Reflections on the Skamania Conference: An Emergency Physician's Perspective

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The trauma care community and, more importantly, the American public will probably be forever indebted to a few heroes who made the Skamania conference happen. Among those are:

- Rich Mullins and Clay Mann, who coordinated the conference;
- Rich Martinez and Jeff Michael, supporting the conference from National Highway Traffic Safety Administration;
- Dan Pollock and Richard Waxweiler, supporting the conference from the Centers for Disease Control;
- Brent Eastman, who moderated the conference and awed everyone with his diplomacy and statesmanship.

During the past few years, I have been honored to serve as the liaison from the American College of Emergency Physicians (ACEP) to the American College of Surgeons Committee on Trauma and as Chair of the ACEP Trauma Care and Injury Control Committee. I have had numerous conversations, conference calls, and meetings about trauma systems with National Highway Traffic Safety Administration, the Centers for Disease Control, and the defunct Health Resources and Services Administration Trauma Systems Division. From that unique vantage point, I have watched each organization and agency struggle valiantly to figure out how they could best improve trauma care in the United States. Some organizations or agencies seem tentative, not knowing what role they should have in trauma care initiatives. Others "push the envelope" and are willing to take significant risks.

What has clarity in the nebulousness of how the United States cares for its victims of trauma is that these organizations and agencies have never been invited to a dance together. Skamania was the first dance.

I think those that attended were both impressed and maybe a bit bewildered by the different kinds of expertise at Skamania: trauma coordinators, representatives from federal agencies, trauma surgeons, epidemiologists, state emergency medical services (EMS) directors, emergency physicians, and others. Each discipline has uncertainties about the others' exact role and direction in the future of trauma care, even at Skamania. But what became crystal clear at Skamania was that each participant had a deep understanding of the horror of trauma, and all had a passionate desire to improve how we care for trauma patients.

Acute trauma care, including prehospital care, emergency physician care, and trauma surgeon care of the trauma patient, is what we have worked hardest to improve, and it is what we know best. The other pieces of the trauma system, prevention and rehabilitation, are still mysterious to most at Skamania. Yet there may be opportunities in prevention and rehabilitation to effect far greater change than in acute trauma care. The prevention paradigm of preventing "people" from becoming "patients" seems very foreign to our daily (and nightly) struggle to keep mangled patients alive.
Did work get done at Skamania? Yes. Representatives from all of those disciplines were presented with, and accepted, evidence that trauma systems do indeed make a difference. The recommendations from the conference could have been written by any one person devoted to improving trauma care, but they were not. The recommendations are the collective wisdom of the experts in trauma care who came to the dance. That process makes these recommendations far more powerful than those that have been previously published.

A fascinating transition took place during the conference. After the first day, conversation in the hallways turned to the question of "What happens after Skamania?"

The road map for what comes next is Recommendation #9: "Using a national consensus process involving a spectrum of national organizations and committees interested in trauma care and prevention, construct a 'Trauma System for the Future' document including current status, a future vision, and an implementation strategy based on valid and reliable data." A model for this is the "EMS Agenda for the Future" document which has been enormously effective at being a target for improving EMS systems.

Attendees at Skamania collectively felt the need for a clear coordinated effort by all concerned to improving trauma care. Skamania. The word has a magical, idyllic feel to it. It was the first dance.

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