

The morning that Don came into our hospital, I believe he was in an accident on Interstate 1-35.

We got the call about 7:00 in the morning.

It was early in the morning and our day had started pretty normal.

When we arrived on scene, the vehicle had gone through the ditch, off the roadway and through the fence, struck a tree – and there was major front end damage. The windshield was starred – it looked like he had struck his head on the windshield.

I remember going to work – and I called her on my phone - talked to her on my phone, on the way in. And, then at some point I don't remember anything anymore, until I woke up in the hospital.

It was a couple minutes before 7:00 and I knew he should have been there. So, I just kept calling and calling.

As soon as Don rolled into our trauma room, there was immediately a team of x-ray technicians, nurses and a trauma surgeon there to immediately begin assessing him. And, we found him to have a very severe head injury, as well as some other internal injuries that weren't immediately identified, but were identified as we began to perform some x-rays and CT scans.

When you're dealing with such a critical patient, it's easy to forget to go in and be with the family because you're very focused on what you're doing. And, when I train nurses here at Salina Regional, I tell them – "Don't forget your families. You're taking care of somebody on the worst day of their life."

Some of it's just a blur – I really can't remember. I just had it set in my mind, though, that I knew they were telling me how bad he was, but I just knew he was going to be ok.

Before I knew it, we were on the road to Wichita.

When the patient arrived, he had already undergone an evaluation at Salina. At that time, they had already discovered that he had a brain injury with a brain bleed. He had several broken ribs, some low level spinal injuries, but more importantly, he had damaged the aorta.

Don's injury was particularly difficult and tricky to take care of. The treatment goals for the head injury and the treatment goals for the aorta are somewhat in conflict.

If Don had not received the care that he did in the timely fashion, there are two versions of this. One would be that he would be dead from his ruptured aorta. Vice versa – if he didn't have advanced neurosurgical support, I'm also certain that he would be far less active. I don't know that he would be in a vegetative state, but he probably wouldn't be a very functional person had we gone the other route.

I went back to work on February 2. It was exciting, I mean, of course I had all kinds of attention. All the guys grouped around me...

Sometimes you think it didn't happen, but before the accident, I guess you don't really think about if something happens...where you would go, what would happen. Basically, they saved his life.

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We were dispatched to a one vehicle motor vehicle accident. They went through a ditch and through a culvert, and when it rolled, he was ejected out through the t-tops. He had rolled a little bit away from it. We did spinal mobilization – made sure to mobilize his spine, we mobilized his femur, started IV's, cardiac monitor, IV fluids. We called Via Christi – I remember calling them on the scene – let them know that we had a trauma patient that we were bringing in, to activate their trauma team.

When Corey arrived, he was alert, orientated, the vitals were stable – complaining obviously of his pain in the leg.

He had extensive injuries – multiple system injuries, fractured bones, a pelvic fracture, which was unstable, a femoral fracture, multiple rib fractures...he also had a deceleration injury to his bladder when the bladder was torn off his urethra. That's a bad injury.

He did need to see a specialist in orthopedic surgery to stabilize the fracture. Time is of the essence. We immediately contacted KU Medical Center – Level 1 Trauma Center – with the capabilities and specialists to deal with these issues.

In this case, it was done perfectly. Everything again was determined very quickly and it was seamless. We'd also gotten a chance by getting a list of the types of injuries to alert our different sub-specialists in different areas so that they could be ready to be able to manage him, if need be, operatively.

When Corey came in, we determined with his family, his needs. Now, when he was out of in-patient rehab, he also needed home health nursing, home physical therapy, home occupational therapy – we arranged that closer to his home in his community.

He was in a lot of pain and he had very little ability to move.

I just remember the therapy and all the pain.

He was 24/7 in-patient for three weeks and he received three hours of therapy a day, between occupational therapy and physical therapy. When he left here, he was walking with a walker with a platform for his arm, and he was using his wheelchair for the majority of the time because that was his main means of locomotion. That's the only way he could really get around. He was wanting to do the best that he could just so he could get back to his life.

I missed my family and my friends. I mean I found out after I got through all the therapy and stuff, that I was going to be a dad. So, it was a wake-up call.

Seeing the end result is amazing because of where he started.

We think this case actually is a good example of coordination of all of the aspects of trauma care beginning with the EMS response to the trauma scene, the level 3 trauma center's stabilization of the patient, recognition of the injuries, treatment of the injuries, and triaging the patient to the next higher level of care that's necessary for those particular injuries.

The Kansas Trauma System is modeled after recommendation for trauma system for a state. But, a trauma system also includes a communication network, it includes a prevention process to try to prevent the injury from happening in the first place, and research to see if the system is working as well as it should.

When we talk about trauma centers, we are talking about a hospital that has made a committed effort to improving their capabilities of taking care of trauma patients. Kansas, being a very rural state, and some counties actually being listed as "frontier", that means those geographic areas do not have the depth and breadth of resources that would be available immediately in Wichita, Kansas City and Topeka.

To be a verified trauma center, I think, is understated. People don't realize what goes into that. It takes a lot of work – it takes a lot of behind-the-scenes to remain and give the patients the kind of care that they need and deserve.

Every hospital in the state of Kansas would like to become verified as a trauma center. And, to be a Level 4 trauma center, which means you know and you've proven you know how to stabilize and triage a patient and then get them to the right facility. And, that's what I would hope to see in the state of Kansas – that we should have every hospital should be a designated level of a trauma center.

People that work in health care always want to work for the best of class. Being a trauma center IS best of class. In my over forty years of work in this organization, there are few things that we have done that are as meaningful as becoming a trauma center. Once we were able to explain the difference between having that staff available 24/7, 365 on 15 minute notice, it was pretty easy sell, and the board said that's the kind of service that we want to have available for our community.

One of the things that we're really proud of here in Pittsburg, is the collegiality and leadership from the physician community. I can tell you that that made a huge difference in not only getting the project started, but also taking us to designation. Certainly a challenging exercise, but a very important exercise relative to the quality improvement that we can make for the folks that live in southeast Kansas.

We consider our community to actually be the city of Salina, but also the 10,000 square miles of the region. So, as we look at how we serve that community in the broader sense, that's one of the reasons why developing a trauma program was really a pretty easy sell with our board because they saw it as being a community benefit. Nine months into the process, I think those that are participating in performance improvement are really seeing a difference themselves. If you're looking for a financial return on investment, then it might be harder to sell. But, as a community-based hospital, financial return on investment is not nearly as important to us and to our board as the community impact.

Our goal for the Kansas Trauma System is to have a peer review process that allows us to critically analyze the care that's being delivered and see where we need to make changes so that we can improve the care for those patients.