

UPA Front Lines

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UT LIFESTAR

Trauma Care: Lessons from the Battlefields

Submitted by Blaine L. Enderson, MD

One can easily say that the United States trauma system evolved through lessons learned during its wars. Beginning with the Civil War (1861-1865), managing the enormous number of casualties required developing a system to promptly treat wounded soldiers including the use of field hospitals. In addition, documenting care processes for injured patients resulted in the creation of the first trauma manual.¹

This evolution of trauma care continued during World War I with the evacuation of wounded soldiers from battlefields to receive first treatments at aid stations near the battle front. Seriously wounded would be moved another time to stations where surgeons performed emergency surgeries. Finally, survivors were then taken to hospitals away from the battlefield for more intensive care. The time from injury to treatment averaged between 12 to 18 hours.²

World War II added even more understanding about trauma care. The use of motorized transport reduced the time of injury to treatment by 50 percent.³ In addition to getting care more quickly, the use of blood transfusions and more effective surgical procedures saved lives. Because many civilian surgeons, anesthesiologists and other physicians were called to serve during the war, the lessons they learned about the management of trauma care were taken back to cities in the states. After the war, the first hospital emergency departments opened in the US. In 1946, the Hill-Burton Act provided federal grants "to build hospitals provided that the states met a variety of conditions, including a community service obligation. Among other things, the community service obligation required hospitals receiving Hill-Burton funding to maintain an emergency room."⁴

In the Korean War and more so during the Vietnam War, transporting the wounded by helicopter directly to an acute care hospital prepared to provide extensive treatment, proved that injury to treatment time affected survival rates.

Today's advanced trauma care and specialized trauma centers result from the lessons learned from war, as well as the collaboration between the military and civilian medical care.

1Part 1: A Brief History of Trauma Systems. <https://www.facs.org/quality-programs/trauma/tqp/systems-programs/trauma-series/part-i>

2, 3Trunkey DD Trauma. Sci Am. 1983; 249:28-35.

4Hospital-Based Emergency Care: At the Breaking Point (2007). Chapter: Appendix F Historical Development of Hospital-Based Emergency and Trauma Care.



Dr. Blaine L. Enderson graduated from the University of South Dakota. He completed his internship and residency at the Michael Reese Hospital and fellowship at Harborview Medical Center. Dr. Enderson has served on the UPA Board of Directors since 2000 holding the title of UPA President (2002-2004), UPA Treasurer, UPA Medical Director, and Chair of UPA's Compliance Committee.

UPA is proud that 29 of
our members are part of
East Tennessee's
Regional Trauma Service.

In 1988, President Ronald Reagan designated May as National Trauma Awareness Month. With this designation, the American Trauma Society (ATS) has worked with other organizations including the Society of Trauma Nurses (STN), Centers for Disease Control (CDC), National Highway Traffic Safety Administration (NHTSA), National Safety Council, Mothers Against Drunk Driving (MADD), and other organizations help educate communities on trauma awareness and prevention.

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Thank You Nurses!

This year Nurses' Week was celebrated May 6 – 12. This is the time we recognized the integral role nurses play in helping to keep us healthy. We are grateful for all that nurses do and have done for us, particularly during the past year. The following is a tribute from four of UPA's Board Members to some special nurses.



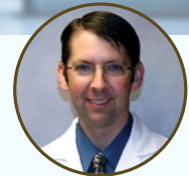
Melissa S. Phillips, MD



Amy Barger Stevens, MD



Robert F. Elder, MD



James M. McLoughlin, MD

One of the most impactful nurses in my "surgical world" is Connie.

She is an amazing woman with a strong desire to make the world around her a better place. She has a great attention to detail and uses this every day to improve patient care. She is thoughtful and caring in her interactions. She always has the patient's best interest in mind. She is friendly and fun to work with while providing great patient care!

My mom, Darlene, is an "old school" nurse, going to nursing school at a time when nursing school paralleled medical school, with gross anatomy, histology, pharmacology, etc. I have always admired her extensive knowledge and competence. Working at the hospital as a nursing assistant, I regularly heard from many people who respect these same attributes. My mom is my hero, and she has been an incredible example of intense dedication to the provision of dedicated, empathic, comprehensive patient care!

I want to send my appreciation out to all of the Nurses who have served in the area of Women and Infants at UTMCK.

These are some of the most dedicated and passionate nurses in health care. I am thankful for all of those who have worked with me over the years and the excellent care they provide.

My favorite nurse (beside my wife) is Cathy. She and I have worked together in University Surgical Oncology since I arrived in January 2012. She has several special skills that she puts to good use every day. She regularly triages calls and requests from patients and providers, reports lab and pathology reports, and ensures our patients are presented at our multiple tumor conferences. She works hard to keep patients updated on their results, clinic schedules on time and surgical cases posted. She often wakes up early to schedule cases when OR blocks drop and stays late to ensure patients have important instructions for surgery or upcoming consultations. Cathy represents the broad skills and characteristics of our UTMC nurses. She demonstrates self-sacrifice for the sake of patient needs, commitment to the community and institution, and, most importantly, kindly laughs at my jokes.

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Tips on Avoiding RANSOMWARE ATTACK

Your personal files are encrypted

You have 5 days to submit the payment!!!
To retrieve the Private key you need to pay

Your files will be lost

Submitted by Eric Duncan
Director UPA I.S.

Ransomware has become a constant nuisance to our daily life. Ransomware is malicious software that encrypts your files making your computer unusable unless you pay the “bad actors” ransom. The longer you wait to pay the ransom, the more expensive the ransom becomes. Many organizations and private individuals have elected to pay the ransom because they did not have a backup of their files or their backup system was too slow to restore their files. Ransomware can infect a computer from an email attachment, a compromised website, or shared from an online storage website.

Since ransoms are being paid, this problem is a huge money-making business. Ransomware is now the #1 cybersecurity issue globally and is not going away anytime soon.

Try these quick tips to help protect yourself:

- Windows and Apple Macs are both susceptible to Ransomware, keep your home computers antivirus and Mac/Windows system updated.
- Backing up your home computer and files is the best recommendation to fight ransomware. Save all your work-based files to your UTMCK OneDrive account. Keep your home computer and personal files backed up. If you use an external drive, make sure it is unplugged from the computer after use. Consider using an Internet-based backup solution such as Backblaze.com, carbonite.com. This is a cheaper option than paying the ransom and you are never guaranteed to get your files back after you pay.
- Look before you click. Attackers like to try to hide Ransomware as innocent-looking files such as Microsoft Word or Adobe PDF documents. Before opening a file, use a list (Mac) or detail (Windows) view on your computer to verify that a file is not an application. Your system will show what Type or Kind of file it is. For help with how to do this, search “use list or detail file view”.

Name	Type
UpdateRegistry	File folder
NotAVirus.pdf.exe	Application

- Use multiple user accounts to protect yourself and your family on your home computers. Your accounts should be running as “Standard User” and not “Administrator”. This will prevent most malicious apps from infecting your computer. Create a single account that has full “Administrator” permissions. I like to use the name DoNotUse and set a password unknown to my kids. Only use this admin account to install apps that you trust. For help on how to do this, search “Change an administrator account to a standard account”.
- Use the computer’s native “App Store”. Store-based applications must pass multiple tests before they are published, this lessens your chance of installing malicious software. Many of the App Store apps will automatically update just like your smartphone.
 - Windows – Microsoft Store
 - Apple – App Store

As always, if you ever have any questions or need help, please email the **UPA Cyber Team** at upacyberteam@utmck.edu, we are here for you.



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