

Trauma Care on the South Side: Frequently Asked Questions

Q: What is the history behind recent calls for a new trauma center on Chicago's South Side?

A: Calls for a new trauma center resurfaced after the death of Damian Turner, an 18-year-old man who was shot at 61st Street and Cottage Grove Avenue in August 2010. He was taken to the trauma center at Northwestern Memorial Hospital. Turner's mother has since been lobbying for a new trauma center on the South Side. Trauma care is part of a much larger discussion of unmet health care needs, shrinking medical resources and the necessity for a coordinated response on the South Side—issues that have been around for decades.

Q: Why doesn't the University of Chicago Medicine have a trauma center?

A: In 1988, the University of Chicago Medical Center decided to not renew its application to be part of the city of Chicago's adult trauma network. The Medical Center's experience with a trauma center prior to 1988 overwhelmed its surgical facilities and often delayed life-saving surgeries for other patients. Instead, the decision was made to concentrate resources in the clinical specialties where the University of Chicago can play the greatest role and where it has the most to offer, which includes a Level 1 trauma center for children, neonatal intensive care unit, burn unit and hospital-based emergency chopper response.

Q: Why can't UChicago Medicine have a Level 1 trauma center?

A: The Medical Center's operating rooms are often fully booked for advanced surgeries, many of which are not available at other hospitals in the region. These procedures include those for complex cancer cases, inflammatory bowel disease, neurological conditions, organ transplants and heart device implantation. If the Medical Center were to focus now on the demands of adult trauma care, it would take away resources from other life-saving services, including a trauma unit for children, neonatal intensive care unit, the South Side's only burn unit and Chicago's only hospital-based emergency chopper response.

Q: Why can't UChicago Medicine raise the age limit of its Level 1 pediatric trauma center?

A: The age range for trauma care at Comer Children's Hospital is in accordance with the Emergency Medical Services and Trauma Center Code adopted by the Illinois Department of Public Health. The guidelines are based on longstanding medical opinion pointing to improved outcomes for patients 15 years of age and younger when treated under a pediatric protocol by specially trained physicians, supported by staff and equipment solely dedicated to meeting their unique needs. Please consult the Illinois Department of Public Health or the American College of Surgeons for more on this medical standard.

Q: Was the decision about the trauma center in 1988 about money and insurance reimbursements?

A: The decision was made based on hard choices about how best to use medical center resources. The University of Chicago Medicine provides one of the highest rates of uncompensated medical care in the state. In fact, nearly 56 percent of patients – 70 percent of the patients in Comer Children's Hospital – rely on Medicaid, which pays the Medical Center less than the cost of care. We continue to provide critical specialty-care services through a Level 1 pediatric trauma center, neonatal intensive care unit, burn unit and Chicago's only hospital-based emergency helicopter transport, all of which are costly to run and result in losses to the Medical Center. When the University of Chicago closed its trauma center, Michael Reese Hospital was open as a trauma center. Even with its closing, Illinois still has the best access to trauma care in the Midwest, and Chicago has the best access in the state.

Q: Are trauma victims at risk because there is no adult trauma center on the South Side?

A: No. Trauma experts define "easy access" as being able to get to a trauma center within 20 minutes. According to this standard, virtually the entire South Side has easy access to a Level 1 trauma center. There is no evidence that adding another trauma center to the area would improve patient outcomes.

Q: Does it take longer to get to a trauma center from the South Side than from the North Side?

A: We analyzed transport times in the City of Chicago and Cook County from 2008 through 2010. The data include more than 22,500 trauma responses. The average transport time for Cook County is 16 minutes. The median transport time is 11 minutes on the North Side and 15 minutes on the South Side. This four-minute difference is medically insignificant, according to national studies. These times are well within the "golden hour" principle for trauma response. There is no evidence that reducing transport time on the scale of minutes will improve trauma survival or clinical outcome. Additionally, peer-reviewed research and recent media reports, including an analysis by WBEZ 91.5, have shown that transport from the South Side to a trauma center has had no impact on patient outcomes.

Q: How does Chicago compare to the rest of the country for trauma care?

A: Cook County is served by nine Level 1 trauma centers, and each treats hundreds of patients a year. People in Cook County have better access to trauma care than people in the suburban or rural areas of the state. No one in Cook County is more than 32 minutes from a trauma center. According to the Centers for Disease Control and Prevention, 95 million Americans don't have access to a Level 1 or 2 trauma center within 45 minutes of being injured.

Q: Why are you building a new hospital?

A: This is one of the ways we are investing in our patients and the community. South Side residents deserve to have a modern hospital providing the most advanced health care with the best doctors. Our current facility for adults was built in 1983 and needs to be updated. Other academic medical centers in the city have launched or will launch major building projects to update their facilities.

Our plan is to be here for the community for generations to come, so we need to remain at the top of our field and to continue to grow. If the University of Chicago fails to stay competitive, the South Side risks another medical center closure, which happened in June 2009 when Michael Reese Hospital closed. That hospital had faced financial challenges as operating expenses increased amid aging facilities.

The Center for Care and Discovery, a 10-story facility with more than 1 million square feet of space, has become an economic engine fueling businesses in Chicago and beyond. In 2001, the medical campus launched an initiative seeking better participation by minority- and women-owned business enterprises. Since then, and thanks largely to the new hospital project, about \$360 million has been paid on construction and renovation projects to such businesses, as well as to minority and female workers.

Q: What is the University of Chicago Medicine doing to address health disparities on the South Side?

A: Gunshot trauma injuries are just one of many health disparities on the South Side. Through the research and community clinical-care efforts of members of our faculty and the Urban Health Initiative, the University of Chicago Medicine is addressing many of the health disparities in our surrounding neighborhoods, such as diabetes, obesity, breast cancer, HIV infection rates and basic lack of access to medicine. Last year, the University of Chicago Medicine spent about \$237 million

— about 21 percent of operating revenues — on charity care, uncompensated care, and unreimbursed funding of education and research, among other services. In addition, community health centers all over the South Side are staffed with physicians, residents and students from the University of Chicago.

Q: If a trauma victim is taken to the University of Chicago Emergency Room, would that person be rejected?

A: No. Any time an adult comes to the ER with a traumatic injury, our physicians and nurses are required both by law and by medical ethics to stabilize the patient to prepare them for transport to a trauma center.

Q: What is the medical center doing to address violence on the South Side?

A: The University of Chicago Medicine is sponsoring a "violence interrupter" in a partnership with CeaseFire, a community group that works to stop gun violence. This interrupter monitors, mediates and defuses disputes in the neighborhoods that the medical campus serves. The university is also hosting screenings of "The Interrupters," a documentary about CeaseFire, followed by community discussions about violence. In addition, our Emergency Department is partnering with the state to train 27 percent of its nurses as certified Sexual Assault Nurse Examiners. SANE nurses are trained to conduct forensic examinations with rape and sexual assault victims, and can testify in court. The adult and pediatrics Emergency Departments treated 106 sexual assault victims during the 2011 fiscal year — more than any other Chicago hospital. The University of Chicago is also heavily involved in researching ways to decrease violence in the community through programs for children.

Q: What is the capacity of the University of Chicago's current ER?

A: In 2004, the University of Chicago Medicine spent \$6.5 million to increase the size of the adult ER by nearly 50 percent and doubled the Emergency Department budget. But within two years it was just as crowded as it was before the renovation. The medical campus has a finite number of adult beds: 327 medical and surgical beds, and 63 for obstetrics and gynecology. It has been extremely challenging for the University of Chicago to adequately respond to the needs of a community that has lost more than 2,000 beds over the past 25 years.