Dr. Ursic is the newest member of our team, joining us in December of 2015. He is currently serving as the new Trauma Medical Director for Trauma Trust and looks forward to being involved in many aspects of trauma care across the region and state. He received his B.S. in Biology/Chemistry from St. Mary’s University in San Antonio, TX, and his Medical Degree from the Baylor College of Medicine in Houston. He completed his General Surgery residency with the University of California San Francisco at Fresno, and his Surgical Critical Care fellowship at the Boston University Medical Center. He has served as trauma medical director at several trauma centers, including the Alameda County Medical Center in Oakland, CA, the St George Public Hospital in Sydney, Australia, and most recently the Queen’s Medical Center in Honolulu, HI. Dr. Ursic is Board Certified in General Surgery and in Surgical Critical Care.

Although trauma surgery and medicine are his vocation and first loves (apart from his wife Karen and his two kids, fraternal twins Clara and Marcello), he also enjoys cycling (his current mode of transportation between TGH and StJH), playing the didgeridoo (that’s what happens when you live in Australia for a few years), and paddling his one-man outrigger canoe (hopes to soon be the first to negotiate the Tacoma Narrows in a full neoprene Aloha-style wet suit…).

### Educational Opportunity

Trauma Trust is hosting a trauma skills day for the Tacoma General Emergency Room Physicians and Midlevel providers.

**February 18th, 2016**

**Jackson Hall**

Please call 403-8667 to make your reservation.
You may have noticed the posters in the trauma bay and wonder what their significance is. In 2011 the Trauma team instituted a new communication tool to be used for trauma resuscitations in the Emergency departments at St. Joseph and Tacoma General. Prior to the patients arrival the team will:

- **B** - Review the base station report
- **I** - Team members will introduce themselves with name and role.
- **R** - The trauma surgeon will outline a plan of care and ensure equipment is in place for the resuscitation.
- **D** - After trauma a debriefing will be attempted to evaluate what went well, what could have gone better and answer questions.

The goal of this tool is to improve communication among team members and to anticipate unexpected events.

**DO THE BIRD**

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**New Faces to the Trauma Team**

- **Welcome Back to Aaron Huston, ARNP**
  - Aaron came back to the team in June.

- **Aaron Finley, PA-C**
  - Joined the team in January.

- **Heena Rana, PA-C**
  - Is from New York and joined the group in June.

- **Randy Templeton, PA-C**
  - Trauma in December. Randy comes to us from Swedish Mill Creek, ED.

- **Megan Cecchini, MD**
  - Joined in August.

- **Heather Pounds, RN CEN**
  - Joined the team in December as the Injury Prevention/Outreach Coordinator. She comes from Multicare EDs.

- **Katrina Flowers-Piercey, PA-C**
  - Came to us from Multicare’s Emergency Department in August.

- **Brenton Ward, MD**
  - Joined in November.

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**Save the date!**
The 10th Annual Tacoma Trauma conference will be November 18th 2016.

**West Region EMS conference at Ocean Shores**
Feb 26-28
BRAIN TISSUE MONITORING SYSTEM

St. Joseph ICU nurses have a new tool that measures brain tissue oxygen. Head trauma patients have varying etiologies, but despite the various causes of trauma, cerebral hypoxia remains a common complication which can lead to cerebral ischemia and death. Using a Licox monitor has been shown to reduce the amount of hypoxia and improve outcome in small studies. In the last decade, clinical researchers have demonstrated the significance of oxygen partial pressure measurements in the brain.1,2 A study by van den Brink, et al (2000), examined brain tissue oxygenation (PbtO2) in 101 head trauma patients (Glasgow Coma Scale <8) using LICOX®. Despite aggressive conventional monitoring and treatment, hypoxic events were observed with the LICOX® system in more than half of these patients. The depth and duration of tissue hypoxia were related to outcome, and proved to be an independent predictor of unfavorable outcome and death. Monitoring PbtO2 has been shown to be a reliable and sensitive diagnostic method to monitor cerebral oxygenation, and experience shows the risks of placing intraparenchymal sensors are minimal.4, 5 Clinical research has demonstrated that the prevention of secondary injury following severe head injury is well correlated with better patient outcome.2 Ref:The LICOX System Integra NeuroSciences 4 April 2013

Trauma Registry, What Is It?

Trauma data must be collected and analyzed by every designated trauma center. The trauma registrars are an integral part of the trauma team. Trauma Trust is fortunate to have 4 amazing registrars: Patti Dersha, Jeannne-Rae Stuckey, Staci Myers and Betsy Harris. The information collected is detailed & reliable information that is used to help improve the care of the trauma patient. The Trauma Registry is a tool used to drive the performance improvement process for hospitals and EMS. Injury prevention, resource utilization, cost analysis and outcome measurement are just a few of the things we use registry information for. In addition to trauma system process improvement, data collected is sent to the National Trauma Data Bank (NTDB) with the goal of keeping with their mission to improve the care of injured patients through systemic efforts in prevention, care and rehabilitation.
Aaron Clancy is from Salem, OR and graduated high school from North Salem High in 1998. He joined the U.S. Army the summer after graduation. He volunteered to be an Army Ranger and was assigned to 2nd Bn 75th Ranger Regiment located at Fort Lewis, WA (JBLM). He graduated Ranger school in December of 1999. After 9/11 He volunteered for Special Forces training & was selected to attend the Special Forces Medical Sergeant’s course. He graduated from Special Forces training in August 2004. In September 2006 was deployed in support of Operation Enduring Freedom for 8 months. After returning and in the several years to follow he deployed to several different countries including Malaysia, Nepal, India and Thailand. Aaron currently holds the rank of Captain in the Washington Army National Guard. In 2008, He was accepted to the University of Washington’s Physician Assistant program also known as MEDEX. Aaron was hired by Trauma Trust in 2012. Aaron is married with 2 girls and twin boys that keep him very busy. In December 2015 the team voted Aaron as the new Midlevel Director for Trauma Trust. His goal for the Mid-Level program is to make it the preeminent work environment for Advance Practice Providers and one that is emulated across the country.

New Midlevel Director—Aaron Clancy, PA-C

“When I first got sick, it didn’t matter how people treated me because I knew who I was. But now that I’ve grown weaker I become whomever people make me. If a nurse or doctor walks into my room and moves me like meat, I become meat!”

“It made me want to cry that I or a member of my profession had the capacity to take a strong woman and transform her to a slab of meat by virtue of how I gazed, what I said or failed to say, or how I touched. This is the power that is ours. At the end of the shift, have people been left better or worse for having experienced us?” (ANA code of ethics)