MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM

DIVISION OF COMMUNITY HEALTH

REGIONAL TRAUMA ADVISORY BOARD (RTAB)

July 25, 2024 - 1:00 P.M.

MEMBERS PRESENT

Chris Fisher, MD, Chair, Sunrise Hospital
Lisa Rogge, RN, University Medical Center
John Recicar, RN, MOMMC
Georgi Collins, Sunrise Hospital
Ashley Tolar, RN, St. Rose Siena Hospital
Yvonne Ramos, Health Education
Alexis Mussi, Administrator, Non-Trauma
Maya Holmes, Payers of Medical Benefits
Erin Breen, Legislative/Advocacy
Chris Giunchigliani, General Public
Deborah Kuhls, MD, University Medical Center
Col Keith Berry, MD, MOMMC
Frank Simone, Paramedic, Public EMS Provider
Sean Dort, MD, St. Rose Siena Hospital
Danita Cohen, Public Relations/Advocacy
Jessica Colvin, System Finance
Amy Henley, Rehabilitation Services
Sam Scheller, Private EMS Provider
Michael Holtz, MD, MAB Chairman

MEMBERS ABSENT

None

SNHD STAFF PRESENT

Christian Young, MD, EMSTS Medical Director
Laura Palmer, EMS Supervisor
Stacy Johnson, EMSTS Regional Trauma Coordinator
Kristen Anderson, SNHD
Andria Cordovez Mulet, SNHD Executive Asst
Cassius Lockett, Deputy District Health Officer
Edward Wynder, SNHD, Associate General Counsel
John Hammond, EMS Manager
Nicole Charlton, Recording Secretary
Fermin Leguen, MD, SNHD Health Officer
Heather Anderson-Fintak, SNHD General Counsel
Veralynn Orewyler, SNHD

PUBLIC ATTENDANCE

Todd Sklamberg, CEO Sunrise Hospital
Allison McNickle, UNLV
Bobbie Sullivan
Connor Cain
Daniel Llamas
Deb Fox, UMC
David Obert
Emily Gould-Monaghan
Jamarvin Harvey
Jason David
Jeanne Marsala
Allison Genco, St. Rose Siena Hospital
Areli Alarcon
Bud Schawl, UMC
D. Allen, State of Nevada
Daniel Purcell
Dina Bailey, UMC
Elizabeth Erb-Ryan, UMC
G. R. Buzzas, St. Rose Siena Hospital
Janice Hadlock Burnett
Jayme Ching
Josederic Scott, St. Rose Siena Hospital

Jen Bertolani, Sunrise Hospital
Katherine Vergos, St. Rose Siena Hospital
Kristina Kleist
Kyle Devine
Linda Anderson
Marc Kahn, UNLV
Scott Kerbs, UMC
Syed Saquib, UNLV
Calaiselvy Elumalai, St Rose Siena Hospital
Kevin Schiller, Clark County
Bret Olbur, Dignity Healthcare
Jen Bertolani, Sunrise Hospital
Kate Martin, UNLV
Kirk Schmitt, AMR
Kristine Perez, Sunrise Hospital
Laura de la Cruz Flores
Liz Casiello, HCA Healthcare
Paola Mena, Sunrise Hospital
Sheree Goins-Esquivel, St Rose Siena Hospital
Todd Hightower, Sunrise Hospital
Emily Brown, UMC
Yolanda Brewer, St Rose Siena Hospital
Stacie Sasso, Healthcare Coalition

I. CALL TO ORDER/ROLL CALL

The Regional Trauma Advisory Board (RTAB) was called to order by Chair Fisher at 1:00pm. The Affidavit of Posting was noted in accordance with the Nevada Open Meeting Law. Roll call was administered by SNHD staff member Nicole Charlton and she noted that quorum was met.

II. DIRECTIONS FOR PUBLIC ACCESS TO MEETINGS:

Directions were read out loud as follows: Members of the public may attend and participate in the RTAB meeting over the telephone by calling (415) 655-0001 and entering access code 2558 778 9775. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

III. FIRST PUBLIC COMMENT:

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

Chairman Fisher opened public comment.

Stacie Sasso, the Executive Director with the Healthcare Coalition, spoke on the Sunrise Hospital application for upgrade to Level I. Ms. Sasso stated that the Coalition has remained supportive of smart growth that is consistent with national guidelines and is based on comprehensive data driven and proactive assessments of community need to safeguard the ability to get the right patient to the right care at the right time. Ms. Sasso also mentioned that other state and local health district trauma regulations indicate trauma system expansion be based on determination of need, or unmet need, and that any expansion of change will not negatively impact the existing trauma systems we rely on. After reviewing the public documents provided prior to the meeting, the Healthcare Coalition does not see a demonstrated need at Sunrise, or the current system, and stated that the system is working well overall. The Coalition encourages the RTAB to review this data provided and make a recommendation to the Board of Health that's based on a demonstrated need that is not proven today.

Seeing no one further, either in person or online, the Chair closed the First Public Comment period.

IV. ADOPTION OF THE JULY 25, 2024 AGENDA:

- *Member Kuhls made a motion to not include VII.D, Sunrise Hospital presentation. Member Holmes seconded the motion. Chairman Fisher called for discussion.*

  Member Kuhls stated that Sunrise Hospital has already presented their case at the prior RTAB meeting. Member Holmes agreed and stated that she does not remember any applicants having multiple presentations and it does not seem like it's a good use of our time, considering we have a large agenda. Member Colvin stated that she thought there was going to be more of a discussion/analysis and further studies made regarding whether Level Trauma I is needed in the valley, versus a presentation from the applicant. Chairman Fisher suggested we change the order of the agenda item and have the SNHD presentation be moved prior to the Sunrise presentation.

  Chairman Fisher asked for a roll call vote be made regarding Member Kuhls motion to remove Sunrise's presentation from agenda. Nicole conducted the vote.

  Ayes – (6) votes
  Nays – (9) votes
  Abstain – (2)

  Motion did not carry.

- *Member Mussi made a motion to change the order of the agenda item, moving the Sunrise presentation after SNHD's Impact Report. Member Scheller seconded the motion. Chairman Fisher called for discussion.*

  Chairman Fisher asked for approval of the revised agenda, moving the Sunrise presentation after the SNHD presentation. He asked for a roll call vote be made regarding this motion. Nicole conducted the vote.

  Ayes – (11) votes
  Nays – (4) votes
  Abstain – (2)

  Member Sheller made a motion to accept the revised July 25th agenda, seconded by Member Rogge and passed by majority vote to approve the agenda.

V. CONSENT AGENDA

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

Approve Minutes/Regional Trauma Advisory Board Meeting: 4/17/2024.

- Member Holmes wanted to raise a concern regarding the minutes. She believed that the minutes were lacking discussion and believes that the RTAB has a history of building a record that is important for the district and the public regarding the discussion at each meeting.

Member Holmes made a motion that the April 17m 2024 meeting minutes be revised to be of greater detail and substance and really capture the discussion that occurred during the meeting, as well as all future meeting minutes. Chairman Fisher called for discussion.

Chairman Fisher asked for approval of the revised minutes from the April 17, 2024 meeting. *Seconded by Member Rogge and passed by majority vote to approve the revised minutes once revision is completed.*

VI. DISTRICT HEALTH OFFICER REPORT: Dr. Fermin Leguen

Dr. Leguen reported on the following:

A. This year we are experiencing a large number of West Nile Virus. As of 7/24/24, we have confirmed 19 cases in this community. We haven't seen this many cases in this community in recent years. Most cases are mild, but some require hospitalization, which may lead to mortality from there.

VII. REPORT/DISCUSSION/POSSIBLE ACTION

A. Committee Report: RTAB Member Nominating Committee

Discussion/Approval of Nominations for Non-Standing RTAB Member Seats for Terms Expiring June 30, 2024

- General Public

Chairman Fisher announced those selected at the RTAB Member Nominating Committee.

- **Chris Giunchigliani** was selected as the representative of the General Public by the RTAB Nominating Committee.
    - *Member Rogge made a motion to name Chris Giunchigliani as the Representative for the General Public of the RTAB. Chairman Breen seconded the motion. After an opportunity for discussion, the motion passed unanimously.*

Due to the fact that this appointment was delayed because of the current vacancy date, Dr. Leguen appointed Ms. Giunchigliani effective immediately. Therefore, her membership started on July 25, 2024.

B. Discussion of transport times between facilities within Southern Nevada.

Chairman Fisher brought this to the agenda for the purpose of having non-trauma centers be able to facilitate a faster transfer to the trauma centers. Transfers both inside and outside the greater Las Vegas area with often transport times for those patients accepted to a higher level of care can often be many hours before they are transferred to the new facility. Chairman Fisher asked for feedback from EMS if there is a way to prioritize transports from those facilities in order to get to facilities of higher level of care.

- John Hammond stated that calls that come into the dispatch center usually go directly to the ambulance company's call center. At that time, they are informed of the condition of the patient and a sending facility will then determine, or ask for, a lights and sirens response, if warranted. And all those rules that apply to a regular 911 call would apply to the response time.
    - Mr. Hammond also stated that general speaking, interfacility transfers are not coded as emergent in that manner, so while there are still franchise agreements in place that dictate response times for lower-level calls interfacility transfers have (per Member Scheller) 19 minutes and 59 seconds for emergent interfacility transports and 59 minutes and 59 seconds for unscheduled

nonemergency transfers. Mr. Hammond advised that the response times are stipulated by the franchise agreements but of course they get there as soon as they can.

- Chairman Fisher stated that it's pretty common for a patient who needs a higher level of care can take 3-4 hours to transport them to a that facility, but walking the distance could take 15 minutes, which may lead the patient's condition to decline. He is trying to find a way for the sending facility to prioritize their transports somehow without taxing the EMS system
    - Mr. Hammond stated that there are quite a few elements here, but the way the transports are affected throughout our system and how sometimes that process can be elongated because call centers are calling the receiving facility, getting the two doctors together to discuss the question, and then a second person from that same call center will be establishing the transport. That communication can probably be a little more timely and effective, including the person requesting the ambulance be able to note the urgency of it at that time.
- Chairman Fisher mentioned that the receiving facility tracks, from the outside facilities, when their time was to transfer and have found that the transfer facilities, both inside and outside of town were within an hour and 90 minutes of making a decision to call for transfer. So to confirm what is being discussed,
    - 1. The time the patient is accepted.
    - 2. The sending facility could communicate a little better on how urgent a patient is for transport.
    - 3. Transport company's ability/availability to get that patient to the destination in a timely manner.
    - Mr. Hammond mentioned to compound the message even further, if the sending facility requires specialty transport, which is an even more limited resource in the field with the Critical Care Transport paramedics, it may take longer due to the fact that there are so few of these paramedics.
- Dr. Kuhls added that she believes this is a very good topic, due to the fact that it may open up the possibility for some additional dialogue regarding guidelines and initial treatment if they're going to be a transfer patient.
    - Mr. Hammond stated that he believes the broad discussion that is currently taking place can be narrowed down a bit if we engage in those hospital groups that have a transfer center, and then engaging in a conversation with the particular agencies that affect the transport as well, getting them on the same page, in the same room, and see where those gaps are in order to address them.
- Chairman Fisher questioned "how can we do this better". Would it require discussion with the EMS and transport agencies? What information do they need from both sending and receiving facilities, so they are aware of what resources are needed to dedicate to that patient.
- Chairman Fisher stated that the trauma centers can have discussion at the next couple of RTAB meetings and think about some criteria and guidelines that we can provide to help make process more efficient. Criteria such as when did the actual call take place to transfer the patient and how long it took the agency to transport patient to accepting facility.
- Dr. Kuhls mentioned that she believes the free-standing patient transport be included in this data.
- Mr. Hammond added that he can obtain certain data resources and have them for the next meeting, such as the time the phone was picked up at the dispatch center to the

time dispatch call began and when it ended. Chairman Fisher asked that if he had the time the agency received the request to the time the patient was actually transferred to the other facility, it would be very helpful.

- Mr. Hammond also stated that if the board could get some guidance/criteria on what the board is asking for, such as a date range and which hospitals they want to look at via trauma centers. From there, we could mold a manageable initial search and expand it as needed.

C. Discussion of possible support statement for Legislative issues regarding Traffic Safety.

Member Breen wanted to keep the board updated as to what's in the running for traffic safety legislation coming in the 2025 session.

1. Fostering DUI intervention programs
    a. More treatment, mandatory testing for every DUI, mandatory follow-up
2. Safety Cameras
    a. Red light running, speed and school zones, passing of school buses, cameras in work zones
3. Primary Seatbelt bill – they would really like to see this bill come through SNHD, due to the fact that it's a public health issue.
    a. Enforced for every person in a vehicle driven by a teenager under the age of 18 years.
4. Mandatory hands free cell phone
5. Graduated driver's licensing steps
6. Roadside impairment testing
7. Yielding to pedestrians / Stopping for pedestrians
8. Safe neighborhood law
    a. Set speed limit (25 mph)
    b. Extend current school zones
    c. Crossing guards increase for middle schools
9. When a transit stop is within 150 ft of an intersection, there has to be an appropriate crossing area for the transit riders.

- Member Breen asked that she come back to this board with a more informative presentation regarding bill drafts.
- Chairman Fisher made a motion to those bills potentially going to the assembly for what's going to be of RTAB's interest to be represented at the October RTAB meeting. Member Kuhls seconded the motion. Chairman Fisher called for discussion.
    - Member Giunchigliani stated that we need to look at all the different types of vehicles on our streets now, such as scooters, mopeds, and bicycles.
    - Member Dort asked if there was room for Stop The Bleed kits for schools and other public places
    - Chairman Fisher asked for a vote on the motion that Member Breen bring back this topic at the October RTAB meeting. None opposed, passed by majority vote.

D. Discussion/Recommendation for Approval of Authorization of Sunrise Hospital as a Level I Trauma Center

1. SNHD OEMSTS Supervisor Mr. Hammond presented an Impact Report to the committee, including American College of Surgeons requirements, trauma acuity distribution, transport volumes, assigned catchment areas, interfacility transfers, and transport times in which SNHD expects the increase in level is not expected to have an impact on Clark County's trauma system. Mr. Hammond concluded his presentation and offered to answer any questions.

- Chairman Fisher asked the following:
    - What would change in the level change, as far as how EMS distributes patients or distribution volumes to the trauma centers? Mr. Hammond stated as it relates to the current distribution issue we have, there would be no change, due to the fact there is no catchment area changes.
    - What would change as far as staffing/physicians/residents availability? Have they joined physicians from another facility to meet their demands? Mr. Hammond stated that currently they are not. They are contracted with separate universities.
- Member Giunchigliani asked the following:
    - Confirmation that the catchment areas and volumes are not changing. Mr. Hammond stated that Sunrise will still be receiving the same volume, due to the fact that the catchment area is not changing.
    - Is the current system meeting our regional needs? Mr. Hammond confirmed it does.
    - Will this upgrade encourage collaboration and research and if yes, in what way? Mr. Hammond confirmed it would between the academic facilities and the hospital facilities.
    - Where do the doctors/residents come from? Chairman Fisher confirmed that Mountain View residents and Valley Hospital residents come to Sunrise. Member Kuhls confirmed that residents come from UNLV, the military, and other residency programs throughout the medical industry.
- Member Kuhls also stated that she believes the level of a trauma center does not really predicate collaboration and research. And there have also been published studies in areas where level IIs have become Level I, which do not improve healthcare. She suggested that this board look at what the system needs and not what this particular hospital needs are.
- Member Giunchigliani added that she was on the health board in 2016, when they rejected an application for upgrade because of the need not being shown or met. She stated that a representative from Sunrise Hospital went to the governor in order to be upgraded to Level II, due to the fact that they could not get a trauma change here locally, so they did it administratively legislatively in 2005, so it never went through the RTAB or the community. They were upgraded politically, and whether they've earned it or don't, she believes it destabilized our system. She suggested that we spend a few months saying, where should we maybe be looking at more than Trauma Level IIIs? What really is the need that is being driven rather than us getting in a political war. She does not want to see that happen again.
- Chairman Fisher stated if you look at all the Southwest Metropolitan areas: San Diego, Phoenix, Salt Lake City, Denver, you'll see that those cities have approximately one Level I trauma center for approximately 1 million population. In Las Vegas, we have one Level I trauma center for a 3 million population, which makes Las Vegas an outlier. He agrees that our current trauma system works excellent, but he feels that this is more of a recognition that being a Level I trauma center does this for the community without changing what the average patient would do being brought in as a trauma patient.

- Chairman Fisher believes that Sunrise is stating that they met all conditions in being a Level I Trauma center and should be recognized as a Level I versus we moot out the needs of a Level I, although based on population, compared to those other cities, we are very underserved. And he has asked himself what the downside is if we don't approve the upgrade and he's not sure we've identified one at this point.
    - Do they get less patients? No
    - Do they take physicians out of the community? No
    - Are they turning residents or are they doing research, or bringing physicians back to the community? Yes
- Member Colvin was surprised by this study, in that she was envisioning that it was going to be more of a needs assessment to echo the comments that were given today, specifically what are the impacts to UMC? And due to the fact that it's not up to the applicant to determine what the impact to UMC would be, she asked if SNHD has met with UMC regarding the impact?
    - Mr. Hammond confirmed that he has not met with them, because of the way that he is viewing the data, since nothing changes from his current system, there is no need. If Sunrise becomes a Level I tomorrow, it's the same thing happening today.
    - Member Colvin disclosed that she works for Clark County Board of County Commissioners who are the trustees for UMC, and they have been a critical component of health care in this valley. They serve the most vulnerable population, and so there is an impact to UMC. Because it could impact the care that's given to that population this is difficult to serve, they're under insured or uninsured, and she just does not think that there's been enough information presented to say that there is absolutely no impact.
    - Mr. Hammond respectfully disagreed and reminded the board that a notice was sent out to the members last month asking for any particular changes they'd like to see and received no reply back.
- Member Holmes mentioned that in the last meeting, a motion was made asking for additional data, and then going back several years when we were looking at if we allow other trauma centers to build within our community, it was due to an exact need and, with all due respect to the folks at Sunrise, it's not a want of a system, it should be based on a need. Member Holmes added that there's a long history of this board, trying to be consistent with the ACS guidelines that we have a comprehensive assessment of the trauma needs and where it's data driven, as well as pressing for that at the local level. The state has echoed that as well, in terms of the approach they're taking. The trauma systems regulations that SNHD has adopted has clearly states that the Board of Health approval of a change in designation, or a new trauma center, needs to be determined on a basis of need. She believes that the role of RTAB is that we need to make a recommendation to RTAB and a critical component of that is a determination of need. It's not simply saying that we have discussions with UMC and other facilities about what the impact can be. Also, with all due respect to Sunrise, she wanted to point out that looking at other cities, we are not comparing apples to apples. Every city is different, and every region is different. Historically, RTAB has looked at San Diego and Colorado. There's also recent research coming out of Arizona and it's implicating that there was unplanned growth that has not had positive impacts and San Diego in particular a lot of their trauma centers were approved prior to the ACS guidelines coming out that there should be planned growth. She stated that San Diego requested an outside review and were told they had too many trauma centers and needed to shut one down. She stressed that we do need a comprehensive assessment, so we have an understanding of where the need is in the system and that we're not have

a negative impact on existing facilities.

- Member Holtz stated that he agrees that a needs report on this is necessary and believes it should be required before moving on with this change.
- Member Breen asked if there is a difference in trauma activation fees between Level I and Level II trauma centers?
    - Member Kuhls stated that yes, there is a difference, but it is not regulated. Some centers will charge two to three times as much for their fees.
    - Member Holmes stated that it seems improper that the fees will not be changed. There are additional resources worth being a Level I versus a Level II trauma center. They have additional responsibilities, additional physicians, specialties, and so on, that will not be recouped at some point. Also the payer source could change.

2. Todd Sklamberg, CEO Sunrise Hospital, presented the PowerPoint to the committee. Mr. Sklamberg pointed out the significant points throughout the presentation.
    - Member Rogge asked if we have seen an application regarding the Level II Pediatric Hospital. Mr. Hammond confirmed they would have to start at the state with that.
    - Member Giunchigliani believes that it would be irresponsible for RTAB to not make sure we make a case for anybody that wants to put in an application. She believes numbers still need to be gathered and information, as to justify the reason. She also believes that it would behoove the district to meet with UMC, who will be the most impacted by any of the other hospitals to see what changes may possibly come in. She believes that all this is premature and begs what needs must be looked at, such as a more in-depth needs assessment, possibly some public hearings, and then look at the system as a whole. Maybe there is a need now for more Level III hospitals. She just does not have enough information to make a decision at this time.
    - Member Scheller asked the following:
        - Will there be a change to activation fees? Mr. Sklamberg said no.
        - Will the catchment area change? Mr. Sklabmerg said no.
        - Are there times where you transport patients to UMC or is everything handled in house? Mr. Sklamberg confirmed that patients may go to UMC and some UMC patients may come to Sunrise.
3. Chairman Fisher asked the board what we are specifically asking SNHD to investigate.
    - Member Colvin was expecting the SNHD staff to meet with UMC's COO/CEO, but it really should be with all the systems to see what impact this will be.
    - Member Giunchigliani asked that under the revised ACS guidelines, the decision for changing trauma status should be based on need. And currently Mr. Hammond is stating that our current system is meeting our regional needs, so therefore why are we being asked to change?
    - Chairman Fisher stated that this is just a recommendation to say this is best in our community. So to break it down, we are asking for two things, a meeting with UMC and a needs assessment.
    - Member Kuhls noted to the board that the ACS recommends if we are going to do a needs assessment, it needs to look at the whole valley, not just median numbers. Also, there are better tools for geospatial mapping to see if there is

a need and where that need is.

4. Member Holmes stated that we've been asked to make a recommendation whether to recommend the application to the Board of Health or not. Based on information we have today, I would recommend a denial and that would be my motion because need has not been demonstrated, neither the impact report nor the 2023 SNHD annual trauma system report, both of which indicate that the system is performing well. Both reports indicate there's no gaps in the current system that impact care or failure to accommodate patient needs that s been upheld by TMAC.
    - Looking at the numbers, the reports for trauma transport for Level I, II, & III overall, and at Sunrise were down in 2023 compared to peaks in previous years.
    - Trauma transports were Level IV, were up overall at Sunrise, but these patients do not need a Level I or Level II trauma center. And then you've also had the issue of the change in protocols. We made them mandatory transports more consistent with national guidelines, so its at EMS judgement and with contact with the facility.
    - Leading transport times are excellent for all levels and I think what's also helpful when we talk about looking at doing a comprehensive assessment, we need to actually look at what happening in the catchment area where the application is coming from. From 2019-2023, Sunrise actually had the smallest growth in transports and was below the overall system growth and in 2023, they had a drop in Level I and Level II patients compared to the previous year.
    - Half of the zip codes in the county have had a population decline, and many of the zi codes in Sunrise's catchment area have had shrinking populations. And population does not automatically correlate with trauma growth, so we also need to be looking at the TFTC growth in that area.

Member Holmes made a motion to deny the application based on the information that's been presented today, not establishing need. Member Giunchigliani seconded the motion. Chairman Fisher asked for discussion.

- Member Henley wanted to remind the board that the word "change" isn't necessarily a bad connotation to what we're trying to accomplish or what either asking UMC or Sunrise what the impact will be on each of their ends. The important thing is to define whether there is a need or not. And if so, how do we go through getting that across within the constraints of the system and the laws that stands currently.
- Chairman Fisher reiterated that he believes Sunrise's application from a Level II to a Level I proposes that it's filling a missing need within the community with the exception of bringing some physicians back to southern Nevada into this area, through the GME program and through their research program, rather than a need for our trauma systems not working. Just because I know a needs assessment takes many months, a lot of paid hours, and I'm not sure that their argument is the need. Beneficial perhaps for the community, but maybe not a need.
- Member Colvin asked Mr. Hammond, if the application or recommendation isn't based on need, if every possible system in the valley came and applied for Level I trauma, would we recommend to approve that.
    - Mr. Hammond confirmed that there are different processes in place for a new application versus an upgrade application. New applications

have to go through the state, they perform a needs assessment, they inform us that they've allowed or denied the application to pass through. At that time, I will ask for their needs assessment and see if I can verify the data and then it goes through this board again. I present the data that the state provided, I've validated the data and asked the same questions. I'll present it in the same manner, and if there are any differences there that the state has determined a need and we haven't, we can still make the decision to say no here, and at the Board of Health.

- Member Colvin stated that there's a reason why their needs assessment is done. She understands that Sunrise's application is a designation change, but just because they meet the requirements, does not mean we should add another Level I trauma center just because.

- Member Giunchigliani asked the question, could St Rose come to this body and ask to be a Level II in the same manner? Mr. Hammond confirmed that they could, but the impact report would be much different because that impact would be extreme. Changes to the number acuity and distribution of patients.
- Member Giunchigliani also asked, if nothing changes, then why does Sunrise want to be a Level I? Chairman Fisher answered the difference would be that if Level III goes to a two, they can now take Level I and Level II patients. And those patients would not be transferred out of their catchment area, so it would be a difference in volume.
    - Mr. Sklamberg confirmed that Sunrise is committed to providing the highest level of care to bring services that our community needs. They brought on two services, craniofacial and soft tissue to help our community. Additionally, through the GME, as a Level II, we do not need to have residency coverage and we do not need to do research. Our commitment to this community is to bring on and help full the physician voids that we have seen for decades. We all know that we're 48th in every metric of provider, per capita, but we're trying to close that gap. Which is a mechanism that we have demonstrated over the last five years. We have 84 residents that would not be part of the program if we were Level II. We want to continue to advance the care that we all need and prepare ourselves in the event that there is a need for mass casualty. ACS came in, they scrubbed our programs top to bottom and those are the experts who determined that we are clinically capable at meeting the criteria for Level I, with zero deficiencies.
- Member Dort added that there are too many states in this country where trauma is a competition rather than a collaboration and he does not want us to be one of them. He thinks we are an advisory board and we're litigating this and whatever we end up advising the Board of Health will obviously not be a unanimous decision, which is what we would strive for from this committee. No one questions the Sunrise's skills or dedication over the years, but he would only question that if RTAB is going to be a collaborative body, the other trauma enter finds so objectionable, then probably crystallizing some of the sentiments that have already been said, we would want to work out before we made the decision. It's hard to think that the conscious we would actually make an advisory statement knowing that one side or the other is going to be objecting to the advisement we are making. He would agree that maybe we shouldn't go forward if it's that objectionable to the Level I that's been in place for so long. It's not meant to be a statement; it's meant to be what this advisory board should intent to try to be.

- Member Scheller asked Mr. Sklamberg, if Sunrise is not approved, does that change anything that they are doing? Are they going to continue with the cranial facial and continue with the GME program?
    - Mr. Sklamberg answered yes, for the time being we're committed to our patients, but it's also going to be a loud statement of what this community wants and what this community wants to see. Do we want to see the best, see continued growth, see more physicians brought to our community, see hospitals collectively as a community grow the services and improve the outcomes/quality of patient care? He stated that that is the broader question, and this advisement to the Board of Health says a lot to what we want to be as a community. He stated that this is bigger than trauma. Do we want to remain stagnant? Does the community want us to just continue the way we've been doing things for the last 20 years or do we want to take a step forward. Member Henley said that; change is hard and we just have to look at are we looking to protect ourselves or are we going to look to advance what we want to be as a community.
- Member Henley stated that everything that Sunrise has done in the last five years to get to the point where they are demonstrating that they're capable of being a Level I also falls within the mission and vision of Sunrise Hospital that has been long standing. But she also believes that the needs have not really been demonstrated as of yet. Does that mean they won't be…absolutely not.
- Member Holmes is concerned that by having a recommendation to approve without a determination of need, we're setting a precedent that anyone who comes forward is automatically qualified, even though we are not basing it on a determination of need. The determination of need, the ACS guidelines, It was really geared toward because there was a concern of a proliferation of trauma centers that were not needed or higher level of designations that were not needed and it was actually undermining exiting trauma centers or duplicating care and not providing care where it was truly needed and where we were seeing gaps. So that's the intention of having on determination of need. We have a lot of data and that data, again, has not indicated that there is a need, much less a need in that catchment area for this.

5. After much discussion, Chairman Fisher asked for a roll call vote on the current motion to deny the application.
    - Yes – (13) votes
    - No – 4 (votes)
    - Abstain – (2)

VIII. REGIONAL TRAUMA COORDINATOR REPORT

A. Mr. Hammond stated there was no bypass report at this time.
B. Mr. Hammond stated that the 2023 Annual Trauma Report has been published and is on our website.
    - He asked the board if there is anything more they would like to see on the report, to contact Stacy for possible addition.

IX. INFORMATIONAL ITEMS / DISCUSSION ONLY

A. Report from Public Provider of Advanced Emergency Care

Frank Simone stated that there are new TFTC guidelines from ACS. They are in the process, like many of the EMS agencies of rolling out to their crews, so the new coloring system is compared to the old step system and are educating their staff on the new.

B. Report from Private Provider of Advanced Emergency Care

Sam Scheller echoed Member Simone's in that they are training their crews on the new TFTC criteria.

C. Report from General Public Representative

Chris Giunchigliani was just appointed, therefore there were no items to report.

D. Report from Non-Trauma Center Hospital Representative

Alexis Mussi stated there were no items to report and wanted to thank Todd Sklamberg for his report.

E. Report from Rehabilitation Representative

Amy Henley stated there were no items to report, and wanted to echo Member Mussi's comment to Mr. Sklamberg

F. Report from Health Education & Injury Prevention Services Representative

Yvonne Ramos stated there were no items to report.

G. Report from Legislative/Advocacy Representative

Erin Breen stated there were no items to report.

H. Report from Public Relations/Media Representative

Danita Cohen stated there were no items to report.

I. Report from Payer of Medical Benefits

Maya Holmes stated there were no items to report.

J. Report from System Finance/Funding

Jessica Colvin stated were no items to report.

X. PUBLIC COMMENT

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes. Chairman Fisher asked if anyone wished to address the Board.

No other persons appearing for public comment, or online, Chairman Fisher moved to adjournment.

XI. ADJOURNMENT

There being no further business to come before the Board, Chairman Fisher adjourned the meeting at 3:40 pm.