

RESOLUTION 19-12-10-5R

A RESOLUTION SUPPORTING A LEVEL TWO PEDIATRIC TRAUMA CARE UNIT IN UTAH COUNTY

WHEREAS, Utah County is one of the fastest growing counties in the nation and is the fastest growing county in Utah; and

WHEREAS, the current population of Utah County is approximately 622,000 and the Kem Gardner Institute project that Utah County will double by 2050; and

WHEREAS, there are over 300 pediatric trauma cases in Utah County each year; and

WHEREAS, according to national standards, in areas with over 100 pediatric trauma cases, it is recommended to have at least a level two trauma system in place; and

WHEREAS, currently most of the pediatric trauma cases need to be transferred to Primary Children's Hospital in Salt Lake County; and

WHEREAS, transportation costs, financial burden, inconvenience and logistical concerns for families are reasons to support the creation of a level two pediatric trauma care unit in Utah County.

WHEREAS, the benefits of having a pediatric trauma care unit in Utah County include, improved outcomes, survival, patient access, expanded medical services, education outreach and reduction of costs and stresses.

NOW THEREFORE, BE IT RESOLVED, by Elk Ridge City Council that it supports the creation of a Pediatric Trauma Care unit in Utah County and encourages local and regional medical organizations to work together to bring this needed facility to fruition in a timely manner.

Passed and adopted by Elk Ridge City Council this ____ day of _____, 2019

Ty Ellis, Mayor

ATTEST:

Royce Swensen, City Recorder

UTAH COUNTY LACK OF PEDIATRIC TRAUMA CARE

- Population: 622,000 (2.8% growth/yr)
- 43% population underage 18 (10% <5 y/o, 33% 5-18 y/o)
- Over 300 trauma's/yr (areas with >100 = Trauma center recommended)
- Trauma is the #1 cause of death for all <45 y/o
- 49% of transfers to Primary Children's for minor/Moderate injury discharged <2 days
- Millions spent on transport costs transferring children to Primary Children's
- Significant financial burden to families/community
- Significant inconvenience and logistical concerns for families
- Survival after injury is directly related to timely access to care
- EMS taken out of local service for prolonged transports

State/National Trauma System (5 levels of care)

- Level 1-** Highest level of care. Typically University system/research/unique subspecialty care
- Level 2-** Clinically nearly the same as Level 1, very capable facility with specialists
- Level 3-** ER physician, surgeon
- Level 4-** ER personnel (RN or midlevel), possibly surgeon
- Level 5-** RN available

Benefits of having Pediatric Trauma Center in Utah County

- Improved survival (mortality rate drops 25%, complication rate drops 10%)
- Improved outcomes when compared to pediatric care at adult trauma Centers
- Improved patient access to definitive care in timely manner (15 min OR availability)
- Improved patient care throughout entire hospital ("Halo effect")
- Expanded available medical services
 - Social/family services
 - Urology
 - Radiology
 - Orthopedics
 - Neurosurgery
 - Pediatric intensive care
 - General Pediatric surgery
 - Pediatric cranio-facial/plastics
- Significant reduction in medical care costs
- Elimination of transport costs
- Medical "clout" to attract additional subspecialist to community-improving access
- Less stress/financial burden on families
- Education outreach
 - EMS
 - Rural Hospitals
 - Schools
 - Businesses
 - Churches
- Rural Hospital access to specialty care via Telemedicine
 - Improved local care
 - Retain patients locally (benefits local medical system/patient convenience)
- EMS returns to local service sooner (not available when transferring to SLC)
- Vested interest in local community concerns/needs