

TRAUMA SYSTEM CARE

the Sunrise perspective

Need for a system approach
Growth & single center provider
Trauma centers cannot be
arbitrarily positioned
Potential for synergy between
Sunrise & UMC
Sunrise's future plans

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Humpty Dumpty in need of trauma care

Reward: return to pre-injury level of function
Justifies: high front end cost of readiness

One Goal of a Trauma System is..

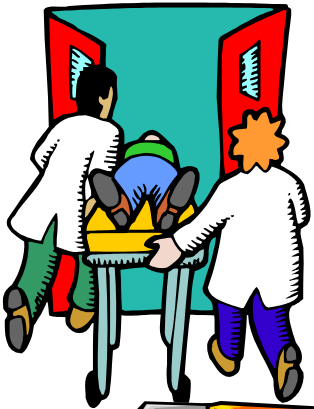
Correcting altered anatomy and physiology as rapidly as possible



Getting the injured patient to appropriate care in an appropriate period of time.



EMERGENCY





Other Trauma System Functions

- Targeted system-wide prevention efforts
- System-wide performance improvement and patient safety (PIPS) monitoring

A well-organized trauma ***system*** can prevent
20-40% of deaths

“Only Level 1 Trauma Center in 10,000 Sq. miles”

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- Great program and accomplishment !
- Las Vegas population growth is phenomenal - beyond a single provider.
- Sunrise wishes to participate as a collaborative Level II center.
- This should only improve trauma care

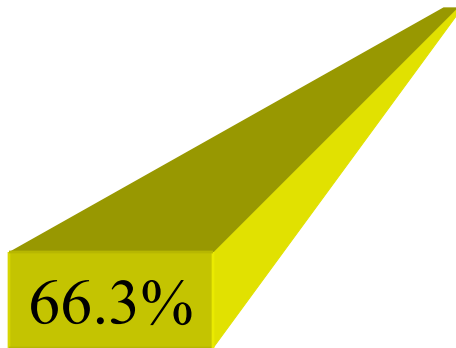


Las Vegas is big and growing



Areas greater than 39% population change 1990-2000

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The population is increasing...

Injuries are increasing (21% increase highway fatalities)³

Trauma care capacity and organization should increase

2 UMC REMAINS ONLY LEVEL 1 IN 10,000 SQ. MI

2 1
3

- The volume of trauma patients now being treated annually in Las Vegas is usually handled by more than one trauma center in most areas of the country.
 - Level 1 & 2 range from 0.19-7.8/million population¹
 - Mean = 2.16; Median= 1.60
 - Nevada is 1.5/million population in 2000²
 - One Level 2 in Washoe County 333,566 population² (3.0)
 - One Level 1 in Clark County 1,425,723 population² (0.71)
- The Las Vegas area continues to grow (14th year #1)
 - 5,000 net per month
 - >36 million visitors/year

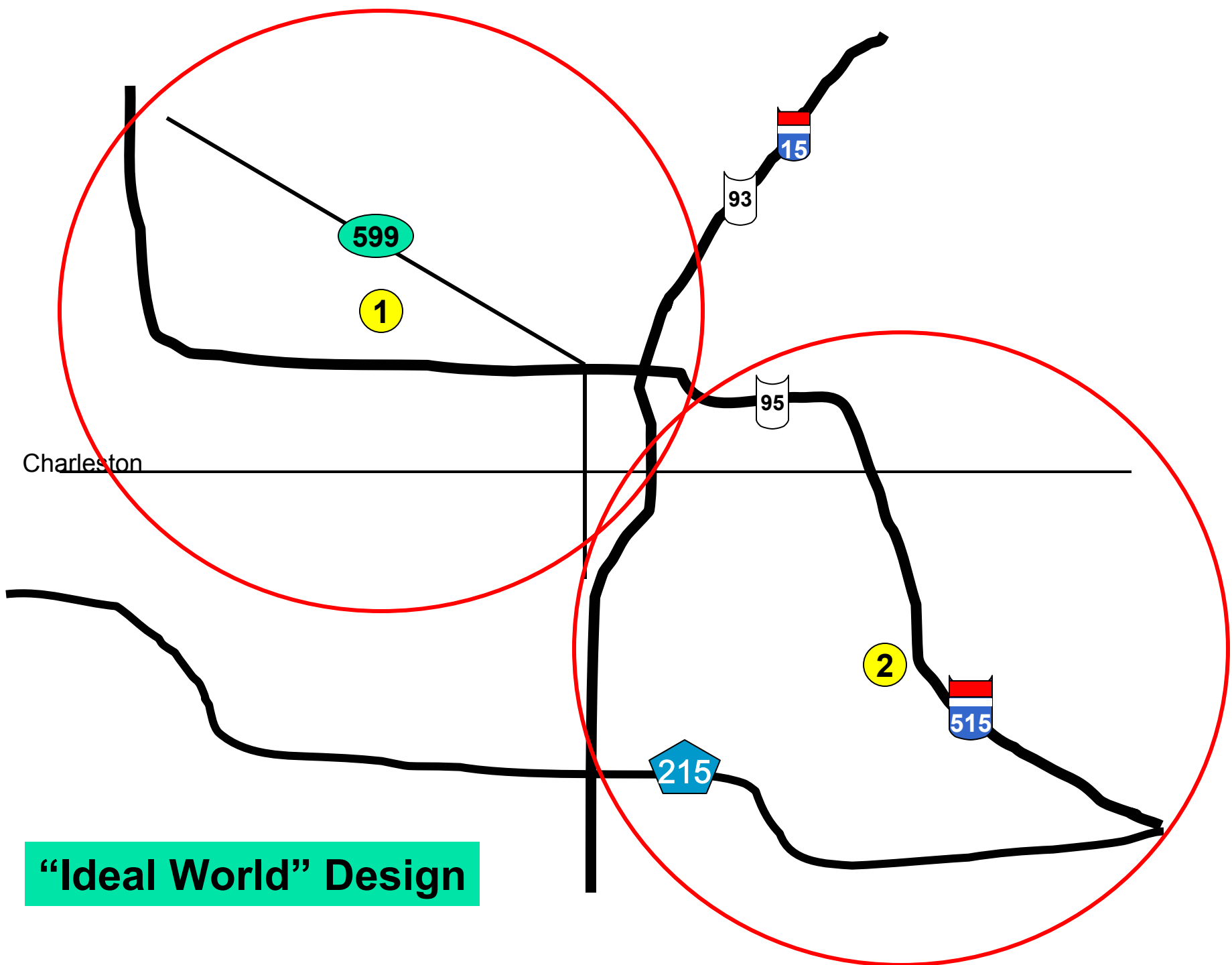
Why can't we build it where we want it?

- Freestanding trauma center (like UMC)
 - Rare

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Trauma ICU

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"Ideal World" Design

Trauma Center catchments area overlap is only an issue if viewed from the perspective of competition ...

A Trauma **System**, driven by cooperation, can overcome geographic issues and attain a level of service unattainable by any center independently

Charleston

599

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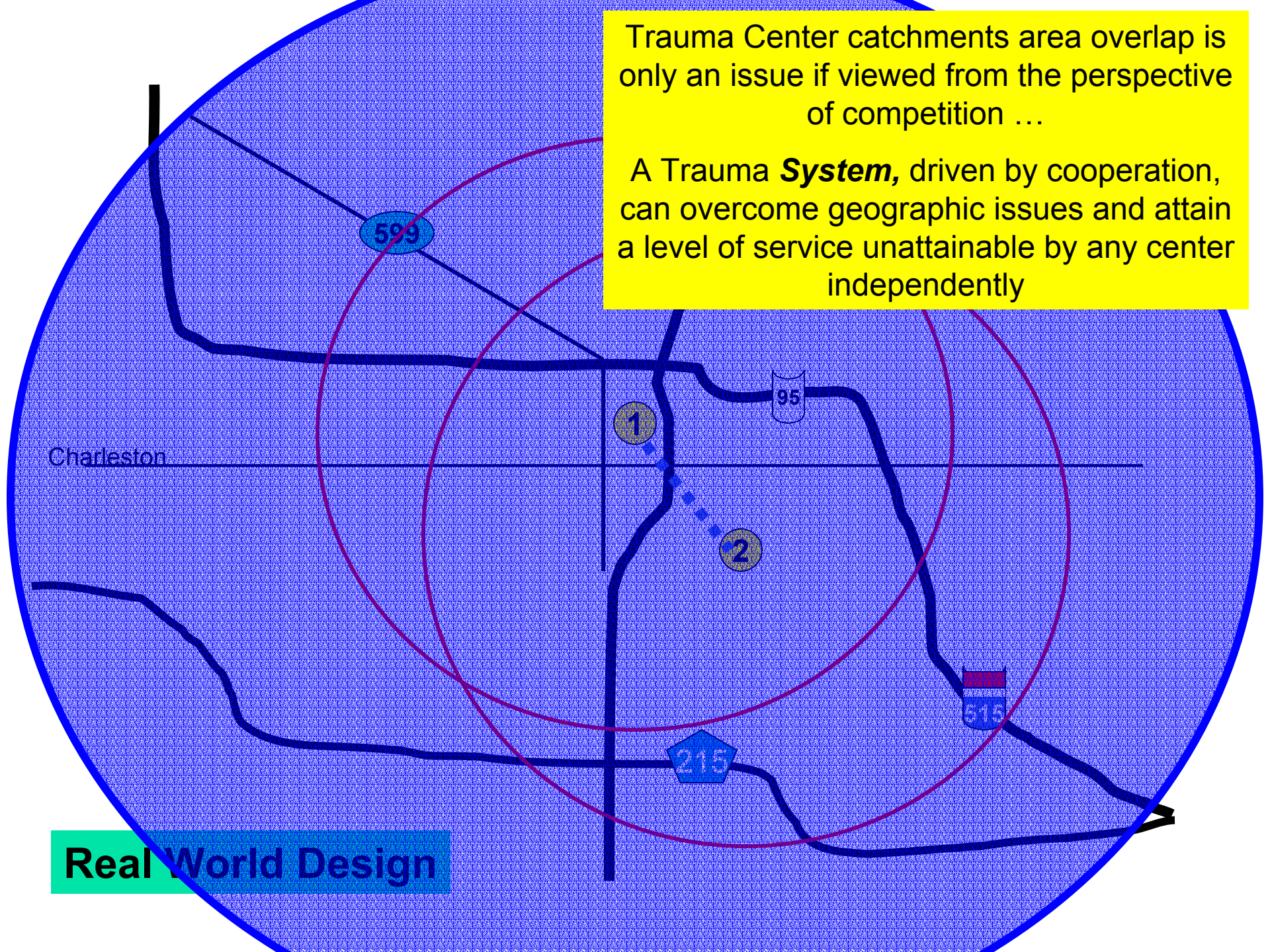
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2

215

515

Real World Design





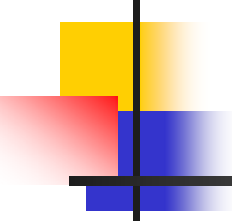
Two central city trauma centers make sense

- Close enough to help one another
 - Absorb surges of patient care
 - Share some specialists
 - Collaborate in education and research
- Enhance trauma care capacity of the area of highest population density
 - Distributed centers decrease vulnerability of single source provider



Will another trauma center hurt UMC?

- UMC is a mature trauma center evaluating ~12,000 patients annually:~ ten times the required volume for Level 1; 3800 annual admissions.
 - Doubtful that ~1000 pt/year (less) will make UMC less proficient
 - May help UMC
 - ~1000/yr needed to maintain our proficiency
 - Doubtful if our projected volume will financially hurt UMC
 - Trauma needs grow with the population
 - Mercy San Juan Medical Center 1997 study said this new Level II would hurt the existing Sutter Roseville Level II and UC Davis Level I. All 3 hospital volumes rose 46%; general surgery rose 35%; orthopedics 39%.



How does trauma care fit into Sunrise's plans?

- Sunrise wishes to become a quaternary care center developing programs that require an infrastructure not found in most area hospitals.
 - Trauma is just such a program
- This plan will benefit both Sunrise and the community



In Summary

- We see a clear need and consider ourselves a capable and willing, central city resource
- Collaboratively enhance the trauma system
- Taken care not to compete with UMC for staffing resources
- Becoming a trauma center fits our plan for evolving to a quaternary care hospital.
- We do not believe the question before you is:
· ~~“St. Rose **or** Sunrise?”~~. St. Rose **and** Sunrise!



Questions...

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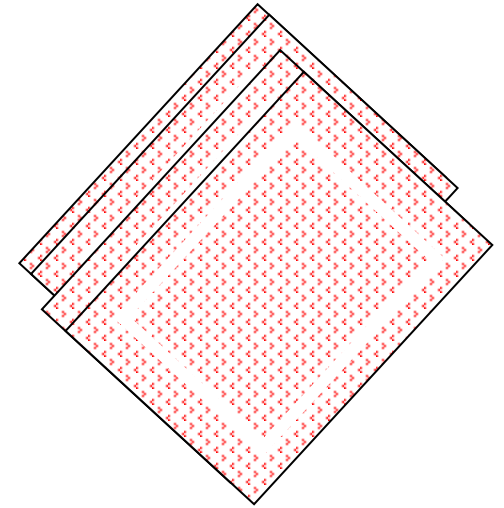
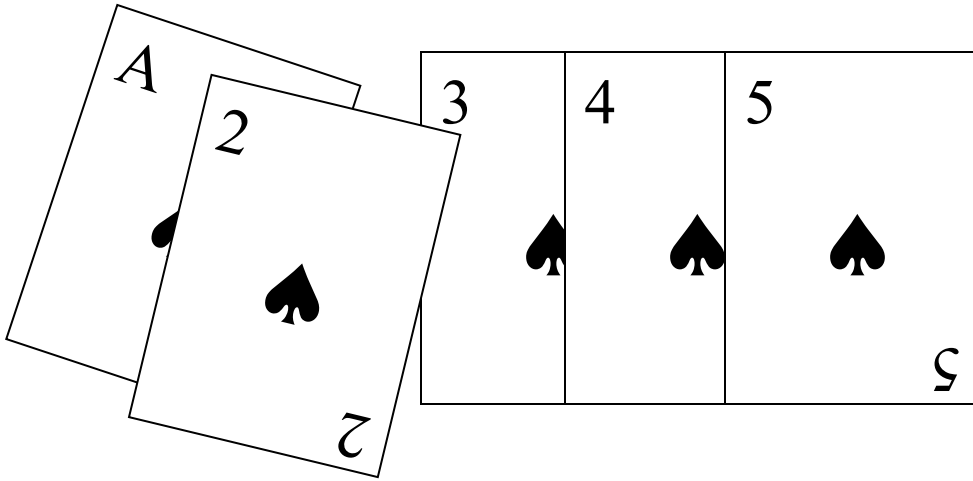


The reason he did so well is that “all the king’s horses and men” were organized into a trauma system !

Thanks for your attention



Play to your strengths...



Largest Costs of Care: Loss of Productivity

Acute Care Costs

25-30%

~70%

Care Cost from:

- Chronic care
- Lost productivity

Total Care Costs

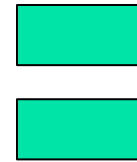
Trauma Systems



Trauma Center



Trauma Center



Trauma
Care
System

A well-organized trauma system can prevent
20-40% of deaths

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Benefits:

- High quality patient care
- Minimizes specialist time
- Minimizes process variance
- Lends itself to PIPS

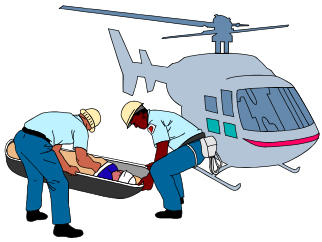
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Convalescence
&
Rehabilitation

Initial
Evaluation &
Treatment

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Pre-Hospital



Definitive
In-hospital
Care

