

Trauma: Number One Killer of Those Under 45 (But it Doesn't Have to Be)



Traumatic Injury causes **47% of deaths of those under age 45 in Kentucky** and that is one-third higher than in the rest of the country. Sadly, trauma is more deadly in rural areas of Kentucky because of a lack of trauma facilities. **Quick access to trained trauma providers is the key to saving lives.** The Kentucky Trauma Center seeks to work more closely with rural hospitals to address this challenge to the health of our people and economies of our communities.

The Current Trauma System

- **Kentucky law already establishes a trauma system but does not fund it.** Most states fund their trauma systems through general fund appropriations, fees, fines, or some combination.
- The **Commissioner of Public Health oversees the system.**
- The Trauma Advisory Committee is made up of volunteers.
- The current system is dependent on goodwill and grants.
- UK and UofL hospitals are Level I, the highest level, providers and Pikeville Medical is a Level II provider. **There are vast deserts of trauma care in both Eastern and Western Kentucky where Level III and Level IV centers are desperately needed.**
- Level III and Level IV providers are **crucial to stabilizing trauma patients** and, if necessary, referring the patient to a higher level provider.

The Need

The good news is the system is **not expensive** and the need can be met for \$750,000 annually. Simply put, the Trauma System needs a consistent source of revenue in the form of **annual appropriations**. These funds would provide for: **Educational support** for trauma providers such as EMS/first responders, nurses and physicians. This fund would also cover **data collection** and oversight of **performance improvement**. It would provide **support for rural hospitals** seeking to become Level III or IV trauma centers and provide for a **State Trauma Director**.

The ROI

- **Increased survival rates and lower cost of treatment**
- An average of \$3 million/*month* in Medicaid money is going to out-of-state trauma care
- Mitigation of rural trauma health disparities
- Improved **disaster preparedness**
- Improved triage and destination determination for higher levels of care – less waste
- Improved EMS education/protocols/ supervision

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