Trauma Program History
Our trauma program began in 1993 at LDS Hospital; a State designated Level 1 Trauma Center in Salt Lake City. As the State of Utah’s Trauma Designation process began to mature, the criteria of the American College of Surgeons were required and our trauma program became ACS verified in 2001. In October 2007 the trauma program and staff moved to Intermountain Medical Center, a newly built hospital complex in Murray, Utah. We have been verified by the American College of Surgeons as a Level One Trauma Center since 2009.

An innovative characteristic of the trauma program began in 1999 when the first trauma advanced practice clinician (APC) was hired to begin providing collaborative care to patients, under the direction of the trauma surgeon. Since that time, the program now has 12 trauma APCs, 5 neurosurgery APCs, and 2 orthopedic APCs. Having a fully staffed APC and trauma surgeon team has produced a model of collaborative care. The data gathered since 2007 shows that adding APC staff to the trauma service, based on safe rounding limits and implementing care coordination rounds, is associated with decreased hospital and ICU length of stay without increases in complications or readmissions. The cost savings for these improvements outweighs the cost of the additional practitioners.

In 2010, the trauma program started the Intermountain Medical Center APC Trauma and Critical Care Postgraduate Residency. It is the only one of its specialty in the Western United States. The residency also gives residents leadership skills to improve their expertise in other areas within the trauma critical care specialty. Four graduates have successfully been hired in trauma critical care centers across the country.

It is an exciting time for trauma research at Intermountain Medical Center. At the end of 2011, Sarah D. Majercik, MD, MBA from trauma surgery and Joseph R. Bledsoe, MD from emergency medicine took over leadership of the research program. Over the past three years multiple prospective studies have been launched and over half a million dollars in grant funding has been secured. 17 papers have been published in peer-reviewed journals, most with a physician or advanced practice clinician from the trauma service as the lead author; several other manuscripts are in the works. Currently, our research has focused on clotting and venous thromboembolism in trauma patients, including the use of thromboelastography (TEG) to predict hypercoagulability, not just risk of bleeding. We have also focused on outcomes and cost after rib plating surgery, an area of trauma where we are becoming recognized as national leaders. Finally, we have focused on using the Intermountain Risk Score, a score developed at Intermountain Healthcare to predict mortality in various populations and mortality in trauma patients. Outside of these main focus areas, we have published multiple papers on other topics ranging from the effect of hypobaric conditions on traumatic pneumothoraces, defensive medicine, and the effect of a screening tool on intimate partner violence.

Utilizing Intermountain Healthcare’s Extraordinary Care basis for growth, the Trauma Service at Intermountain Medical Center has succeeded in striving for excellence with a collaborative team approach to trauma care, research, and improved services. We are proud to have the Trauma Service at Intermountain Medical Center; U.S. News & World Reports’ 2013-2014 Best Hospitals in America ranked this hospital as Utah’s number hospital.