Everyday Miracles

When U.S. Representative Steve Scalise returned to Congress last September, three months after a gunshot wound almost ended his life, he noted, “I am definitely a living example that miracles really do happen.”

Rep. Scalise wasn’t alone in his assessment. Many of the more than 2,000 patients who come through MedStar Washington Hospital Center’s dedicated MedSTAR Trauma Unit annually feel they, too, received extraordinary care. As the largest hospital in the nation’s capital, the Hospital Center and its Trauma team cares for victims of many of the region’s largest catastrophic events. The Hospital Center treated burn victims from the Pentagon on Sept. 11, 2001, victims of the September 2013 Navy Yard shooting; a great number of the 84 passengers affected by the deadly 2015 smoke incident on Metro; and the June 2017 shooting of Rep. Scalise and Capitol Police Officer Crystal Griner.

The Hospital Center plays a role in caring for injured first responders, thanks to having the only Burn Center with a dedicated Burn Intensive Care Unit. The Trauma team also has extensive expertise treating penetrating wounds caused by bullets. “MedSTAR Trauma is unique in multiple ways,” says Christine T. Trankiem, MD, Trauma surgeon. “We have maintained our Level I verification ever since its inception in the 1980s. We’re very proud of that. All of our doctors are boarded in both General Surgery and Surgical Critical Care.”

MedSTAR Trauma is also one of the few free-standing trauma units in the country. “In the vast majority of hospitals, resuscitations are done in the emergency room with nurses who have varying levels of experience,” she says. “Our nurses are trauma experts, and train other nurses.” (See page 10.)

MedSTAR’s 24/7 access to surgeons trained to assess and operate on any body system is supported by one of the largest teams of dedicated trauma surgeons in any facility. “One of the aspects that attracts surgeons to the trauma specialty is that we are one of the last vestiges of general surgery,” says Jack Sava, MD, director of Trauma at the Hospital Center. “We’re not focused on just one body system, and we are trained to assess the whole body quickly. We enjoy that challenge.”

The Trauma team also treats patients in the hospital who need emergency surgery for an infection, internal bleeding or other emergent issues. They work closely with the Hospital Center’s many Critical Care teams and consult on cases in the inpatient units as needed. In addition, numerous specialists at the Hospital Center have training in trauma recovery. After Rep. Scalise was stabilized from the trauma of his injuries, Robert Golden, MD, director, Orthopaedic Trauma, began the intensive work of repairing the bones that were destroyed by the bullet. The Hospital Center also provides specialists in Burn, Neurosurgery and Surgical Critical Care to support trauma assessment and recovery.

This team approach to trauma helps provide the region with decades of daily miracles. As Rep. Scalise told 60 Minutes in an interview after his treatment, “They did a phenomenal job of rebuilding Humpty Dumpty. There was a lot of damage inside that had to get fixed, and they put me back together again.”

The MedSTAR Trauma Unit:
• Is verified by the American College of Surgeons Committee on Trauma as a Level I Trauma Center, providing the top level of trauma care
• Performs in the top 10 percent of U.S. trauma centers in the management of penetrating injury like U.S. Rep Scalise’s
• Confers a 40 percent reduction in odds of death for penetrating wounds compared to other U.S. trauma centers
• Evaluates more than 2,000 injured patients each year
• Consists of an internationally respected multidisciplinary team of trauma experts, including trauma surgeons, intensive care physicians, orthopaedic trauma, neurosurgery, emergency physicians and many others

• Includes 24/7 access to the Hospital Center’s diverse team of medical and surgical specialists
• Serves as a referral center for a 150-mile radius of the hospital, receiving critically injured trauma and burn patients from D.C., Maryland, Virginia, West Virginia, Delaware and Pennsylvania
• Brings patients from referring hospitals and from the scene of the injury via air and ground transportation
• Since 1983, has treated more than 64,000 patients airlifted by MedSTAR helicopter transport service, staffed round-the-clock with surgeons and medical flight staff specially trained in the complexities of trauma care
• Offers eight resuscitation areas, with access to an operating room and high-tech equipment to assess, diagnose and treat life-threatening injuries and illnesses

trauma by the numbers

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[Image of the Hospital Center’s diverse team of medical and surgical specialists]

[Image of MedSTAR’s 24/7 access to surgeons trained to assess and operate on any body system]

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The procedures stabilized Rep. Scalise, and he was moved to Critical Care, where a team of specialists closely monitored his condition, which remained critical for several weeks. Surgeons like Orthopaedic Trauma Specialist Robert Golden, MD, and Plastic and Reconstructive Surgeon Derek Masden, MD, assembled to assess the massive damage to blood vessels, bones, and organs in the pelvic area and to plan next steps for reconstruction and continued improvement.

In his two months at the Hospital Center, Rep. Scalise had seven trips to the operating room and two stays in intensive care. Finally, fourteen weeks after the shooting, including almost two months of intensive rehabilitation, Rep. Scalise made an emotional return to the House floor, walking to his seat as his colleagues greeted him with rousing cheers and a standing ovation. In his first remarks, Rep. Scalise thanked the MedSTAR team that “gave me a second chance at life. Through many, many surgeries, where my life was truly in the balance, they did a wonderful job of making sure I was well taken care of and, ultimately, made it through.”

After the first life-saving surgery on Rep. Steve Scalise, Orthopaedic Trauma Surgeon Robert Golden, MD, began planning the subsequent surgeries that would repair bones damaged in the June 14 shooting. From the initial imaging, it was clear the femur (main thigh bone) and acetabulum (hip socket) needed surgical repair, notes Dr. Golden. “Our first goal was to stabilize the femur, because patients do better overall if you fix femurs early.” A short time later the team repaired the hip socket, which had been badly shattered.

“This is part of why you go into trauma: each break is different and every patient is a puzzle you need to figure out,” says Dr. Golden, who, as an undergraduate engineering student working as a volunteer paramedic, would bring trauma patients to the Hospital Center. These days, “I get the satisfaction of seeing the patient’s x-rays after I have intervened, with the bones realigned.” And, in this case, watching from the gallery as Rep. Scalise walked back to his seat in the House of Representatives.

**A Life Truly in the Balance**

On the morning of June 14, staff in MedSTAR Trauma received a “Code Yellow” alerting them of an incoming emergency. Their rather routine day was turned inside out when Rep. Steve Scalise and Capitol Hill Police Officer Crystal Griner arrived via helicopter, wounded in a shooting on a baseball field. Below are the recollections of some of the Trauma team members who were working that day. At the bottom of the page is a time-line of Rep. Scalise’s treatment at the hospital.

A “Code Yellow” (incoming emergency) was called for a gunshot wound arriving by helicopter, and minutes later the pilot wheeled an intensely bloodied stretcher toward the door. Anthony Shiflett, DO, met the patient as his stretcher rolled into one of the eight “bays,” or procedure areas, in the MedSTAR Trauma Unit. As the patient arrived, Dr. Shiflett started his assessment, just as he would for any patient. “I didn’t know who the patient was. My priority is to make sure the person is breathing, and to stop any bleeding.”

Looking at the patient, recalls Dr. Shiflett, “my first thought was ‘this is not your average gunshot wound.’ It was apparent that he had significant internal damage and did not have an exit wound.”

**Saturday, 6/17**

Vascular Surgeon Steven Abramowitz inserts device to prevent blood clots from traveling to heart, lungs. Condition upgraded to Fair. Transferred to step-down unit and begins physical and occupational therapy.

**Monday, 6/19**

In OR, Dr. Sava completes definitive closure of the abdominal surgical site. Scalise is removed from breathing machine. Condition upgraded from Critical to Serious.

**Monday, 7/17**

Scalise transferred back to 3E, trauma step-down unit, working on physical and occupational therapy.

**Wednesday, 9/13**

Scalise takes first weight-bearing steps, using a safety harness to prevent falls.

**Thursday, 9/28**

Scalise receives a standing ovation as he walks to his seat in the House for the first time since the June 14 shooting.

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**ORTHOPAEDIC TRAUMA: Putting the Puzzle Pieces Together**

**Monday, 6/15**

In OR, Dr. Sava re-assesses damage, and repairs internal organs. Dr. Golden repositions hip socket.

**Monday, 6/19**

In OR, Dr. Golden repositions hip socket.

**Thursday, 6/14**

Officer Griner arrives. Surgeon Tony Shiflett assesses her. Soon after, Rep. Scalise arrives. In OR, Drs. Shiflett, Jack Sava and Christine T. Trankiem work to control the bleeding. In Interventional Radiology (IR) so the IR team could use x-ray visualization and techniques applied through a catheter to reach hard-to-see locations and stop additional bleeding.

**Monday, 7/25**

Scalise is transferred to MedStar National Rehabilitation Hospital for continued physical and occupational therapy.

**Saturday, 6/17**

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**Thursday, 7/15**

Rehabilitation Specialist Bill Leaman assesses Rep. Scalise’s physical and occupational therapy program.

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Supporting a Level I Trauma Center capable of providing total care for every aspect of a trauma patient’s injury requires more than just 24-hour availability of trauma surgeons. Trauma patients at MedStar Washington Hospital Center benefit from a vast array of expertise and preparation unavailable at most facilities.

**SUPPORTING TRAUMA AT THE CENTER**

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**EMERGENCY DEPARTMENT**

“Emergency physicians contribute to care in Trauma Bay by being the airway doctor,” says Jeff Dubin, MD, chair, Emergency Medicine. “We assess patients’ ability to breathe as part of the evaluation and treatment of trauma patients.” Clinicians in D.C.’s largest Emergency Department, with 87,000 visits per year, have vast emergency experience and have treated patients in such mass casualty events as the Navy Yard shooting in 2013 and the Metro fire in 2015.

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**PERIOPERATIVE SERVICES**

“With 43 ORs throughout the hospital and 24/7 OR staffing including anesthesia,” says Caren Lewis, vice president for Perioperative Services, “the Hospital Center has the capacity to accommodate a trauma surgery at any time. We have a trauma OR available around the clock, meaning one of the 21 operating rooms in the main operating area is available should a need arise. We do not start a surgery in the 21st OR unless another room is within minutes of being clear.”

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**THE BURN CENTER**

“The Burn Center provides unique beginning-to-end coverage for trauma patients with burns,” notes Burn Center and Trauma Surgeon Laura Johnson, MD, (with Jeff Shupp, MD, director, The Burn Center [above]): “As the only regional adult Burn Center, we have expertise in wounds that not all facilities have, including pharmacy, nutrition and a dedicated, expert nursing staff. Many people do not want to look at burns, but we embrace the challenge,” she says. “We continue to work with patients after they leave. There is incredible satisfaction in the healing.”

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**INTERVENTIONAL RADIOLOGY**

“We are called when a patient has life-threatening bleeding,” says Arshad Khan, MD, senior interventional radiologist. “We are an OR on steroids. We can find the bleeding in the pelvis area, when it may be too deep to see surgically, or if a solid organ like a liver, kidney or spleen has been injured.” Using X-rays for navigation and small catheters inserted in the leg, “we inject dye, can see where the bleeding is and can stop it using gel, coils and other techniques.” The effects are immediate. “You see the patient’s blood pressure go up, and they become more stable. It’s very fulfilling.”

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**SURGICAL CRITICAL CARE**

“Surgical Critical Care physicians and advanced practice clinicians work side-by-side collaboratively to care for the acutely injured trauma patients,” says Daniel P. Stoltzfus, MD, FCCM, chair, department of Critical Care Medicine. “The specialty care provided by Critical Care clinicians includes resuscitation and management of shock and respiratory or other organ failure. This management often includes support of normal breathing and circulation of blood throughout the body.”

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**BLOOD BANK**

“MedSTAR Trauma is the only part of the hospital that stores unallocated universal blood, so patients who arrive needing an immediate transfusion don’t have to wait,” says Loraine Wynn, manager of the Blood Bank. “The Trauma team can also start a Massive Transfusion Protocol (MTP), ‘a method of getting a lot of blood very quickly to the patient on a rolling basis. We bring units of blood to MedSTAR or the OR every 15 minutes until they tell us to stop.’” The record: a patient who needed 80 units of blood… and survived. (The average adult has 12 units.)

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**PLASTIC/RECONSTRUCTIVE SURGERY**

“Trauma isn’t planned surgery with a deliberate incision. It’s multifaceted,” notes Derek Masden, MD, a plastic and reconstructive surgeon who works on many trauma patients. “Once the lifesaving measures are completed, then you begin the reconstructive work and that’s where we come in. A bone or organ repair isn’t going to function properly unless the soft tissue is rebuilt to protect and support it. We are able to do grafts and flaps and transplant tissue from one part of the body to the other in order to make the patient whole again.”

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IN THE U.S., IN 2016

4.6 million people were seriously injured in car crashes.

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MEDSTARWASHINGTON.ORG 7
MORE THAN 5 MILLION PEOPLE IN THE U.S. ARE LIVING WITH DISABILITY FROM TRAUMATIC BRAIN INJURY AT AN ESTIMATED COST OF $37.8 BILLION PER YEAR.

Evolution of a Trauma Surgeon

Jack Sava, MD, FACS
Years at MedStar Washington Hospital Center: 16 - first day was on 9/11/2001
When decided to become a physician: My best friend says I knew in fifth grade. I go with that.
Reason for choosing trauma as career focus: When I was a resident, there was a call for "any surgeon to come to OR14." There was an endocrine surgeon who had hit a major artery while operating on a thyroid, and he was shaking and so uncomfortable. I told myself I never wanted to be a slave to bleeding like that, and that I would master the skill of managing hemorrhage. Then there are the human stories in trauma, which are amazing. Today I consider trauma one of the last few realms for the general surgeon, where we can operate on all parts of the body and don’t have to focus on just one area. Working successfully in a time-sensitive, high-stakes environment is also a source of pleasure.

Chad Abouassaly, MD, FACS
Years at MedStar Washington Hospital Center: 7 - was a resident at the Hospital Center, left for two years and then came back
When decided to become a physician: In middle school
Reason for choosing trauma as career focus: I was working as a resident here with the trauma surgeons. I was drawn to their intellect and the way they take active care of very sick patients. The fact that every injury is unexpected and unplanned, and the fact that we take care of the whole patient, makes trauma very challenging. I enjoy the challenge.

Laura S. Johnson, MD, FACS
Years at MedStar Washington Hospital Center: 10
When decided to become a physician: I decided I was going to be a pediatrician when I was nine and had appendicitis. I felt my pediatrician spent too long trying to diagnose my problem.
Reason for choosing trauma as career focus: While my pediatric rotation during medical school didn’t quite feel like home, my trauma rotation did. Those were my people—they thought like I did, they tackled problems in ways I wanted to be able to do myself. In residency I found myself drawn to the challenge of the critically ill - it’s an amazing feeling to get a hug from a patient who six months earlier was dying in your Intensive Care Unit.

Anthony Albert Shiflett, DO, FACS
Years at MedStar Washington Hospital Center: 9
When decided to become a physician: When I was in fifth grade I wrote a paper on the heart and was absolutely fascinated. I wanted to go into medicine.
Reason for choosing trauma as career focus: In residency, we are exposed to every kind of surgery. I loved every one. With trauma, you can continue to do all kinds of surgery. I also had a mentor who was a real trauma expert. He took me under his wing and nurtured my passion for it. I would not change it for the world. I like being asleep at 3 a.m., getting a call and then being in surgery by 3:15.

James Howard Street III, MD, FACS
Years at MedStar Washington Hospital Center: 12
When decided to become a physician: Suffering a cardiac arrest three days before my discharge from the Navy gave me a completely different perspective on life.
Reason for choosing trauma as career focus: Every physician helps patients. We all go into this to help people. Trauma is one of those fields where you never know what you’re going to get. It’s that sense of excitement. And it’s the feedback you can give to people that can have an impact on their lives that I truly appreciate.

Christine T. Frankiem, MD, FACS
Years at MedStar Washington Hospital Center: 11
When decided to become a physician: After college. I had majored in religious studies but had a life-changing event and went back into a two-year program in pre med.
Reason for choosing trauma as career focus: I actually wanted to be a cardiologist. In medical school, when I went into the first surgery, I realized I loved it. As a trauma surgeon, you are a general surgeon who has the skill set to take care of critically injured and medically sick patients, from the time they arrive at the hospital, in the OR, in the ICU, up until they leave. It’s a real privilege.
A trauma center requires nurses 24 hours a day, 7 days a week with specialty training in trauma care. This goes beyond Emergency and Critical Care nursing—two years of experience in one or the other are required for Trauma nurse training. It includes skills expertise in hemorrhagic shock, airway and ventilator management, head trauma and musculoskeletal and spinal trauma.

Trauma nurses are trained in OR skills and in skills such as rapid blood infusion. “We often need to infuse rapidly without pressure bags,” notes Christopher Norris, RN, the patient care manager in MedSTAR Trauma. “We might need to drain blood out of a chest, and that requires perioperative skills.”

Trauma nurses at MedSTAR also attend an annual cadaver lab. “It consists of a lot of anatomy,” explains Norris. “When you get an inside look at organs, you can anticipate the needs of the surgeon. Once you actually see the inside of a diseased body you’ve been told about, it clicks. It makes it much easier to work in the high intensity of Trauma treatment.”

The Hospital Center is also a regional resource for teaching Trauma nursing. Twice a year, the Trauma nursing team holds an Advanced Trauma Care for Nurses (ATCN) course from the Society of Trauma Nurses. Participants from both the Hospital Center and other facilities attend the course. The hands-on scenarios are created and practiced at the Hospital Center’s simulation laboratory, where ATCN skill stations to practice skills lectures and then are directed through ATCN skill stations to practice skills. The ATCN certificate is conferred after participants pass both a written test and a skills test.

### ICU in the Air

Helicopter transport has been a part of Trauma at MedStar Washington Hospital Center since the 1960s, when nurses would hold lanterns at night so pilots could land in a nearby empty field. Officially established as an air ambulance in 1983, MedSTAR (Medical Shock Trauma Acute Resuscitation) celebrates its 35th anniversary in 2018 and has been on the scene for the most dramatic and traumatic events to affect the National Capital area, both natural and man-made. The MedSTAR helicopter ambulance service sets standards nationwide for the transport of critically ill or injured patients. Flights are staffed with a Critical Care nurse and Critical Care paramedic, providing tertiary-level care in the air.

- More than 64,000 missions to date
- Regularly covers a 150-mile radius from Washington, D.C., throughout Maryland, Virginia, West Virginia, Pennsylvania and Delaware, with some flights as far as Ohio, New York City and North Carolina
- 95 percent of transports are transfers from other area hospitals to a MedStar Health hospital
- A fleet of four helicopters and one ground critical care ambulance stationed throughout the region
- 24/7 MedSTAR Communications Center

### 9/11 Pentagon Burn Victim

John Yates was on the second floor of the Pentagon watching video of the second plane hitting the World Trade Center on the morning of 9/11 when suddenly everything went black. A huge ball of fire swept over him, and he recalls crawling toward a voice even though he could not see anything and that everything he touched burned him.

Mr. Yates was airlifted to MedSTAR Trauma with burns over 35 percent of his body. After six weeks in the Burn Center, Yates spent weeks in outpatient therapy. He was able to return to work at the Pentagon by June of the following year, and doctors removed the final pressure bandages on his hands a year later.

Mr. Yates (in yellow shirt) attended the gathering of all nine Pentagon burn victims at MedStar Washington Hospital Center on the one-year anniversary of the attack.
Cardiopulmonary resuscitation (CPR) training for heart attacks. Heimlich maneuver training for choking.

Now MedSTAR’s Trauma team hopes to make “Stop The Bleed” another common training program for the D.C. area.

“Stop the Bleed” launched in October 2015 by the White House as a national awareness campaign and call to action. It grew out of increasing recognition that bystanders at a shooting or accident are the victim’s best chance to save lives in a bleeding emergency, explains Jack Sava, MD, director of Trauma at MedStar Washington Hospital Center. He points to the many lives saved in the October 2017 Las Vegas mass shooting incident, where, in many cases, those nearest put pressure and tourniquets on victims’ gunshot wounds.

Here are some important points from Dr. Sava:

• A person bleeding from the neck or groin can bleed to death in as little as five minutes, often before responders arrive. One or two simple steps actually save lives, and more will be saved as people become aware and empowered to help.

• The key to stopping a bleeding injury: applying direct, firm, continuous pressure to the wound.

• It sounds simple, but first you have to find the actual wound, which can mean tearing clothes. Many people hesitate, especially with someone they don’t know.

• The pressure has to be quite hard, which many people fear will hurt the injured or cause an infection. But that’s the only way to stop the bleeding. The alternative is death.

Dr. Sava and other Hospital Center clinicians provide “Stop The Bleed” training courses to schools and organizations. They teach safe blood-loss management techniques, including how to create a tourniquet.

To request a “Stop The Bleed” training session for your school or organization, call 202-877-5190. Read more from Dr. Jack Sava about trauma and what you can do in urgent situations. Visit our blog MedStarWashington.org/Blog. Search “trauma.”