Trauma Centers, the South Side and Resource Allocation

Big picture

Trauma care is part of a much larger issue of unmet health care needs, shrinking resources and the necessity for a coordinated regional response on the South Side. The University of Chicago Medical Center, a 537-bed facility, cannot by itself solve all the problems of an area that has lost more than 2,000 hospital beds in recent decades.

Although the Medical Center continues to serve as a pediatric trauma center, it does not have the resources to handle both pediatric and adult trauma centers, while still maintaining a long list of other much-needed specialty care services. UCMC did not renew the application to be part of the adult trauma network in 1988.

Illinois has the best access to trauma care of any Midwestern state, and Chicago has more Level I trauma centers than any other region of Illinois — four for adults and four for children. With eight trauma centers for 2.7 million people, Chicago has more than twice the recommended one to two Level I or II trauma centers per million people. To put that in perspective, the state of Indiana has four trauma centers.

ER crowding

The University of Chicago Medical Center has the busiest emergency room on the South Side and provides life-saving medical care available nowhere else in the region. That includes the South Side’s only pediatric trauma center, only burn unit, largest pediatric and neonatal intensive care units, and the primary source of advanced specialty care.

Achieving geographic balance on trauma care must not come at the expense of such lifesaving services.

Although the Medical Center has significantly expanded its adult emergency room, built a new children’s emergency room, and created referral, staffing and transfer relationships with trusted partners to provide additional services for emergency patients, UCMC’s adult ER either reaches or exceeds capacity more than any other ER in the state, forcing it to go on ambulance bypass more than 20 percent of the time. The recent closing of nearby Provident Hospital to ambulances could bring many more ambulance runs to UCMC.

Resources required

A trauma center has specific and extensive requirements for facilities and staffing, such as a dedicated trauma-only operating room in close proximity to the emergency room.
Research shows that the best trauma-care outcomes result from specialized, highly experienced providers. This is the core idea behind the development of trauma networks. That concentration of experience needs to be considered, along with geographic data, in planning a regional solution that offers patients the best chances of a good outcome.

Sixty-one regional trauma centers closed from 1988 to 1991 for these reasons, along with high costs and poor reimbursement. Since 2000, this situation has changed for the worse. Only eight states provide any significant trauma center support.

**Essential services provided**

The South Side also faces profound shortages of primary care, as well as many forms of complex specialty care that are provided only at the University of Chicago. The Medical Center has chosen to concentrate resources on the clinical specialties where it can play the greatest role and has the most to offer. To focus on the heavy demands of adult trauma care, the Medical Center would have to build services and teams from the ground up. This would take scarce resources away from other life-saving services critical to the community. For example:

- UCMC’s adult and pediatric emergency rooms, among the busiest in Chicago, care for nearly 70,000 patients from the area each year. They are already at capacity.

- The neonatal intensive care unit cares for more than 1,500 premature newborns a year, almost 1,000 of them from the South Side. Many of these tiny infants, some of whom weigh less than 1 pound, spend weeks or months in the unit.

- Almost half of the 1,200 children who come into the pediatric intensive care unit last year came from neighboring communities.

- South Side community hospitals rely on UCMC as a lifeline, transferring 900 critically ill patients a year to the Medical Center, about three a day, for advanced specialty care.

- The Comer Children’s Hospital pediatric trauma center cares for 400 to 500 seriously injured children each year.

- The Medical Center includes one of two burn units in Chicago, providing care for more than 100 critically injured children and adults from the South Side, many of whom spend months in this intensive care facility.

- Last year, 50 patients from the area received a heart, liver, lung or kidney transplant at the Medical Center, or a cutting-edge implanted device that pumps blood for patients with advanced heart failure.

**The University of Chicago Medical Center and charity care**

The University of Chicago Medical Center is one of the city’s leading providers of medical services to the poor. These services — including uncompensated/charity care, losses due to unpaid hospital bills and losses resulting from Medicaid and Medicare shortfalls — added up to almost $200 million in FY 2010. The Medical Center also has made a long-term commitment to improving health and access to quality care for the South Side through patient care, community-based research and medical education and is working to develop a comprehensive health care system that is rooted in collaboration.