

# Sacred Heart upgrades emergency room care

Trauma care center listed among the state's best

By Don Peters  
Emerald Associate Editor

The image of an emergency room is one of constant drama.

Seen on countless television shows and in movies, the emergency room has become a place where doctors and nurses engage in a continuous struggle to save lives.

In the real world, it's not quite that way. Trauma care, to be sure, has some of those qualities, but the business of saving lives is often routine and highly organized.

Sacred Heart General Hospital in Eugene is one of the most respected trauma care centers in Oregon; a reputation gained largely by people like Tim Herrmann, R.N. and Dr. Phil Johnson.

The two are opposite sides of the same coin. Herrmann, 32, is the trauma nurse coordinator; the administration side of the emergency room. Johnson, 48, is one of nine Sacred Heart emergency room doctors.

Herrmann came to Eugene a year ago from Queen's Medical Center in Honolulu, Hawaii. He was given the job of organizing Sacred Heart's emergency room.

"We wanted to standardize our system," he said. "We wanted to find the best ways to get the best outcome. We were very fortunate to have all the resources in place, so we organized and streamlined things."

In 1985, the Oregon Legislature passed a bill requiring a state-wide trauma system.

Since then, many hospitals—including Sacred Heart—have undergone renovations and upgrades of their emergency rooms.

"We increased the amount of built-in training," Herrmann said, adding that the "streamlining" has paid off, resulting in a Level 2 categorization for the Sacred Heart emergency room. Only Oregon Health Sciences University and Emmanuel Hospital, both in Portland, are ranked higher.

Herrmann said Sacred Heart will probably never get a Level 1 rating because it lacks the space for an active research facility and doesn't have the volume to justify a 24-hour, on-site emergency room surgeon.

"The level of care is the same (between Level 1 and Level



Tim Herrmann, R.N.



Dr. Phil Johnson

2)." Herrmann said. "We always have a surgeon within 15 minutes of the hospital."

Though the state had tried to regulate trauma care, Herrmann said neither the state nor the federal government provides any sort of funding for emergency rooms. Sacred Heart, a private, not-for-profit hospital, has had to foot the bill itself.

"Trauma will always be here," Herrmann said. "We're continuing to push forward. We hope, eventually, there will be federal funding for trauma centers. It's expensive and a lot of the patients don't have insurance. Part of (Sacred Heart's) philosophy is to provide care no matter what."

Johnson is a rarity among emergency room doctors. He's been in the field for 15 years; something few of his peers can say. Burnout from the high stress load is common.

"Emergency room work is fast-paced," Johnson said, acknowledging the stress involved. "You're dealing with a lot of things in a hurry. It's different from family medicine. I haven't quit yet, but there is a high burnout rate."

Johnson tried family practice after graduating from med school but found the life of an emergency room doctor more appealing.

"It would be hard to go back to family practice," he said. "There you have to do a lot of unexciting things."

In the past few years, the workload of an emergency room doctor has gotten easier, Johnson said. Improved techniques and a team concept have contributed to shorter work hours, meaning better-trained doctors.

"They've made a lot of changes over the years," John-

son said. "They have new skills and ideas. The nature of the work is stressful, but the hours have become easier. I used to be constantly off-kilter."

Johnson normally works 16 to 17 shifts a month, 10-11 hours at a time. That translates to a little more than the average 40-hour work week.

"We work hard, but we have defined work times," he said. "There's no continuous responsibility. When we leave our shift, we leave it behind."

An increased staff size as well as the "team" concept has changed trauma care in the last few years.

"It's nicer to have more people," Johnson said. "If you don't have people there when you need them, things can go wrong."

As far as drawbacks to being an emergency room physician, Johnson said the fast pace and patients' attitudes have a lot to do with the stress level.

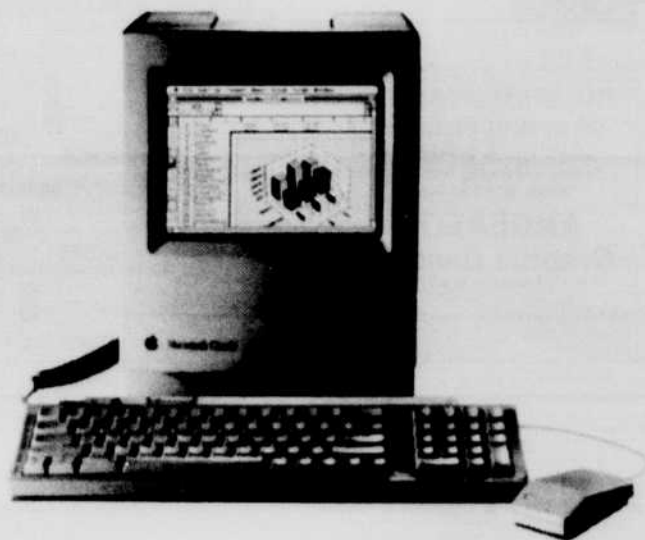
"There's a lot of volume," he said. "You have to see a lot of people in a short amount of time. That's stressful."

"During the night shift, some of the patients aren't fun. Some of them are drunk, and their behavior compromises the care they get. But if anything goes wrong, it's your fault, not theirs."

But pressure is part of the business, as well as death. Sometimes, no matter what a doctor does, a patient dies.

"You don't dwell on it," Johnson said. "You do the best you can with each case. The main thing is to keep perspective of what you can and can't do, and know you can do only so much in the emergency room."

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