

Procedure for Needs Assessment Regarding Trauma Centers

February 7, 2020

Development and publication of comprehensive assessment of trauma care.

The Division shall:

1. Conduct at least a biennial comprehensive assessment of trauma care; and
2. Will place or cause to be placed on the Internet each assessment.
3. The Division at its discretion can also conduct additional assessments if it determines that there is sufficient need outside of the biennial assessment schedule.

Criteria for Comprehensive Assessment of Trauma Care by Division

Determination of areas of shortage for trauma care.

The Division will create the following assessment to identify areas of shortage for trauma care:

1. A map identifying distinct regions within a county whose population is 700,000 or more;
2. A mechanism to quantify and comparatively assess the availability of trauma care in each region; and
3. Scoring thresholds that identify areas experiencing a shortage of trauma care.

Impact of a proposed center for the treatment of trauma.

The Division shall include the following in the comprehensive assessment of trauma care:

1. An analysis of the projected reduction in trauma caseload and the reduction in the collection of trauma center activation fees by existing trauma centers by the addition of a new trauma center. This analysis will take into account both the impact on the regions identified in Sec. 4 and the impact on existing trauma service areas developed for transport of trauma cases.
2. Existing trauma centers must submit a one-year history of trauma activation fees for the preceding calendar year and the most current trauma activation fees as of the date of submission to the Division by January 15 each year or within 30 days of a request by the Division. The Division will use this information to project the impact of a proposed center on the capacity of existing hospitals to provide for the treatment of trauma.
 - a. Failure to submit the activation fee schedule by a trauma center pursuant to section 5.2 or at the request of the Division will result in the Division not supporting renewal of trauma center designation.
3. The Division will post publicly the activation fees submitted pursuant to Sec. 5.2 of all existing trauma centers each year by February 1 on a website maintained by the Division.

Capacity of existing trauma centers to provide for the treatment of trauma.

The Division shall include the following in the comprehensive assessment of trauma care:

1. A quantification of existing trauma centers compared to the total population;
2. An analysis of the historic and projected population growth and density; and
3. The number of severely injured patients treated at, admitted to, or discharged from acute care facilities not designated as trauma centers.

Analysis of the number and locations of trauma incidents.

The Division shall publish the number, locations, and the level of treatment required for each trauma incident in the county. The published assessment will not disclose the specific address of any trauma incident but will present trauma cases in an aggregate form by geographic unit.

Identified need for an additional trauma center.

The Division will utilize any additional information necessary to complete the assessment of trauma care. The assessment will indicate the source of this information and a rationale for its inclusion.

Additional criteria recommended by the American College of Surgeons.

1. The comprehensive assessment of trauma care will include an analysis of median ambulance transport times.
2. If additional or updated criteria are recommended by the American College of Surgeons or its successor organization, these criteria will be included in the assessment unless the data is unavailable or not applicable to the county being assessed.

Application Submission and Division Review Process for Designation of New Trauma Centers

Publication of request for applications for regions experiencing a shortage of trauma care.

1. If the assessment identifies areas experiencing a shortage of trauma care, the Division will provide notice as outlined in Sec. 14 of a request for applications for trauma designation for each area of identified shortage published in its assessment.
2. Applications will only be accepted in response to a request for applications from the Division unless the application is for a facility on federal land as outlined in Sec. 12.
3. The request for applications will include a deadline for receipt of applications.
4. Trauma centers on federal land are exempted from the request for applications requirements of this section according to Sec. 12.

Time for submission; limitation on acceptance.

1. For applications that are subject to the provisions of Sec. 10, applications must be received by the Division by the deadline published in the request for applications generated by the Division.
2. The Division will not accept an application for designation of a trauma center if the proposed center is not located in the regions that are experiencing a shortage of trauma care published in the request for applications.

Division review of applications for trauma centers on federal land.

1. For hospitals located on federal land within the state of Nevada, the Division will recognize the trauma center verification status and level as deemed by the American College of Surgeons Committee on Trauma and will designate said centers in a reciprocal fashion after verifying a completed state application and that the proposed center for trauma will operate in an area that is experiencing a shortage of trauma care.
2. The Division will receive applications for designation as a trauma center from these hospitals at any time and will individually assess the need for trauma services as outlined in Sec. 4 through Sec. 9.

3. The Division will hold a separate public meeting as defined in Sec 2. to receive public input regarding this application as part of its comprehensive assessment of trauma care.
4. Such facilities on federal land will be assumed into the planning and maintenance of the applicable trauma system in which they reside through a memorandum of understanding or agreement or other legal process, to include the establishment of applicable trauma service areas and the participation in trauma system governance.

Batching applications for comparative review.

After the deadline for application submission as set forth in Sec. 11, the Division will compile a batch of accepted applications that have not been denied for insufficiency according to NAC 450B.819. Notice of the complete applications accepted by the Division in each batch will be made pursuant to Sec. 14.

Provision of notice: assessment of trauma shortage, public meeting, request for applications, and applications accepted by the division

1. Notice given pursuant to Sec. 1, Sec. 2, Sec. 3, Sec 10, Sec. 12, and Sec. 13, inclusive, will be made in accordance with this section.
2. Notice will be posted online on a website maintained by the Division
3. Notice will be provided by mail or electronically to:
 - a. The applicant or applicants;
 - b. All persons who have requested in writing or electronically that they be placed on a list for this purpose.
4. For public meetings, notice will be provided at least 10 days in advance of the meeting.
5. Public notice of the publication of comprehensive assessment of trauma care according to section 3 will occur within 10 days of publication.
6. For decisions relating to the batch of complete applications accepted by the Division as outlined in Sec. 13, the Division will provide the notice required by this section not later than 10 days after such a decision is made.

Content of notice: public meeting. When a notice of a public meeting is made pursuant to Sec. 14, inclusive, the notice will include:

1. The date of the public meeting;
2. The time and place of the public meeting;
3. The nature of the public meeting;
4. A statement of the legal authority and jurisdiction under which the public meeting is to be held;
5. A reference to the particular sections of state statutes and regulations involved; and
6. A short and plain statement of the matters to be asserted.