

M.D. NEWS

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Atlanta's Only Level One Trauma Center

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Life and Death 24/7

By Helen K. Kelley

When it comes to critical injuries, Atlanta's residents are luckier than many other Georgia citizens because they have quick access to Grady Health System—one of the finest Level I trauma centers in the country. Grady's trauma surgeons, all dual board-certified in both trauma and general surgery, are well-known for their ability to make a difference for patients hanging in the balance between life and death.

It is important to distinguish the difference between the duties of the emergency medicine department (emergency room) and those of the trauma surgery team. Most of what are classified as minor injuries are capably assessed and handled by Grady's well-trained emergency physicians and staff. However, for victims of traumatic injuries—such as those inflicted by auto accidents, severe burns, gunshot or knife wounds—Grady's trauma surgeons are on the scene to follow the patient throughout the entire treatment process. There is always at least one surgeon on duty at any given hour of the day or night, one of the requirements that identifies Grady Health System as a Level I trauma center.

“What makes our trauma surgery team different from the emergency room is that we cover the whole gamut of care for the patient, from admission to discharge and even through rehabilitation. And we have surgeons available to patients 24 hours a day, seven days a week,” says Dr. Grace Rozycki, a professor of Surgery at Emory University's School of Medicine who has served as Grady's director of Trauma/Surgical Critical Care for the past 10 years. “Grady really does offer a life-changing process for many critically injured patients.”

In Georgia, injury is the cause of more than 4,000 deaths each year.



PHOTO BY LELAND HOLDER

EXCELLENCE IN ACTION

More than 3,500 trauma victims will be admitted to Grady this year, a figure that does not include emergency room visits for the minor traumas that physicians see on a daily basis. These patients will receive care from a renowned team that includes four trauma/critical care fellows, eight attending physicians who handle trauma/critical care calls, and numerous residents, interns and students.

Grady's trauma team evaluates between 70 and 80 patients in the course of a week, 60-65 percent of whom have experienced some form of blunt trauma—the remainder suffer from gunshot or stab wounds. And the hospital's world-class burn center, one of only two in the entire state, admits more than 355 patients per year, many of which are children in need of very specialized care.

Grady's scope of care is indiscriminate. Trauma patients come from all walks of life—from Medicaid recipients to the wealthiest citizens, all receive the best of care from a dedicated team of surgeons, physicians, nurses and emergency medical technicians who have a level of expertise second to none.

Grady's emergency medicine and trauma surgery staffs are accustomed to pulling together, whether it's a “regular” workday or an extraordinary crisis. Grady shines when it comes to major headline-grabbing events, such as the Olympic Park bombing in 1996, or more recently, the Buckhead shootings, in which a shooting spree killed or injured 21 people in Buckhead's financial district.

Dr. Jeffrey P. Salomone, associate professor of Surgery at Emory University's School of Medicine, a member of the

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trauma surgery team and also the official surgeon for the Atlanta Police Department, attributes Grady's success in handling large numbers of crisis victims to the cooperative efforts of both trauma and emergency medicine staff.

"There were about 100 people injured in the Olympic Park bombing, and most of them were brought to Grady," Salomone recalls. "The treatment and admission processes were very orderly, and every patient who needed surgery was taken to the operating room promptly."

None of the bombing victims admitted to Grady died, a fact that is highly significant. "We processed a lot of patients in a very short period of time," he notes. "The collegiality between emergency medicine and trauma surgery ensured that patients were taken care of properly."

In the case of the Buckhead shootings, seven of the 12 surviving victims were brought to Grady. Six of these patients had critical injuries and were taken to the operating room immediately.

"A few of those victims were taken to other hospitals, but we could have handled all 12 of them here with the expertise we have," explains Salomone. "Everyone at Grady is so dedicated, that it's not difficult to get everybody in the hospital to roll up their sleeves, get to work and do what needs to be done."

Even in the midst of a major trauma crisis, no one falls through the cracks. Grady's staff continues to handle the large numbers of "regular" trauma and minor emergency patients who pour into the emergency room on a daily basis.

And yet, it's not quite enough—despite its level of expertise and function as a local, regional and statewide Level I trauma center, Grady sees a desperate need for an integrated, comprehensive trauma system that can better identify and treat patients throughout Georgia.

Grady Health System is a tremendous resource to the community, as a Level I trauma center with a world-class staff:

- Between 3,600 and 3,800 trauma victims will be admitted to Grady this year, not including minor trauma incidents that are treated in the hospital's emergency room.
- Grady admits two to three times more trauma victims than any of the three other major trauma centers in the state.
- Grady serves not only Atlanta and the surrounding area, but is also a regional and national trauma center—trauma and burn victims are flown in from out of state on a regular basis.



PHOTO BY LELAND HOLDER

"Grady really does offer a life-changing process for many critically injured patients," says Dr. Grace Rozycki, a professor of Surgery at Emory University's School of Medicine who has served as Grady's director of Trauma/Surgical Critical Care for the past 10 years.

WHY A BETTER SYSTEM OF CARE IS NEEDED

Sadly, not all Georgians have access to a facility that provides trauma care, and the lack of appropriate trauma care in rural areas is especially alarming.

Level I trauma centers are a scarcity in Georgia at the present time—other than Grady, the only other Level I hospitals in the state are located in Macon, Augusta and Savannah. While there are various Level II, III and IV hospitals located throughout the state, critically injured patients must often be transported to the Level I hospitals when the need arises, sometimes from great distances.

A comprehensive trauma system would establish a structure of integrated communications, field triage and transfer of patients between hospitals throughout the state—a sort of "best practices" when it comes to people in need of emergency health care. Such a system would allow for these patients to be properly assessed and referred to the facility most appropriate for treatment of their particular injuries and illnesses.

Grady's trauma surgeons are vocal about the need for a comprehensive trauma system in the state.



“The first goal of a trauma system—appropriate triage—does not exist in Georgia, except in the northern half of the state,” says Dr. David Feliciano, professor of Surgery at Emory University School of Medicine and chief of Surgery at Grady.

“Let’s say a person is in an auto accident or a plane crash in south Georgia, where there are competent hospitals, but no trauma center,” explains Dr. David Feliciano, professor of Surgery at Emory University School of Medicine and chief of Surgery at Grady. “The patient is randomly assigned to a hospital, and not necessarily the best one for treating complex trauma injuries. The first goal of a trauma system—appropriate triage—does not exist in Georgia, except in the northern half of the state.”

A “Hidden” Epidemic

Approximately 4,500 people die from traumatic injuries in Georgia each year. In fact, injuries are the state’s “hidden” epidemic, killing more citizens between the ages of 1 and 44 than any other cause and putting a tremendous economic and clinical burden on the state’s health care system.

The leading injury causes of death in Georgia are:

- Motor vehicle accidents: There are an average of 1500 deaths from this cause each year—370 more than the national average.
- Firearms: There are 268 deaths from this cause per year, a figure that is above the national average.
- Falls: There are approximately 98 more deaths from falls each year than the national average.
- Fire/Burns: There is an average of 163 deaths from fire or burns per year, nearly double the national average.
- Poisonings: This is the only injury-related death category in which Georgia ranks below the national average.

In some areas of the state, patients may be as far as three hours away from high quality trauma care. Georgia lacks a geographic distribution of reasonably sized hospitals that could provide at least the initial care for a seriously injured patient before transferring to a Level I center. Other problems include a fragmented emergency service system, an unregulated helicopter transport system and inadequate regionalization of care.

In Georgia, injury is the cause of more than 4,000 deaths each year, tens of thousands of hospitalizations, and millions of visits to doctors’ offices and hospital emergency rooms. A coordinated trauma system could not only improve the outcomes for many trauma victims, but also reduce the toll this massive problem takes on the state’s citizens and economy.

If Georgia’s need for a trauma system is so great, why is it so difficult to implement one? There are two major obstacles: lack of funding and lack of interest on the part of Georgia’s legislators. Although a state trauma and EMS department exists, there has never been funding allotted for the inspection of hospitals interested in becoming part of a trauma system.

“It’s been awfully hard to get people in state government to recognize the adverse effect that trauma has on our society, particularly in the numbers of young people injured or killed as a result of trauma,” states Feliciano.

However, some progress has been made, at least in recognizing the need for a trauma system in Georgia. Physicians throughout the state, including Grady’s trauma surgeons, have gained the ear of Lt. Governor Mark Taylor, who is working to effect a change.

In 2002 and 2003, at Taylor’s urging, the state legislature appropriated more than \$700,000 to begin the process of collecting data to assess areas of need and develop a patient tracking system. Taylor, who believes a quality trauma center should be located within one hour’s drive of every Georgian, has pushed this as both an economic development and a safety issue, and has become a champion for the establishment of a statewide trauma system.

Grady’s trauma surgery team is committed to seeing the effort through. “It’s critical that we are able to get patients to the right place at the right time,” says Rozycki. “A comprehensive trauma system would ensure this.”

But with or without the statewide network, Grady’s trauma surgeons will continue doing what they do best—providing world-class treatment and progressive care to Georgia’s victims of traumatic injuries.

Grady Health System offers services and care provided exclusively by physicians from Emory and Morehouse Schools of Medicine. It is one of the largest public hospitals in the Southeast, and includes the 900+ bed Grady Memorial Hospital, Hughes Spalding Children’s Hospital, 10 neighborhood health centers, an airport health facility, and the only Level I trauma center within a 100-mile radius. For more information, visit online at www.gradyhealthsystem.org. ■