

## Philly police now transport 2 of every 3 gunshot victims to hospital

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As violence in Philadelphia continues at a high rate, "scoop-and-run" hospital transports—when a responding police officer takes a gunshot or stabbing victim to a trauma center as quickly as possible—have become a time-tested means for delivering patients to life-saving treatment. Twice as many patients are now brought to trauma centers by police, with survival rates comparable to those transported by EMS

professionals, according to a new study from researchers at the Perelman School of Medicine at the University of Pennsylvania who examined five years of data. These findings were published today in *JAMA Network Open*.

"We saw that patients transported by police are often more seriously injured than patients transported by EMS, but after controlling for significant differences between groups, police-transported patients have similar mortality levels," said the study's lead author, Jeremy Cannon, MD, the Trauma medical director and section chief of Trauma at Penn Medicine. "This study highlights just how crucial to patient care police have become."

While most police officers' roles are typically limited to keeping the peace and solving crime, for approximately 25 years, the Philadelphia Police Department has authorized its officers to quickly transport trauma victims to a trauma center if they feel the situation is dire. A Penn Medicine analysis of data from more than a decade ago found no significant differences between the survival of those with penetrating trauma (gunshots, [stab wounds](#), etc.) who were transported via police or ambulance.

But that study took place before a key change was made to the department's protocol.

"Since the last study, all patrol officers in the city of Philadelphia were issued tourniquets to control extremity hemorrhage during emergencies," said the study's first author, Eric Winter, a medical student at the Perelman School of Medicine. "By giving police officers the ability to quickly manage peripheral bleeding, this tourniquet initiative had the potential to enhance the benefit of rapid police transport to the hospital. We know that Philadelphia's EMS personnel do an exceptional job, but since there's an emphasis on having the first available responder move

victims as quickly as possible, we felt further analysis was needed to assess the impact of this new policy."

The new Penn analysis, however, shows that the overall survival rate, measured when patients are discharged from the trauma center, was relatively unchanged after the tourniquet initiative. This raises the question of whether the tourniquet initiative has been effective. Cannon explained that the tourniquets themselves have actually worked, but some external factors sometimes limit their use. These include the ability to identify extremity wounds quickly, whether officers have a tourniquet immediately available, and the cost of tourniquet replacement.

"We are encouraging police to use tourniquets above wounds to the arms and legs whenever they can," Cannon said. "And to ensure they can do it again if needed, we give them a replacement tourniquet when they come into the trauma center."

While there were similar rates of survival found between the two analyses, the study uncovered one significant shift: by 2018, a large majority of trauma victims were being taken to the hospital via police.

In 2014, 328 patients were transported to the hospital by police, and that increased to 489 by the end of 2018, the final year studied. EMS personnel transported 246 patients in 2014 and 281 in 2018. This means that, by the end of the study period, roughly two of every three gunshot or stabbing victims were transported to a [trauma](#) center by police rather than EMS personnel. This was a complete flip from the earlier study a decade ago, when well over twice as many patients were transported via ambulance than by police cruiser.

Amid the coronavirus pandemic, gun violence in Philadelphia has surged. Although a comprehensive analysis of this experience has not been reported, Cannon said that he and his colleagues have been pleased

to see several "unexpected survivors" they might not have otherwise seen without this police transport policy.

Moving forward, Cannon, Winter, and their colleagues are planning two follow-up studies. One is set to examine outcomes by the geographical origin of the victim. The other will look at how much time it takes for patients to be transported by police to the hospital.

"We hope that these studies will be beneficial to our patients and to policymakers alike," Cannon said. "We also hope that we will be able to share our experiences with other cities looking to re-examine the role of [police](#) in our communities."

**More information:** Eric Winter et al. Association of Police Transport With Survival Among Patients With Penetrating Trauma in Philadelphia, Pennsylvania, *JAMA Network Open* (2021). [DOI: 10.1001/jamanetworkopen.2020.34868](#)

Provided by Perelman School of Medicine at the University of Pennsylvania

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