



COLUMBUS MEDICAL GUIDE

+ The Central Ohio Trauma System

+ Responding to Emergencies

+ Directory of Resources

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PREPARING FOR THE WORST

The Central Ohio Trauma System works to improve emergency responses in Central Ohio through collaboration and communication so patients receive the best care possible.

BY SHARON DEPPE

THE IMPACT OF TRAUMA—falls, traffic crashes, assault, natural disasters—is staggering. The human cost and economic consequences of injury is a threat to the overall health of our community, and since 1997 the Central Ohio Trauma System (COTS) has worked to identify, understand and improve responses to these significant traumatic events.

DEVELOPING A VITAL FORUM

The Central Ohio Trauma System, a cooperative nonprofit affiliated with Columbus Medical Association, formed in 1997 with a mission to reduce injuries and save lives by improving and coordinating trauma care, emergency care and disaster preparedness response in Central Ohio.

As a voluntary, self-regulated agency, COTS does not possess any regulatory, enforcement or governing authority. However, COTS developed a trauma registry allowing the organization to collect injury data, which supported the development of many best practice guidelines and performance initiatives directed toward improving access to care and the expertise needed to provide patients with the best possible outcome from serious injury. Since its inception, the COTS trauma registry has collected data on more than 170,000 patients. This number reflects the average of more than 11,000 Central Ohioans annually who experience a potentially life-threatening injury.

As the understanding of trauma care evolved, the need to develop a system for ensuring expert care became

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necessary. Trauma centers emerged in Central Ohio and proved integral to providing injured patients with expert treatment. While trauma centers were identified as key to caring for the injured, the continuum of care also incorporates prehospital care, rehabilitation services, public health and injury prevention strategies into a comprehensive system approach to management. Another goal of such a comprehensive trauma system is to ensure that essential trauma care is provided to anyone who needs it, regardless of ability to pay. In this evolving landscape, COTS has served as a neutral forum where health care systems, trauma experts and community partners can come together to improve trauma care.

Dr. Victor Dizon, trauma medical director at Mount Carmel West Hospital, says, "In Central Ohio's highly competitive health care business market, COTS has remained a vital forum where physician leaders and health care providers across Columbus and the greater metropolitan area can work together and focus on providing high quality regionalized clinical care, regardless of which hospital system the patient chooses."

COTS provides a model for shared services among diverse stakeholders with a consistent focus on the patient. The number of COTS stakeholder members has grown as the organization's role became more pivotal within the health care community. But while the trauma epidemic has become more constant and widespread, the cost of this pervasive health risk is difficult to calculate.

THE COST OF TRAUMA

Injury from falls, traffic crashes and assault result in terrible consequences to individuals and families. Catastrophic traumatic events, meanwhile, affect entire regions, societies and nations. Disasters like the 1995 bombing of the Murrah Federal Building in Oklahoma City, the Sept. 11, 2001, terrorist attacks, Gulf Coast mass flooding from Hurricane Katrina in 2005 and the 2013 Boston Marathon bombing severely impact a region and the nation as a whole. The lasting effects of these events can be destructive not only to the individual patient, but also to families and communities. While many experts have estimated the financial cost of trauma, there is also a cost to society.

Trauma has been correlated to mental illness, addiction, learning disabilities, aggressive behavior and violence in schools and communities. People who experience



abuse, natural disasters, violence and terrorist attacks have to live with the resulting injuries and have been known to develop post-traumatic stress disorder. The victim of trauma is the personal casualty, which is significant in its own right, but there's also the loss to the community, the expense of support services and provision of uncompensated care, rising insurance premiums and lost productivity to consider. These issues reflect some of the greatest challenges in Central Ohio.

MULTIVICTIM INCIDENTS AND DISASTER MANAGEMENT

Following the Sept. 11 terrorist attacks, COTS established the Healthcare Incident Liaison (HIL) to support Central Ohio hospitals and partnering agencies in the event of a disaster. HIL serves as a conduit for situational awareness and information sharing, assists with regional resource allocation and helps coordinate response activities for 31 trauma and acute care centers throughout Central Ohio.

As featured in the Federal Emergency Management Agency's Lessons Learned Information Sharing, HIL has developed specific response guidelines for mass casualty incidents and large caliber disasters requiring responses from multiple resources and

agencies. COTS ensures all HIL personnel have received National Incident Management System training, and Homeland Security Exercise/Evaluation Program certification from FEMA's Emergency Management Institute. Additionally, HIL staff is able to deploy regional medical assets during emergent events.

As concerns about Ebola grew during the recent outbreak, isolation requirements became stringent and essential for the symptomatic patient with increased risk. Although personal protective equipment (Tyvek suits, cover gowns, face shields/specialized masks, hood cover, double gloves and double booties) for health care workers was essential for providing care, local vendors identified an extreme shortage of Center for Disease Control recommended equipment. COTS HIL was activated to address local hospitals' critically low supply of protective equipment. HIL concluded that local and regional personal protective equipment resources had been depleted and expanded the search to all hospitals in the state of Ohio. Through collaboration with Ohio Department of Health and statewide health care systems, protective equipment was located and the Central Ohio hospital supply was restocked.

The organization also played a vital role during the botulism outbreak earlier this year.

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“The Central Ohio Trauma System continues to provide an irreplaceable venue for physicians and other health care providers to collaborate in the development of clinical practice guidelines, triage recommendations to the prehospital community, presentation of research, community and peer education and disaster management.”

—Dr. Marco Bonta



This health crisis became one of the largest botulism outbreaks in the U.S. in nearly 30 years. HIL provided timely and accurate situational awareness to the Central Ohio health care coalition and requested hospitals in Central Ohio and statewide to identify their inpatient bed availability, enabling HIL to find hospitals able to accept patients with botulism symptoms and provide treatment to those who required highly specialized care. HIL also worked to secure medications and available resources by accessing regional stockpiles. During extreme and rare occurrences like these, the ability to augment communications and resource allocations can mean life or death for the most at-risk patients.

FOSTERING TEAMWORK

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practice guidelines, triage recommendations to the prehospital community, presentation of research, community and peer education and disaster management,” says Dr. Marco Bonta, trauma medical director for OhioHealth Riverside Methodist Hospital. “Though there may be a sense of competition between health care systems, COTS facilitates teamwork and partnership.”

Collaboration and communication is a common theme throughout the programs COTS supports. Leaders from trauma centers in Central Ohio have taken an active role in developing the guidelines that have provided direction for COTS. Trauma leaders have also developed guidelines to bring consistency and standardization across seven trauma centers and the vast number of EMS agencies.

The performance improvement program initiated in 2013 allows COTS to monitor adherence to regional guidelines, national regulatory standards and compliance with the Ohio Prehospital Trauma Triage Rules, which support the rapid transport of a trauma patient to the appropriate facility, decreasing the patient's time to receiving the expert care needed to survive severe injury. COTS' focus

is to create a system that optimizes care and outcome for injured patients.

Education is paramount in the COTS model. The organization currently serves as the most active franchise for the American College of Surgeons Course, Advanced Trauma Life Support (ATLS). In 2014, more than 400 physicians were successfully verified as ATLS providers from the COTS Training Center. Leading area trauma physicians and nurses serve as faculty experts for all COTS education courses and symposiums.

COTS also seeks to decrease trauma. The Central Ohio Trauma System 2013 Injury Report produced by Columbus Public Health in collaboration with COTS found that over 82 percent of trauma cases in our region are the result of an unintentional injury, meaning they were preventable. COTS is charged with supporting measures to monitor associated injury trends and help identify methods to decrease these injury risks.

LOOKING TOWARD THE FUTURE

In 2016, COTS will monitor the progress of Ohio House Bill 261, which will address the establishment of a state trauma system.

The proposed legislation, drafted by state Rep. Cheryl Grossman (R-Grove City), will establish a trauma oversight agency and create a trauma board, state trauma medical director and nursing director. COTS will be ready to provide the leadership required for the implementation of a legislated statewide trauma system.

COTS' mission was also expanded to address time-critical medical conditions like stroke and heart attack that require rapid assessment, diagnosis and treatment to reduce the risk of preventable complications and death.

Change is certain. The community's needs evolve, as do threats to health care and anticipated future crises. But positive outcomes are always possible, and COTS will continue to evolve and succeed, leading to better trauma care for all.

Sharon Deppe is the associate director of the Central Ohio Trauma System. Sherri Kovach, Kelsey Blackburn and Roxanna Giambri also contributed to this story.

The Zangmeister Cancer Center thanks Drs. Jeffrey Zangmeister, Luis Vaccarello, and Patrick Elwood for their commitment to caring for the Central Ohio community.

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