

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



**MINUTES**  
**REGIONAL TRAUMA ADVISORY BOARD MEETING (RTAB)**  
**Emergency Medical Services & Trauma Systems**  
**Division of Community Health**  
**April 16, 2026 – 1:30 P.M.**  
**Meeting was held In-person and via Microsoft Teams**

*Minutes of the meeting are produced in summary format and are not verbatim*

**MEMBERS PRESENT**

Deborah Kuhls, MD, Chair, University Medical Center	Lisa Rogge, RN, University Medical Center
Sean Dort, MD, Vice Chair, St. Rose Siena Hospital	Ashley Tolar, RN, St. Rose Siena Hospital
Chris Fisher, MD, Sunrise Hospital	John Pope, RN, Sunrise Hospital
Kelly Morgan, MAB Chairman	John Recicar, RN, MOMMC
Dina Bailey, Health Education	Amy Henley, Rehabilitation Services
Erin Breen, Legislative/Advocacy	Maya Holmes, Payers of Medical Benefits
Danita Cohen, Public Relations/Media	Alexis Mussi, Administrator, Non-Trauma
Jessica Colvin, System Finance	Sam Scheller, Private EMS Provider
Chris Giunchigliani, General Public	Ryan Tyler, Public EMS Provider

**MEMBERS ABSENT**

Col Keith Berry, MD, MOMMC

**SNHD STAFF PRESENT**

Christian Young-MD, Edward Wynder, John Hammond, Stacy Johnson, Kristen Anderson, Dustin Johnson, Roni Mauro, Tawana Bellamy

**PUBLIC ATTENDANCE**

Stacie Sasso, Vick Gill, Bob Rakosi, Georgi Collins, Cade Grogan, Brett Olber, Todd Sklamberg, Michael Whitehead, Scott Kerbs, Eric Dievendorf, David Obert, Marianna Hernandez, Emily Antuna, Ceferino Villafuente, Allison McNickle, Dawn Brown, Yolanda Brewer

**I. CALL TO ORDER/ROLL CALL**

The chair called the Regional Trauma Advisory Board (RTAB) Meeting to order at 1:30 pm. Kristen Anderson, SNHD staff member, administered roll call and confirmed quorum.

## II. **FIRST PUBLIC COMMENT**

A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of the presentation, this may be done by the Chair or the Board by majority vote. Chair Kuhls asked if anyone wished to address the Board pertaining to items listed on the agenda.

My name is Stacey Sasso. I'm the Executive Director for the Health Services Coalition. The coalition represents 27 self-funded health plans, including municipalities, building trades, public safety, and hospitality workers. As a community partner invested in the healthcare of over 300,000 of our residents, we're concerned about the impact of making decisions on trauma care that are not based on the need for trauma care. We support the RTAB efforts to follow the law regarding trauma and appreciate the work you're doing.

Seeing no one further, the Chair closed the First Public Comment period.

## III. **ADOPTION OF THE APRIL 16, 2026 AGENDA** *(for possible action)*

Chair Kuhls asked for the adoption of the agenda for the April 16, 2026 meeting.

*A motion was made by Member Giunchigliani, seconded by Member Breen, and carried unanimously to adopt the April 16, 2026 Agenda, as presented.*

## IV. **CONSENT AGENDA**

Items for action to be considered by the RTAB which may be enacted by one motion. Any item may be discussed separately per Board member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

- **APPROVE MINUTES/RTAB MEETING:** January 21, 2026 *(for possible action)*

*A motion was made by Member Giunchigliani, seconded by Member Dort, and carried unanimously to approve the April 16, 2026 Consent Agenda, as presented.*

## V. **DISTRICT HEALTH OFFICER REPORT**

John Hammond delivered a statement on behalf of Dr. Lockett who could not attend. He stated: Dr. Lockett was looking forward to seeing the advisory statement related to item VI-C on the agenda, regarding Siena's application from a Level III to a Level II Trauma Center.

## VI. **REPORT/DISCUSSION/POSSIBLE ACTION**

- A. [Committee Report: RTAB Member Nominating Committee - Recommendation of Nominations for the following Non-Standing RTAB Member Seats for Terms Expiring June 30, 2026](#)

Stacy Johnson reviewed the recommendations from the RTAB Nominating Committee for the following member seats and those who were nominated:

General Public Representative – Chris Giunchigliani  
Health Education and Prevention Services – Dina Bailey

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Legislative/Advocacy Representative – Erin Breen  
Payers of Medical Benefits for Victims of Trauma – Maya Holmes  
Public Relations/Media – Danita Cohen

*Member Rogge made a motion to accept the recommendations of the Nominating Committee, seconded by Member Tolar. After an opportunity for discussion, the motion carried unanimously.*

B. Discussion/Approval of Meeting Times for RTAB and TMAC

The committee discussed a proposal to “flip-flop” meeting times so that TMAC would begin at 1:30 p.m., followed by RTAB at 2:30 p.m. The intent of this switch is to improve workflow efficiency and reduce delays in advancing agenda items between committees.

It was noted that TMAC meetings often include ad hoc and external participants, which can impact scheduling flexibility and prevent early start times if preceding meetings conclude early. Concerns were raised that changing the schedule may not resolve underlying timing or participation challenges. An alternative suggestion was offered to maintain the current structure but move TMAC to a monthly meeting schedule, with meetings canceled if not needed, to provide a more timely follow-up on action items.

Opposing viewpoints questioned whether the issue justified a structural change, suggesting the problem may be infrequent or self-imposed. It was further noted that membership overlap exists across TMAC and RTAB but is not identical across committees.

*Member Breen made a motion to approve switching the meeting times for the RTAB and TMAC meetings, seconded by Member Rogge. Following discussion, the motion carried by voice vote, with two members opposed and one abstention.*

C. Discussion and Recommendation to Board of Health on Application for Change of Trauma Level of St. Rose Dominican Hospital-Siena Campus from a Level III to a Level II Trauma Center

Stacy Johnson presented the impact report prepared by the Office of EMS and Trauma. She explained that St. Rose Siena submitted its application in September 2025 in accordance with Trauma System Regulation 300.300, including completion of the application requirements and payment of associated fees. Ms. Johnson reviewed the operational differences between Level III and Level II trauma centers, noting that Level II designation requires expanded specialty coverage, continuous neurosurgical availability, advanced imaging access, enhanced ICU response capabilities, additional surgical resources, and expanded protocols for trauma patient care. Ms. Johnson stated that the review process included evaluation of patient acuity distribution, transport volumes, catchment areas, inter-facility transfer volumes, specialty physician availability, and financial considerations. Trauma system data from 2020 through 2024 demonstrated continued growth in trauma patient volumes across the region. Epidemiological analysis projected that if Siena retained red trauma patients within its current catchment area, Siena would gain approximately 768 patients over five years, while Sunrise Hospital and UMC would experience corresponding decreases in patient volume. Inter-facility transfer

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analysis also projected decreases in annual transfers to Sunrise and UMC, with Siena retaining a greater number of trauma patients locally. Ms. Johnson further reported that EMS transport and return-to-service times for Henderson-area patients would likely improve if Siena became a Level II trauma center, resulting in shorter transport distances and increased EMS unit availability. She stated that specialty physician resources were reportedly already contracted and in place at Siena. She also summarized survey results collected from RTAB members and hospital administrators, noting that the majority of respondents opposed the designation change due to concerns regarding impacts to the current trauma system, patient volumes, and financial implications for other trauma centers.

Dr. Dort addressed the committee on behalf of St. Rose Siena and provided historical context regarding the regional trauma system. He stated that Siena pursued Level II designation based on community need and patient care considerations rather than financial motivation. Dr. Dort noted that Siena had previously been identified as one of the busiest Level III trauma centers in the country and stated that Henderson, with a population exceeding 365,000 residents, does not currently have a Level I or Level II trauma center located within the city. He reported that Siena's trauma registry census had doubled between 2020 and 2025 and that implementation of additional resources and staffing had already significantly reduced the number of trauma transfers from Siena to other facilities. Dr. Dort emphasized that the hospital's intent was to improve patient care by reducing transfer times, preserving EMS resources, and allowing patients to remain within their local community whenever possible. He stated that Siena had no intention of pursuing Level I trauma designation and reiterated the hospital's commitment to collaboration within the regional trauma system.

Board members discussed concerns regarding systemwide impacts associated with the proposed designation change. Chris Giunchigliani raised concerns regarding ongoing litigation and recent administrative trauma designation actions involving another trauma center within the region, stating that the broader uncertainty surrounding the trauma system made it difficult to evaluate additional designation changes at this time. She expressed concern regarding the overall impact to the regional trauma system and questioned whether the matter should be delayed pending resolution of the ongoing legal matters.

Chair Kuhls referenced guidance from the *American College of Surgeons* regarding the importance of regional and community-based needs assessments when evaluating additional trauma center designations. Additional discussion focused on specialty coverage availability, trauma activation fees, catchment area authority, and the overall needs of the regional trauma system. Several Board members expressed support for additional community-based needs analysis prior to approving further trauma system expansion.

Dr. Morgan stated that while reduced transport times and improved EMS resource availability were important considerations, additional data and a formal needs-based assessment would be beneficial before making a recommendation. Maya Holmes expressed concern regarding the impact of recent litigation and administrative actions on the integrity of the established trauma system process and stated that additional changes to the trauma system should not occur until those matters were resolved.

*\*American College of Surgeons-Revised Statement on Trauma Center Designation Based upon System Need and the Economic Drivers Impacting Trauma Systems.*

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*Member Dort made a motion to approve St. Rose Siena’s application for Level II trauma designation and provide an advisory statement to the local Board of Health. The motion was seconded by Sam Scheller.*

Discussion continued regarding the uncertainty surrounding the regional trauma system and the potential impact of ongoing litigation related to recent trauma designation decisions. Erin Breen questioned whether postponing consideration of the application for an additional month would provide greater clarity and whether a special meeting could be warranted once additional information became available. Chair Kuhls stated that the committee’s responsibility was to evaluate the needs of the overall trauma system rather than focusing solely on one geographic area. She acknowledged the work completed by St. Rose Siena but noted that the uncertainty surrounding other recent trauma system decisions made it difficult to move forward with a single application while broader system issues remained unresolved. Amy Henley commented that the matter had become increasingly contentious and suggested that a separate meeting dedicated specifically to the topic may allow members additional time to review the information before making a decision.

*Member Tolar requested a roll call vote on the pending motion. A roll call vote was conducted. The motion failed with three votes in favor, nine opposed, and five abstentions.*

## **VII. REGIONAL TRAUMA COORDINATOR REPORT**

### **A. Update for EMS & Trauma System**

No update to report

### **B. Trauma Field Triage Criteria (TFTC) Data Reports for 4th Quarter 2025**

Stacy Johnson reported that the TFTC data reports reflected standard trauma transport charts and graphs routinely reviewed by the committee. For the fourth quarter of 2025, trauma transport data for Clark County was presented by each facility, including UMC, Sunrise, St. Rose Siena, Michael O’Callaghan, and system totals. Out-of-area transport rate for the quarter was 4%, remaining below the 5% threshold. Trauma system disposition data for the same period was also reviewed, including outcomes for red and yellow trauma patients such as discharge, ICU admission, non-ICU admission, the OR, inter-facility transfer, and mortality. No notable concerns were identified in the quarterly data. A rolling annual review of system transport volume was also presented, showing overall stability in trauma transport trends across the system with no significant changes.

### **C. Report from MAB Meeting**

No items to report

**VIII. INFORMATIONAL ITEMS / DISCUSSION ONLY**

Report from Public Provider of Advanced Emergency Care

- Ryan Tyler stated there were no items to report.

Report from Private Provider of Advanced Emergency Care

- Sam Scheller reported on the MCI drill held at MountainView Hospital. He thanked the hospital for hosting the drill and commented it was great for the franchise providers.

Report from General Public Representative

- Chris Giuncigliani - no items to report.

Report from Non-Trauma Center Hospital Representative

- Alexis Mussi reported on the mass casualty drill at Mountain View Hospital, a non-trauma facility in partnership with several first responders and agencies. She noted there were about 125 volunteers, nursing students, residents, physicians, etc., and it went very, very well.

Report from Rehabilitation Representative

- Sam Scheller, on behalf of Amy Henley, stated there were no items to report.

Report from Health Education & Injury Prevention Services Representative

- Dina Bailey stated there were no items to report.

Report from Legislative/Advocacy Representative

- Member Breen requested she and Chris Giunchigliani be placed on the next agenda to present information on mopeds, e-scooters, and e-bicycle devices. She noted that significant developments have occurred since the last meeting, when this topic was discussed. She stated the committee may be positioned to consider potential legislative recommendations addressing who, when, and how safety measures can be implemented. Member Breen commended everyone's efforts to promote safety awareness, particularly regarding helmet use for children. Sunrise Hospital did a big helmet giveaway and UMC held a large-scale event where many helmets were distributed. Additional helmet distribution events were noted as planned, including one at Boulevard Mall on May 25<sup>th</sup>.

Report from Public Relations/Media Representative

- Danita Cohen stated there were no items to report

Report from Payer of Medical Benefits

- Maya Holmes stated there were no items to report.

Report from System Finance/Funding

- Jessica Colvin stated there were no items to report.

**IX. SECOND PUBLIC COMMENT**

A period devoted to comments by the general public, if any, and about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of the presentation, this may be done by the Chair or the Board by majority vote.

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Chair Kuhls asked if anyone wished to address the Board pertaining to items listed on the agenda.

Hi, Brett Olber. I was the former EMS liaison over at Dignity Health, currently Director of Business Development for Las Vegas Recovery Hospital. I've got a few things I want to say about the conversation that we had earlier. One of the things, I had the honor to work alongside Dr. Dort and his team for the last three to four years. For them to put together a level two trauma program, which I really thought was going to excel for the city of Henderson, to have this conversation, to sort of penalize Siena because what's going on with Sunrise, is really unfair to Siena. They worked tirelessly and effortlessly to really develop a program for the city of Henderson. Understand the dynamics is, I'm a paramedic by trade, and the city of Henderson is an island. You know, daily we're dealing with traffic, construction delays, and closing of the highways. This morning, it took me 45 minutes to get from my house to Summerlin to Eastern and 215 because there was a car accident. So imagine an ambulance from Henderson that's trying to get to Sunrise or UMC at five o'clock in the afternoon, maybe with your family member or a critical baby in the back, and they can't get there. They can get to Siena. They can get to Siena anywhere between 5 to 12 minutes. Plus, the city of Henderson keeps their resources in the city of Henderson when they transport to Siena. That means if you're a resident of Henderson and three or four of their ambulances are tied up at UMC or Sunrise, they're not able to respond in the city of Henderson. But when they're at Siena, they are able to. I think some of the conversations here that you guys brought up was really a dissatisfaction and a disservice, not only to Siena, but to the city of Henderson. Thank you.

Seeing no one further, the Chair closed the Second Public Comment period.

**X. ADJOURNMENT**

The Chair adjourned the meeting at 3:02 pm.