Trauma & Acute Care Surgery

Systems of Care Symposium
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Disclosures

• No Financial Disclosures or Conflicts of Interest
Oregon Trauma System
Trauma PI/QA process

- Define the Problem
- Collect Information
- Analyze the Information
- Develop a solution
- Educate the team
- Measure Results

- Monthly Dashboard
- Quarterly review
- Annual State Report
- Grand Rounds
- Peer Review
- Mock Drills
- Nurse Coordinators
- Registrar’s
- TraumaOne
- TQIP
- CPG’s
- Protocols
Trauma Services

- **In House Specialties**
  - Emergency
  - Trauma Surgery
  - Anesthesia
  - Intensivists

- **Ongoing QA and PI (Iterative process)**

- **Organized support services**

- **Coordination of multiple hospital departments**

- **Established Trauma Pathway**
  - Primary Survey
    - Labs? Imaging?)
  - 2\textsuperscript{nd} survey
    - Intervention?
  - 3\textsuperscript{rd} survey
  - Coordinated care and discharge
Trauma - “Golden Hour”
Acute Care Surgery

• Team approach to Patient Care
• 24/7 Coverage and operative potential
• Multiple In-House Specialties
  • Similar to Trauma Pathways
• Initial ACS pathway
  • Primary Survey
    • Workup?
  • 2\textsuperscript{nd} survey
    • Intervention
  • 3\` survey
Acute Care Surgery

• Elderly population growing
• Growing list of comorbidities
• Expedited treatment to minimize effects on physiology and morbidity

• Principles:
  • Expeditious initial assessment
  • End point-guided resuscitation
  • Early intervention and definitive management
  • Essential physiologic monitoring
Systems of Care

PreHospital
EMS
Initial Evaluation
ED
Treatment
OR
Recovery
Ward
Rehabilitation
ORC
Reintegration
Home

Continuum
Pre-Hospital Care

• Develop relationships with referring Hospitals
  • ATAB
  • Outreach
  • Educational Programs (ATLS, RTTDC)

• Develop relationships with EMS
  • Regular feedback
  • Discussions with Medical Directors
  • Central LANE Medical Control
Emergency Department Care

- Coordinate with ED for Trauma’s
  - Attend all Full Trauma’s within 15 minutes of arrival
  - Trauma Consults for Modified and walk-ins
  - Transfers for multisystem injury

- General Surgeons “In House”
  - Rapid evaluation of emergent general surgery
  - Decreased time to disposition - Ward/OR
Operating Room

- In House Anesthesia
- 24/7 In-House Tech & RN
- Trauma Room for Ortho and General Surgery
Hospital Care

- Coordinated team effort
  - 3 full time Surgeons with community surgeon backup
  - Nurse Practitioner
  - Multidisciplinary Rounds

- Full Trauma office
  - Trauma Program Director
  - Nurse Coordinators
  - Registrars
  - EMS liaison/Injury Prevention
Rehab & Return Home

- SBIRT screening, placement (SW)
- Physical and Occupational Therapy
- Rehab or ORC as needed
- Outpatient follow-up
  - TRACS Clinic weekly
- Specialty follow up as needed
Current QA/PI projects

- Blood and Resuscitation
- Fluids for resuscitation
- Early SBFT for SBO
- (What else should we talk about?)
TRACS Summary

• Improves Access to Care:
  • Trauma and Emergency Surgical Care for the Community 24/7

• Decrease Cost/Better Outcomes:
  • Standardized Clinical Practice Guidelines
  • Robust Performance Improvement Program
  • A TRACS service helps the Trauma Surgeon maintain their surgical and critical care skills