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 Servies & Trauma Systems
Division of Community Health
July 16, 2026 – 2:30 P.M.
Meeting was held In-person and via Microsoft Teams

Minutes are presented in verbatim form

MEMBERS PRESENT

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

MEMBERS ABSENT

Col Keith Berry, MD, MOMMC
Alexis Mussi, Administrator, Non-Trauma

SNHD STAFF PRESENT

Xavier Gonzales-PhD, Christian Young-MD, Edward Wynder, John Hammond, Laura Palmer, Stacy Johnson, Dustin Johnson, Roni Mauro, Andria Cordovez Mulet, Tawana Bellamy

PUBLIC ATTENDANCE

Stacie Sasso, Shana Tello, Regan Comis, Bob Rakosi, Brett Olber, Todd Hightower, Marilyn Kirkpatrick, Maddie Proctor, Linda Anderson, Susan Pitz, Jason Perlmutter, Tony Greenway, Meena Vohra, Joanna Jacob, Allison McNickle, Bella Peterson, Chris Thorpe, Donna Laffey, Paola Mena

I. CALL TO ORDER/ROLL CALL

Chair Kuhls: Yes, it is 2:30 and I'm Deborah Kuhls, Chair of the RTAB committee and I would like to call this meeting to order. Let's start with roll call.
Laura Palmer: Dr. Fisher
Dr. Fisher: Here
Laura Palmer: John Pope
John Pope: Here

Laura Palmer: Dr. Kuhls
Dr. Kuhls: Here
Laura Palmer: Lisa Rogge
Lisa Rogge: Here
Laura Palmer: Dr. Dort
Dr. Dort: Here
Laura Palmer: Ashley Tolar
Ashley Tolar: Here
Laura Palmer: I don't remember your name, for Colonel Berry?
Jaime Umberger: Umberger, here
Laura Palmer: Thank you. John Recicar
John Recicar: Present
Laura Palmer: Dr. Morgan
Laura Palmer: Dina Bailey
Dina Bailey: Here
Laura Palmer: Erin Breen
Erin Breen: Here
Laura Palmer: Danita Cohen
Danita Cohen: Here
Laura Palmer: Jessica Colvin
Jessica Colvin: Here
Laura Palmer: Chris G.
Chris Giunchigliani: Oh, here.
Laura Palmer: Amy Henley
Laura Palmer: Maya Holmes
Maya Holmes: Here
Laura Palmer: Jason Desai
Jason Desai: Here
Laura Palmer: Sam Scheller
Sam Scheller: Here
Laura Palmer: Ryan Tyler
Ryan Tyler: Here
Laura Palmer: Madam Chair, you have quorum.
Chair Kuhls: Thank you.

FIRST PUBLIC COMMENT

Chair Kuhls: So, the first public comment is now open and I'm going to read some comments. There will be two public comment periods, and to submit public comment on either public comment period on individual agenda items or for general public comments, there are instructions by teams to use the meeting controls at the top of the screen, and to select raise hand icon. When called upon, select the microphone icon to unmute yourself. And there's also a number to call by telephone, and that is 702-907-7151 and then when prompted, enter the meeting ID 217-864-728 and to press * 5 to raise your hand. And then when called upon, press * 6 on your phone keypad to unmute yourself. And there's also comment period by e-mail and those instructions are on the agenda. And I would just say that public comment is limited to 5 minutes per speaker. If there is someone who wants to make public comment, to please clearly state and spell your name. And that is the opening statement. Are there any public comments?
Laura Palmer: Nothing online.
Chair Kuhls: Okay, so we're going to close the first public comment period.

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

Chair Kuhls: Next agenda item is adoption of the July 16th agenda, and I would like to take a motion to adopt it, and I would need a second as well.
Chris Giunchigliani: I have a question. I don't know if it's now or if I wait until you do the consent agenda, but I wanted to make a comment about the minutes.
Chair Kuhls: I do believe that can wait until we get to the minutes.
Chris Giunchigliani: I think so because it's noted separately, thank you. Oh, and what is the actual number of attendance today?
Laura Palmer: I'm sorry?
Chris Giunchigliani: What's the number of people in attendance?
Chris Giunchigliani: 14 of the board members? Board members. We should probably make that statement at the beginning, once you decide quorum. Thank you, Madam Chair.
Laura Palmer: 17
Chris Giunchigliani: Thank you
Chair Kuhls: I would just like to clarify. So 17 members are present or 14 of the 17 are present?
Laura Palmer: 17
Chair Kuhls: Thank you. So again, I'm open to a motion to adopt the agenda and a second.
Erin Breen: I'll motion to adopt the agenda.
Lisa Rogge: Second
Chair Kuhls: Okay, I'm going to remind everyone to use their microphones since this is recorded. And is there any discussion? Hearing none, all in favor say aye. Any not in favor? Any abstain? Okay, we're going to move on. So the motion carries.

A motion was made by Member Breen, seconded by Member Rogge, and carried unanimously to adopt the July 16, 2026 agenda, as presented with no abstentions.

II. CONSENT AGENDA

- **APPROVE MINUTES/RTAB MEETING**: April 16, 2026 *(for possible action)*

Chair Kuhls: The consent agenda includes the approval of the April 16th RTAB minutes.
Chris Giunchigliani: Madam Chair?
Chair Kuhls: Yes?
Chris Giunchigliani: I'm going to make a motion. I'm going to make a motion that we not approve the minutes from the last board meeting of April 16th and that they be resubmitted verbatim. And the reason I'm saying that is, it does not reflect our robust discussion that occurred at the last meeting regarding the trauma designation addition, and the minutes should be more reflective of what the conversation back and forth was and I don't believe it was. Anyway, I would make a motion to not approve and to request that staff verbatim type this up and resubmit it to the next board meeting. That would be my motion.
Maya Holmes: I'll second the motion.
Chair Kuhls: Did I hear a second?
Maya Holmes: Yes.
Chair Kuhls: Ok, so is there any discussion? So I would just say my discussion is…I think it's on the 4th page, there is a yellow highlighted sentence that I asked to be inserted. So I don't know if it is verbatim or not, but that is something that I requested and I understand there's a motion and a second, but I just wanted to add that in. Is there any other discussion?

Chris Giunchigliani: As the maker of the motion, I would accept that clarification because it was corrected but there's still things left out. And it's different from what was online so that needs to be paralleled in the long run too.
Sam Scheller: Have we ever done a verbatim?
Chris Giunchigliani: Not this board, but the legislature is verbatim. Most of the local governments are now. If they wanted to reflect properly the debate, the reasons, the rationale, and who was speaking? I'm not mentioned at all and I did a little bit of talking last time around. So verbatim means that you no longer interpret. When I served in the legislature, I had to proof every minutes and whatnot. They went to verbatim because it's cleaner, it makes the public record, and you don't get to cherry pick who is reflected or whose comments are reflected. It makes it cleaner that way. We can decide later if we want them always verbatim or not. That's a policy decision. Thank you.
Chair Kuhls: Okay, so we have a motion and a second. And I believe an amendment, is that correct?
Chris Giunchigliani: No, just a clarification.
Chair Kuhls: Okay. Is there any further discussion? Ok, so let's go ahead and act on the motion.
Stacy Johnson: I'll just add that we do post the video and the audio online. So historically this meeting has not been, the minutes have not been verbatim and it's my understanding that's why, because the whole audio/video is posted online as well.
Chris Giunchigliani: And then let me clarify that. When you corrected her request as Chair to add that yellow highlighted, it does not reflect it online. And if you're making a public record, then the public needs to know that the minutes from this board are different than what the state, what the, what's posted online.
Laura Palmer: We post draft minutes and then once you all approve them, we post the approved minutes.
Chris Giunchigliani: Exactly, after the fact. I'm just talking about this one time. When you're making a case about a denial or an approval of something, I think it's very key to make sure that the proper discussion is reflected. That's the reason for my motion. Thank you.
Maya Holmes: I would just add, I think it is very helpful. I would agree with periodically it makes sense to have the minutes in there in a robust, more robust way. I think I appreciate that the video is online, but it is, it's not as easy to digest a video. It's much more helpful to actually have the minutes and be able to review those.
Erin Breen: So, is this request, is this for last meeting and then for this meeting because we're discussing trauma centers again, or do you...
Chris Giunchigliani: My motion is only April 16th.
Erin Breen: Ok.
Chair Kuhls: Is there any further discussion? Then I think we should take a vote, so I'm going to start first with all in favor, and then we'll see if we need a roll call. So all in favor say aye. Any opposed? Any abstention?
Dr. Dort: Abstain
Chris Giunchigliani: All right, now let's go to the legal beagles. Under 218A, you are required to disclose and list in states publicly the reason for your abstention. It must have to do with a pecuniary interest or some conflict directly to you to allow you to abstain. That has not been being followed either. So if you're going to abstain, you need to make a statement as to why and it has to have a nexus.
Dr. Dort: Alright, change me to a no vote.
(inaudible)
Dr. Dort: I said, okay, I won't abstain. Change me to a no vote.
Jaime Umberger: We're a military facility and do not have voting privileges.
Chair Kuhls: And the same with Mr. Recicar?
Chair Kuhls: All right. Is there any other clarification that we need? So let's, we got to the no's and then we got to the abstains and I believe we finished that. Is that correct?

Ed Wynder: Yes, I believe so.
Chair Kuhls: Alright so the motion carries.

A motion was made by Member Giunchigliani, seconded by Member Holmes, to not approve the April 16th minutes and have them resubmitted verbatim at the next board meeting. The motion carried with 14 aye's, 1 nay and 2 abstentions.

Member Morgan joined the meeting at 2:41 p.m.

III. DISTRICT HEALTH OFFICER REPORT

Chair Kuhls: Okay, next on to District Health Officer report from Dr. Cassius Lockett.
Dr. Gonzales: There is nothing to report today.
Chair Kuhls: I'm sorry?
Dr. Gonzales: There's nothing to report today.
Chair Kuhls: Okay, thank you.

IV. REPORT/DISCUSSION/POSSIBLE ACTION

A. E-Scooter/E-Bike Presentation – Erin Breen and Chris Giunchigliani - Chair Kuhls; direct staff accordingly, or take other action as deemed necessary (for possible action)

Chair Kuhls: Let's move on to item number six on the agenda. The first item is A, which is an e-scooter and e-bike presentation, and the presenters are Erin Breen and Chris Giunchigliani.

Erin Breen: Good afternoon, everybody and thank you for the opportunity to come and talk about an important subject that I know everybody has seen lots about in the news in our community, really over the last year. I put together a presentation of everything that I could that I thought would be relevant to you and we're certainly happy to answer questions afterwards. So e-bike and e-scooter safety... There's a lot of discussion about children in this realm, but I'm here to make the case that thankfully children are not the biggest problem when we're looking at e-bikes and e-scooters and maybe our data today is going to show us some interesting pockets of where these problems exist. So next slide, please. This is 16-year-old Alex O'Dea. That street is Eugene and Jones. Alex O'Dea was killed on the 28th of April 2025. He was the single juvenile killed in the last 14-15 months on an e-bike in Clark County simply because he'd never been on an e-bike before. It was his older brother's bike. He had a passenger on the e-bike with him and they came to the end of Eugene Street, and he did not know how to stop. So he rolled the e-bike onto Jones Boulevard where there was an oncoming pickup truck who could not stop and hit him. This was a case that NTSB came, and no report has come out yet, but NTSB came out to review this case. Next slide, please. I hate you know, I hate to just bring up kids because it kind of pulls at your heartstrings, right? This on the left is 12-year-old JoJo Magee and on the right is 10-year-old Marquis Abraham, who were the two juvenile e-scooter fatalities last year. Jojo was on his scooter in his neighborhood on a Sunday morning riding opposite traffic, and a car came around the corner making a right-hand turn and he was in the path of the vehicle and again, the driver could not stop. Marquis was the passenger on an e-scooter driven by a nine-year-old elementary school student immediately following the end of the school day. They were on their way home in a quiet little North Las Vegas neighborhood, and riding on the sidewalk they got to the end of their street and there was a yield sign. The only thing I can think of is that nine-year-olds may not know what a yield sign is and the driver of the scooter drove that scooter into the street. And again, there was a car that had the right of way traveling northbound who could not stop and hit them on their scooter. I bring up the issues of all three of these happening because of an education issue with the devices. And you'll realize later why I'm talking about how all three of these happen. Next slide, please. So young lives lost beginning with Alex O'Dea, we lost 21...21 juveniles in Clark County, Nevada between the 28th of April and the middle of June of 2026. I've been doing this job for 30 years and we've never had

a year like this, ever. Five of those juveniles were in vehicles and the rest of them were outside of vehicles, vulnerable road users. And as you can read for yourself, there was the one bike, the two e-scooters, there was one regular bicycle, one razor scooter, a motorcycle, a minibike, and nine pedestrians. And so one of the questions today is, are the pedestrians such an everyday occurrence that they don't garner the attention that the others do? And that's because we have a huge problem in our community. I'm heartened to report, and I'm sure that you all are very well aware of this-I wasn't sure Las Vegas could really get outraged about fatalities, but when Mackenzie Scott was killed on May 2nd of 2025 in front of Arbor View High School, I certainly found out that yes, we can get outraged. You know that we had another 17-year-old girl killed on May 2nd of this year, also at the hands of an impaired driver. It just came out that the driver was going 112 miles an hour when he made a turn, lost control, went up on the sidewalk and hit two sisters. Next slide, please. So it isn't just the fatalities, and I know you're all very, very well aware of this, what a terrible year we had for children in our community. But again, even though we've had this terrible year overall, are they the largest numbers? And the answer to that is no. So next slide, please. You've probably seen this map on the local news lately. This is a map put together by Lieutenant Michael Campbell from the Clark County School District and this map represents children hit in our community between 6 a.m. and 6 p.m., Monday through Friday on school days. Next slide, please. Just to further explain this, a total of 432 children were hit in that time frame on their way to or from school. Part of that increase is the 6 a.m. to 6 p.m., but we had a terrible, just overall increase in crashes. We've had 25 kids hit since the end of school over the summer school session. You can see that in Clark County proper, urbanized Clark County, had the biggest number because it's the biggest community, followed by City of Las Vegas, North Las Vegas, Henderson, and Boulder City. You can see that four of those crashes were fatal and that 15 of them were critically serious injuries that were treated in your trauma centers. Many of these children were treated in your trauma centers. And you can see along the bottom, although it's kind of hard, the highest risk is a 14-year-old after school on an e-scooter. Next slide, please. Again, the bar graph will tell you in Clark County, you know, the interesting thing is that the first line, that bluish, royal blue color is e-scooters. And in Clark County, where we had the most children hit, e-scooters outnumbered pedestrians. Not true in the other communities. You'll get this, I hope, in the minutes so that you can see this more clearly and study it. So next slide, please. And then just quickly, I always like to point this out because people are so quick to think that this is all the kids' fault. The majority of these crashes-not by a lot, but the majority of them, like 53% of them, were driver error and not the fault of the student. The highest number of kids hit happened to be in high school. We did the best with middle schools. And as you know, the year before and last year, we have crossing guards for middle schoolers, which is not to...I don't want to sound like I'm on the record for crossing guards for high schoolers because my opinion is, I'd rather spend that money on education with high schoolers. But next slide, please. So this is e-devices and transit...

Dr. Young: Erin, what are the other devices?

Erin Breen: I'm sorry?

Dr. Young: If we go back one slide.

Erin Breen: Oh, other?

Dr. Young: It says e-devices then other. What's the difference?

Erin Breen: Yeah, that's a really good question. So you have e-scooters, pedestrians, pedal cycles, so it's probably other as in like, a unicycle.

Chris Giunchigliani: Segways

Erin Breen: You know, there's other devices that, or it could be a motorized scooter chair. Do you have a...

Chair Kuhls: Or, you know, there's just a growing, like skateboards with motors on them. And you know, so every almost, I would say every few months, there seems to be kind of a new device that looks like fun but is dangerous. These are hard to keep up with.

Dr. Young: These are powered devices of some sort? So these include bikes?

Erin Breen: No, no, no. E-scooters, e-bikes are powered. The rest of them are human powered. And you know like, we had an e-bike fatal, we also had a regular bike fatal. We had the e-scooter...we had a 17-year-old and a razor scooter, so both human-powered and electric. And there's some out there that are

gas-powered still. Yeah, I'll leave it at that…(I) forget we just had a skateboard fatal. So t his is e-devices and trauma centers on the left. It looks like a little small number, doesn't it? It's really not, it's just compared to the projection for 2026 that it looks small. And I wasn't smart enough to bring myself a copy of this, so I could get closer to the numbers. I know that Sunrise had 254 last year. I believe that UMC had 202 and that St. Rose had 99. The middle graph is year-to-date and then I took the year-to-date averages by month and, you know, times them by 12 to get a projection for what 2026 will look like. And this is what I find so fascinating, is when we look at ages, St. Rose has the highest number of juveniles. When we look at overall people, it's Sunrise. And I think that-in my professional opinion in the traffic safety arena-it's because people in Sunrise's catchment, adults are using them for transportation devices more than certainly in Henderson where there's more kids that are on e-devices. I don't know that to be a fact, but it was something that totally popped up to me that I thought, well, that's a really interesting number.

Chair Kuhls: I would just say, you know, we've, thank you so much for your presentation. And, you know, I may defer a little bit to Dr. Fisher on this. He first presented Sunrise's data and it kind of depends on exactly what our source of data is. There is certain criteria for ending up in a trauma database. And then there are other people that are seen in the emergency departments and they don't meet criteria. Either they go to another hospital or even within a trauma center, you know, not everyone who's in an e-bike crash or something may end up getting, you know, activated. So I think sometimes the source is different, but I think the message is clear, that they are really increasing in number dramatically. And this is across the country.

Erin Breen: It is an issue across the country, you're absolutely right as evidenced by the fact of how many states have already passed. You know, Chris and I started looking at this in February, and I believe there were 10 states that had an age limit on e-devices for kids and that number's doubled now just since February, so it's definitely an ongoing issue across the country. I'm going to get to what ours might look like coming up. So next slide, please. So I had UMC under 18 on e-devices, 24% of the e-device patients at UMC were under the age of 18, 43% at St. Rose, and I got Sunrises today. And that's funny, I did exactly the opposite. So 67% were adults at Sunrise, but I have a little more breakdown. I have this from St. Rose as well, and I apologize that I did not bring the specifics of under age 12 and then 13 to 17. But for Sunrise, I printed this out because I just got it today, 13% of their overall e-devices were 12 and under, and 21% were 13 to 17. So again, this is important because we're looking at legislation coming up in the state of Nevada next year. Helmet use is up in 2026, which is always good news. Next slide, please . So fatalities on e-bikes in 2025 and through June of 2026, we had five overall fatalities, as you know, one of them was a juvenile. The average age for an e-bike fatalities is 44. Fatalities on e-scooters in 2025 and the first six months of 2026, we had seven. And as you know, two of those were juveniles. 36 is the average age for e-bikes and e-scooters. These are absolutely being used as transportation. It's affordable, it's easy, you don't have to have a license. Next slide, please. I just wanted to bring to your attention the other ones that we don't talk about, people in wheelchairs. We've seen a huge increase. People in wheelchairs in the last year and a half, we've had seven people in wheelchairs killed as pedestrians and four people in motorized scooter chairs. So again, in mobility devices, not fun toys. And then you can see the average ages. So next slide, please. Our current ordinance, basically the one on the left is Clark County's. Most of every ordinance in Clark County mirrors this. There is a 15 mile an hour speed limit but that's being re-looked at. The biggest thing in the ordinance is that you have to have a helmet on your head if you're under the age of 18 in all of the entities in Clark County. And then to the right, just in case people don't understand the difference between a class 1, class 2, and class 3, electric bike. A class 1 bike can go up to 20 miles an hour. It is a pedal assist bike, which means that you have to, it helps you start pedaling. A class 2 e-bike also goes up to 20 miles an hour, but it's a throttle, so it's not a pedal assist, you're doing that on the handlebar. And then a class 3 goes up to 28 miles an hour. And it too is what they call a pedal assist. So you have to start pedaling to activate it. So those are the class one, two, and three. Across the country, they've added class 4, which is for bikes that are more than 750 watts and go even faster. We might be looking at that, but not in our current, what we're looking at. So next slide, please. I just wanted to show you, just really briefly, a great graphic. This is actually from Portland, Oregon and I love that they did the "do this" in color and the "don't do this" in black and white because I think it speaks very well for itself. And I would hope we would mirror something after this. Next slide, please. You can't see this, or it's hard

to see. So this is language that we think will be coming out. It'll be tweaked a little bit, but this is what we're currently looking at and you can see that you have a column that talks about what kind of helmet. The first column is what it is, a pedal bike, a pedal only bike or a kick scooter, like a razor scooter, meaning human powered. Then you have the class one, two, and three bike, and then an e-scooter, which is defined as under 100 pounds, that is the scooter, not the person, and less than 20 miles an hour. And then a high-powered throttle device can be a number of different things. An electric motorcycle may look very much like a bicycle, but it has pegs instead of pedals. And that makes it a completely different animal and they travel much faster. First column is what's suggested for a helmet. You'll notice that there's a helmet for everyone, but it's whether it's a bicycle helmet or a DOT approved helmet. And then there's certifications. So if you're riding a regular bike or a kick scooter, you would not have to have a certification. But then there are different certifications based on the type of vehicle and the age of the person. The certifications up to the driver's license or the high-powered throttle device, they don't have to have insurance, and they don't have to have a license, but a certification. This is based on a new law out of the state of Utah, where their Department of Public Safety offers certification classes online for kids from 11-13 to 14-17, and then you have to have a full license. So next slide, please and I promise this...oh no, yeah you can see that in the minutes too. The next one's the last one. Sorry, go ahead. Thanks, Stacy. So, I was wrong. It's not growth and infrastructure that we're trying to get to make this a committee bill, it's the judiciary, so we'll know in the next 10 days if the judiciary is interested in picking this up. There's a lot of very positive conversation that this will be a committee BDR. So at that point, we would ask that you support the BDR, that you talk to legislators, that you especially share data. Let them know why it is so important that we look at regulating this and not, you know, that it's children and adults. If we are not successful and we're BDR shopping, then if you have contacts, we're hoping that you'll help us get someone to pick this up as an individual bill. We think it's stronger coming out of a committee, so that's what we're really hoping for.

Chris Giunchigliani: Is this Assembly or Senate?

Erin Breen: Good question. Well, interim is both, right?

Chris Giunchigliani: Yeah, they do blend them both.

Erin Breen: Okay. Yeah. And then whenever you have the opportunity, we ask you to support Complete Streets or Safe Streets for all efforts that make our roads safer for all vulnerable road users. So thank you for your time today. I'm happy to answer questions.

Chair Kuhls: Thank you for the presentation. Before we open up discussion, I was just wondering when you get information on a proposed BDR, if you could share it and would it be appropriate for Stacy to then disseminate it to us? I think because we meet quarterly and there could be a lot of action.

Erin Breen: There certainly could.

Chair Kuhls: Yeah, and in a quarter's time. So I'll open it up for discussion.

Erin Breen: I'd also like to offer, if you haven't seen it, I'll send it to Stacy and it too can go out. There is a full report from a big committee of about 100 people that worked over the last six months for immediate, short-term, medium-term, and long-term solutions to getting kids safely. If you haven't seen that and you're interested, I'll send that report and it can go out as well for your reference.

Chair Kuhls: I think that would be that would be useful. Is there any other discussion? Otherwise, I'd like to offer something. Yes, go ahead.

Chris Giunchigliani: Thank you. First, Erin, you did a great job. I'm not techie at all. I do think whatever language is drafted, whether it's with the interim or through a legislator individually, we really need to still...by law, bicycles are a vehicle. They're already defined as a vehicle. But somehow, when they actually added language in 482, they deleted electric bikes. So I think we have to anticipate with any legislation, the world is going to change. So we probably...anything motorized might be a better term rather than having to worry about whether it's a skateboard that's now being made into a motor or some kind of language that going forward encapsulates all the craziness that's out there now. Number 2- when the school districts got rid of drivers ed in the schools, I was always very concerned because a lot of parents don't have the time to document and do the hours and everything that they were supposed to do, and I do think that that's contributed a lot to our driving safety. They just didn't want to pay for it anymore and the legislature stopped funding it. There should be not just online certification, there should be in-

person certification of some sort, so maybe that could be some part of the discussion that comes in. What type of helmet? You could put a plastic baggie that looks like a helmet on your head so we probably should weigh in-especially those of you who might be experts on what's the proper helmet because the speed is an issue and I'm bothered that it's only cutting off at 20 mph. Some of the states did it closer to 12. Maybe we have to do, maybe some of our trauma docs, Dr. Fisher, somebody could do a, you know, a wall with what's 20 miles an hour, what's 10 miles an hour, what happens to, you know, the old car dummies that they used to do on crashes. Maybe we need to come up with some visualizations that are there. But, yeah...

Dr. Fisher: And while I'm not volunteering to be a crash dummy, I will say that we'd be happy to support any of the initiatives you have. We had, we've already eclipsed last year's number for e-device crashes. We're doing a better job of tracking it as well that when those patients come in, that we try to get very specific with the EMS with the device that was used. And Chris, you're right, the helmet does matter. Many bicycle helmets are only rated up to about 18 miles an hour, a basic bicycle helmet. So anything that goes 20 or a little over 20 doesn't provide the same protection. There's basic bicycle helmets, upgraded bicycle helmets, and then like DOT helmets. We've tried to provide some of that education both locally-the media's been a pretty good partner with us trying to get that information out, but we are fully in support of your initiatives. I think that at some point, if we could get like a blanket statement from RTAB or TMAC without getting into the specifics of it, to present to our legislators to say that RTAB supports new legislation interested in the safety of these charters, including education, protective wear, certifications, you know, that kind of thing. We'd certainly be on board to do that.

Chris Giunchigliani: I live a mile from Sunrise and most of my old constituents are hoofers, walkers, and that's why the age discrepancy I think comes in, because of the volume of -especially young adults, 18 to 35 in that corridor of Maryland Parkway and such. And so it is a cheap mode of travel and I don't want to discourage people or make people have to buy a car for a vehicle, but there needs to be education. I watch them daily on my block fly through the stop sign. They don't bother to even slow down and I witnessed 2 people...I almost hit one. It's like "where did you come from?" I had no idea where they even came from. So we have to do a community education program and I think that would be another key piece where the hospitals could weigh in on some of that part of it as well.

Dr. Fisher: Absolutely. We'd be happy to work with you on that, as well as through the Safe Kids program as well. We've done some helmet distribution.

Chris Giunchigliani: Yeah. Because who started/when we started doing the car seats for kids? I know when I first got on the commission, we raised money from someplace to give them away to families. And maybe we do an initiative? I'd rather spend money on educating and giving helmets that are proper than penalizing after the fact, you know.

Dr. Fisher: So we still do that. Everything's always been done, since I've been here the last 20 years, through Safe Kids. They have done that and give hospitals, you know, car seat giveaways, helmet giveaways. It used to just be for bicycles and so forth, but absolutely. Jeannie Marsala is our representative for that, and she does a lot of that work. So that's certainly one aspect.

Chris Giunchigliani: Yeah, so maybe we could pick her brain on some ideas on how to do that outreach. We could do it through maybe rec centers or something along those lines. But it's educating in at least English, Spanish, and Tagalog, I would say, any educational materials would be out there. And Mandarin. Mandarin's now one of the next highest languages as far as within the Asian community next to Filipinos. So just trying to brainstorm where this board could have some good benefits to bring forward, I think.

Chair Kuhls: I would recommend-and Dr. Fisher we've talked in the past couple of meetings about actually collaborating on data collection-running it through an IRB and actually doing a study that's trauma-wide, trauma system-wide. I think the other thing, there are multiple sources of funding but if we had sort of an organized effort between the trauma centers. The level one and two trauma centers are required to do injury prevention and I'm sure that Sunrise is doing stuff, we're doing stuff, but perhaps to collaborate so again, we have a common message. I also just wanted to mention one other thing that I've written an e-mail, but as far as I know, I haven't gotten a response. So for those of us who are trauma surgeons, one of our main professional organizations is the American College of Surgeons, and we have a very strong advocacy arm for many trauma initiatives. There is legislation that is being proposed for

what's called e-micro mobility devices, and they would include the devices that we're talking about here. So I'm waiting to get that information. If there was a federal law, then, you know, that would really help many states, including ours. But I appreciate the state initiatives and look forward to staying, you know, on top. I think before we get into crafting language, it would be good to be in concert with proposed legislation.

Erin Breen: I agree wholeheartedly. And I would like to add that doing outreach and helmet giveaways and education, I think that the three trauma centers would be a terrific place to start, but don't forget that we have the health district and the community health center on Boulder Highway as well. I've done several things at the community health center on Boulder Highway because of its great population to address a large group of people that don't have a vehicle. And lastly, how important it is for everybody to speak up about safe places on our roads for micromobility devices to be used, because we want to encourage them, not discourage them. We want to encourage, especially adults, to use micromobility devices because they get you out of your car. So, but if we don't have safe places...

Chair Kuhls: As long as they are safe. And, you know, I haven't looked at the proposed legislation, but there's also great variability and kind of inherent built-in safety, like reflectors and lights and so forth. So there's clearly a lot of work to be to be done, you know, in this area. And I would just say we have a fourth, we have 4 trauma centers here. And I believe Nellis Air Force Base, you guys are able to do outreach as well, unless I stand corrected.

John Recicar: We can do some, we can't purchase helmets and do giveaways in that regard.

Chair Kuhls: But it would be great to be inclusive because you're in an area that I'm sure could use prevention. So thank you.

Erin Breen: The state will give you helmets, you know. So then if you need help with that, let me know.

Chris Giunchigliani: So data collection, I hadn't thought about the fact that in trauma, not everybody winds up in your system data because they may not have been. I think however we come up, we should come up to cover as much data collection consistently, not just what occurs in a trauma setting.

Chair Kuhls: Correct, and I would agree with you. Even the criteria about who ends up in the trauma database can be somewhat variable.

Chris Giunchigliani: And then I would say as a former elected, I tried to design roads - I grew up in Chicago, so I, you know, rode the bus, the L, you walked, you biked, you did this, you did that, but I've traveled. And so I tried to do things in the design of roads for pedestrian e-type people, users, as well as vehicles. So maybe there might be some cities like Portland's put together where we should mimic some of those road designs that we found. See, people hate roundabouts. I love them because they're true traffic calming devices. They don't make you sit at a light and add exhaustion into the air and pollute. There are all these other factors that come in. In most of Europe and Asia, there's a roundabout on everything, including on highways. So there's some training that needs to come in, but looking at design, like where I separated the road on Hollywood because it was so wide and I had trucks and conflicts. So we did a dedicated raised area for the walkers and the bicyclists. So maybe there might be some things along those lines.

Chair Kuhls: Yeah, I totally, totally agree. So this is, I think this has been a really good discussion. We have several other agenda items so I would like to close discussion on this item unless there are any objections?

B. <u>Discussion/Action: System-wide trauma needs assessment to be performed by an outside consultant – Chair Kuhls; direct staff accordingly, or take other action as deemed necessary (for possible action)</u>

Chair Kuhls: Our next agenda item is agenda item B. It's under 6B. It's discussion or action on a system-wide trauma needs assessment to be performed by an outside consultant. We had a lot of discussion on this in the last meeting that is certainly on the recording and is also in the existing minutes and will be there in a more robust manner once the minutes are verbatim, as we just discussed. And so we've added this on as an agenda item. And it actually was at my request after a lot of discussion in our last meeting. So I would like to open this up for discussion and possible action.

Maya Holmes: I appreciate the intent and I do think there's a need that we're doing a comprehensive assessment of our trauma needs for expansion purposes in the valley. I do think the annual trauma report

has a wealth of information in it. I feel like it doesn't kind of get the - no disrespect on the staff because it's an amazing report that you guys put together - but I don't feel like it gets the discussion in the presentation it kind of deserves necessarily in our meetings. I'm wondering if we could also potentially take a step back and look at, in the annual trauma report, what do we actually think is missing? Because there is a tremendous amount of information in that report. And also potentially revisit...there was a report. I forget exactly what it was called, but Dr. Kingsley and Dr. Fildes and some of the IT and analytics folks from the Health Department did that was different than what we're seeing in the annual trauma report that had kind of heat maps and other things in it. And we could revisit those because I'm not sure the funding for an external report, but revisit, because I think a lot of tremendous data is available. That work is being currently done and has been done in the past and to revisit that and then and assess is something missing.

Chair Kuhls: Question?

Chris Giunchigliani: Yes, I have to admit I haven't looked at that in a while, but it...so we do collect currently, and that's what we use as far as making some determinations? So maybe it's the consistency of the application of what's already in the annual trauma report? And I don't know, so maybe we have a little more discussion.

Chair Kuhls: I would ask Maya to maybe kind of further explain what she means. But we have had other reports, and I've recently gotten copies of them. I want to thank Stacy for having readily available copies of them. So in 2011, the American College of Surgeons did a trauma systems consultation, that is something that they offer and some people may have been present for that. Then I believe there was an internal report following that, that was called Benchmarks, Indicators, and Scoring and that was done in 2013.

Dr. Fisher: I think the report that I was referring to-I think Dr. Fildes did approximately 7 years ago-that was a lot more extensive than that involved, which speaks with the heat maps and it looked at population growth for the different zip codes. It was trying to look at future needs in the Las Vegas or greater Clark County area. It looked at transport times. There's a lot of information in there in excess of what we have in the national or in our annual trauma report. But that was very extensive and I agree, probably not inexpensive to do that. And then who does it? But I think that's what Maya is referring to. There's just, there's some information there that probably doesn't need to be collected year by year. Just because the change might be slight. I think it was trying to really look at how big is the city getting, how much more population are we getting, and you know, where needs might lie now and in the future, so it was just a more extensive thing. And I want to say that was done in like, maybe 2018/2019, is that right?

Chair Kuhls: This just says 2018.

Dr. Fisher: All right.

Laura Palmer: Are we talking about the trauma needs assessment tool that we developed?

Maya Holmes: Yes.

Laura Palmer: That we then said, we didn't feel met the needs of the district?

Maya Holmes: Really?

Laura Palmer: Yes, in this meeting.

Dr. Fisher: I think there when that report came out there was still debate on what all the information was telling us. It wasn't like, you know, we saw...

Laura Palmer: We still have that tool. We still have the data, so it wouldn't be difficult to pull.

Chris Giunchigliani: Just to clarify, that's something from 2018 is what you're talking about? That's what you're thinking?

Laura Palmer: That was when we developed the tool. We worked on it for, I want to say almost two years with RTAB and TMAC.

Chris Giunchigliani: So does that framework still work for what this board needs?

Laura Palmer: I think so. It looks at population growth. It looks at trauma growth. It looks at transport times.

Chris Giunchigliani: So maybe it's what we're taking out of it information-wise, rather than the document and what it's collecting.

Laura Palmer: Correct. And I do believe most of that data is in that annual report.

Chair Kuhls: But then it can be analyzed somewhat differently and presented differently.
Dr. Fisher: Agree
Laura Palmer: Absolutely.
Chair Kuhls: That was the NTBATS tool, wasn't it?
Dr. Fisher: Yeah
Chair Kuhls: I mean that was developed, right?
Dr. Fisher: Yeah it was pretty extensive, but there was still, as Dr. Kuhls suggested, there was still some debate on what the data was telling us and even despite it kind of being an extensive report, there were members that wanted to see additional data to it. So you know, it does have its limitations.
Laura Palmer: I think there was also concern as to what one person might feel is important, another person might not. And they were, we looked at the time of - would an outside person have a better sense of what has value? What has had value in other systems?
Chair Kuhls: And therefore, the conclusion was that an outside person would have more objective.
Laura Palmer: At that time, they thought an outside person would be more objective. It was not in the budget. And then we had changes in how trauma was handled at the state level. So everything was kind of put on hold. We did share that tool with the state because when the assessment of need was moved to be a state function, they didn't have anything in place and we said, hey, we've spent two years developing this if you'd like to look at it.
Chair Kuhls: And we developed it beyond what the College of Surgeons…
Maya Holmes: Yes. Yeah, I wanted, sorry…
Chair Kuhls: No, I just wanted to clarify because I would just say, you know, when I became the Trauma Director, I went back and not necessarily…I don't remember if I looked at this specific report or the graphics from it, but I went back to the American College of Surgeons and asked about what's called the NTBATS tool. And I believe it has been somewhat modified, but it is, it's still challenging. I think it has, it has strengths and weaknesses.
Dr. Fisher: Yeah, it was more in depth and in detail than the ACS tool. The ACS tool is nice, but it's kind of nebulous. It takes a 30,000 foot look at things and it leaves out, you know, a lot of information. So it was certainly, like I said, it was more in depth than that, but we still had debate at the time over- as this was mentioned earlier-like what are the most important factors? How do we interpret any of this data and so forth. It was a wealth of information, but I'm not sure it got us to better answers. I think that was the most recent one in 2018; I'm sure those numbers have changed somewhat in eight years, but you know, that might be a tool that's reasonable to do on a regular basis. But I'm sure I don't want to put undue expense and work on the health district, just if it's information for information's sake only, so to speak.
Laura Palmer: I think the first thing was to see what was on that tool that is not in the report and then go from there.
Dr. Fisher: Right. But it's quite a bit of information.
Chair Kuhls: I think that's a really good suggestion.
Dr. Fisher: Yeah.
Chair Kuhls: So should we do that?
Chris Giunchigliani: Maybe you want to do a work group that takes a look, and if you're transferring this to the state, but that's not necessarily - garbage in, garbage out kind of thing if you're not careful, right?
Dr. Fisher: Yeah.
Chris Giunchiglinain: And then it overwhelms you and you lose sight. So maybe it's not necessarily a needs assessment, but it's a reformatting of what you need to collect and then what consistently benefits you all that work in this field for generating policy and so forth. Is that more of what you're really trying to get to?
Chair Kuhls: I would just take what you're saying one step further to maybe graphically display where our needs are. You know we are a very growing population, also the demographics of our population. Our population is aging faster than it's growing, but both are really occurring. That put our population at risk for certain types of injuries. And if it was last conducted in 2018, I think with some regularity it's worth a look because we're not a static metropolitan area. We're really a dynamically growing population.

Maya Holmes: I think it would be important to do and I do think the – I wasn't on...I think there was a committee that worked on the tool, if I'm remembering right. I wasn't on RTAB until 2000...
Dr. Young: Trauma Needs Assessment Taskforce.
Maya Holmes: ...yes, that I think met for a few years and then - but I do think it was building on the American College of Surgeons tool and trying to recognize more of the nuance. I think there were, in my recollection, also in some of the discussion about it was; we may not have reached the perfect solution, but it was moving towards a better understanding that was sort of specific and more nuanced than what was within what the ACS had. Also trying to recognize that when assessing trauma sort of growth in the valley, really looking at not just population growth and decline because we also have zip codes where population is declining. It's not, you know, if we just look at it in the aggregate, it doesn't tell us the same story if we dig in very deeply. So really trying to pick out that nuance and also recognize we need to look at where the trauma cases are coming from. Just because there's population growth, it doesn't automatically correlate to trauma growth, so we need to understand both of those sides.
Dr. Fisher: But I think too that part of the problem was that fundamental question, what is the difference between, you know, need and beneficial? I think that, you know, need is sometimes how you define the need and what would be, say, beneficial to the community that you're serving. So there's a lot of nuances in that, and I think that's why we had a little difficulty going over it. But it certainly provides a good blueprint, like where is the city growing? Where is it becoming more congested? You know, that kind of information. And it may not be bad to look at regular periods, certainly not an annual thing. You know, it's not going to change that much in a year, but it may have some benefits since it's been eight years.
Chair Kuhls: And I would just like to make a point of, you know, it was handed over to the state. You know, the way our state works, we have like the State Board of Health and then we have the Southern Nevada Board of Health. So, you know, it would seem to me that-and not meaning to make more work for the people in the room-but sometimes there really is a sensitivity of people who are part of the community. And also, you know, some of the state initiatives, unless there's an appropriation of money there, you know, it's like a blind ask. So...
Chris Giunchigliani: Well, the health district came about at a midnight change 30 plus years ago. So it was, anyway...But I think, yeah, the needs statewide will be very different and yet somewhat very much the same. How do we coordinate? Do we get information and health information from the school district health office? And I don't know, but maybe they sometimes see a trend of something happening within a student population. Do we have that kind of communication? Not really?
Chair Kuhls: Not to my not to my knowledge.
Chris Giunchigliani: I'm just going back to Dr. Fisher, you know, benefits versus-just because you need something doesn't mean it's going to be beneficial. So trying to narrow down what that benefit might be. But also, part of health is watching trends that are going on. What's happening now? With all the ease, nobody's walking. So there's a new health risk factor in my mind that, obesity is already huge. Maybe that's going to be a contributing factor. So just, I was just curious if the health district, because as a special ed teacher, I worked very closely with our school nurses at that point. And sometimes they would see something happening.
Chair Kuhls: I'm sorry, my answer is probably inappropriate. RTAB, to my knowledge, doesn't get any information from the school district but perhaps the health district does.
Chris Giunchigliani: Oh, ok. Maybe the health district does. Do you know Stacy?
Stacy Johnson: I don't know if our epidemiology department gets that data. I can ask them.
Chris Giunchigliani: Just curious, maybe, yeah..
Stacy Johnson: They get data from different places, but I'm not sure where all they get them from.
Chris Giunchigliani: Ok, just food for thought.
Erin Breen: They fund safe routes to school too, so they're definitely plugged in with the school system. So, but back to your original trauma assessment. So the tool from 2018, could the most recent trauma data, the trauma report, could that be plugged into the 2018 model and come up with what the current state of...
Dr. Fisher: Not all that data is there in that trauma annual trauma report.
Laura Palmer: I think the thing we're missing is the heat maps. The overlaying of stuff.

Dr. Fisher: Yeah, there's more data there. And just quickly for just some historical perspective before we run down this rabbit hole too far, I mean, that was originally done with the intention of, we had three level 3 trauma centers, I think, or five, is it? Five that were applying at the time. And the question, the tool was devised-took like 2 years to devise-and we ran all the information to look at whether any of those centers were "needed". And it really, I can't say that it gave us a clear defined answer to that question.
Laura Palmer: That's correct.
Dr. Fisher: It provided a lot of interesting information and a lot of people looked at the data slightly differently, but it didn't give us like, you know, it wasn't like a red light going off at the end of it saying, "oh yeah, you need one right here". So it didn't quite do what we wanted to, but it did provide some material information.
Laura Palmer: I think we were looking for something that would, for lack of a better term, predict the future. Because once you decide you need a trauma center because you've identified a problem, it's already a problem.
Dr. Fisher: I'm not sure that that could…
Dr. Dort: So that's the point. I'm going to echo what you just said, which is; I was here in 2018 for that. I was here in 2011 for the ACS systems consultation. They…one-the ACS is not interested in local anything. They're not going to say this should be this and this should be this. They're just going to go over general need, you know, and where 18 failed and where 11 was great information, but nothing that anybody acted on was back to what a couple of people have mentioned, which is the interpretation of what you're looking at, right? Is 15 extra minutes in an ambulance a problem or not, right? If it takes 15, if it takes 14 minutes to get here and 27 minutes to get there, is that a problem? Some people perceive it as a problem, some people don't. The kind of data we would look at where everybody in the room would agree we have a problem means one-people have already been hurt and two, it does not take a day and a half to get a place up and running. Everybody in this room knows that, right? I mean, if you perceive a need that we better get this up to a level this or a level this or include that hospital, it can be a two-year process to get all the resources, till you get verification, till you get whatever, which means those same people who are suffering because there is a perceived unanimous need we are now two years into. And so one of the things that, you know, there is stress and it was stressed…the systems thing is the reason they discussed the RMOC's is they're all about extra resources-not to the point of Florida or Texas where it's destroying the system and systems aren't, the hospitals aren't seeing enough patients to make them good at what they do, but enough that you don't ever run into that problem where you're having an unacceptable rise in mortality. And at that point, it can't happen overnight. It becomes a one-to-two-year thing and you watch helplessly as you didn't fix the problem fast enough. And I could guess, and I'll see if I get disagreement here, If the ACS comes out here, which by the way is 12 to 18 months away and a lot of money, it is not, they don't come next Friday and do this. I promise you a lot of what you're going to hear is not about which side of paradise the car accident happened. What you're going to hear about is the rural areas around Las Vegas and the middle of the state. And a few, I don't have it with me because I didn't see this coming, but there is a map out there which I can supply that shows all the trauma centers in the United States. And the biggest, pardon the pun, "desert", biggest trauma desert out there is the state of Nevada. Everything north of us for the most part, a little bit around us and south of us. So we're not just serving the city of Las Vegas. We're actually creating resources to serve the one state out there that if you look at a map from about 50 feet away, you would say, boy, they need help. And again, I'm not, this is not any of the other things on the agenda I'm discussing, but you know the reason we, it's great to have all this data, but the reason the argument existed after the data was that people perceive it differently. We just have to be careful to not say we're not going to change anything until we see people being hurt and we have to then race against the clock.
Dr. Fisher: I think some of the information too, sometimes it can be counterintuitive that you get, for example, you would think is, you know, that trauma centers spaced equally around the city would be sort of the patient population, the best transfer times and in some cases, that might be the case. If you look at an example of our SW neighbor, San Diego, they have two level one trauma centers literally sit four blocks from each other and then they each command half the city and so forth and it works for them. So again, so that interpretation of information can be very difficult. I do agree with Dr. Dort. Once you, if you

found that we got a hard knee, you're, you know, two years behind, but boy, I find that definition is difficult. And it's really to develop, we I think all saw in those two years how develop, how hard it is to develop a tool that really addresses all the all the questions.

Dr. Dort: I think like the right answer would be, have preparation and be slightly over-resourced because that's what you need, but also to fully and very transparently address the concerns of why everyone has so much angst about it, and unfortunately a lot of that gets into finances and stuff. And, you know, I'm a little bit of an over-optimist in the sense that we should find a way that it doesn't get in the way and that it doesn't hurt any entities and that our one and only priority is the people we're taking care of without worrying about all that. You know, whether we need to be more transparent, which I'm sure not everybody's going to want to hear, you know, we're in favor of all that. We don't think that finances should be making these decisions. It all needs to be reasonable, and it all needs to be protected, all the entities involved. But ultimately the people we're protecting is to be over-resourced, just slightly, but always ahead of the game for the people that live here.

Chair Kuhls: And I just wanted to add since kind of the lack of trauma centers in our state, our legislature did take action in the last legislative session to establish level 4 trauma centers in rural areas and two have been established. Or at least they've been, I don't know if they've been truly established or they've declared themselves as level 4 trauma centers. And the American College of Surgeons and Dr. Dort, you may know about this, but they were in the process of releasing guidelines, not verification criteria, guidelines for level 4 trauma centers.

Dr. Dort: Yeah, at the last ACS meeting, there was actually a poll amongst all the members of how, or what we think, how that grade book should look for level 4 and some of the things that we think should and shouldn't be necessary. So that is being addressed.

Chair Kuhls: So are there other comments or what should we, what is?

Maya Holmes: Dr. Kuhls, I had one comment. I just want to...if we move down this path, I mean, the points that you all have made, I think we certainly don't want to be in a situation where we're acting after the fact. And I think a lot of times we rely on the statement of TMAC and the, you know, we're in the statements of staff that we're meeting in the hospitals, we're meeting capacity, we're not straining, we're not having bad outcomes. I think there's information in TMAC that most of the time those are closed meetings and I completely understand why, but thinking, you know, what pieces of that out of TMAC would be helpful to understand what's happening in the trauma system. I was looking back at the minutes from the last open meeting and, you know, there was information about our mortality and outcomes are stable and trending down. You know, there's...so looking at that information as well and how it could be incorporated into a report so we're understanding the patient experience, not in any way that would, you know, hurt the mission of TMAC or what the discussions are there, but that would help us understand what is happening in the trauma system.

Dr. Dort: If my memory serves correctly, TMAC is closed because of the peer review element of it, not so much because there's statistics that we couldn't share here. Is that the case?

Stacy Johnson: Yes, it's closed for the QI peer review portion.

Dr. Dort: But I think if it got to the point where there was concerning statistics from that meeting, I think it could be presented here. It's not all closed. It's closed because there's theory review and we go over certain cases that shouldn't be out and about. But I think if there was like concerning statistics we saw, we could easily present it here. I think it would be actually our duty to do so.

Stacy Johnson: Yeah and typically anything that is found or raised in TMAC that needs to, it'll trickle up through RTAB. Typically, that's who they report through so...

Chair Kuhls: So is there interest in establishing, I've heard work group, taking a look at what we did before? Where we are now? Is that worth looking at and coming up with a recommendation?

Chris Giunchigliani: Can I ask a question?

Chair Kuhls: Yes.

Chris Giunchigliani: So the suggestion might be that we use the annual report, trauma report and inculcate it into what you already state send to the state. Is that, do you do that anyway?

Laura Palmer: We share our annual report with them just like they share theirs with us. We have the tool here still. We just gave them the documents and said, hey, this is what we've done.

Chris Giunchigliani: So there is a structure of this then?
Laura Palmer: Right. We have the structure here.
Chris Giunchigliani: To me, it would be-what is the outcome that we would expect from a work group? And that's what I don't have my head wrapped around.
Dr. Dort: I mean, we can always agree, part one was always agreeing on what day do we want to look at. And then part two is the much harder part is-what's your opinion? So if we just agree that we're going to disagree a little on the other side of it, obviously more knowledge is better than less knowledge.
Chris Giunchigliani: Yeah. Maybe we start with just, send us back out the annual reports. We can take a look at it and then...
Dr. Dort: See if there's anything missing.
Chris Giunchigliani: ...and see if there's anything that pops up.
Chair Kuhls: And that is going to be finalized soon, right?
Stacy Johnson: Very soon.
Chair Kuhls: Very soon, right? And we all have a charge from the TMAC meeting.
Chris Giunchigliani: Okay, this has been a great discussion. So I think let's not reinvent anything. Let's let them finish the update, make sure we all get it, and we read it if we get it, and then maybe something might bubble up from out of that part of it.
Chair Kuhls: Could I ask then, that this item be placed on our next agenda? We will have the annual report.
Chris Giunchigliani: For a follow-up discussion.
Chair Kuhls: Yep, follow-up discussion. Does that make sense? I'd like to make a motion.
Chris Giunchigliani: You don't need to.
Chair Kuhls: What's that? I don't need to?
Chris Giunchigliani: You can just give direction as the chair.
Chair Kuhls: Okay. All right. You okay if I give direction as the chair?
Ed Wynder: No objection.
Chair Kuhls: Okay. All right. Okay. All right. That was going to be my direction. Thank you so much for all of your help.

Item to be placed on the agenda for October 21, 2026 RTAB meeting for further discussion.

Member Henley joined the meeting at 2:57 p.m.

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

Chair Kuhls: Next item on the agenda under 6C, is discussion and recommendation to the Board of Health on application for change of trauma level of St. Rose Dominican Hospital-Siena Campus, from a level 3 to a level 2 trauma center. And going to open this up for discussion, but I just wanted to remind everyone that when the meeting packet was posted online, the materials that were presented at the last minute were also posted online again for everyone's review.
Maya Holmes: Chair Kuhls, I'm a little unclear sort of on the agenda item. I would actually make a motion to postpone this discussion of agenda item C until the resolution of the Health District's appeal of the Sunrise litigation.
Dr. Dort: I would, okay, here's my part of the discussion. One, it already got voted on last time. And two, I just gotta comment that we have nothing to do with litigation, we're not in any way involved in it. And I think our opinion, and it's probably the opinion of both people involved in the litigation, is that we regret the litigation, even that it has to happen. But you know, I don't know that these two events are tied together. Not asking, you know, we didn't put this on the agenda, just for the record.
Maya Holmes: And my comments are no reflection whatsoever...I mean, we appreciate Siena and all that they're doing in the community and the trauma system. It's really, I think, from the payer perspective, is the concern that the litigation has kind of - we don't know the impacts on the system until it's resolved.

We don't know the impacts on the kind of process for making a determination based on need, which is in the trauma system protocols. It's the responsibility of the Board of Health to make a decision based on need. So, and I feel like as RTAB, our recommendation should address that, and you know we had voted in April, so I agree that it's been voted on, it's been hashed out, so...
Chris Giunchigliani: So you're suggesting that this is premature as a new, another discussion and recommendation? Because we voted, it's done. But if there's a different outcome from the case, we should take that into consideration in my opinion and review down the road. Because to me, I don't know, I'm not changing my position and that's not necessarily even what this is worded as, discussion and recommendation. We already made a recommendation to the board. So your motion would be to postpone it so it doesn't get rid of a discussion at some point upon resolution of the case, then we'll know if there's even more impact on the system that's supposed to be in play versus that. I'll second that. I think that makes some sense. Sorry, I didn't mean to do that.
Chair Kuhls: Is there a discussion? It looks like some of our Southern Nevada Health District people want to say something.
Dr. Gonzalez: I'm just going to add a commentary. I think part of the intent was this; in strengthening the discussion for the DHO, for the recommendation to the DHO, in the process there was some abstentions that did not allow for more explanation for the DHO so that he can have that recommendation clear. You know, the motion you all make is what you want to make, but that was the intent.
Chris Giunchigliani: And that's part of why I brought up the verbatim minutes for next time, because it didn't properly reflect. If somebody wants to see what we discussed and argued about on needs, it wasn't contained there. It's not a criticism. I've done minutes, but getting the verbatim will refresh people's minds. For future, we all are required under state law on this board to disclose any conflicts of interest but also vote. Generally, it was Senator David Parks that wrote that language so that you couldn't have former elected's that I used to serve with who would cut a deal with somebody and then they'd abstain so that the motion would pass or fail depending on their strategy. And so now they changed the law. So you have to disclose and vote unless you have a direct pecuniary, I think is the terminology, interest. So yes, for future, I think we should make sure that we do that part. But postponing this won't change that and getting verbatim minutes may actually help you all in the long run be able to show that we did consider needs. We just didn't agree.
Chair Kuhls: And do we need to take any action on those who abstained?
Chris Giunchigliani: I don't think you can go back and do it. You can go forward.
Chair Kuhls: Okay. We'll need a motion. Okay, so we have a motion and a second. Is there any discussion?
Erin Breen: I have a question: How, is there an idea how long this litigation will take? I know that's a silly question, but...
Ed Wynder: Just in general, appeals before the Supreme Court could take, it's in mediation right now and so it could, if it doesn't settle, the case would take one to two years.
Chair Kuhs: But there is a chance that it will settle? So, if it's in mediation..
Ed Wynder: I can't speak to the details of this particular case.
Chair Kuhls: Correct. But mediation does imply that there will be an outcome. Right?
Ed Wynder: Just general information. I can't speak to the particulars of this case since it's ongoing, but the Supreme Court generally requires parties participate in mediation prior to briefing. And that's...
Chair Kuhls: Okay, thank you. Is there any other discussion?
Dr. Dort: So is this, just to reiterate the motion, this just means tabling the discussion, right? That's what the motion is?
Chris Giunchigliani: I think she used the term, postpone.
Dr. Dort: Postponing the discussion, but we're not tying this to the outcome of this endless litigation thing.
Maya Holmes: I was postponing this agenda item until the litigation is resolved. That's the motion.
Dr. Dort: Is that even allowed? Because I mean, we can put anything on the agenda we want. This shouldn't disqualify from discussing this for the next two, three, five years.
Chris Giunchigliani: I would say that if somebody wanted to bring back a different motion of some sort six months from now, they're more than welcome to do so. You're just postponing this particular.

Stacy Johnson: It's my understanding that the vote is already complete. Dr. Lockett was just asking for additional information if anyone was willing to supply it because there were so many abstentions. He wanted to understand why, because he needs to make an informed decision on his end moving forward. So he was just, in my understanding, he was asking for additional information. So the vote is already...
Dr. Dort: This is for possible action. We don't have to make any action on this. We just ignore it.
Ashley Tolar: So by postponing it, we're just hampering his ability to have an informed decision.
Stacy Johnson: I would believe so.
Chris Giunchigliani: Okay, if we're going to hamper his ability, he could've attended the meeting or people that abstain could state now why they abstained and he could read the minutes then. If that's what he's concerned about.
Chair Kuhls: Which is what I asked about before. So, we need, we need some direction. I mean, there are several people who abstained.
Dr. Fisher: Our abstention is similar to what we discussed in the TMAC meeting earlier, that it relates directly to the current legal issues that we have with pending litigation. That's our reason.
Stacy Johnson: And I'm not sure that we can, I don't know. I don't know that we can force anybody to tell us why they're abstaining. It was just a simple request that he sent out to the board.
Chris Giunchigliani: Perhaps those individuals could contact Dr. Lockett and explain what it was. There was no lawsuit at that time, and that's handled by the Board of Health, not us. So that's...we wouldn't even have had that discussion in April. But if Dr. Lockett wants to know, perhaps those five individuals could give a call and say, hey, here's why I abstain. If that's what he's seeking.
Stacy Johnson: And some of that may have already occurred. I'm not sure.
Chris Giunchigliani: Okay.
Chair Kuhls: So, we have, we still have a motion and a second. Any other discussion? Otherwise let's go ahead and vote.
Jessica Colvin: Can you clarify what we're voting on?
Maya Holmes: The motion would be to postpone this agenda item until the resolution of the appeal of the Sunrise litigation.
Dr. Dort: I guess my confusion is, we already had this agenda item, but...
Sam Scheller: I would ask if we vote against it? The motion, then what? I mean, what are we voting for?
Chair Kuhls: I'm sorry, I didn't hear you?
Sam Scheller: Yeah, I was just asking if we vote against the current motion on the table, then do we keep discussing the recommendation? I was looking from the other side of it.
Chris Giunchigliani: That was my point. It's worded strangely. Discuss and recommend to the board. Recommend what? We already took action.
John Pope: So do we need to take action at all or can we just move on?
Chris Giunchigliani: Just take the agenda item off. That's why I asked that at the beginning of the...
Dr. Dort: Yes, so it says possible action. I think we have to make a motion. I think we can just move on with our lives.
John Pope: In agreement with you, Dr. Dort. I mean, it's possible action is determined by the chair, so we could just move on by the chair's voice, can we not?
Chris Giunchigliani: She accepted the motion. The motion's live now, so you have to take action on the motion one way or another and then dispense of it.
Chair Kuhls: Should we do a roll call or should we say aye? Those in support of the motion, say aye.
(Multiple aye's)
Chair Kuhls: We got online people, too? Yes, ok. And nay's?
Dr. Dort: Nay
Ashley Tolar: Nay
Sam Scheller: Nay
Dr. Fisher: This is to postpone the discussion?
Ashley Tolar: That we already completed?
Dr. Dort: This is just to kill the motion.
Dr. Fisher: I just think we could just move on from it, sorry. Forgive us Madam Chair, but...

Laura Palmer: Doctor Fisher, could you use your mic, please?
Dr. Fisher: Sorry, Madam Chair. I'm just I guess, a little unclear on the motion. It seems like it was already voted on. It's not an item that has to be taken action on, so I'm not sure the sense of postponing an item that we don't seek any action on. I know this is not the place for it, because it's just during the vote or the roll call, but…I would just say, I don't know. I just don't think it's an active item that we have to action on at all. So I guess a vote of no.
Laura Palmer: Did you want a roll call vote?
Chair Kuhls: I think we should have one.
Laura Palmer: Dina Bailey
Dina Bailey: Please come back to me.
Laura Palmer: Nellis, are you both abstaining?
Umberger: Yes
Laura Palmer: Okay
Laura Palmer: Erin Breen
Erin Breen: Yes.
Chris Giunchigliani: They have to disclose why they're abstaining.
Laura Palmer: Can you disclose for the record why you both need to abstain, please?
Umberger: We are a military facility and have an inability to vote.
Laura Palmer: Danita Cohen
Danita Cohen: Yes
Laura Palmer: Jessica Colvin
Jessica Colvin: Yes
Laura Palmer: Dr. Dort
Dr. Dort: No
Laura Palmer: Dr. Fisher
Dr. Fisher: No
Laura Palmer: Chris G.
Chris Giunchigliani: Yes
Laura Palmer: Amy Henley
Amy Henley: No
Laura Palmer: Maya Holmes
Maya Holmes: Yes
Laura Palmer: Jason Desai
Jason Desai: No
Laura Palmer: John Pope
John Pope: No
Laura Palmer: Lisa Rogge
Lisa Rogge: Yes
Laura Palmer: Sam Scheller
Sam Scheller: No
Laura Palmer: Ashley Tolar
Ashley Tolar: No
Laura Palmer: Ryan Tyler
Ryan Tyler: Yes
Laura Palmer: Dr. Kuhls
Dr. Kuhls: Yes
Laura Palmer: Dina Bailey
Dina Bailey: Yes
Laura Palmer: We had one more member join us since we started the meeting, so we have a total of 18. So we have 9 yes and 7 no's and 2 abstentions.
Chair Kuhls: I'm sorry, my light was not on. The motion carries.

A motion was made by Member Holmes to postpone this agenda item until the resolution of the appeal of the Sunrise litigation, seconded by Member Giunchigliani. A roll call vote was conducted. The motion passed with nine votes in favor, seven opposed, and two abstentions.

V. REGIONAL TRAUMA COORDINATOR REPORT

A. Update for EMS & Trauma System

Chair Kuhls: Next, we're going to move on to the next agenda items. It's agenda item number roman numeral 7, Regional Trauma Coordinator report for information only. And the first item is number A, update for EMS and Trauma system.
Stacy Johnson: Okay, so we kind of already touched on this earlier. The 2025 Nevada State Annual Report has been released and it is online. We were waiting on that to finalize our report here because we take some of that data to use within our report. So our report is almost done. We've got one little, one more item we need to button up from the TMAC committee. So hopefully...I'm not going to give a date because then I'll be tied to it...but hopefully it'll be online very soon. I do want people to just keep in mind when you do review that report when it does get posted is, we did have a methodology change this year for 2025 in the way that we do collect our TFTC data, so the numbers do look different. It actually does show a decline in some of our volume, I would take that with a grain of salt. I don't know how accurate that really is in comparing it to our previous data. I think it's going to take a couple, maybe two, three years to actually be able to say if there's a drop or an increase in data. I do feel that the data now is much more reliable. So I think we just need to give that some time to pan out. So don't panic when you see those numbers. And if you have any questions, please feel free to reach out to me, but just heads up, they look different. The report looks the same, but that's probably why you're seeing a change in the data. And then, is there any questions on that?

B. Trauma Field Triage Criteria (TFTC) Data Reports for 1st Quarter 2026

Stacy Johnson: I know we're already over time. I'm not going to spend a lot of time going over these reports. They were included in your guys' packets. They've not changed. They're the same reports that we always go over. And I personally did not see anything alarming. Our out of area is still under our 5% threshold. If anybody has any questions, I'm happy to entertain those.
Chair Kuhls: Okay, thank you.

C. Report from MAB Meeting

Chair Kuhls: Next is report from the Medical Advisory Board. This is from Dr. Morgan. I'm not sure if she's online or not.
Laura Palmer: Dr. Morgan was briefly online and then she had to leave for another meeting. She asked if Dr. Young could pinch hit really quickly. He may not be prepared since he's...
Dr. Young: Recalling from recent Medical Advisory Board not much in the way of trauma updates, mostly updates on educational additions to obstetric emergencies and cardiac arrest protocols, but nothing really traumatic. Sexual assault patients, as you all know, there's a little bit of a pivot in the system in terms of preferential or bypassing certain facilities to get to UMC or Sunrise. There's now, with Nevada Health Right coming online in our community, there's less of a need to bypass certain facilities. So just if you see a change in trauma patients with a sexual assault component to them, they may be getting transported more generally throughout the system since there is evolving outpatient resources for those patients for the forensic examination. So if anyone has any questions, you can ask myself or Dr. Morgan, but that's what I recall from the recent Medical Advisory Board meeting. Thank you.
Chair Kuhls: Thank you.

VI. INFORMATIONAL ITEMS / DISCUSSION ONLY

Chair Kuhls: Okay, so next are agenda item number 8, informational items only.

Report from Public Provider of Advanced Emergency Care

Chair Kuhls: I'm going to just call on number one, Ryan Tyler, for your report from Public Provider of Advanced Emergency Care.
Ryan Tyler: The only thing that we've got is that we'd be more than happy to participate in any of the e-scooter discussions, data collection, interpretation from a pre-hospital setting. Other than that, that's it.
Chair Kuhls: Thank you

Report from Private Provider of Advanced Emergency Care

Chair Kuhls: Next is Sam Scheller report from Private Franchise Provider of Advanced Emergency Care.
Sam Scheller: No report.

Report from General Public Representative

Chair Kuhls: And next is report from General Public Representative Chris Giunchigliani.
Chris Giunchigliani: I will reach out to the co-chair and vice chair of the interim committee on judiciary. If anybody has any written ideas of what should be contained, just shoot me a text or an e-mail and I'll try to make sure that they incorporate because sometimes different eyes see different ways of interpreting something that I or Erin didn't hear or the legislature didn't hear. So I would welcome any just, thoughts. What age limit should we license? You know, how do we define them? Those types of things. Thank you.

Report from Non-Trauma Center Hospital Representative

Chair Kuhls: Next is report from Non-Trauma Center Hospital Representative, Alexis.
Jason Desai: Nothing to report.
Chair Kuhls: Ok.

Report from Rehabilitation Representative

Chair Kuhls: Next is report from a Rehab Representative, Amy Henley.
Amy Henley: Hi, I have no big report. However, I wanted to compliment Erin, etc., on the work that you're doing on the e-bikes. I feel like there would be some good data coming out of the rehabs, not just adult, but pediatric as well, rehabs in terms of the impact it's having on our services. Happy to assist.
Chair Kuhls: Thank you.

Report from Health Education & Injury Prevention Services Representative

Chair Kuhls: So next is report from Health Education Prevention Services, Dina Bailey.
Dina Bailey: Nothing to report.
Chair Kuhls: Ok.

Report from Legislative/Advocacy Representative

Chair Kuhls: And report from Legislative Advocacy Representative, Erin. Anything additional?
Erin Breen: Nothing additional.
Chair Kuhls: Ok, thank you.

Public Relations/Media Representative

Chair Kuhls: And last is a report from Public Relations Media Representative, Danita Cohen.
Danita Cohen: Thank you, Dr. Kuhls. I just wanted to make mention in support of Dr. Dort comments that at the end of the day, we are all here to take care of patients. And I know that these conversations get very

lively and very emotional and very contentious. But at the end of the day, your heartfelt words about being here for our patients is what matters most. In support of that, I would be happy to be the point person to lead. We've all sort of talked about having a community-wide joint trauma center, joint hospital, and working with Erin Breen to work on really having some e-bike education and helmet giveaways and education and happy to be the pinpoint person to make sure that that moves forward.
Chair Kuhls: Great, thank you.

Report from Payer of Medical Benefits

Chair Kuhls: Next is a report from Payer of Medical Benefits, Maya Holmes.
Maya Holmes: No report.

Report from System Finance/Funding

Chair Kuhls: And next is report from System Finance Funding, Jessica Colvin.
Jessica Colvin: Nothing to report.
Chair Kuhls: Ok, thank you.

VII. SECOND PUBLIC COMMENT

Chair Kuhls: And next is our second public comment period. And again, I'm not going to report all of the rules of engagement, but I would open it up to any public comment.
Laura Palmer: Nothing online.
Chair Kuhls: Okay. Then I am going to close the public comment period.

ADJOURNMENT

Chair Kuhls: And next is adjournment and I do not need a motion for adjournment. So we adjourn and it is 4:06. I appreciate everyone's time. I know the discussions were long, but these are also important issues, so thank you.

The Chair adjourned the meeting at 4:06 p.m.