

UPMC Trauma Care System

With more than 11,460 adult and pediatric trauma patients in the past year, UPMC is the largest trauma system in Pennsylvania, and is one of the most comprehensive trauma systems, by scope and depth of services, in the nation.

World-Class Resources

- Our 45 trauma attendings work with experts in liver surgery, neurosurgery, and orthopaedic surgery who focus on traumatic injury. This multidisciplinary expertise makes UPMC a leader in managing multisystem trauma.
- As our trauma volume and expertise have grown, so have the resources dedicated to ongoing physical plant improvements. UPMC trauma centers now include 351 intensive care beds, 17 trauma bays, and 109 ORs.
- UPMC Mercy is the region's only facility with both a Level I trauma center and an ABA-verified burn center.
- UPMC has three designated trauma centers with OB capabilities: UPMC Mercy, UPMC Hamot, and UPMC Altoona.

World-Class Outcomes

- UPMC's trauma outcomes are among the best in the U.S. for injuries including liver trauma, spleen trauma, and thoracic aortic injuries.*
- Experience and patient volume have been shown to be important factors in trauma center outcomes. Our 1999 landmark study, "Trauma Center Maturation: Quantification of Process and Outcome,"*** found that as our trauma center matured and the volume of trauma patients increased along with physical resources, the process of delivering patient care became more efficient. The nine years of study data showed that improved processes (such as shorter times to OR), higher volumes, and greater resources led to hundreds of unexpected survivors,*** 40% to 99% reductions in complications, and shorter length of stay.

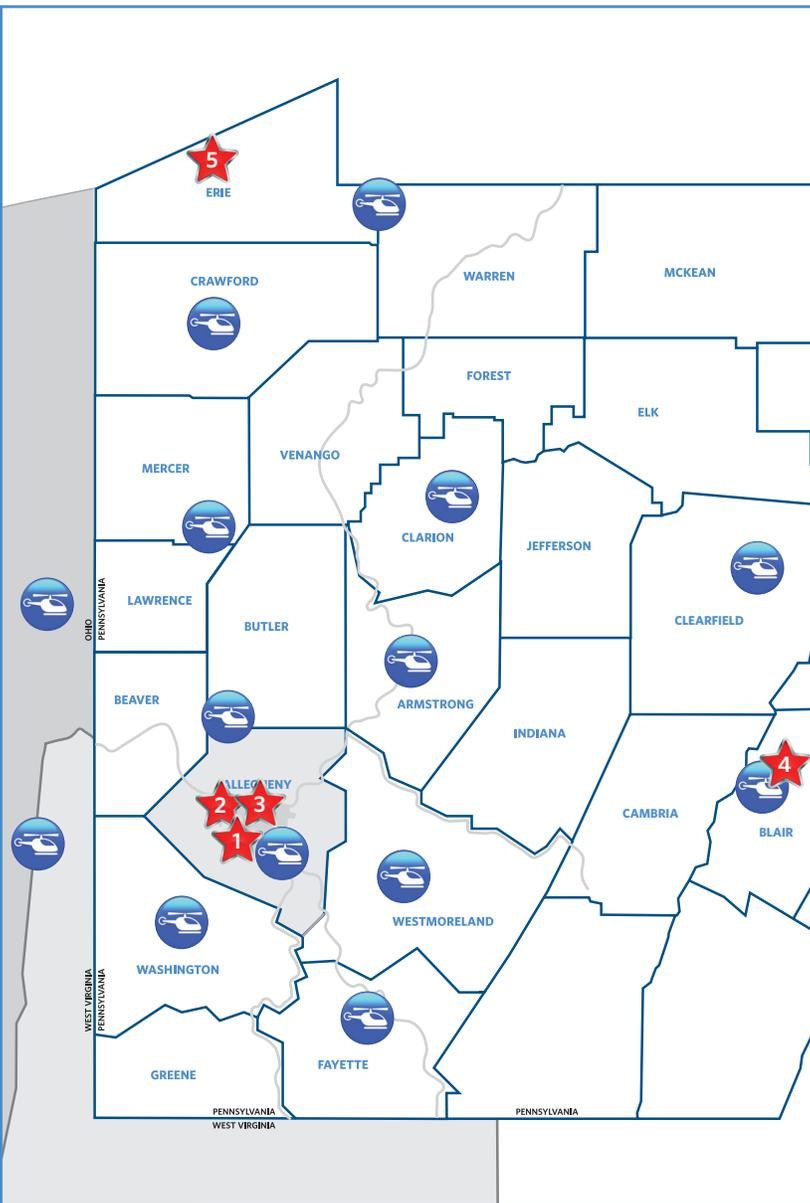


World-Class Minds

- UPMC has changed the way trauma care is delivered worldwide through medical advances and innovations communicated in more than 1,500 peer-reviewed publications.
- Since 1987, we have been a leading innovator in treating traumatic liver injuries, non-operative blunt splenic injuries, traumatic brain and spinal cord injuries, and orthopaedic trauma, among others.
- We wrote the book on trauma care, *The Trauma Manual*, now in its fourth edition, with 30,000 copies in use by trauma surgeons around the world.
- UPMC's trauma program is among the highest in grant funding of any trauma program in the U.S., with NIH grants including: Trauma Center Grant to study gene response to injury; Trauma Training Grant that funds five research fellows each year; Model Spinal Cord Center Grant; Model Brain Injury Center Grant; plus dozens of research grants in surgical subspecialties related to trauma.

World-Class Trauma Care:

- UPMC Presbyterian
- UPMC Mercy
- Children's Hospital of Pittsburgh of UPMC
- UPMC Altoona
- UPMC Hamot



UPMC Trauma Centers

LEVEL I

- 1 UPMC Presbyterian**
200 Lothrop St.
Pittsburgh, PA 15213
- 2 UPMC Mercy**
1400 Locust St.
Pittsburgh, PA 15219
- 3 Children's Hospital of Pittsburgh of UPMC**
4401 Penn Ave.
Pittsburgh, PA 15224

LEVEL II

- 4 UPMC Altoona**
620 Howard Ave.
Altoona, PA 16601
- 5 UPMC Hamot**
201 State St.
Erie, PA 16550

UPMC's own STAT MedEvac has 14 base sites to provide air medical response to our region. Each base is staffed with specially trained pilots, nurses, paramedics, and physicians to provide rapid transport and the latest innovations in critical care to the patient.

TRAUMA SERVICES
30 YEARS
SAVING LIVES



UPMC Trauma Center



STAT MedEvac Base

***General Outcomes:**

Pasquale MD, Peitzman AB, Bednarski J, et al. Outcome analysis of Pennsylvania trauma centers: factors predictive of nonsurvival in seriously injured patients. *J Trauma* 50: 465-474, 2001.

Spleen:

Peitzman AB, Heil B, Rivera L, Federle M, et al.: Blunt splenic injury in adults: multi-institutional study of the Eastern Association for the Surgery of Trauma. *J Trauma* 49:177-189, 2000.

Watson GA, Rosengart MR, Zenati MS, et al. Nonoperative management of blunt splenic injury: are we getting better. *J Trauma* 61:1113-1119, 2006.

Peitzman AB, Harbrecht BG, Rivera L, et al. Failure of nonoperative management of blunt splenic injury in adults: variability in practice and adverse outcomes. *J Am Coll Surg* 201: 179-187, 2005.

Liver:

Polanco P, Leon S, Pineda J, et al. Hepatic resection in the management of complex injury to the liver. *J Trauma* 65: 1264-1270, 2008.

Aorta:

Go MR, Barbato JE, Dillavou ED, Gupta N, Rhee RY, Makaroun MS, Cho JS. Thoracic endovascular aortic repair for traumatic aortic transection. *Journal of Vascular Surgery*. 2007 Nov; 46(5):928-33.

**Peitzman AB, Courcoulas AP, Stinson C, Udekwo AO, Billiar TR, Harbrecht BG. *Ann Surg*. 1999 Jul;230(1):87-94.

***Based on TRISS methodology to calculate z scores and w values to compare actual with predicted mortality rates.