

Status of Trauma Care: Critical Condition

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I live in Roswell, Georgia. This October, I was taking one of my routine bicycle rides along the

Chattahoochee River. This particular ride ended up not being routine at all. While riding in a bicycle lane at about 22 mph a car in the approaching lane turned left in front of me. This caused my bike to instantly stop its forward momentum, while I continued on. Of course the physics of friction prevailed and I came to a stop shortly thereafter. My injury was minor and my feelings of good fortune great.

I could not help but think about the "what-if" scenarios had I sustained serious injury. As physicians, the more important question is what we can learn from those who have had serious injury? And, how can we be prepared to treat those who will sustain serious injury? In September, I attended a meeting "Trauma in Crisis" made possible in part by the Healthcare Georgia Foundation. Information was presented to address these very questions.

As anesthesiologists, our residency training prepares us to be major participants in the trauma care team. Those of us who trained in large metropolitan hospitals provided care to patients injured by the urban "knife and gun club." This leaves us with a potentially skewed trauma perspective. Actually, the fact is about one out of every three Georgians will need trauma care. There are about 40,000 cases of major trauma in Georgia each year. Gunshot wounds and assaults account for 12% of trauma, while the majority of trauma mechanism is motor vehicle (37.7%) and falls (22.2%).

One of the most alarming facts shows that the geographic location of traumatic injury can potentially increase mortality.

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The Georgia Department of Transportation statistics show Georgians are four times more likely to die if involved in a vehicular crash in a rural area. These locations cover square mileage much greater than the remote depths of Cloudland Canyon or Tallulah Gorge, an area where one might anticipate a challenge to a rapid response time.

The Georgia Statewide Trauma Action Team released a map called the Golden Hour Map (see map). Upon inspection, one can draw a slanted east-west line across the map about 50 miles south of Macon. This line is known as the "deadline." In much of the area south of the "deadline" the trauma victim is greater than 50 miles from a trauma center. This places the

victim at risk of failing to receive treatment in the most critical first hour. This is the "Golden Hour". This geographic area includes major sections of Interstate 75 and 16 as well as miles upon miles of major state arteries. There are millions of citizens that live and work in these higher risk areas. In fact, if you live north of Macon should you consider flying for your next family trip to Disney World? In reality, very few Georgians can escape these geographic areas of added risk within our current state trauma coverage.

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Should you live north of the “deadline” what will be the long term trends for trauma care preparedness? What is the stability of trauma centers in this area and across the state?

I work at North Fulton Regional Hospital Level II trauma center. I recall reading the “status board” of trauma diversions throughout the area. I saw various reasons for diversion. These reasons include ORs not available, ICU beds full, and unavailable medical sub-specialty trauma coverage. I have seen two Atlanta metro hospitals drop out of the system. I have seen emergency medicine physicians spending precious patient survival time on a telephone attempting to arrange for patient transfers. The table below shows the physician rate per 100,000 of Georgia population from 1996 to 2006.

Specialty	1996	1998	2000	2002	2004	2006
Anesthesiology	10.22	9.84	9.56	8.93	9.52	9.06
Emergency Medicine	7.8	8.4	8.9	8.8	9.6	9.6
General Surgery	9.6	9.3	9.4	8.5	8.4	7.7
Neurological Surgery	1.5	1.5	1.3	1.4	1.5	1.5
Orthopedic Surgery	7.6	7.2	6.8	6.9	7.0	7.5

Source: Georgia Board for Physician Workforce

In anesthesiology and general surgery there has been an 11.3% and 19.79% drop from 1996 to 2006. This suggests that for these specialties there are increasing demands within the trauma care component of their practice. For general surgery and neurosurgery specialists 45.7% and 41.1% are over 50 years old. The lifestyle sacrifice and demands for the physician required to be available and ready for the trauma patient are burdensome. The cost of lost elective surgery revenue is rarely recaptured through the care of the trauma victim, because 29% of trauma patients are uninsured. Doctors on medical staffs of trauma hospitals have left and many of those who remain are assessing their practice options. Recruiting new members to these medical staffs is becoming more difficult.

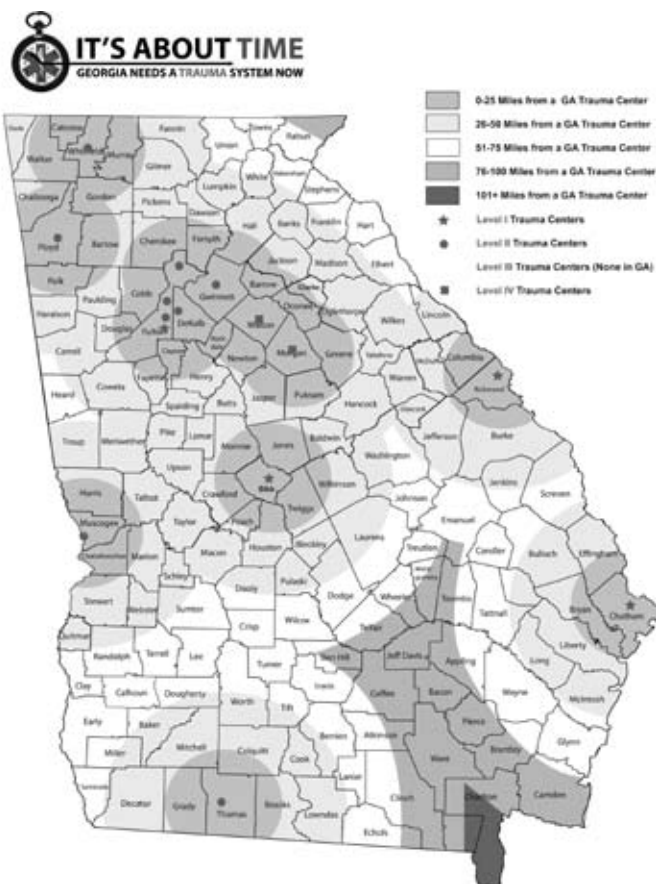
Trauma coverage across the state is at risk.

Trauma coverage across the state is at risk. Its success requires much more than hospitals seeking a “voluntary designation” as a trauma center or the hope of relying solely on doctors with a passion to provide care to the trauma victim. Last year Gov. Sonny Perdue and our legislators provided an initial step to help stabilize our current state trauma coverage. An allocation of \$58.9 million was made for 2008 trauma care hospitals and physicians. S.B. 60 was passed creating the Georgia Trauma Commission.

The time for a sustainable trauma system is NOW.

Our state requires a long term solution through an organized statewide trauma system. This system must be able to rely on a sustainable funding source for 911 service, effective EMS resources, trauma hospitals, physician trauma care teams and physician consultants and rehabilitation service.

The time for a sustainable trauma system is NOW. An estimated 700 lives a year could be saved with a statewide trauma system. As anesthesiologists we need to support efforts that will provide this lifesaving care to injured patients. We need to support our physician colleagues, health professionals, and hospitals that provide that care. For more information on how you can help go to www.GeorgiaItsAboutTime.org.



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