ATS POSITION STATEMENT 2023-02

HOSPITAL BASED INJURY AND VIOLENCE PREVENTION PROGRAMS

Background

Injury and violence have a significant impact on the health and well-being of the U.S. population and are the leading cause of death for Americans ages 1 to 44. In 2021, 224,935 people were killed by unintentional injuries; an additional 48,183 persons died by suicide and 26,031 persons died by homicide in the United States. Non-fatal injuries affect millions more Americans who are left with life-changing mental, physical and financial challenges. The cost of injuries and violence in the U.S. is staggering. The 2019 cost of injury in the U.S. was $4.2 trillion, accounting for total lifetime medical, lost work productivity, as well as estimates of cost for lost quality of life and lives lost. These substantial costs, both human and financial, drastically underscores the importance of Injury and Violence Prevention Programs (IVPP) as a cost-effective measure to reduce injury. Released by the U.S. Department of Health and Human Services (HHS) every decade since 1980, the Healthy People initiative is designed to guide national health promotion and disease prevention efforts to improve the health of the nation. Healthy People 2030 sets data-driven national objectives to improve health and well-being over the next decade that include injury prevention. Without the commitment of resources and personnel to facilitate these goals, measurable improvement cannot be accomplished.

Hospital Based Injury and Violence Prevention Programs

Since the first trauma centers were established in 1966, hospitals have had an important role in injury prevention as part of inclusive trauma systems. The American College of Surgeons (ACS) describes optimal trauma care as a comprehensive approach that includes prevention, access, acute hospital care, rehabilitation and research. In 1992, injury prevention programming became a requirement for trauma center verification by the ACS. The ACS requires all verified trauma centers have an organized and effective approach to injury and violence prevention and provides broad guidelines in the Resources for Optimal Care of the Injured Patient document. Beyond simply following these guidelines, it is critical that trauma systems, with either ACS verified and/or state designated centers, recognize that effective prevention and
mitigation of injuries requires a science-based, public health approach encompassing the spectrum of prevention. Not only is it crucial to define the problem through surveillance, but it is also important to design intervention strategies that identify risk and protective factors found to be the most effective strategies to reduce these injuries by evaluation. In 2017, the Safe States Alliance created consensus-based Standards and Indicators for Model Level I and II Trauma Center Injury and Violence Prevention Programs. This document offers Level I and II trauma centers guidance on developing programs more likely to deliver the shared goals of reducing the burden and costs of injury and violence in communities across the United States. Trauma centers can further support the development of the hospital based IVPP by adopting the Core Competencies for Injury and Violence Prevention as a model for professional staff.

**Trauma centers should take organized steps to provide a comprehensive IVPP within their communities. To create an effective IVPP, the American Trauma Society (ATS) believes:**

- Trauma centers should commit the resources necessary to support effective injury and violence prevention initiatives using the Standards and Indicators for Model Level I and II Trauma Center Injury and Violence Prevention Programs as a guideline for program development.
- Trauma centers should prioritize injury and violence prevention efforts using a data driven approach based on multiple sources of data including trauma registry, hospital administrative data, public health, and population-based hospital administrative data.
- Trauma centers should implement injury and violence prevention initiatives that address major causes of injury in their community using evidence-based or evidence-informed strategies.
- Trauma centers should define the major causes of injury in their community, describe how these injuries occur, identify risk and protective factors and explain the importance of collaboration among disciplines to prevent these injuries.
- Trauma centers should evaluate injury and violence prevention programs to measure their impact and disseminate these findings to further the field of knowledge.
- Trauma centers should partner with organizations in the community where common injury and violence prevention efforts are aligned.
- Trauma centers should advocate for evidence-informed policies at the institutional, local, state and national levels.
- Trauma centers should actively involve injury and violence prevention professionals to ensure activities are reflected at a high level and integrated in the hospital’s strategic plan and other key leadership decisions.
- Trauma centers should employ an injury and violence prevention professional with public health, health education or similar experience in a leadership position. This individual should be dedicated to injury and violence prevention activities and initiatives and has the skills to develop and maintain an organized, interdisciplinary, public health approach to injury.
prevention. This should be at least one full time position at ACS verified or state accredited Level I or Level II trauma centers.

- Level III-V trauma centers that do not have the necessary resources to commit a full time position should employ a part time injury and violence prevention professional dedicated to injury and violence prevention activities and initiatives and collaborate with higher level trauma centers as needed to support their communities.

- Trauma center administration and leadership should support the injury and violence prevention professional to succeed. This should be accomplished by providing ample time, access to data, educational opportunities, and resources to plan/implement and evaluate IVPPs.

- Trauma centers should use the Core Competencies for Injury and Violence Prevention developed by the Society for Advancement of Violence and Injury Research (SAVIR) - Safe States Alliance Joint Committee on Infrastructure Development to direct professional development of the Injury and Violence Prevention professional.

- Trauma centers should employ trauma-informed care training, trauma informed institutional practices, and incorporate trauma informed principles into their injury and violence prevention efforts.

References


*Please note: The ATS membership supported the development of this policy which was subsequently approved by the ATS Board of Directors. While our recommendations are evidence-based they are non-binding. Any given healthcare entity, facility, or trauma center must interpret the issue within the current context of their capabilities and may therefore vary in their capacity to adopt aspects or recommendations of any ATS Position Statement.*