

Draft Meeting of Minutes – Subject to Change Upon Approval by the Trauma Medical Audit Committee their next regularly scheduled meeting.



## MINUTES

### Trauma Medical Audit Committee (TMAC) – OPEN SESSION

#### Emergency Medical Services & Trauma Systems

#### Division of Community Health

April 16, 2026 – 2:30 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**

Chris Fisher, MD, Chair, Sunrise Hospital                      John Pope, RN, Sunrise Hospital  
Deborah Kuhls, MD, University Medical Center              Lisa Rogge, RN, University Medical Center  
Ashley Tolar, RN, Vice Chair St. Rose Siena Hospital      Sean Dort, MD, St. Rose Siena Hospital  
John Recicar, RN, MOMMC

#### **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, Maya Holmes, Samuel Scheller, Georgi Collins, Cade Grogan, Todd Sklamberg, David Obert

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

The Chair called the Trauma Medical Audit Committee (TMAC) Meeting to order at 3:10 p.m. 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 Committee wishes to extend the length of the presentation, this may be done by the Chair or

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the Committee by majority vote. Chair Fisher asked if anyone wished to address the Committee pertaining to items listed on the agenda.

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

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

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

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

**IV. REPORT/DISCUSSION/POSSIBLE ACTION**

A. Discussion and Selection of Ad-hoc TMAC Members for the 2026-2028 Term

Stacy Johnson provided an update regarding the discussion and selection of Ad-hoc TMAC members. It was noted that selected members would assume their positions immediately following the completion of the vote. She reported that no candidates were received for the Orthopedic Surgeon, Anesthesiologist, or Neurosurgeon positions and those seats would remain vacant.

Chair Fisher opened the floor for comment from the two candidates nominated for the Permitted EMS Agency Medical Director/QI position, Sam Scheller and Dr. David Obert:

My name is Sam Scheller. I'm the owner and CEO of Guardian Elite Medical Services. We're a small ambulance company here in Las Vegas that provides mostly inter-facility transfers, although we do some backup 911 in the city of Las Vegas under mutual aid contract with AMR. My position allows me to be uniquely familiar with the regs of Southern Nevada Health District. And yeah, pretty much looking forward to just being part of this committee and seeing where, you know, where I can lend expertise in EMS.

Thank you very much. My name is Dave Obert. I'm an emergency physician. I've been in the city for the last 20 years. I currently serve as the Chief of Emergency Medicine at University Medical Center, as well as Medical Director for Community Ambulance. I've been actively involved in pre-hospital care, as well as event medicine management in the city since the inception of the Electric Daisy Carnival and some of the other unique events that have been in the city. So I'm happy to be presented as a candidate.

Chair Fisher asked if there were any further comments or discussion, to which there were none. He asked if anyone would like to make a motion.

*Member Pope made a motion to nominate Sam Scheller for the Permitted EMS Agency Medical Director/QI position, seconded by Member Tolar. A roll call vote was conducted. The motion carried with four votes in favor, two opposed and one abstention.*

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Chair Fisher stated there was only one candidate for the Emergency Department Physician at a non-trauma hospital position, Dr. Clarence Dunagan, who commented:

I'm an ER doc, been here in town for 22 years, was at Nellis for seven years and now I've been at Mountain View and been the department chair here of the ER since 2013. So I'm very interested in trauma and trying to make our city better. I just enjoy coming to the meetings and providing whatever non-trauma knowledge I can to this important meeting.

*Member Pope made a motion to nominate Dr. Clarence Dunagan for the Emergency Department Physician at a non-trauma hospital, seconded by Member Kuhls. A roll call vote was conducted. The motion carried with six votes in favor, zero opposed and one abstention*

Chair Fisher stated there was one candidate for the Representative from the Clark County Coroner's Office, Melanie Rouse.

*Member Rogge made a motion to nominate Melanie Rouse for the Clark County Coroner's Office Representative, seconded by Member Tolar. A roll call vote was conducted. The motion carried with six votes in favor, zero opposed, and one abstention.*

B. 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 a review of trauma system data regarding St. Rose Siena's application for a change of trauma level from a Level III to Level II. Over the past five years, the trauma system experienced a 16% increase in red trauma volume and a 17% increase in overall utilization. Siena Hospital demonstrated a 55.6% reduction in interfacility transfers out. From an access-to-care standpoint, TMAC has not identified any concerns within the system over the past 5 years. There have been minimal reported instances of trauma patient bypass issues and hospital diversion, suggesting the current system resources are sufficient to meet the demand. Average transport times for red TFT patients remain within the established 15-minute threshold, and Henderson Fire Department reported improved EMS return-to-service times when transporting patients to Siena Hospital. No concerns regarding capacity strain at higher-level trauma centers have been reported to TMAC or the Office of EMS and Trauma. Trauma-related mortality decreased by 11.8% over the five-year period, reflecting stable or improving patient outcomes.

Potential benefits associated with a facility upgrade may include increased capability to manage patients locally supporting continuity of care, reduced risks associated with interfacility transports, which reduces time to definitive care. Fewer transports may decrease delays in surgical or specialty intervention with potential for improved clinical efficiency in time-sensitive cases. Ms. Johnson noted that TMAC has not identified any current gaps in access to care, nor has there been evidence of trauma center capacity strain, trauma bypass or hospital diversion activity. Potential downstream impacts to

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higher-level trauma centers were identified, including reduced patient volume that could affect clinical experience and resource utilization. It was also noted that while operational efficiencies may improve, the data does not currently demonstrate a deficiency within the existing system. Stable and improving mortality outcomes further suggest the current trauma system is functioning effectively.

Ms. Johnson concluded that the available data reflects potential operational and patient care efficiencies associated with an upgrade while also indicating that the current trauma system continues to function effectively without identified gaps in access, capacity, or patient outcomes.

Chair Fisher opened the floor for discussion, to which there was none.

Member Kuhls made a motion to NOT recommend the change of trauma level of St. Rose Dominican-Siena Campus from a Level III to a Level II trauma center, seconded by Member Rogge. Chair Fisher opened a discussion.

Member Kuhls presented a copy of the American College of Surgeons Revised Statement on Trauma Center Designation Based Upon System Need and the Economic Drivers Impacting Trauma Systems to be included with the minutes of this meeting. It was accepted without objection.

- [American College of Surgeons Statement](#)

Chair Fisher requested a roll call vote on the pending motion. A roll call vote was conducted. The motion failed with two votes in favor, two opposed and five abstentions.

Member Dort made a motion for a yes or no vote for recommendation of St. Rose Dominican-Siena Campus as a Level II Trauma Center to the Board of Health, seconded by Member Tolar. Chair Fisher opened a discussion.

Member Kuhls repeated part of the American College of Surgeons statement that a needs assessment for the region needs to occur and does not feel that has been completed. Member Tolar asked for clarification on additional information or data required to assist in expediting the decision-making process. She expressed that sufficient data demonstrating the community need in Henderson had already been provided and that the process should not continue to be delayed due to ongoing issues involving the two Level I trauma centers. Member Kuhls commended the work Siena has done and again stated that a needs assessment should be conducted for the entire region, that the impact could have significant impact on other facilities. Sam Scheller added the change would give EMS providers more options and improve transport times and feels it would be widely supported by the EMS community.

Chair Fisher asked if there was any further discussion. Hearing none, he requested a roll call vote on the pending motion. A roll call vote was conducted. The motion carried with three votes in favor, one opposed and five abstentions.

**V. 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 Committee wishes to extend the length of the presentation, this may be done by the Chair or the Committee by majority vote.

Seeing no one in person or online, the Chair closed the Second Public Comment period.

**VI. ADJOURNMENT**

The Chair adjourned the meeting at 3:35 p.m.