Please allow me to introduce the Arizona Trauma & Acute Care Consortium (AZTrACC). AZTrACC was formed in 2007 by the state’s Level I Trauma Centers as a means to improve the delivery of health care to injured patients by supporting collaborative research, promote educational activities, and participate in outreach activities. Since that time we have successfully created a yearly trauma symposium (Southwest Trauma and Acute Care Symposium - now in its 5th year) highlighted by national and international trauma experts. Through this symposium, we broadcast live continuing medical education (CME) via the internet around the world, and this year we will offer an “on-demand” feature for viewing the content at the participant’s convenience.

All AZTrACC members provide education and outreach to pre-hospital and hospital-based trauma providers, and information on how to request these services is contained within this newsletter. We will also highlight our research endeavors in upcoming issues. Finally, we offer you the opportunity to participate in our Grand Rounds which can be accessed from our website (www.aztracc.org/grandrounds). This bi-monthly program allows you to earn free continuing education units (CEU) or CME by participating via the internet. For those that require it, these programs even qualify for the American Board of Surgery’s Maintenance of Certification (MOC) requirements with successfully passing the self-assessment.

Please enjoy the newsletter and we greatly look forward to your participation in AZTrACC!

Patrick J O’Neill, PhD, MD, FACS
President/Board Chair
“G-60” Geriatric Trauma Program at John C. Lincoln North Mountain Alicia Mangram MD, FACS

John C. Lincoln’s G-60 program for geriatric trauma patients over the age of 60—the first of its kind in Arizona—was launched in June 2012 by Medical Director of Trauma Services, Alicia Mangram MD, FACS. The G-60 program was created to provide expedited treatments plans and intensified care for trauma patients aged 60 or older. “Research tells us that trauma patients age 60 and over sustain more serious injuries than younger trauma patients with similar mechanism of injury,” Dr. Alicia Mangram stated.

“Additionally, trauma injuries in the elderly frequently are compounded by chronic medical conditions and interactions between the numerous drugs older patients are taking,” Dr. Mangram said. “In short, geriatric trauma patients often experience more complications than their younger counterparts.”

Based on her experience Dr. Alicia Mangram developed a multidisciplinary program that addresses the needs for G-60 patients on a daily basis.

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G-60 Criteria

John C. Lincoln Health Network

1. Pt. Must Be 60 Years or older (60+)

2. Pt. Must Have a Traumatic Injury Less Than 48 Hours

3. Traumatic Injury Must Warrant Hospital Admission

All G-60 Patient Must Be Admitted To The Trauma Team

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A test of a people is how it behaves toward the old. It is easy to love children. Even tyrants and dictators make a point of being fond of children. But the affection and care for the old, the incurable, the helpless are the true gold mines of a culture.

~ Abraham J. Heschel
An 8 year old male collided with another child on a bicycle striking his right palate on the bicycle’s brake handle. EMS arrived on scene and where they found patient stable, responsive, and with minimal bleeding from his mouth. Prehospital providers transported the patient to a rural facility where an IV was placed and pain medication was administered. The patient was admitted to await a consult from an ENT physician in the morning to repair his hard palate laceration.

During the night, the patient awoke with numbness, tingling, and weakness to the left side of his body. He was unable to ambulate. The patient was immediately transported without further intervention via air ambulance. Upon arrival, radiographic images were obtained of his head and c-spine where a CTA of the head revealed right internal artery dissection and thrombus of the right middle cerebral artery. The patient was 8 hours post symptoms and thrombolytics were considered contraindicated. Signs of brain swelling developed and 5 hours later that morning and repeat imaging revealed white matter ischemia.

The patient progressed to developed cerebral edema with a midline shift. The patient was taken emergently to the operating room where a craniotomy and intracranial monitors were placed. Overnight ICP readings stabilized and the patient continued to improve. Hospital day 9 the patient was admitted to inpatient rehab for continued therapy.

Submitted By:
David M Notrica, MD FACS FAAP
Trauma Medical Director
Level 1 Pediatric Trauma Center Phoenix Children’s Hospital
AZTrACC Multicenter Projects

A. **Falls Project:** Falls are associated with increased mortality but the exact causes of fall death remain unknown. We have developed a multicenter study to elucidate the following:
   (a). Describe the epidemiology of fall deaths among participating trauma centers in Arizona.
   (b) Assess the causes of fall deaths
   (c) Determine associations between antecedent predictors and fall deaths
   **Hypothesis:** There is a difference in falls mortality rate and causes of death across age strata and trauma centers

B. **Outcomes of diabetic trauma patients study.** Trauma outcomes for diabetic and non-diabetic patients in Arizona have not been well described. This study will describe the following:
   (a) How accurately do trauma centers identify patients with diabetes: (a) undiagnosed diabetes (b) previously diagnosed diabetes?
   (b) Compare trauma outcomes between patients with a community diagnosis of diabetes and non-diabetic cohort controls. **Hypothesis:** Trauma patients with a community diagnosis have worse outcomes than non-diabetic cohort controls.

C. **Falls as the number 1 cause of trauma admissions in patients 60 years and older:**

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**Literature Review**

**John C. Lincoln Health Network:**


**St. Joseph Hospital and Medical Center Publication:**


**Maricopa Medical Center:**

Trauma Services/Outreach Information

John C. Lincoln Health Network
Kim Shatto, RN BSN
602-870-6060 Ext: 1583
Kimberly.Shatto@jcl.com

Maricopa Medical Center
David J Lopez, RN BSN
602-344-5560
David.Lopez@mihs.org

Phoenix Children’s Hospital
Summer Magoteaux, RN
smagoteaux@phoenixchildrens.com

Scottsdale Osborne Hospital
Administration Office
480-882-4936

St. Joseph’s Hospital:
Michelle Guadnola, RN, MHA
602-406-6194
michelle.guadnola@dignityhealth.org

Patient Transfer Center Information

Transfer Contact Information
- Flagstaff Medical Center Patient Placement Center Info: 1-800-853-2313
- John C. Lincoln North Mountain: 602-870-6353
- Maricopa’s Medical Center Transfer Information: 1-800-910-4120
- Scottsdale Osborne Hospital: 1-877-751-7363
- St. Joseph’s: Transfer Information: 602-406-BEDS (2337)
Upcoming Events:
5th Annual Southwest Trauma and Acute Care Symposium (STACS) 2013

Dr. Peter Rhee, David Notrica and Chris Salvino are Co-Chairing STACS Symposium for 2013. This marks the first time all 3 chairman are working together to deliver this amazing, world-class trauma conference.

STACS is the first true world class multi-disciplinary trauma conference that you can attend in person or live on the internet from anywhere in the world!

November 7-8, 2013

Board of Directors

Description: The Board of Directors consists of a single representative of each of the participating trauma centers in the State of Arizona. They are responsible for maintaining the mission, values and vision of AZTrACC. The Chairman of the Board is the President of AZTrACC and is typically a non-voting member.

Board Members:
- Andrew J Aldridge, MD, FACS: Flagstaff Medical Center
- Michael Corneille, MD, FACS: John C. Lincoln Hospital – North Mountain
- Charles Hu, MD, MBA, FACS: Scottsdale Healthcare – Osborn
- Jeffery P Salomone, MD, FACS, NREMT-P: Maricopa Medical Center
- Richard J Chamberlain, MD, FACS: St. Joseph’s Medical Center
- G Paul Dabrowski, MD, FACS: Banner Good Samaritan Medical Center
- Peter Rhee, MD, MPH, FACS: University Medical Center, Tucson
- Juan M Acosta, MD, FACS: Phoenix Children’s Hospital
- Peter Rhee, MD, FACS, David Notrica MD, FACS: Southwest Trauma & Acute Care Symposium (STACS) Chair
- Chris K Salvino, MD, MS, MS, MT, FACS: Southwest Trauma & Acute Care Symposium