Martin L. King Blvd. Station 9 - 4747 N. Rainbow Blvd.

Station 45 - 3821 M. Fort Apacho Ave. Station 44 - 7701 W. Washington Ave.

Station 103 - 190 Upland Blvd. (EMS 1) Station 102 - 633 N. Mojave Rd. (Arson/Bomb) Station 48 - 9133 W. Elkhorn Rd.

Station G - El Campo Grande & Musiapai Address

Station J - Durango & Red Coach Station 49 - Fort Apache & Log Cabin Station 109 - Ann & Calverts Station 141 - 9043 W. Ackorman Ave.

RPSC - Regional Public Safety Complex RPSC - Regional Public Safety Complex (Deer Springs & Shaumber) Station 148 - Durango & Grand Montecito Station 149 - Iron Mountain & Jones



Centennial Hills Hospital MEDICAL CENTER

A Member of The Valley Thealth System"

April 13, 2015

To whom it may concern:

I am writing to you today to inform you of the development of Centennial Hills Hospital's Level III trauma program. Centennial Hills Hospital's Level III trauma program will provide to our communities, prompt assessment, resuscitation, emergency operations, and stabilization and also arrange for possible transfer to a facility that can provide definitive trauma care.

Resolved, that the Valley Health System's Hospital Board of Directors supports and approve Centennial Hills Hospital moving forward with the application for verification of a Level III trauma center. The Board commits to maintain the high standards needed to provide optimal care of all trauma patients.

If you have any questions or concerns, please don't hesitate to call (702) 835-9720.

Sincerely,

Tom Warden, Chair

VHS Board of Governors



A Member of The Valley K Health System"

April 13, 2015

To whom it may concern:

I am writing to you today to inform you of the development of Centennial Hills Hospital's upcoming Level III trauma program. Centennial Hills Hospital's Level III trauma program will provide to our communities, prompt assessment, resuscitation, emergency operations, and stabilization and also arrange for possible transfer to a facility that can provide definitive trauma care.

Resolved, that the Medical Staff Executive Committee of Centennial Hills Hospital supports Centennial Hills Hospital moving forward with the application for verification of a Level III trauma center. This statement acknowledges the commitment to provide specialty care as required to support optimal care of trauma patients.

If you have any questions or concerns, please don't hesitate to call (702) 835-9720.

Sincerely,

K. Warren Volker, M.D., Chair Medical Executive Committee



April 17th, 2015

Edwin "Flip" Homansky, MD Chairman of Quality Centennial Hills Hospital 6900 North Durango Drive Las Vegas, NV 89149

Dr. Homansky,

As a partner in the community for over 50 years, AMR has seen much growth in the Las Vegas valley. With the growth has come additional patients and new hospitals.

The current Clark County Trauma System has three American College of Surgeons (ACS) verified trauma centers for the residents and visitors of Southern Nevada to use. We understand that Centennial Hills Hospital is looking to become a Level III trauma center.

We would support expanding the number of trauma centers to include Centennial Hills Hospital if the Regional Trauma Advisory Board (RTAB) determined such a need existed. We are supportive of a community, science based approach which has been the past practice in the acceptance of the last two trauma centers.

AMR looks forward to working with you in the future on this endeavor.

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

Sincerely,

Scott White

General Manager



April 17th, 2015

Edwin "Flip" Homansky, MD Chairman of Quality Centennial Hills Hospital 6900 North Durango Drive Las Vegas, NV 89149

Dr. Homansky,

As a partner in the community for over 15 years, MWA has seen much growth in the Las Vegas valley. With the growth has come additional patients and new hospitals.

The current Clark County Trauma System has three American College of Surgeons (ACS) verified trauma centers for the residents and visitors of Southern Nevada to use. We understand that Centennial Hills Hospital is looking to become a Level III trauma center.

We would support expanding the number of trauma centers to include Centennial Hills Hospitals if the Regional Trauma Advisory Board (RTAB) determined such a need existed. We are supportive of a community, science based approach which has been the past practice in the acceptance of the last two trauma centers.

MWA looks forward to working with you in the future on this endeavor.

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

Scott White

Sincerely.

General Manager

Mayor John J. Lee

Council Members Anita G. Wood Pamela A. Goynes-Brown Isaac E. Barron Richard J. Cherchio



City Manager Dr. Qiong X. Liu, P.E., PTOE

Fire Department • Jeff Lytle, Fire Chief

4040 Losee Road • North Las Vegas, Nevada 89030-3306 Telephone: (702) 633-1102 • Fax: (702) 399-8730 • TDD: (800) 326-6868 www.cnlvfd.com

August 31, 2015

Sajit R. Pullarkat Chief Executive Officer Centennial Hills Hospital Medical Center 6900 North Durango Drive Las Vegas, Nevada 89149

RE: Designated Trauma Center

Mr. Pullarkat:

I have had the opportunity to see the valley's EMS services evolve greatly in providing a better service to our communities. As a provider, I am always looking for areas in which we can increase survivability rates and to ensure operational efficiency.

The North Las Vegas Fire Department would support and endorse a designated trauma service capability on the northern part of the valley. I believe that this would improve operational efficiencies, potentially increase survivability rates for trauma patients, and decrease the out of service times for emergency responders.

I recognize the challenges and the cost associated with such an endeavor but would highly endorse service delivery that increases the quality of care and improves operational effectiveness.

Please do not hesitate to contact me at the number listed above if any additional information is needed.

Respectfully,

Jeff Lytle, Fire Chief



LAS VEGAS

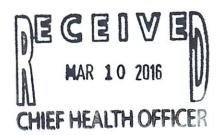
CAROLYN G. GOODMAN MAYOR

> STEVEN D. ROSS MAYOR PRO TEM

LOIS TARKANIAN RICKI Y. BARLOW STAVROS S. ANTHONY BOB COFFIN BOB BEERS

ELIZABETH N. FRETWELL CITY MANAGER March 8, 2016

Dr. Joseph Iser, District Health Officer Southern Nevada Health District 280 South Decatur Boulevard Las Vegas, Nevada 89107



RE: City of Las Vegas Resolution

Dear Dr. Iser,

Please find attached a copy of the executed Resolution No. R-2-2016 titled:

A RESOLUTION OF THE LAS VEGAS CITY COUNCIL SUPPORTING THE ADDITION OF A SECOND LEVEL 3 TRAUMA CENTER IN SOUTHERN NEVADA

At the March 2, 2016 City Council meeting this Resolution was approved by the following votes:

Those Voting Aye:

Mayor Pro Tem Steve Ross

Councilman Stavros S.

Anthony

Councilman Bob Coffin Councilman Bob Beers

Those Voting Nay:

Mayor Carolyn Goodman

Councilwoman Lois Tarkanian Councilman Ricki Y. Barlow

Those Absent:

None

If you have any questions please contact Ted Olivas, Chief of Staff, at (702)229-6501.

Sincerely,

LuAnn D. Holmes, MMC City Clerk

cc:

Mayor and City Council City Manager Executive Staff

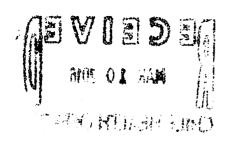
her from W. Holmer

VOICE 702.229.6011 TTY 7-1-1 www.lasvegasnevada.gov

CITY OF LAS VEGAS 495 S. MAIN STREET

LAS VEGAS, NEVADA 89101





where the first section is the first section of the section of the section of the section $\mathcal{L}_{\mathcal{L}}$

ang panggan ang kanalaga na kanalaga na kanalaga na katalaga na katalaga na katalaga na katalaga na katalaga n Manggan na kanalaga na katalaga na kanalaga na kanalaga na katalaga na kanalaga na katalaga na katalaga na kat

> n 1912 in Boron **H**ood in Heriografia

a de la companya de l

the second of th

and the second of the second o

The form the phones.

Substitution of the substitution

RESOLUTION NO. R-2-2016

CERTIFIED AS A TRUE COPY

Le form W. Holane

CITY CLEAR, CITY OF LAS VEGAS

3/8/14 2093

A RESOLUTION OF THE LAS VEGAS CITY COUNCIL SUPPORTING THE ADDITION OF A SECOND LEVEL THREE TRAUMA CENTER IN SOUTHERN NEVADA

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

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

WHEREAS, the Board shall determine the needs of the Clark County trauma system based on evidence obtained through continuous evaluation of the system assessing the volume, acuity and geographic distribution of patients requiring trauma care; and the location, depth and utilization of trauma resources in the system; and

WHEREAS, the Board's approval of a request for authorization will be based on a demonstrated need for additional trauma services that cannot be met by existing Centers for the Treatment of Trauma or Pediatric Centers for the Treatment of Trauma; and

WHEREAS, the North/Northwest Region of the Valley, which includes portions of the City of Las Vegas, the City of North Las Vegas, portions of unincorporated Clark County (Indian Springs) and portions of unincorporated Nye County (Beatty, Mercury and Pahrump), has a current population exceeding 160,000 and will grow by an additional 15,000 in the next 5 years, and two large master planned communities in the northwest are expected to bring an additional 20,000 homes to the region over the next 5 to 10 years; and

WHEREAS, there is a regional need to maintain and keep under 30 minute access to trauma care

1	throughout the valley and develop access to trauma services in closer proximity to the residents of the
2	North/Northwest region, so there are shorter transport times to definitive care for the residents living there,
3	especially during commuter periods on the valley freeways; and
4	WHEREAS, currently the closest trauma center for residents in the North/Northwest region is
5	located in downtown Las Vegas at UMC, which means longer transport times and patients who must seek
6	trauma care away from their community.
7	NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF
8	LAS VEGAS IN THE STATE OF NEVADA AS FOLLOWS:
9	The City Council supports the addition of a second Level 3 trauma center in Southern Nevada located at
10	Centennial Hills Hospital.
11	PASSED, ADOPTED AND APPROVED this <u>and</u> day of mach, 2016.
12	CITY OF LAS VEGAS
13	By alicacionar
14	CAROLYN G. GOODMAN, Mayor
15	ATTEST:
16	LUANN D. HOLMES, MMC
17	City Clerk
18	APPROVEDAS TO FORM 3-3-16
20	James B. Lewis Date Deputy City Attorney
21	
22	
23	
24	
25	
26	- 2 -

15-1002.015



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

REC'D SEP	30	2015
-----------	----	------

Name of Institution: MountainView Hospital		
Street Address: 3100 North Tenaya Way		
City: Las Vegas	State: Nevada	Zip Code: 89128
Telephone: 702.255.5000	FAX: 702.255.5074	E-Mail: Chris.Mowan@hcahealthcare.com
Owner of Facility: Hospital Corporation of America	ca (HCA)	
Street Address: 1 Park Plaza		
City: Nashville	State: Tennessee	Zip Code: 37203
Telephone: 702.938.9700	FAX: 866.782.3199	E-Mail: Rob.Dyer@HCAHeaithcare.com
Hospital Administrator/Director: Chris Mow	van, Chief Executive Officer	
Contact Person for Application Processir	g: Chris Mowan, Chief Executive Officer	
Telephone: 702.255.5085	FAX: 702.255.5074	E-Mail: Chris.Mowan@hcahealthcare.com
Level of Center for the Treatment of Tra	uma being sought:	
□ Level I□ Pediatric Level I	☐ Level II ☐ Pediatric Level II	X Level III
Population to be served and the extent to According to the US Census Bureau, the population of Northern La	• •	
growth has caused considerable infrastructure development as closest trauma centers are located. The effect is longer transp	well as a corresponding increase in traffic congesti	on and challenges reaching the downtown area, where the
recovering outside of their communities. A Trauma Needs Ass	essment Report was conducted by The Abaris G	roup - the same firm utilized by SNHD in 2004 to perform
the prior needs assessment. This Report (attached) utilized 2	014 trauma volume data by zip code to identify p	opulations closer to MountainView Hospital than existing
trauma resources. The Northwest region of Clark County is o	me area currently underserved due to the increas	sed population and corresponding longer transport times.
Proposed geographic area to be served, i serving the geographic area and the poter the geographic area to be served bridges 15 Northwestern 20 codes to the greater Las Vegus	ntial impact on the trauma system	:
provided within the Report. Based on the current trousse center locations, MountainNew Hospital States	oxist is closer by up to 14 minutes (based on 30 MPH everage from the cert	or of each zip code) during normal traffic patterns. This can easily increase to over 30
minutes during commute hours. The Aberts Group analysed the potential impact on the existing trau	me system in its Report. It concluded that the negative effect is minimal. Out of the	958 trauma cases in the Northeest region to 2014, it is estimated that 38 are pedictic and 330
are high acuty (using 2014 pedicate and "non-mechanism" traume data); neither are appropriate (or a Level III traums center. This leaves \$00 β e , \$58-38-330) low acuty β e , "	nechanism-only) trauma patients, of which 118 would be admitted based on the 2014 adult
ediritision rate of 23 percent at the St. Rose Level III traume center. Since 2012, UAIC traume ad	nizations have grown between 228 and 290 annually. This annual growth invite	distrily eliminates any negative impact on the existing traume system. The Aberts Group also
analyted the positive impact on the existing imman system. It iterafied the benefits: 1) Shorter to	report times to definitive care 2) antibilances return to service fastor 3) greater n	minutes during disasters 4) tower analy cases harded locally 5) Patents to recover locally.
Briefly describe the hospital's capacity to MountainView Hospital has conducted an Internal gap at Internal Religion. This included the projected capacity in	nalysis to ensure that it can meet and exceed t	he 2015 ACS standards for the Optimal Care of the
Injured Patient. This included the projected capacity imp staffing, supplies, and equipment in addition to an adjac		
inpatient and operating room capacity to support the pro		
patients recover from their injuries.	person admines to the imputation that the person of the pe	The west of the second

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

<u>ا</u>. .

Adding trauma capabilities is a natural progression for MountainView Hospital. Since the facility opened in 1996, it has become an essential fixture of the local community. The emergency department

sees over 80,000 visits annually including drive-up trauma cases. The hospital is certified as both Primary Stroke and Chest Pain Centers. Trauma capabilities include: 1) Board Certified/Eligible emergency medicine,

ATLS-trained physicians with trauma experience through shift coverage at St. Rose's Level III trauma center 2) existing anesthesia, orthopedic, and neurosurgical capabilities further augment trauma services

3) ICU intensivist coverage 4) multiple in-house or on-call operating surgical team coverage at all times 5) comprehensive radiology services including digital x-rays and two CT scanners with in-house

technologists, MRI services, and interventional radiology 6) focused Assessment with Sonography in Trauma (FAST) certified emergency department physicians and dedicated unit 7) 12-bed neuro-ICU

8) neuro-interventional laboratory with biplane 9) comprehensive spine program 10) complete impatient rehabilitation services. MountainView Hospital has the capabilities to meet and exceed the standards set forth by ACS

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

MountainView Hospital is currently implementing a two-phase expansion project that will benefit trauma services in many ways. The first phase will be completed within 12-18 months. It will add 60 new hospital beds including 23 medical/surgical beds. The emergency department will receive a dedicated CT scanner (increasing total capabilities to three scanners) and additional vertical treatment space adding 10 percent more capacity. A second heliport is also planned during phase one. For the medical staff, a surgical residency program will begin during the Summer of 2016. The second phase will add another tower to the hospital campus. It will include 12 new operating suites and 100 additional hospital beds including the potential for dedicated trauma ICU beds. The surgical residency program will continue and expand to offer surgical fellowship opportunities as well.

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

MountainView Hospital does not submit this application without a great deal of thought. It hired the same trauma consulting firm utilized by SNHD in 2004 to objectively determine whether becoming a trauma center would be feasible. The attached Trauma Needs Assessment Report conducted by The Abaris Group provides an independent review of available trauma data and recommendations that are in line with prior trauma assessments. More importantly, the Report identifies that the existing trauma centers will not be negatively impacted based on the past and projected growth of trauma cases in Clark County. Further, MountainView Hospital acknowledges the conditions listed below as well as all SNHD requirements for trauma center operations.

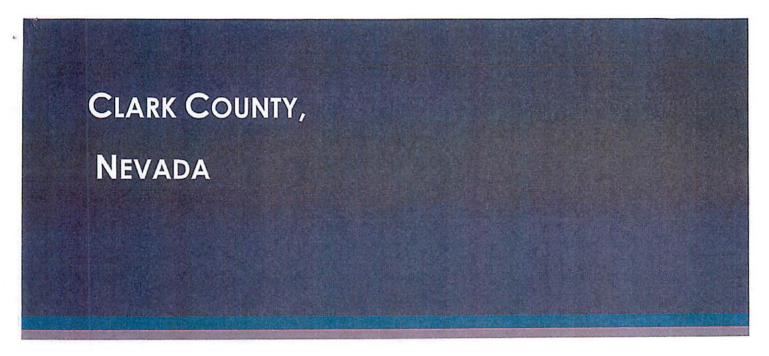
The following are conditions of authorization as a center for the treatment of trauma in Clark County. By signing the application, the administrators of the hospital and the medical director of the center for the treatment of trauma acknowledge these conditions and agree to:

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

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

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

I understand that any misstatements or omissions of material facts may cause forfeiture of the right to authorization as a center for the treatment of trauma.
Signature of Hospital Administrator or Owner:
Printed Name of Hospital Administrator or Owner: Chris Mowan
Title of Person signing the Application: Chief Executive Officer



TRAUMA NEEDS ASSESSMENT

Presented by The Abaris Group September 2015



Table of Contents

Executive Summary	4
Overview	5
Trauma System	6
Current	6
Demand	
Impact	9
Conclusion	10
Trauma Centers	10
Catchment Areas	

Executive Summary

The Abaris Group was retained by the Hospital Corporation of America (HCA) to review the current trauma system and identify any needs for additional trauma centers within the Southern Nevada Health District (SNHD). In 2004, The Abaris Group completed a similar analysis on behalf of SNHD. Since that time, the Clark County population has grown by nearly 40 percent. Urrently, there are three trauma centers serving Clark County, Nevada. Reports on the trauma system as well as trauma data were reviewed as part of the needs assessment process. This included reviewing actual trauma volume by incident zip code. The volume has grown over the last 10 years and there is adequate adult volume in the Northwest, Southwest, and Northeast regions of Clark County to consider adding Level III adult trauma centers in these communities. The regional trauma volume is sufficient to justify the expansion, both clinically and financially. Additional suburban Level III trauma centers:

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

The highest acuity trauma cases as well as the specialized cases, such as burns and pediatric trauma, would continue to be transported to and managed by the existing Level I/II trauma centers.

During the assessment process, it was also noted that there are currently geographic catchment areas which determine trauma patient destination. This approach is inconsistent with local destination determinates for other types of specialty care, national standards for closest appropriate facility, as well as legal statutes related to patient destination.

1 U.S. Census Bureau population data from 2002 and 2015, accessed online on 8/31/15

Clark County, Nevada

Trauma Needs Assessment



Overview

The study involved reviewing available reports from The Abaris Group Needs Assessment (2004), American College of Surgeons (ACS) Trauma System Consultation (2004 & 2011), Clark County Trauma System Self-Assessment (2013), and Southern Nevada Trauma System Plan (2015). Trauma system data from 2012 through 2014 were provided by SNHD and analyzed to identify volume by facility, type, triage criteria, zip code of injury, etc.

The 2014 trauma volume data was analyzed by zip code of injury location to determine the number of cases per region in Clark County. This included the Southwest, Northwest, and Northeast regions – the Southeast region was not reviewed due to the existing adult Level III trauma center serving the region.

After determining the trauma volume by region, the impact was assessed based on ACS standards for existing trauma centers, such as minimum admissions for adult Level I and pediatric Level II trauma centers. This approach identifies the Clark County regions that can benefit from additional trauma services without jeopardizing the existing trauma centers.

Trauma System

Current

There are currently three trauma centers in Clark County;

- 1) University Medical Center (UMC) Adult Level I and Pediatric Level II
- 2) Sunrise Medical Center (Sunrise) Adult Level II
- 3) St. Rose Dominican Hospital Siena Campus (St. Rose) Adult Level III

Table 1: SNHD Trauma Transport Report, 2014

Trauma Center	Trauma Cases	Trauma Admissions ¹		
UMC	4,722	1,968 (42%)		
Sunrise	843	360 (43%)		
St. Rose	348	79 (23%)		
Total	5,972	2,407(41%)		

Source: SNHD, 2014 Annual Trauma Transport Report Note: ¹Trauma Admissions includes deaths and direct to OR

The UMC trauma center was established in 1988 and is nationally renowned for its excellent service through one of the only freestanding trauma centers in the United States. Following The Abaris Group and ACS assessments in 2004, Sunrise and St. Rose were added as adult Level II and Level III trauma centers, respectively. The 2014 trauma volumes by facility are provided in Table 1 (the entire annual report is included as Appendix A). The trauma system field triage protocol has been adapted by SNHD from the "2011 Guidelines for Field Triage of Injured Patients" and appears generally consistent with the original criteria. The one major exception is the introduction of geographic boundaries to create catchment areas for trauma cases (see Figure 1). Further, all air ambulance transports are required to use UMC for trauma patients, regardless of starting location. This is inconsistent with the EMS protocols for other specialty services, such as pediatric, stroke, ST-elevation myocardial infarction (STEMI), and burns, that determine the transport destination based on closest, most appropriate for each patient.

Figure 1: Trauma Catchment Areas



² "2011 Guidelines for Field Triage of Injured Patients" published in: Sasser SM, Hunt RC, Faul M, et al. Centers for Disease Control and Prevention. Guidelines for field triage of Injured patients: recommendations of the National Expert Panel on Field Triage, 2011. MMWR.2012; 61 (RR-1):1-20.

Clark County, Nevada Trauma Needs Assessment

Table 2: Clark County Current and Projected Trauma Volume

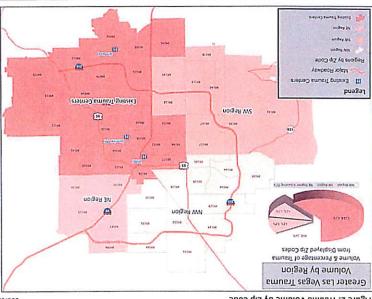
2018	2016	2014	2013	ZOIS	Year	
					Adult	
681'L	6tt'9	60L'S	915'S	696't	Patients	
3,327	2,833	2,339	2,175	J,845	enoissimbA	
					Pediatric	
283	273	592	331	253	Patients	
202	191	127	124	L 8	snoissimbA	
					Total	
7/472	6,722	2/6'5	Z#8'S	27775	Patients	
tES'E	3,000	994'7	667'Z	1,932	snoissimbA	
		%It	%6E	%LE	Admit Rate	

Demand

trauma assessment. Pediatric trauma is 4.4 percent of the total volume. injuries that require admission and cannot be discharged home following reviewed and appears to be increasing as well. This may indicate higher acuity admission rate has ranged between 37 and 41 percent during the period percent annually based on the last three years of data (see Table 2). The The demand on the trauma system has been increasing at approximately seven

Figure 2: Trauma Volume by Zip Code

more local trauma services. trauma volume that could potentially be served by Rose to this community. This analysis revealed the being provided by the Level III trauma center at St. was omitted as there are already trauma services of Clark County were assessed; the Southeast region B). The Northeast, Northwest, and Southwest regions provided by SNHD for 2014 (see Figure 2 or Appendix available data based on injury location by zip code The trauma volume was further analyzed using



InamassassA sbaaM amuaTT

Clark County, Nevada

The respective trauma volume by region includes both adult and pediatric cases as well as all acuity levels, such as trauma patients needing neurosurgeons, cardiothoracic surgeons, etc. A breakdown of the regional trauma volume identifies the types of patients seen within each community (see Table 3). Using this information, recommendations can be made on whether there is sufficient volume to support additional trauma centers in each region. In order to be clinically and financially viable, as well as meet ACS standards, certain trauma volumes are necessary.

Table 3: Regional Trauma Volume

Region	Northwest	Southwest	Northeast	Total	
Total Volume	868	623	613	2,104	
Less:					
Pediatric (4.4%)	38	27	27	93	
High Acuity (38%)	330	237	233	800	
Total Patients	500	359	353	1,212	
Total Admissions (23%)	115	83	81	279	

Source: SNHD 2014 TFTC Transports by Zip Code Report

Note: Pediatric and high acuity percentages determined through SNHD Trauma Transport Data 2014 Report; admission percentage determined by 2014 St. Rose admit rate

There is not enough pediatric volume to support an additional pediatric trauma center in Clark County in any location. The minimum pediatric trauma center, Level II, requires at least 100 pediatric admissions annually according to ACS standards. Any consideration towards a second pediatric trauma center could jeopardize the ACS re-verification of UMC.

There does not appear to be sufficient volume to justify an adult Level II trauma center in any of the regions. The significant in-house, surgical requirements and additional expenses require a high volume of trauma patients, typically greater than 800, for fiscal viability.

Adult Level III trauma centers have much lower costs due to their ability to use on-call services for the majority of the requirements. They also do not have to maintain the greater breadth of on-call surgical specialists. Trauma patients needing the higher level of services are transported directly to Level I/II trauma centers. This allows a much lower trauma volume to support a Level III trauma center, typically between 300 and 500. The actual breakeven volume is influenced by payor mix, trauma center expenses, and physician on-call fees. All three regions are within this range (see Table 3). As a local example, St. Rose has a verified, adult Level III trauma center with 368 trauma cases in 2014.

Trauma Needs Assessment

Impact

Whenever additional trauma services are considered, their impact on the existing trauma centers must be considered. Based on the current geographic-structured catchment areas, the majority of the trauma volume would be redirected from UMC. To remain a Level I trauma center, it must admit at least 1,200 patients annually to meet ACS standards. UMC is currently

Table 4: Trauma System Impact of Regional Level III Trauma Centers on Adult Admissions

Year	2012	2013	2014	2015	2016	2017	2018
UMC	1,450	1,740	1,968	2,106	2,253	2,213	2,368
Northwest Region	Not Applicable					115	123
Southwest Region	Not Applicable					83	89
Northeast Region	Not Applicable				81	87	
Total Admissions	1,450	1,740	1,968	2,106	2,253	2,411	2,580

Source: SNHD Annual Trauma Transport Reports, 2012-2014
Note: admissions data includes admits, direct to OR, ICU, and deaths

admitting 1,968 trauma patients (see Table 1). Assuming adult Level III trauma centers were established in two regions, UMC would admit 1,689 trauma patients (1,968 – 115 [NW] – 83 [SW] – 81 [NE]) using the 2014 trauma volume. Based on the current system growth rate of seven percent (within UMC, adult admissions grew by 20 and 13 percent over 2012 and 2013, respectively), UMC is expected to admit 443 new trauma patients by 2017; fully offsetting the 279 estimated regional admissions (see Table 4). Sunrise and St. Rose have no admission minimum requirements from the ACS; there may be a minimal impact which would be easily compensated by the current trauma system growth. Based on The Abaris Group's experience, it typically takes two or three years for a hospital to develop, implement, and refine a trauma service and then complete the consultation and verification site visits. Any new trauma center would most likely be verified no earlier than 2017.

Conclusion

Trauma Centers

SNHD has the authority under NAC 450B.828 which states that additional trauma centers "may be added on the basis of demonstrated change in need, including a change in population and the number of patients in the area being served." There were only 1.5 million people living in Clark County in 2002 – which was the last data set utilized to define the trauma system's centers; the County has grown to 2.1 million – an increase of 40 percent.3

It appears that The Abaris Group's report from 2004 is the last time when the trauma volume was analyzed and additional system resources recommended. Based on this initial review of available data, the trauma standards established by the ACS, and the expertise of The Abaris Group, the trauma system serving Clark County could benefit from additional trauma resources in the communities surrounding Las Vegas. Currently, those resources could be up to three Level III trauma centers handling the Northwest, Southwest, and Northeast regions - focused on the non-critical, adult trauma cases only (see Table 5). Patients can be treated and remain within their communities; ambulance transport times are shorter - allowing faster return to duty times;

Table 5: SNHD Trauma System Approach Review

Approach/Impact	Current Approach	Regional Approach	
Improve capacity?	No	Yes	
Provides substantially improved geographic access for EMS and the community?	No	Yes	
Best balance between need and resources?	No	Yes	
Sufficient volume to support clinical and financial needs?	n/a	Yes	
Commitment commensurate with level of designation requested?	n/a	Yes	
Level of designation and resources consistent with need?	No	Yes	
Negatively impact current system?	n/a	No	

and more trauma resources exist during large scale natural and manmade disasters. This happens today in the Southeast region with the St. Rose Level III trauma center. All pediatric and major trauma cases would continue to be served by the system's Level I/II trauma centers. This is consistent with the trauma system consultation assessment completed by ACS in 2004. In the consultation report, it stated the following potential positive impacts:

Trauma Needs Assessment

³ U.S. Census Bureau population data from 2002 and 2014, accessed online on 8/31/15

- Increased operating and surge capacity: resources, personnel, expertise
- Enhanced system resilience (redundancy)
- Enhanced service at upgraded center(s)
- Improved opportunities for system development (facilitates further development of trauma centers within the system)
- Improved distribution of system patients (inclusive system)
- Promotes system cohesiveness among acute care facilities (avoids exclusivity)

The ACS consultants also identified four potential negative impacts which are documented in Table 6. Each item has minimal or no impact based on the recommendations brought forward.

Table 6: Assessment of Regional Level III trauma centers

Potential Negative Impact	Expected Impact with additional Level III trauma centers
Loss of some patient volume with possible adverse effects on	Minimal/No impact. Trauma system growth rate would replace any lost admissions
finances and research at UMC.	within two years; this is the earliest a new trauma center would be verified.
Potential loss of volumes-performance on UMC	Minimal/No impact. Initial change would be 14 percent, fully mitigated by the increase
	in forecasted trauma volume.
Potential for lower volumes-performance if certain very-high acuity	No impact. No Level II trauma center is recommended; ensuring very-high acuity
patients are treated at a relatively lower volume Level II center.	patients continue to be treated at UMC
Additional system resource requirements (personnel and facilities),	Minimal impact. Level III trauma centers require minimal clinical personnel and facility
which may be less cost-effective	requirements. Some administrative support is needed to develop trauma services,
	protocols, and processes.

Trauma Needs Assessment



Catchment Areas

A number of the available trauma system reports mention the current catchment area approach (see Table 7). The 2015 SNHD Trauma System Plan states the "initial catchment areas were constructed using 2002 trauma registry data with input from the hospitals and EMS providers" and new "catchment

Table 7: Trauma System Catchment Area

Report	Comment
Trauma System Plan, SNHD (2015)	These trauma catchment areas will be continually reviewed and adjusted, as needed.
Trauma System Consultation, ACS (2011)	Use these (crash and injury site) data to refine the catchment areas for the trauma centers (both adult and pediatric) should it be determined that revision of the catchment areas are needed or required.
Trauma System Consultation, ACS (2004)	The trauma system plan should integrate all facilities into an inclusive system or network of definitive care facilities to provide a spectrum of care for all injured patients.
Trauma System Needs Assessment, The Abaris Group (2004)	It is therefore recommended that additional [trauma volume] analysis occur annually

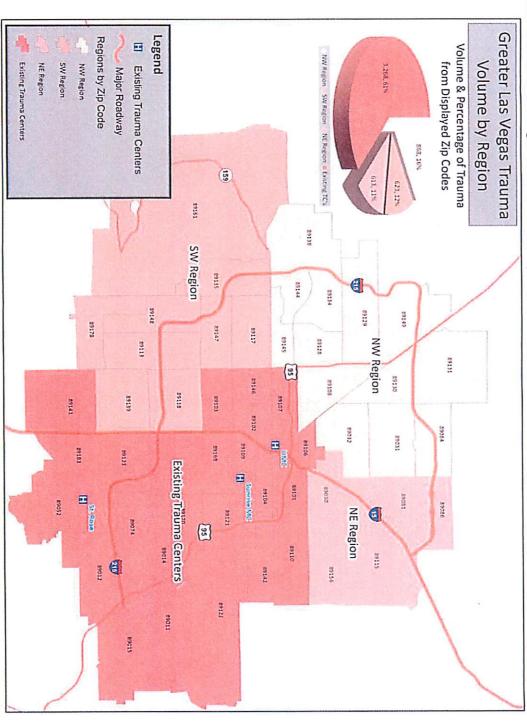
areas were proposed and adopted in 2005" when two new trauma centers were introduced. The 40 percent increase in population since 2002 has most likely changed the landscape of the catchment area and further review is warranted. The Abaris Group would support the conclusions of other consultations that recommend the ongoing review and modification of the trauma system based on a data-driven process to ensure adequate trauma services are available throughout Clark County. This should include reviewing the catchment areas for not only ground ambulance but also air ambulance trauma transports.

Other specialty EMS cases, such as pediatrics, stroke and STEMI, are transported to the closest, most appropriate hospital. It is unclear why trauma cases are treated differently. The current approach for trauma patients is inconsistent with ACS recommendations and industry standards.

Appendix

SN D		Tra	auma Tra	A	Data for CI 2014 to 12/31		ty, NV				
25.25	Total Transports	Considerations	Mechanism			Discharged	Admitted	OR	ICU	Death	Transfe
Totals	5972	12%	66%	11%	11%	59%	17%	7%	14%	2%	0%
Adult	96%	12%	62%	10%	11%	57%	16%	6%	14%	2%	0%
riduit	5709	710	3718	625	656	3388	973	388	816	118	26
Pediatric	4%	0%	4%	0%	0%	2%	1%	0%	1%	0%	0%
T Culture	263	8	213	13	29	136	58	19	45	4	1
UMC	79%	14%	66%	10%	11%	58%	19%	7%	14%	2%	0%
00	4722	641	3108	458	515	2754	888	315	672	93	0
Adult	96%	14%	65%	10%	11%	59%	18%	7%	14%	2%	0%
	4518	634	2946	448	490	2666	831	297	635	89	0
Pediatric	4%	3%	79%	5%	12%	43%	28%	9%	18%	2%	0%
	204	7	162	10	25	88	57	18	37	4	0
Sunrise	15%	8%	54%	20%	18%	55%	11%	10%	21%	3%	0%
	882	69	478	176	159	483	99	91	185	24	0
Adult	96%	8%	53%	21%	18%	54%	12%	11%	21%	3%	0%
	843	69	446	173	155	453	99	90	177	24	0
Pediatric	4%	0%	82%	8%	10%	77%	0%	3%	21%	- 0%	0%
	39	0	32	3	4	30	0	1	8	0	0
St Rose	6%	2%	94%	1%	3%	78%	12%	0%	1%	1%	7%
	368	8	345	4	11	287	44	1	4	5	27
Adult	95%	2%	94%	1%	3%	77%	12%	0%	1%	1%	7%
	348	7	326	4	11	269	43	1	4	5	26
Pediatric	5%	5%	95%	0%	0%	90%	5%	0%	0%	0%	5%
	20	11	19	0	0	18	1	0	0	0	11
OOA	OOA Transports	Considerations	Mechanism	Anatomical	Physiological	Discharged	Admitted	OR	ICU	Death	Transfe
UMC	10	4	5	HEAT PARK	0	3	3	3	1	0	0
by hospital	0%	40%	50%	10%	0%	30%	30%	30%	10%	0%	0%
by system	0%		Language								
Sunrise	148	16	93	21	18	96	18	9	25	0	0
by hospital	17%	11%	63%	14%	12%	65%	12%	6%	17%	0%	0%
by system	2%										
St Rose	15	0	6	2	7	6	4	.0	3	1	1
by hospital	4%	0%	40%	13%	47%	40%	27%	0%	20%	7%	7%
by system	0%										
Total OOA	3%]									

Trauma Needs Assessment



Clark County, Nevada



ABARIS GROUP

5390 Stonehurst Drive Martinez, CA94553 Tel: (925) 933-0911 Fax: (925) 946-0911 abarisgroup.com

REMITTANCE ADVICE

3281900063

				0-0.0	
INVOICE NO.	INVOICE DATE	DESCRIPTION	GROSS AMOUNT	DISCOUNT	NET AMOUNT
TRAUMA	9/30/2015	Trauma Center Authorization	3,273.00		3,273.00
OMPLETE THIS	AREA FOR PATIENT REF	UNDS			
tient No	Patient	Name	Admission Date (MMDDY)	() Discharg	e Date (MMDDYY)

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW. IF WATERMARK IS NOT PRESENT, DO NOT NEGOTIATE THIS ITEM.

MOUNTAINVIEW HOSPITAL 3100 N. Tenaya Way Las Vegas, NV 89128

3281900063

FIFTH THIRD BANK LANSING, MI 74-1329/724

VOID IF NOT PRINTED ON A MULTI-COLORED BACKGROUND ON WHITE PAPER

924

Three Thousand Two Hundred Seventy Three Dollars And 00/100

VOID AFTER 90 DAYS

Date 9/30/2015

3,273.00

TO THE ORDER OF

Southern Nevada Health District PO Box 3902 Las Vegas, NV. 89127 ear

#3281900063# #072413298# 7163946952#



RECTI SEP 3 0 2015

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

Name of Institution: Southern Hills H	ospital & Medical Center	
Street Address: 9300 West Sunset Roa	d	
City: Las Vegas	State: Nevada	Zip Code: 89148
Telephone: 702.880.2100	FAX: 702.880.2101	E-Mail: Adam.Rudd@hcahealthcare.com
Owner of Facility: Hospital Corporatio	on of America (HCA)	
Street Address: 1 Park Plaza		
City: Nashville	State: Tennessee	Zip Code: 37203
Telephone: 702.938.9700	FAX: 866.782.3199	E-Mail: Rob.Dyer@HCAHealthcare.com
Hospital Administrator/Director:	Adam Rudd, Chief Executive Officer	
Contact Person for Application F	Processing: Adam Rudd, Chief Executive Officer	
Telephone: 702.880.2110	FAX: 702.880.2101	E-Mail: Adam.Rudd@hcahealthcare.com
Level of Center for the Treatmer	nt of Trauma being sought:	
⊓ Level I	□ Level II	X Level III
Pediatric Level I	1) Pediatric Level II	
Population to be served and the	extent to which the population is currently u	nderserved:
	of Clark County has grown from 1.5 million in 2002 to 2.1 million in 2014 vetopment as well as a corresponding increase in traffic congestion of	
	longer transport times before definitive trauma care, ambulances ru	
recovering outside of their communities. A Traus	ma Needs Assessment Report was conducted by The Abaris Group	p – the same firm utilized by SNHD in 2004 to perform
	i) utilized 2014 trauma volume data by zip code to identify populations	
existing trauma resources. The Southwest region	of Clark County is one area currently underserved due to the increas	ed population and corresponding longer transport times.
		Sur un autation transport contara already
Proposed geographic area to be	served, including consideration of distance	from existing trauma centers ancady
Serving the geographic area and	the potential impact on the trauma system:	Medical Center is closer than any existing trauma centers. A 2to code breakdown map is
	chem Hits Hospital & Medical Center is closer by up to 28 minutes (based on 30 MPH average Born the cent	
	act on the existing issume system in its Report. It concluded that the negative effect is minimal. Out of the 623	
	char are appropriate for a Luvel III values contar. This beaves 350 (Fe _ 623-27-237) for acuty (Fe _ fresh	
	1012, USEC trauma admissions have grown between 228 and 290 annually. This annual grown standard	
analyzed the positive tripact on the existing trauma system. It identified five b	benefity 1) Shorter transport times to definitive care 2) ambiliances return to service faster 3) greater resour	tes during disasters 4) tower acuty cases handled locally 5) Patients to recover locally
Briefly describe the hospital's ca	apacity to provide trauma services in the co	mmunity:
	conducted an internal gap analysis to ensure that it can meet a	
	e projected capacity impact on the facility. The emergency de	
	nt in addition to an adjacent heliport with capacity for two heli uting room capacity to support the projected trauma volume.	coprote entitioned by Countries i me i respitat to
modeal Center rias die dipatent and Opera	ming rount deposity to depper and projected addition formitte	

Briefly describe the hospital's capabilities to provide trauma services in the community: Adding trauma capabilities is a natural progression for Southern Hills Hospital & Medical Center. Since the facility opened in 2004, it has become an essential fixture of the local community. The emergency department sees over 20,000 visits annually including drive-up trauma cases, The hospital is certified as both Primary Stroke and Chost Pain Centers. Trauma capabilities include: 1) Board Certifed/Eligible emergency medicine, ATLS-trained physicians with trauma experience through shift coverage at St. Rose's Level III trauma center 2) existing anesthesia, orthopedic, and neurosurgical capabities further augment trauma services 3) ICU intensivist coverage 4) in-house or on-call operating surgical team coverage at all times 5) comprehensive radiology services including digital x-rays and two CT scanners (one dedicated to the emergency department) with in-house technologists, MRI services, and interventional radiology 6) focused Assessment with Sonography in Trauma (FAST) certified emergency department physicians and dedicated unit 7) dedicated orthopedic, neurology, and spine unit. Southern Hills Hospital & Medical Center has the capabilities to meet and exceed the standards set forth by ACS. Briefly describe the hospital's longitudinal commitment (expected to be greater than five years) to provide trauma services in the community: Construction is currently in process for 46 additional medical/surgical beds and will be open in Spring 2016. There are future plans for building out the 6th floor with another 46 medical/surgical beds. Due to the younger demographics of the Southwest region, augmented obstetric capabilities will be added. A freestanding emergency department is also under development to redirect the low acuity cases currently seen at the hospital's emergency department. Additional information the applicant would like to provide in support of their request: Southern Hills Hospital & Medical Center is prepared to meet the needs of the growing Southwest region of Clark County. It hired the same trauma consulting firm utilized by SNHD in 2004 to objectively determine whether becoming a trauma center would be feasible. The attached Trauma Needs Assessment Report conducted by The Abaris Group provides an independent review of available trauma data and recommendations that are in line with prior trauma assessments. More importantly, the Report identifies that the existing trauma centers will not be negatively impacted based on the past and projected growth of trauma cases in Clark County. Further, Southern Hills Hospital & Medical Center acknowledges the conditions listed below as well as all SNHD requirements for trauma center operations. The following are conditions of authorization as a center for the treatment of trauma in Clark County. By signing the application, the administrators of the hospital and the medical director of the center for the treatment of trauma acknowledge these conditions and agree to: 1. Comply with the requirements of the graduated process for authorization and designation as a center for the treatment of trauma as defined in the Clark County Trauma System Regulations Section 300.000, subsections IV-VI; 2. Submit trauma data to SNHD and the State Trauma Registry; 3. Actively participate in the Regional Trauma Advisory Board and Trauma System Performance Improvement activities; 4. Provide standard financial information to assist in the assessment of the financial stability of the trauma system; and 5. Comply with all applicable SNHD regulations and State Health Division requirements for authorized and designated centers for the treatment of trauma. I have read and completed the application to the best of my ability and attest to the fact the information provided is true and complete to the best of my knowledge. I authorize the release of such information as may pertain to the purpose of this application. I understand that any misstatements or omissions of material facts may cause forfeiture of the right to authorization as a center for the treatment of trauma. Signature of Hospital Administrator or Owner: Printed Name of Hospital Administrator or Owner: Adam Rudd

Title of Person signing the Application: Chief Executive Officer

CLARK COUNTY, NEVADA

TRAUMA NEEDS ASSESSMENT

Presented by The Abaris Group September 2015



Table of Contents

Executive Summary	4
Overview	5
Trauma System	6
Current	6
Demand	
Impact	9
Conclusion	10
Trauma Centers	10
Catchment Areas	12

Executive Summary

The Abaris Group was retained by the Hospital Corporation of America (HCA) to review the current trauma system and identify any needs for additional trauma centers within the Southern Nevada Health District (SNHD). In 2004, The Abaris Group completed a similar analysis on behalf of SNHD. Since that time, the Clark County population has grown by nearly 40 percent. 1 Currently, there are three trauma centers serving Clark County, Nevada. Reports on the trauma system as well as trauma data were reviewed as part of the needs assessment process. This included reviewing actual trauma volume by incident zip code. The volume has grown over the last 10 years and there is adequate adult volume in the Northwest, Southwest, and Northeast regions of Clark County to consider adding Level III adult trauma centers in these communities. The regional trauma volume is sufficient to justify the expansion, both clinically and financially. Additional suburban Level III trauma centers:

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

The highest acuity trauma cases as well as the specialized cases, such as burns and pediatric trauma, would continue to be transported to and managed by the existing Level I/II trauma centers.

During the assessment process, it was also noted that there are currently geographic catchment areas which determine trauma patient destination. This approach is inconsistent with local destination determinates for other types of specialty care, national standards for closest appropriate facility, as well as legal statutes related to patient destination.

Clark County, Nevada

Trauma Needs Assessment



¹ U.S. Census Bureau population data from 2002 and 2015, accessed online on 8/31/15

Overview

The study involved reviewing available reports from The Abaris Group Needs Assessment (2004), American College of Surgeons (ACS) Trauma System Consultation (2004 & 2011), Clark County Trauma System Self-Assessment (2013), and Southern Nevada Trauma System Plan (2015). Trauma system data from 2012 through 2014 were provided by SNHD and analyzed to identify volume by facility, type, triage criteria, zip code of injury, etc.

The 2014 trauma volume data was analyzed by zip code of injury location to determine the number of cases per region in Clark County. This included the Southwest, Northwest, and Northeast regions – the Southeast region was not reviewed due to the existing adult Level III trauma center serving the region.

After determining the trauma volume by region, the impact was assessed based on ACS standards for existing trauma centers, such as minimum admissions for adult Level I and pediatric Level II trauma centers. This approach identifies the Clark County regions that can benefit from additional trauma services without jeopardizing the existing trauma centers.

Trauma System

Current

There are currently three trauma centers in Clark County;

- 1) University Medical Center (UMC) Adult Level I and Pediatric Level II
- 2) Sunrise Medical Center (Sunrise) Adult Level II
- 3) St. Rose Dominican Hospital Siena Campus (St. Rose) Adult Level III

Table 1: SNHD Trauma Transport Report, 2014

Trauma Center	Trauma Cases	Trauma Admissions ¹
UMC	4,722	1,968 (42%)
Sunrise	843	360 (43%)
St. Rose	348	79 (23%)
Total	5,972	2,407(41%)

Source: SNHD, 2014 Annual Trauma Transport Report Note: ¹Trauma Admissions includes deaths and direct to OR

The UMC trauma center was established in 1988 and is nationally renowned for its excellent service through one of the only freestanding trauma centers in the United States. Following The Abaris Group and ACS assessments in 2004, Sunrise and St. Rose were added as adult Level II and Level III trauma centers, respectively. The 2014 trauma volumes by facility are provided in Table 1 (the entire annual report is included as Appendix A). The trauma system field triage protocol has been adapted by SNHD from the "2011 Guidelines for Field Triage of Injured Patients" and appears generally consistent with the original criteria. The one major exception is the introduction of geographic boundaries to create catchment areas for trauma cases (see Figure 1). Further, all air ambulance transports are required to use UMC for trauma patients, regardless of starting location. This is inconsistent with the EMS protocols for other specialty services, such as pediatric, stroke, ST-elevation myocardial infarction (STEMI), and burns, that determine the transport destination based on closest, most appropriate for each patient.

Figure 1: Trauma Catchment Areas



² "2011 Guidelines for Field Triage of Injured Patients" published in: Sasser SM, Hunt RC, Faul M, et al. Centers for Disease Control and Prevention. Guidelines for field triage of injured patients: recommendations of the National Expert Panel on Field Triage, 2011. MMWR.2012; 61 (RR-1):1-20.

Trauma Needs Assessment

6

Clark County, Nevada

Demand

The demand on the trauma system has been increasing at approximately seven percent annually based on the last three years of data (see Table 2). The admission rate has ranged between 37 and 41 percent during the period reviewed and appears to be increasing as well. This may indicate higher acuity injuries that require admission and cannot be discharged home following trauma assessment. Pediatric trauma is 4.4 percent of the total volume.

Figure 2: Trauma Volume by Zip Code

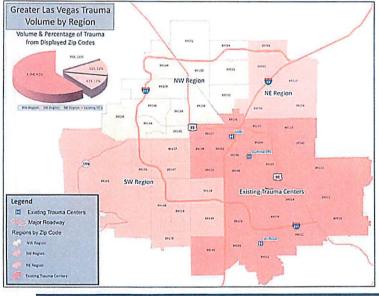


Table 2: Clark County Current and Projected Trauma Volume

Year	2012	2013	2014	2016	2018
Adult					
Patients	4,969	5,516	5,709	6,449	7,189
Admissions	1,845	2,175	2,339	2,833	3,327
Pediatric			Levinold La		
Patients	253	331	263	273	283
Admissions	87	124	127	167	207
Total					
Patients	5,222	5,847	5,972	6,722	7,472
Admissions	1,932	2,299	2,466	3,000	3,534
Admit Rate	37%	39%	41%		

Source: Southern Nevada Health District Annual Reports

The trauma volume was further analyzed using available data based on injury location by zip code provided by SNHD for 2014 (see Figure 2 or Appendix B). The Northeast, Northwest, and Southwest regions of Clark County were assessed; the Southeast region was omitted as there are already trauma services being provided by the Level III trauma center at St. Rose to this community. This analysis revealed the trauma volume that could potentially be served by more local trauma services.

The respective trauma volume by region includes both adult and pediatric cases as well as all acuity levels, such as trauma patients needing neurosurgeons, cardiothoracic surgeons, etc. A breakdown of the regional trauma volume identifies the types of patients seen within each community (see Table 3). Using this information, recommendations can be made on whether there is sufficient volume to support additional trauma centers in each region. In order to be clinically and financially viable, as well as meet ACS standards, certain trauma volumes are necessary.

Table 3: Regional Trauma Volume

Region	Northwest	Southwest	Northeast	Total
Total Volume	868	623	613	2,104
Less:				
Pediatric (4.4%)	38	27	27	93
High Acuity (38%)	330	237	233	800
Total Patients	500	359	353	1,212
Total Admissions (23%)	115	83	81	279

Source: SNHD 2014 TFTC Transports by Zip Code Report
Note: Pediatric and high acuity percentages determined through SNHD Trauma Transport Data 2014 Report; admission percentage determined by 2014 St. Rose admit rate

There is not enough pediatric volume to support an additional pediatric trauma center in Clark County in any location. The minimum pediatric trauma center, Level II, requires at least 100 pediatric admissions annually according to ACS standards. Any consideration towards a second pediatric trauma center could jeopardize the ACS re-verification of UMC.

There does not appear to be sufficient volume to justify an adult Level II trauma center in any of the regions. The significant in-house, surgical requirements and additional expenses require a high volume of trauma patients, typically greater than 800, for fiscal viability.

Adult Level III trauma centers have much lower costs due to their ability to use on-call services for the majority of the requirements. They also do not have to maintain the greater breadth of on-call surgical specialists. Trauma patients needing the higher level of services are transported directly to Level I/II trauma centers. This allows a much lower trauma volume to support a Level III trauma center, typically between 300 and 500. The actual breakeven volume is influenced by payor mix, trauma center expenses, and physician on-call fees. All three regions are within this range (see Table 3). As a local example, St. Rose has a verified, adult Level III trauma center with 368 trauma cases in 2014.

Trauma Needs Assessment

Impact

Whenever additional trauma services are considered, their impact on the existing trauma centers must be considered. Based on the current geographic-structured catchment areas, the majority of the trauma volume would be redirected from UMC. To remain a Level I trauma center, it must admit at least 1,200 patients annually to meet ACS standards. UMC is currently

Table 4: Trauma System Impact of Regional Level III Trauma Centers on Adult Admissions

Year	2012	2013	2014	2015	2016	2017	2018
UMC	1,450	1,740	1,968	2,106	2,253	2,213	2,368
Northwest Region		No	t Applica	ble		115	123
Southwest Region		Not Applicable				83	89
Northeast Region		Not Applicable			81	87	
Total Admissions	1,450	1,740	1,968	2,106	2,253	2,411	2,580

Source: SNHD Annual Trauma Transport Reports, 2012-2014
Note: admissions data includes admits, direct to OR, ICU, and deaths

admitting 1,968 trauma patients (see Table 1). Assuming adult Level III trauma centers were established in two regions, UMC would admit 1,689 trauma patients (1,968 – 115 [NW] – 83 [SW] – 81 [NE]) using the 2014 trauma volume. Based on the current system growth rate of seven percent (within UMC, adult admissions grew by 20 and 13 percent over 2012 and 2013, respectively), UMC is expected to admit 443 new trauma patients by 2017; fully offsetting the 279 estimated regional admissions (see Table 4). Sunrise and St. Rose have no admission minimum requirements from the ACS; there may be a minimal impact which would be easily compensated by the current trauma system growth. Based on The Abaris Group's experience, it typically takes two or three years for a hospital to develop, implement, and refine a trauma service and then complete the consultation and verification site visits. Any new trauma center would most likely be verified no earlier than 2017.

Conclusion

Trauma Centers

SNHD has the authority under NAC 450B.828 which states that additional trauma centers "may be added on the basis of demonstrated change in need, including a change in population and the number of patients in the area being served." There were only 1.5 million people living in Clark County in 2002 – which was the last data set utilized to define the trauma system's centers; the County has grown to 2.1 million – an increase of 40 percent.³

It appears that The Abaris Group's report from 2004 is the last time when the trauma volume was analyzed and additional system resources recommended. Based on this initial review of available data, the trauma standards established by the ACS, and the expertise of The Abaris Group, the trauma system serving Clark County could benefit from additional trauma resources in the communities surrounding Las Vegas. Currently, those resources could be up to three Level III trauma centers handling the Northwest, Southwest, and Northeast regions – focused on the non-critical, adult trauma cases only (see Table 5). Patients can be treated and remain within their communities; ambulance transport times are shorter – allowing faster return to duty times;

Table 5: SNHD Trauma System Approach Review

Approach/Impact	Current Approach	Regional Approach
Improve capacity?	No	Yes
Provides substantially improved geographic access for EMS and the community?	No	Yes
Best balance between need and resources?	No	Yes
Sufficient volume to support clinical and financial needs?	n/a	Yes
Commitment commensurate with level of designation requested?	n/a	Yes
Level of designation and resources consistent with need?	No	Yes
Negatively impact current system?	n/a	No

and more trauma resources exist during large scale natural and manmade disasters. This happens today in the Southeast region with the St.

Rose Level III trauma center. All pediatric and major trauma cases would continue to be served by the system's Level I/II trauma centers. This is consistent with the trauma system consultation assessment completed by ACS in 2004. In the consultation report, it stated the following potential positive impacts:

Trauma Needs Assessment

³ U.S. Census Bureau population data from 2002 and 2014, accessed online on 8/31/15

- Increased operating and surge capacity: resources, personnel, expertise
- Enhanced system resilience (redundancy)
- Enhanced service at upgraded center(s)
- Improved opportunities for system development (facilitates further development of trauma centers within the system)
- Improved distribution of system patients (inclusive system)
- Promotes system cohesiveness among acute care facilities (avoids exclusivity)

The ACS consultants also identified four potential negative impacts which are documented in Table 6. Each item has minimal or no impact based on the recommendations brought forward.

Table 6: Assessment of Regional Level III trauma centers

Potential Negative Impact	Expected Impact with additional Level III trauma centers
Loss of some patient volume with possible adverse effects on finances and research at UMC.	Minimal/No impact. Trauma system growth rate would replace any lost admissions within two years; this is the earliest a new trauma center would be verified.
Potential loss of volumes-performance on UMC	Minimal/No impact. Initial change would be 14 percent, fully mitigated by the increase in forecasted trauma volume.
Potential for lower volumes-performance if certain very-high acuity patients are treated at a relatively lower volume Level II center.	No impact. No Level II trauma center is recommended; ensuring very-high acuity patients continue to be treated at UMC
Additional system resource requirements (personnel and facilities), which may be less cost-effective	Minimal impact. Level III trauma centers require minimal clinical personnel and facility requirements. Some administrative support is needed to develop trauma services, protocols, and processes.

Catchment Areas

A number of the available trauma system reports mention the current catchment area approach (see Table 7). The 2015 SNHD Trauma System Plan states the "initial catchment areas were constructed using 2002 trauma registry data with input from the hospitals and EMS providers" and new "catchment

Table 7: Trauma System Catchment Area

Report	Comment
Trauma System Plan, SNHD (2015)	These trauma catchment areas will be continually reviewed and adjusted, as needed.
Trauma System Consultation, ACS (2011)	Use these (crash and injury site) data to refine the catchment areas for the trauma centers (both adult and pediatric) should it be determined that revision of the catchment areas are needed or required.
Trauma System Consultation, ACS (2004)	The trauma system plan should integrate all facilities into an inclusive system or network of definitive care facilities to provide a spectrum of care for all injured patients.
Trauma System Needs Assessment, The Abaris Group (2004)	It is therefore recommended that additional [trauma volume] analysis occur annually

areas were proposed and adopted in 2005" when two new trauma centers were introduced. The 40 percent increase in population since 2002 has most likely changed the landscape of the catchment area and further review is warranted. The Abaris Group would support the conclusions of other consultations that recommend the ongoing review and modification of the trauma system based on a data-driven process to ensure adequate trauma services are available throughout Clark County. This should include reviewing the catchment areas for not only ground ambulance but also air ambulance trauma transports.

Other specialty EMS cases, such as pediatrics, stroke and STEMI, are transported to the closest, most appropriate hospital. It is unclear why trauma cases are treated differently. The current approach for trauma patients is inconsistent with ACS recommendations and industry standards.

Appendix A: SNHD Trauma Transport Data for Clark County, NV – 2014

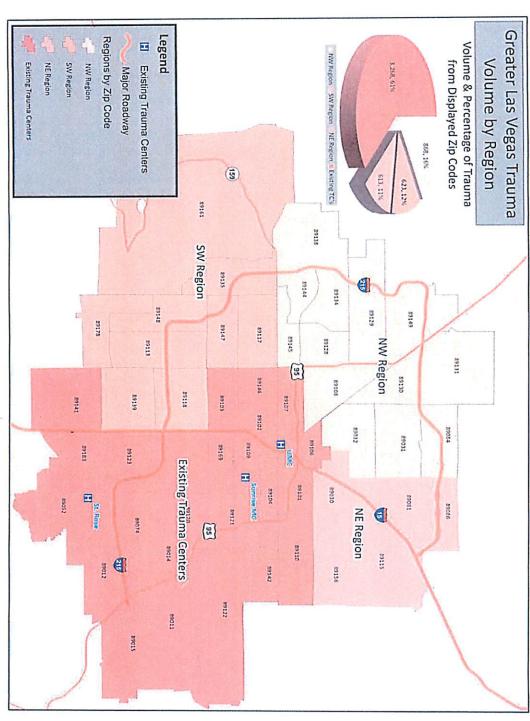
leadare bereta State Secret				01/01/2	2014 to 12/31	/2014					
	Total Transports	Considerations	Mechanism	Anatomical	Physiological	Discharged	Admitted	OR	ICU	Death	Transfer
Totals	5972	12%	66%	11%	11%	59%	17%	7%	14%	2%	0%
Adult	96%	12%	62%	10%	11%	57%	16%	6%	14%	2%	0%
	5709	710	3718	625	656	3388	973	388	816	118	26
Pediatric	4%	0%	4%	0%	0%	2%	1%	0%	1%	0%	0%
	263	8	213	13	29	136	58	19	45	4	1
UMC	79%	14%	66%	10%	11%	58%	19%	7%	14%	2%	0%
	4722	641	3108	458	515	2754	888	315	672	93	0
Adult	96%	14%	65%	10%	11%	59%	18%	7%	14%	2%	0%
	4518	634	2946	448	490	2666	831	297	635	89	0
Pediatric	4%	3%	79%	5%	12%	43%	28%	9%	18%	2%	0%
	204	7	162	10	25	88	57	18	37	4	0
Sunrise	15%	8%	54%	20%	18%	55%	11%	10%	21%	3%	0%
	882	69	478	176	159	483	99	91	185	24	0
Adult	96%	8%	53%	21%	18%	54%	12%	11%	21%	3%	0%
	843	69	446	173	155	453	99	90	177	24	0
Pediatric	4%	0%	82%	8%	10%	77%	0%	3%	21%	0%	0%
	39	0	32	3	4	30	0	1	8	0	0
St Rose	6%	2%	94%	1%	3%	78%	12%	0%	1%	1%	7%
	368	8	345	4	11	287	44	1	4	5	27
Adult	95%	2%	94%	1%	3%	77%	12%	0%	1%	1%	7%
	348	7	326	4	11	269	43	1	4	5	26
Pediatric	5%	5%	95%	0%	0%	90%	5%	0%	0%	0%	5%
	20	1	19	0	0	18	1	0	0	0	1
OOA	OOA Transports	Considerations	Mechanism	Anatomical	Physiological	Discharged	Admitted	OR	ICU	Death	Transfer
UMC	10	4	5	1	0	3	3	3	1	0	0
by hospital	0%	40%	50%	10%	0%	30%	30%	30%	10%	0%	0%
by system	0%							H = 52 - 51 - 51			
Sunrise	148	16	93	21	18	96	18	9	25	0	0
by hospital	17%	11%	63%	14%	12%	65%	12%	6%	17%	0%	0%
by system	2%										
St Rose	15	0	6	2	7	6	4	0	3	1	1
by hospital	4%	0%	40%	13%	47%	40%	27%	0%	20%	7%	7%
by system	0%										
Total OOA	3%	1									

13 Clark County, Nevada

Trauma Needs Assessment



Appendix B: Greater Las Vegas Trauma Volume by Region





5390 Stonehurst Drive Martinez, CA94553 Tel: (925) 933-0911 Fax: (925) 946-0911 abarisgroup.com

REMITTANCE ADVICE

0896700023

INVOICE NO. 9/30/2015	INVOICE DATE	DESCRIPTION Trauma Application Fee		GROSS AMOUNT	**3,273.00**
COMPLETE THIS	S AREA FOR PATIEN	T REFUNDS		Admission Date (MMDD)	(Y) Discharge Date (MMDDYY)
			VIEW. IF WATERN		0896700023 HIRD BANK G, MI
VOID IF NO	The second second second	COLORED BACKGROUND ON WHITE PAPER TO Hundred and Seventy-Three 00/100 Dollars***********************************	to be an extra property of the section of the secti	VOID AFTER 90 DA	
TO THE ORDER OF	Southern Nevada He PO Box 3902 0 Las Vegas, NV 891			Sup R m	the John

#OB96700023# #O7241329B# 7163946952#

Regional Trauma Advisory Board Southern Nevada Health District 330 South Valley View Blvd., P.O. Box 3902 Las Vegas, NV 89107

REC'D JAN 08 2016

Dear Members of the Board:

We write to express our support for the application of Southern Hills Hospital to establish a Level III Trauma Center. Southern Hills's location at Sunset and I-215 is very close to our Mountains Edge Community. One of the largest new communities, with almost 11,000 homes, Mountains Edge was constructed after the last new trauma centers were approved over a decade ago. We are a significant part of the 40 % population growth of the valley during this period. With this growth has come an increase in trauma cases; in 2014 the zip codes a Southern Hills trauma center would serve had 623 such cases.

Increasing traffic congestion has dramatically raised travel time to existing trauma centers. A Southern Hills trauma center would permit residents of Mountains Edge and, indeed all the southwest region, to receive emergency trauma services much more rapidly than currently, especially during rush hour congestion, while enabling ambulances to return to service more quickly, as well. Speed is critical when treating many traumatic injuries. Las Vegas' ranking in CDC data as having the 5th worst motor vehicle fatality rate among the 53 largest US cities confirms the need for more trauma centers to which victims may be taken quickly. Southern Hills' location just off the major turn of the 215 freeway is ideal for rapid access. Furthermore, an additional trauma center would enhance the valley's ability to cope with a major disaster.

We urge you to approve Southern Hills' Trauma Center application. It will make a tangible improvement to the healthcare for the members of the Mountains Edge community as well as the entire Southwest region.

Sincerely

Mark Leon President

Mountains Edge HOA

Russ Dapsauski

Secretary

Mountains Edge HOA

Peter Bernasconi

Vice President

Mountains Edge HOA

Glen Proctor

Treasurer

Mountains Edge HOA

Anthony incorvia

Director

Mountains Edge HOA



Blue Diamond Marketplace 8090 Blue Diamond Road, Suite 240 Las Vegas, NV 89178



opened by the

REC'D JAN 08 2016

Regional Trauma Advisory Board Southern Nevada Health District 330 So. Valley View Blvd., PO Box 3902 Las Vegas NV 89107

99127390202



Regional Trauma Advisory Board Southern Nevada Health District 330 South Valley View Blvd., P.O. Box 3902 Las Vegas, NV 89107

Dear Members of the Board:

This letter is written on behalf of the Board of Directors of the Southern Highlands Community Association. We have been informed that your Board is considering the application of Southern Hills Hospital to establish a trauma center at its current location. Please let this letter serve as our support for the application.

Southern Hills's location at Sunset and I-215 would be the closes location to our Community. We have an estimated 20,000+ residents within the borders of Southern Highlands. We understand that the last trauma centers were approved over a decade ago, well before the extensive growth of Southern Highlands and other developments in the southwest. We've also been informed that case load on the current trauma centers has grown extensively.

Aside from the basic caseload, increasing traffic congestion has dramatically increased the travel time for our residents to the existing trauma centers. A Southern Hills trauma center would allow the residents of Southern Highlands the opportunity to reach those lifesaving services much sooner. As you are well aware, speed is critical when treating traumatic injuries.

The Board urges you to closely consider and ultimately approve Southern Hills' Trauma Center application. It will make a tangible improvement to the healthcare for the residents in and around Southern Highlands as well as the entire Southwest region.

Thank you for your consideration.

Angela K. Rock, Esq.

Sincerely,

Authorized Agent of the Board of Directors

BECKY HARRIS

SENATOR District No. 9

DISTRICT OFFICE:

PO. Box 401146 Las Vegas, Nevada B9140 Office: (702) 324-0404 Ernait Becky@BeckyHamsNV.com



LEGISLATIVE BUILDING: 401 S Garson Street

Carson Gity, Nevada 89701-4747

Office. (775) 684-1421 or (775) 684-1400 Fax No.: (775) 684-6522

State of Nevada Senate

December 10, 2015

Dear Members of the Board:

Post Office Box 3902 Las Vegas, Nevada 89127

Regional Trauma Advisory Board Southern Nevada Health District

I write to express my support for the application of Southern Hills Hospital and Medical Center to establish a Level III Trauma Center. Southern Hills is located in Senate District No. 9, which I represent, in the Nevada Legislature. My district stretches from Southern Highlands all the way north to West Flamingo Road and almost to West Desert Inn Road. This part of the valley has experienced massive growth and the last trauma centers were approved over a decade ago. With our growth we have experienced an increase in trauma cases; in 2014, the area zip codes that a Southern Hills trauma center would serve had approximately 623 cases.

Increased traffic congestion has dramatically raised travel time to the existing trauma centers. A Southern Hills trauma center would permit residents of Senate District No. 9 as well as the southwest region to receive emergency trauma services in a much more timely manner. As you know in emergency circumstances seconds count! A Southern Hill trauma center would also enable ambulances to return to service more quickly. Las Vegas is ranked in Centers for Disease Control and Prevention data as having the 5th worst motor vehicle fatality rate among the 53 largest United States cities. That confirms our need for more trauma centers. Southern Hills' location near the 215 and Sunset Road is ideal for rapid access. Furthermore, an additional trauma center would enhance the valley's ability to better serve Las Vegas in a major disaster.

I urge you to approve Southern Hills Hospital's application for a Level III Trauma Center. It will make a tangible improvement to the health care of the residents of the southwest and Senate District No. 9.

Sincerely,

Becky Harris Nevada State Senate

District No. 9

DAVID M. GARDNER ASSEMBLYMAN District No. 9

DISTRICT OFFICE 9861 Waukegan Avenue Las Vegas, Nevada 89148-5744 Cell (702) 813-0271



LEGISLATIVE BUILDING
401 South Carson Street
Carson City Nevada 59701-4747
Office (775) 684-8549
Fax No (775) 684-8533
Email David Gardner @astn state nx 5

State of Nevada Assembly

Regional Trauma Advisory Board Southern Nevada Health District 330 South Valley View Blvd., P.O. Box 3902 Las Vegas, NV 89107

Dear Members of the Board:

I write this letter to express my support for the application of Southern Hills Hospital to establish a Level III Trauma Center. Southern Hills is located in Assembly District 9 which I represent in the Nevada Legislature. Since the last new trauma centers were approved over a decade ago, the southwestern region of the valley has experienced massive growth, and with that, an increase in trauma cases; in 2014 the zip codes a Southern Hills trauma center would serve had 623 such cases

Increasing traffic congestion has dramatically raised travel time to existing trauma centers. A Southern Hills trauma center would permit residents of District 9 and the entire southwest region to receive emergency trauma treatment much more rapidly while enabling ambulances to return to service more quickly, as well. Southern Hills' location just off the turn of the 215 freeway is ideal for rapid access. Furthermore, an additional trauma center would enhance the valley's ability to cope with a major disaster.

I urge you to approve Southern Hills' Trauma Center application. It will make a tangible improvement to the healthcare of the residents of the southwest and District 9.

David Gardner

Nevada State Assembly District 9

Pahrump Valley Fire-Rescue Services Administrative Offices

300 North Highway 160 Pahrump, Nevada 89060

Fire Chief Scott F. Lewis

October 16, 2015

Southern Hills Hospital 9300 W. Sunset Las Vegas, Nevada

Attn: Dorita Sondereker

Dear Mrs. Sondereker:

Pahrump Valley Fire Rescue Services is a full service agency that provides Fire, Advanced Life Support EMS, technical rescue, and HAZ Mat responses to the citizens of Pahrump and Nye County.

We recently learned of your interest in becoming a Level III Trauma center and support this endeavor to further improve patient access and care. The close proximity of your facility to Nye County and Pahrump would add value to our mutual EMS care objectives.

If there are any questions or concerns regarding our support, please feel free to telephone me at 775-209-5883.

Respectfully,

Scott F. Lewis
Fire Chief

(775) 727-5658 Fax: (775) 727-7896



communityambulance.com

10/13/2015

Mr. John Hammond EMS & Trauma System Manager

Southern Nevada Health District

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

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

The current Clark County Trauma System has three American College of Surgeons (ACS) verified trauma centers for the residents and visitors of Southern Nevada, we understand that Southern Hills Hospital ising action to the center and support this endeavor to increase access to care and improve our out of service times for emergency responders.

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

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

Sincerely,

Brian K. Rogers, COO/Owner

Community Ambulance

91 Corporate Park Drive

Henderson NV 89074

brogers@communityambulance.com

Office - 702-438-9100

Cell - 702-249-1919

DEFENDERS OF TOMORROW

October 16, 2015

Mr. John Hammond EMS & Trauma System Manager Southern Nevada Health District

As a partner in the community for more than 17 years, Mercy Air has seen much growth in the Las Vegas Valley.

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

The current Clark County Trauma System has three American College of Surgeons (ACS) verified trauma centers for the residents and visitors of Southern Nevada. We understand that Southern Hills Hospital is interested in becoming a Level III trauma center and we support this endeavor to increase access to care and improve our service availability times for emergency responders in the Southwest part of the Valley. We believe that service could be improved with this additional resource to the Southwest Region in Clark County as well as Nye County, Inyo County and beyond.

We support expanding the number of trauma centers to include Southern Hills Hospital if the Regional Trauma Advisory Board (RTAB) and county wide needs assessment determines such a need exists.

Mercy Air boks forward to working with you in the future on this endeavor. Should you have any questions, please feel free to contact me.

Sincerely,

Kevin Stanhope

Regional Vice President

Mercy Air



145 E. Reno Ave. Ste. E7 Las Vegas, NV 89119 office: (702) 740-5952 fax: (702) 740-5951 (888) FLY'N-ICU (359-6428) www.flyingICU.com

John Hammond, Manager – OEMSTS Southern Nevada Health District 330 S. Valley View Blvd. Las Vegas, NV 89107

Dear Mr. Hammond,

As a partner in the community for more than 13 years, Life Guard International - FlyingICU has seen much growth in the Las Vegas Valley.

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

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

We support expanding the number of trauma centers and including Southern Hills Hospitals if the Regional Trauma Advisory Board and county wide needs assessment determined such a needed existed in Southern Nevada.

Life Guard International - FlyingICU looks forward to working with you to make this project a reality.

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

Sincerely,

Donna G. Miller, EMS-RN, CMTE

President/CEO

Life Guard International - FlyingICU

Air Ambulance * Medical Escort * Commercial Stretcher * Medical Tourism

Cell: 702-335-3027

cc: Southern Hills Hospital Administration



Jack Austin

4533 Regalo Bello Las Vegas, NV 89135 702.202.1795

January 8, 2016

To members of the Regional Trauma Advisory Board:

I am excited to hear of the proposed establishment of a Level III Trauma Center at Southern Hills Hospital, which is close to my location in the community of Siena. Given the growth of Summerlin, in which Siena is located, as well as other residential development in the southwest corner of Las Vegas, trauma cases have grown dramatically. Since the last trauma centers were approved over ten years ago the need for one in our area is evident.

The growth in population has also brought increased traffic congestion, thereby increasing travel time to existing trauma centers. A trauma center at Southern Hills Hospital would dramatically reduce time required for emergency trauma needs. The hospital's location just off the 215 freeway provides excellent access, especially for my fellow Siena residents who live in close proximity. Of course this additional trauma center would immeasurably increase the region's ability to deal with a major disaster.

Please approve Southern Hills' Trauma Center application and dramatically improve access to emergency healthcare for Siena neighbors and the entire Southwest region of the Las Vegas Valley.

Thank you for your attention to this very important matter.

Sincerely,

lack Austin

2360 CORPORATE CIRCLE, SUITE 225 · HENDERSON, NV 89074 · WWW.HCAFARWEST.COM



February 19, 2016

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

John Hammond EMS & Trauma System Manager

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

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

Dear Mr. Hammond:

As I know you will agree, the health and safety of Clark County's citizens are issues far too important and serious to be driven by politics and self-interest. Three Southern Nevada Hospitals have submitted applications to the Southern Nevada Health District for initial authorization as Centers for the Treatment of Trauma—MountainView Hospital ("MountainView"), Southern Hills Hospital & Medical Center ("Southern Hills"), and Centennial Hills Hospital Medical Center ("Centennial Hills"). Presently, all three applications are pending before the Regional Trauma Advisory Board ("RTAB"), which will make a recommendation to the Southern Nevada District Board of Health. However, two recent events call the RTAB's objectivity into question.

First, a recent comment in the Las Vegas Review-Journal by RTAB Member and the Trauma Medical Director for University Medical Center (John Fildes, M.D.) suggests that he has already pre-judged the applications. Without waiting for the Office of Emergency Medical Services & Trauma System to present its research and recommendation to the RTAB, Dr. Fildes argues against what he has deemed an "oversupply of Level 3 trauma centers." Furthermore, Dr. Fildes implies that offering the Valley additional trauma care will "dismantle" University Medical Center's trauma center. As a member of the RTAB, Dr. Fildes' statement suggests a bias in favor of the trauma center with which he is affiliated—UMC—regardless of the community's need for additional trauma care.

Second, Centennial Hills' application was presented at the last RTAB meeting by one of its Board Members, Sajit Pullarkat, in his capacity as an RTAB member. Permitting an RTAB Member to present Centennial Hills' application may be construed as showing tacit approval or bias in favor of Centennial Hills' application.

John Hammond February 19, 2016 Page 2



Finally, the RTAB's composition is likely to undermine its credibility, and potentially lead to a challenge of its recommendation. Specifically, the RTAB is comprised primarily of stakeholders—administrators from the existing trauma centers and other persons involved in providing emergency medical services. Thus, each of its members has a personal interest at stake and arguably a bias in favor of or against a particular applicant.

Southern Hills and MountainView provide local access to life saving trauma care to a growing suburban population in areas like Spring Valley and Sun City Summerlin respectively. These suburban regions have grown at a faster rate than the county's major cities collectively and deserve an independent evaluation of need.

Due to the potential for RTAB members to have a conflict of interest or be biased, MountainView and Southern Hills urge the RTAB to bring in an independent third party to: (1) determine whether Southern Nevada needs additional trauma centers; and (2) conduct an independent evaluation of the applications for the recommended areas. By securing the integrity of the application process, the RTAB can ensure the highest quality of care for Clark County's citizens – anything less is unacceptable.

Sincerely,

Adam Rudd, CEO Southern Hills Hospital & Medical Center Christopher Mowan, CEO MountainView Hospital

cc: Laura Palmer (via e-mail palmer@snhdmail.org)
Heather Anderson-Fintak, Esq. (via e-mail fintak@snhdmail.org)
Annette Bradley, Esq. (via e-mail bradley@snhdmail.org)

ATTACHMENT E 2360 CORPORATE CIRCLE, SUITE 225 · HENDERSON, NV 89074 · WWW.HCAFARWEST.COM

REC'D SEP 3 0 2015

September 30, 2015

John Hammond
Emergency Medical Services & Trauma System Manager
Southern Nevada Health District
330 South Valley View Boulevard
Las Vegas, Nevada 89107

HCA Far West Division

BRYAN R. ROGERS
President

P: 702.938.9601

F: 866.782.3199 Bryan.Rogers@HCAHealthcare.com

Dear Mr. Hammond,

HCA Far West Division is pleased to submit our applications for Level III trauma center designation at MountainView Hospital and Southern Hills Hospital & Medical Center. We are firmly committed to the optimal care of the injured patient through our current Level II trauma center, Sunrise Hospital & Medical Center, in downtown Las Vegas and wish to extend our trauma services into the suburban community.

Pursuant to sections 300.000 and 300.100 of the Trauma Regulations and the District Procedure for Authorization as a Center for the Treatment of Trauma or Pediatric Center for the Treatment of Trauma, MountainView Hospital and Southern Hills Hospital & Medical Center are each submitting an Application for Initial Authorization as a Center for the Treatment of Trauma. Therefore, we request that each application be included as an agenda item designated "for possible action" at the October 21, 2015 meeting of the Regional Trauma Advisory Board.

Since the last time the trauma system data were evaluated, the population of Clark County has increased by 40 percent and now exceeds two million people. Some communities, such as North Las Vegas, have grown by more than 70 percent during the same period. This congestion delays access to trauma care more than 30 minutes in many cases due to geographic distance or commute traffic challenges.

Before proposing these services, we asked The Abaris Group to complete a trauma needs assessment report to determine if there is sufficient volume to justify additional trauma resources. This is the trauma consulting firm hired by the Southern Nevada Health District in 2004 to evaluate the trauma system. The Abaris Group calculated the 2014 trauma volume in the Northwest, Northeast, and Southwest regions of Las Vegas using trauma system data by zip code. The trauma volume for each region is greater than that served by the Level III trauma center at St. Rose Dominican-Siena Campus in the Southeastern region. The Abaris Group further analyzed the data and determined that this expansion would not jeopardize the current

trauma centers based on the standards of the American College of Surgeons. In fact, the current trauma volume growth rate would eliminate any loss within just a couple years.

Adding Level III trauma centers provide many advantages to the trauma system while not displacing the high acuity, burns, and pediatric trauma cases that are best handled by Level I and II trauma centers. Community Level III trauma centers:

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

The citizens and visitors of Southeastern Las Vegas currently receive these advantages and we look forward to bringing that same level of trauma care benefit and equity to the Northwest and Southwest regions. Thank you for your consideration and review of our applications.

Sincerely

Bryan R. Rogers, President

HCA Far West Division





Affiliated with UNITE HERE INTERNATIONAL UNION

February 24, 2016

Regional Trauma Advisory Board Southern Nevada Health District P.O. Box 3902 Las Vegas, NV 89127

Dear Chairman and Board Members,

I am writing on behalf of the Culinary Workers Union Local 226. We represent 57,000 workers who primarily work in Strip and Downtown casinos. The Culinary Health Fund sponsored by our union and Las Vegas-area employers provides health insurance coverage for over 143,000 Nevadans -- our members and their dependents. Through the health fund we are one of the largest healthcare consumers in the state.

We are deeply committed to upholding the principles laid out in the 2015 Southern Nevada Trauma System Plan that prioritize the welfare of injured patients, quality outcomes, cost effectiveness, and the economic viability of our trauma system. Our members and their families rely on it.

We are extremely concerned about the impact of Level III trauma expansion on our existing system and we do not believe there is a need for any expansion at this time. The Level I and Pediatric trauma center facilities at UMC are a tremendous and vital resource for our members, their families and our community as a whole. Unlike the for-profit hospitals in the Las Vegas Valley, all of UMC's resources remain in the Las Vegas Valley to provide residents with affordable and accessible healthcare.

We are concerned the applications to expand the trauma system by designating new Level III trauma centers will lead to oversaturation, poor patient outcomes, and higher costs for insurance payers and consumers. Expansion of the trauma system should be based on evidence of actual need and should not destabilize or degrade the trauma system overall, duplicate services or unnecessarily increase medical costs.

Last February, the American College of Surgeons released a position statement stressing the importance of trauma center designation based on needs of the population being served rather than the needs of individual healthcare organizations or hospital groups. The statement notes, "The problem arises when a lead agency passively allows healthcare organizations and hospital groups to establish new trauma centers in areas that yield an economic advantage, while ignoring areas of true need."





None of the applications for Level III designation demonstrate that the current system is actually at or over capacity. Rather their proposals focus on population and trauma volume growth that we question and two proposals expect trauma patients will be redirected from existing centers, primarily UMC, that have the capacity, volume, skills and expertise to treat them.

Two applications from the same hospital group project 7% growth based on just three years of data, an 11.9% growth rate from 2012-2013 and a 2.1% growth rate from 2013-2014 for an average of 7%. However, the compound annual growth rate of total trauma transports from 2010 – 2015 is only 5.06% and is actually down 4.86% at the system's only existing Level III center. Overall growth in 2014 was 2.15% and 2.24% 2015. What are the impacts on the existing system if population and trauma growth rates in particular are lower than the applicants' projections?

Trauma Transport Data for Clark County, NV

	2010	2011	2012	2013	2014	2015	2010 vs 2015	Compound Annual Growth Rate
Sunrise	795	762	791	824	882	1001		
Growth	•	-4.15%	3.81%	4.17%	7.04%	13.49%	25.91%	4.72%
UMC	3436	4119	3957 :	4542	4724	4686		
Growth		19.88%	-3.93%	14.78%	4.01%	-0.80%	36.38%	6.40%
St Rose	540	581	474	482	368	421		•
Growth	· · · · · · · · · · · · · · · · · · ·	7.59%	-18.42%	1.69%	-23.65%	14.40%	-22.04%	-4.86%
Overall	4771	5462	5222	5848	5974	6108		
Growth	!	14.48%	-4.39%	11.99%	2.15%	2.24%	28.02%	5.06%

Source: SNHD offices of EMS/Trauma System and Informatics

We are also concerned that splitting the trauma patient pool could worsen outcomes for patients because it reduces the experience any one center has. It is critical to ensure there is sufficient volume at existing and future trauma centers to deliver quality outcomes and develop and maintain the skills of trauma teams, especially trauma surgeons. The Houston Chronicle reported last year on a recent study that found for every 500 additional trauma cases seen at a trauma center, mortality drops by 7 percent.^{II}

You also need to ensure that the proposed Level IIIs will not simply treat patients as trauma cases when more cost-effective and existing emergency departments could handle their care. Studies show a third of trauma patients do not meet trauma standards, but account for 40% of trauma costs. III

It is our understanding that Level III trauma centers typically treat patients with less acute injuries that could likely be handled by well-equipped and well-staffed hospital emergency rooms. Level III trauma centers, however, can charge costly trauma activation fees dramatically driving up the cost of care for patients.

We believe there should be absolute transparency on trauma fees. There has been a rapid growth of trauma centers, especially Level IIIs, around the country. One large system operating in Nevada

has been very active in this trend. In a 2014 investigation, The Tampa Bay Times found for a decade, at least 120,000 Floridians were charged a trauma activation fee as high as \$32,000. The Tampa Bay Times found thousands of cases in which patients with minor injuries were charged the trauma response fee. The fee was often more than all their other medical charges combined. Many spent less than a day in the hospital.^{IV}

One large system that also operates in Nevada charged Florida trauma patients \$124,806 on average, roughly \$40,000 more than patients were charged at other trauma centers in the state. In 2014, Florida Blue, Florida's largest private insurance company, paid an average of \$117,150 per trauma patient in that system, nearly double the \$60,147 that Florida Blue paid to other state trauma centers. In

We are deeply concerned about the quality, affordability and accessibility of healthcare in the Las Vegas Valley. As a result we participated in the process ten years ago to ensure policy, procedures and protocol that would lead to a high quality trauma system that prioritized patient safety, quality outcomes, cost effectiveness, and the overall economic viability of our trauma system. We have also been involved in supporting state legislation to require greater transparency in hospital reporting to improve quality outcomes and placing caps on trauma activation fees.

You have a tremendous responsibility to ensure the quality, cost-effectiveness and economic viability of our trauma system. We believe this unnecessary expansion will undermine our existing trauma resources and result in higher costs for patients and as a result is inconsistent with the 2015 Southern Nevada Trauma System Plan.

Sincerely,

Maya Holmes

Research Director

Maya Holmes

¹ American College of Surgeons. "American College of Surgeons Releases Position Statement Stressing Importance of Trauma Center Designation Based Upon Population-Based System Need," 2/6/15

ⁱⁱ Hawryluk, Markian. "Trauma Hospitals 'We don't need to wait for catastrophe," Houston Chronicle 8/2/15

iii Hiers, Fred. "Two years on, a look at Ocala Regional trauma center's impact," Gainesville Sun 12/21/14

^w Zayas, Alexandra and Mitchell, Tia. "Trauma Fee Response Light," Tampa Bay Times 4/7/14

Maya Holmes, Culinary Workers Union Research Director, Public Comment for RTAB 2-24-16

Good afternoon Chairman and Members.

My name is Maya Holmes and I am here on behalf of the Culinary Workers Union Local 226. The Culinary Health Fund sponsored by our union and Las Vegas-area employers provides health insurance coverage for over 143,000 Nevadans – our members and their dependents. Through the health fund we are one of the largest healthcare consumers in the state.

We are deeply committed to upholding the principles laid out in the 2015 Southern Nevada Trauma System Plan that rightly prioritizes the welfare of injured patients, quality outcomes, cost effectiveness, and the economic viability of our trauma system. Our members, their families and our entire community rely on it.

We are extremely concerned about the impact of Level III trauma expansion on the existing system and we do not believe there is a need for any expansion at this time.

The trauma facilities at UMC are a tremendous and vital resource in our community. Unlike the other hospitals in the Las Vegas Valley, all of UMC's resources remain here to provide residents with affordable and accessible healthcare. Additionally, damaging UMC's financial health will place a fiscal burden on the county and county taxpayers.

I would like to enter a letter into the public record today that details some of our key concerns.

Briefly, those concerns include our worry that the designation of new Level III trauma centers will lead to oversaturation, poor patient outcomes, and higher costs for insurance payers and consumers.

We believe expansion of the trauma system should be based on actual need and should not destabilize or degrade the existing system, duplicate services or unnecessarily increase medical costs.

We note that none of the applications for Level III designation demonstrate that the current system is actually at or over capacity. Rather their proposals focus on population and trauma volume growth that we question and two proposals expect trauma patients will be redirected from existing centers, primarily UMC, that have the capacity, volume, skills and expertise to treat them.

Two applications project 7% growth based on just three years of data, an 11.9% growth rate from 2012-2013 and a 2.1% from 2013-2014 for an average of 7%. However, the compound annual growth rate of total trauma transports from 2010-2015 is only 5.06% and is actually down 4.86% at the system's only existing Level III center.

Also, growth in 2014 and 2015 was just 2.15% and 2.24% which leads us to question a 7% growth rate in the future.

We are also concerned that splitting the trauma patient pool could worsen outcomes for patients because it reduces the experience any one center has. It is critical to ensure there is

8984 Spanish Ridge Avenue Las Vegas, Nevada 89148-1302

TELEPHONE 702.562.8820 FACSIMILE 702.562.8821 WWW.BAILEYKENNEDY.COM



Attachment H JOSHUA M. DICKEY

DIRECT DIAI.
702.851.0050
IDICKEY@ BAILEYKENNEDY.COM

February 24, 2016

Via Hand Delivery

Heather Anderson-Fintak, Esq. Associate General Counsel Legal Department Southern Nevada Health District 280 South Decatur Blvd. Las Vegas, Nevada 89107

Re: Objection to RTAB Involvement in Authorizing Trauma Centers

Dear Ms. Anderson-Fintak:

As you are aware, this firm represents MountainView Hospital ("MountainView"), Southern Hills Hospital & Medical Center ("Southern Hills"), and their parent company, Hospital Corporation of America ("HCA") with respect to their respective Applications for Authorization as Centers for the Treatment of Trauma ("Trauma Centers").

By regulation, the SNHD has specifically charged the OEMSTS with the responsibility of making the recommendation to the Southern Nevada District Board of Health ("District Board of Health"). However, the Regional Trauma Advisory Board is not part of the OEMSTS. Rather, the RTAB and the OEMSTS are separate and distinct entities that each report directly to the Chief Health Officer. ¹

Moreover, neither the Southern Nevada Health District's ("SNHD") Trauma Regulations nor the Southern Nevada Trauma Plan make any reference to the RTAB playing any role in the authorization process. Presumably, this is due to the RTAB's membership (which consists of stakeholders in the trauma system) and each member's personal interests.²

Consequently, MountainView and Southern Hills each object to the RTAB's involvement in the authorization process. Due to the potential for bias as a result of the RTAB's involvement,

[&]quot;The OEMSTS is a part of the Division of Community Health and is overseen by the EMSTS Manager who reports to the Division Director. The Community Health Director reports to the Chief Health Officer." S. Nev. Trauma Plan 15 (Feb. 26, 2015) The RTAB is not part of the Division of Community Health; it was created by SNHD regulation to "support the Chief Health Officer's role to ensure a high quality system of patient care within the Clark County EMS and Trauma System." See Id. at 14-15 (diagram illustrating the organization of the SNHD).

See Letter from Adam Rudd, CEO, Southern Hills Hospital & Medical Center and Christopher Mowan, CEO, MountainView Hospital to John Hammond, EMS & Trauma System Manager, SNHD, Feb. 19, 2016.



Heather Anderson-Fintak, Esq. February 24, 2016 Page 2

MountainView and Southern Hills respectfully reiterate their request that the SNHD retain an independent third party to: (1) determine whether Southern Nevada needs additional trauma resources; and (2) conduct an independent evaluation of the applications for the recommended areas. The health and safety of Clark County's citizens warrant nothing less.

Sincerely,

Joshua M. Dickey

JMD\kbs Enclosure



Office of EMS & Trauma System, Regional Trauma Board Testimony Regarding the Designation of Additional Trauma Centers

Wednesday, February 24, 2016
Submitted by UNLV School of Medicine

As a representative of the UNLV School of Medicine this letter will serve as public comment against the expansion of additional trauma centers. Though we can understand the opportunity to expand trauma resources to outlying parts of our community, the UNLV School of Medicine has concerns about opening additional trauma centers in the service area of University Medical Center's trauma center.

In order to have an effective trauma care system, the system must interrelate with the many other components of the region's health care system. When considering the expansion of the current trauma care system it is critically important to consider the capabilities of our current EMS system. We believe duplication must be avoided and existing resources integrated so the region has the best emergency care for its resident.

An integrated EMS and trauma system should, through a coordinated effort, provide a continuum of care while addressing specialized patient needs such as pediatrics, burns, and spinal cord injuries. The system must also continue to coordinate trauma care within regions, especially in rural and frontier regions. In Nevada we are facing a serious shortage of specialty physicians and this includes a shortage of trauma and orthopedic physicians. Currently, we have a strong centralized level-1 trauma center that is able to recruit and retain specialty physicians to maintain the highest level of trauma care. In this level 1 trauma center there is a sufficient number of cases to support quality training and diversity in conditions.

It is critical for the current and new residency programs to have a training opportunity with high patient volume to provide the optimal basis for education and allow for training in all aspects of trauma care.

To ensure residents receive a robust training we need to assure hands-on training in all trauma levels from 1 to 3. It is absolutely critical we don't reduce patient caseloads and dilute the resident training experience.

The valley is just now gaining momentum to increase residency slots. For instance, UMC was approved recently to add four new orthopedic residents based on the volume seen at their trauma center. The last thing we want to do is to jeopardize their accreditation at this sensitive time as they launch their program. Reduced patients loads will also lower the quality of experience, which eventually leads to lower quality applicants.

Nellis Air Force base surgeons and Clark County surgical subspecialists, such as Orthopedics and Trauma surgeons also rely on receiving trauma and skills training in an efficient manner that provides enough experience to adequately train our state for disaster preparedness and preparation for overseas military engagement.

It is important to maintain a highly trained workforce, which depends upon enough volume and acuity. This level of care and training will be lost if the trauma system of care is spread out in multiple, small low-level trauma facilities across the region.

The UNLV School of Medicine is very concerned about the expansion of these trauma centers and the effect it may have on residents and faculty in Clark County.