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JOHN HENDRICKS

Improved Treatment of Trauma Patients

Hendricks Foundation Gift Provides Platform

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Often discovery requires a different way of seeing things. John Hendricks, founder of the Discovery Channel knows this. Sarah Murthi, MD, assistant professor of Surgery at the University of Maryland R Adams Cowley Shock Trauma Center, knows this as well.

Hendricks, through groundbreaking programming focusing primarily on scientific advances, presents a new way of seeing and understanding the world. The suite of Discovery networks is enormously popular. "We have been fortunate that our business has been so successful," says Hendricks. "And this good fortune has put us in a position to give back to the community." The John and Maureen Hendricks Foundation supports education, health care, science, art and youth recreation and sports. They have recently contributed a generous gift to Shock Trauma.

"I am impressed with the pioneering efforts of Shock Trauma," says Hendricks. "They are leaders in developing new techniques for delivering life-saving critical care. And they tend to have an influence that reaches beyond the state of Maryland. Their research and programs often serve as models for other trauma centers around the country."

PUTTING TOGETHER THE PIECES

The specific project that captured Hendricks' attention is the Trauma and Critical Care Echocardiography Program, spearheaded by Murthi. "There is a 'black box' in the medical management of trauma and critically ill patients where we really don't know exactly what's going on with their heart function," says Murthi. "New data suggests that the pulmonary artery catheter we used as a guide is not beneficial and it has fallen out of favor. Now we are somewhat blind at the bedside."

All of the expertise and the tools needed to open this "black box" are available. It has taken Murthi's vision to see all of these pieces and all of the players to bring them together to form a cohesive program.

Trained in surgical critical care, Murthi has always had a passion for cardiac physiology and is knowledgeable about echocardiography, the specialized,



non-invasive tool cardiologists use to assess heart function. “We realized much of the specific data we needed at the bedside is provided by echo.” The problem is that echo is not designed to be used in a trauma environment. Specially trained sonographers and cardiologists are required. The equipment is cumbersome, the procedure complicated and assessment time-consuming.

This scenario, however, was altered when Shock Trauma received two portable, full-capability echo units.

“A model for our echo program already existed in trauma; the same basic principles are used with abdominal ultra-sonography,” says Murthi. “But cardiology is more complicated and echo is such a sophisticated device that nobody has figured out quite how to use it in the trauma environment.”

With the Hendricks’ gift, that’s all about to change.

PROMISING MARRIAGE

University System of Maryland Chancellor William “Brit” Kirwan introduced Hendricks, a long time colleague, to Shock Trauma. “We are always looking for something that will have an immediate impact,” says Hendricks. “Murthi’s program has enormous potential, and we were willing to direct our resources to what Shock Trauma perceived as most critical.”

To develop a focused exam that will be useful at the bedside, Shock Trauma is collaborating with cardiology and cardiac surgery. “One of the most exciting things about this program is that it is multidisciplinary,” says Murthi. “It’s a marriage between different groups that wouldn’t normally work together. And that makes the program all the more promising.”

The first step is to determine what essential information on heart function is not currently available to the physician, which the exam can provide. “We know that many of the functions that cardiologists are looking at will prove invaluable at the bedside for trauma and critical care,” says Murthi. The exam will be refined through research and once optimized, it will be shared with other intensivists at Shock Trauma and in other programs across the nation.

“This program has the potential to change the management of critical care and trauma patients nationwide,” Murthi says. “And it has the potential to do this quickly.”

SEED MONEY

There was no “eureka moment” with this discovery. It simply required the vision, foresight and conviction of certain individuals. “We have a unique environment. We have the patients. And we have the expertise,” says Murthi. “This exam will enable us to look at the heart with our own eyes and provide the information we need to optimize treatment.”

“Shock Trauma is a great resource for the community,” says Hendricks. “I encourage people to look at critical care in their area and decide how they can get involved in helping to improve these services.”

“Without the Hendricks’ gift this would not be possible,” says Murthi. “They have given us the seed money to create the platform for this exam. Now we will be able to go live within the next couple of months. Physicians will no longer be staring into a black box. Recovery time will be shortened. Lives will be saved.” ★