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Trauma center one of fewer than 200 across U.S.

The problem with Level II trauma centers is simple: They're expensive. The startup costs -- equipment, certification, etc. -- are just the beginning. After the trauma center is up and running, the hospital running it has to pay dozens of doctors, nurses and medical specialists to be on call 24 hours a day. Those bills add up in a hurry.

But for people like Korby Hansen, the benefit of trauma centers such as the one at Eastern Idaho Regional Medical Center is beyond money. Without EIRMC's trauma center, Hansen might not be alive today. Four months ago, Hansen arrived at EIRMC with a bullet hole in his right side, evidence of a hunting trip gone horribly wrong. Two of his ribs were shattered and bone shards had shredded his right lung. He was bleeding badly. In many hospitals, he may have died.



Dr. Brian O'Byrne of Eastern Idaho Regional Medical Center oversees the emergency trauma unit. With each designated trauma case, an assigned team is called together within 15 minutes. EIRMC has a Level II trauma center, one of fewer than 200 nationwide.

Instead of waiting to call doctors once Hansen arrived at EIRMC's emergency room, a team of doctors, nurses and medical specialists was waiting for him because EIRMC operates a Level II trauma center. The few minutes saved may have made the difference between life and death for Hansen. "There's no doubt in my mind whether or not they were a huge part in saving my life. They most definitely were," Hansen said.

Hansen's right lung was removed during surgery immediately following his arrival at EIRMC. "If they weren't there and ready for me," Hansen said, "then it's quite possible the odds would have gone the other way."

If Hansen's hunting accident had happened three years earlier, his chances of surviving would have been lower. Until 2007, EIRMC was a Level III trauma center, meaning the hospital and its doctors could handle almost all injuries -- except for the most severe, the kind Hansen had suffered.

When EIRMC's trauma center made the jump to Level II -- a designation the American College of Surgeons had to sign off on -- it entered an elite fraternity. It's one of just two American College of Surgeons-verified Level II centers in Idaho.

"The reason there are so few is because it is so difficult to reach that level," said Toni Lawson, vice president of government relations for the Idaho Hospital Association. "In a lot of our communities, we just don't have those resources."

The fact that a Level II trauma center exists in a town of 50,000 is unusual. Fewer than 200 have been established across the entire country. But it makes sense -- if you think about EIRMC not as a city hospital serving Idaho Falls,

but as a regional center that takes patients from across eastern Idaho, as well as western Wyoming and southwestern Montana.

Brian O'Byrne, EIRMC medical director of trauma services, said he's seen a change of mindset among EIRMC doctors and staff since the establishment of a verified trauma center and its subsequent promotion to Level II. At first, O'Byrne said, doctors were caught off-guard when patients started showing up from places like Salmon or Yellowstone National Park. These days, it's just expected, he said. That's a huge, sparsely populated land mass, most of which is dotted only by small hospitals and rural clinics.



Dr. Brian O'Byrne oversees the Eastern Idaho Regional Medical Center emergency trauma unit. Two of the emergency rooms connect directly with the scanning unit.

Also, as EIRMC spokeswoman Cindy Smith-Putnam pointed out, lifestyles of the region's residents and recreation choices of its visitors lead to a unique blend of trauma types. Trauma patients in an urban hospital tend to have fairly clean injuries from bullets and knives. But in this area, accidents involving agricultural or recreational machinery and a host of other recreation-related accidents are more common, Smith-Putnam said.

That type of injury can be more severe and more complex to treat than stabbing or shooting wounds. In fact, Smith-Putnam said the percentage of patients suffering very severe trauma is nearly twice as high at EIRMC than at the average Level II center of comparable size in the U.S.

O'Byrne said the work isn't done when it comes to improving Idahoans' access to top-notch trauma care. He said he'd like to see a statewide protocol for how and where to treat every traumatic injury in the state.

That's a tall order; one that Lawson said will take some time to fill. Once again, Idaho's mixture of rural and urban areas complicates the task, she said. "It's really quite difficult to coordinate all levels of care around the state," Lawson said. "We have everything from 10-bed hospitals to St. (Alphonsus in Boise) to St. Luke's (in Boise) to EIRMC and every kind of (emergency medical service) between."