Five Core Components for a Hospital-based Injury Prevention Program
Texas Designated Trauma Facilities 2014

Designation Level

- I = 18
- II = 17
- III = 52
- IV = 199

Source: Office of State Trauma Systems Coordination
Texas Trauma Center for Health Education, DDS, October 2014

Texas Department of State Health Services
Multiple Texas Trauma Organizations Conducting Injury Prevention

- Governor’s EMS & Trauma Advisory Council (GETAC)
  - Injury Prevention Committee
- Texas EMS & Acute Care Foundation (TETAFF)
  - Injury Prevention Division
- Texas Trauma Coordinators Forum (TTCF)
- Regional Advisory Councils (RACs)
GETAC Injury Prevention Committee Objectives

• Identify opportunities to impact and prevent injuries and violence within the state of Texas
• Incorporate safety and injury prevention into the fabric of organizational culture and operations
• Facilitate collaboration among injury prevention professionals and advocates in the state
• **Enhance the knowledge and skills of the Texas injury prevention work force**
• Elevate the awareness and need for injury and violence prevention in the state of Texas
• **Provide access to evidence-based injury prevention strategies to increase an individual’s capacity for a safe and healthy lifestyle in Texas**
.5-1 FTE

EXPECTATIONS

PATIENTS

COMMUNITY
Identified need to pursue standardized recommendations for a hospital-based injury program
Program:

Should be understood as:
The unit or department that provides infrastructure and support for prevention efforts

I am not referring to initiatives (aka programs):
e.g. matter of balance, stop the bleed
<table>
<thead>
<tr>
<th>Clinical</th>
<th>Public Health</th>
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<tbody>
<tr>
<td>Develop surveillance and monitoring tools</td>
<td>Collect, analyze and disseminate injury and violence data</td>
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<tr>
<td>Identify causes and factors of injuries</td>
<td>Build and sustain a solid, stable infrastructure</td>
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<tr>
<td>Partner with other organizations</td>
<td>Engage partners for collaboration</td>
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<tr>
<td>Target community</td>
<td>Select, implement, and evaluate effective policy and program strategies</td>
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<tr>
<td>Embrace the media</td>
<td>Effectively communicate information to key stakeholders</td>
</tr>
<tr>
<td>Be politically savvy</td>
<td>Provide training and technical assistance</td>
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</tbody>
</table>

**Sources:**
The American College of Surgeons, 2006 Resources for Optimal Care of the Injured Patient (AKA Green Book)
The American College of Surgeons, 2014 Resources for Optimal Care of the Injured Patient (AKA Orange Book)

**Sources:**
Standards and Indicators for Local Health Department Injury & Violence Prevention Programs, July 2011, NACCHO & Safe States Alliance
Texas Process

- GETAC IP Committee established a workgroup
  - Representatives: GETAC, TETAF, TTCF, RACs
- Developed standard recommended components of a hospital-based injury prevention program
  - Supporting materials
- Gathered public comment
- Presented to GETAC for endorsement
Each component is a separate chapter:
• Explanation of the component
• Suggested items to strongly consider
• Identified resources to utilize
• Realistic example
• Literature references that support material
Use data to identify and/or determine program focus areas

Engage partners for collaboration

Evaluate program processes and strategies

Select and implement evidence-informed strategies

Training to build professional capacity

5 Core Components for Hospital-based Injury Prevention Programs
5 Core Components

• Using data to identify and/or determine program focus areas
• Engaging partners for collaboration
• Training to build professional capacity
• Selecting and implementing evidence-informed strategies
• Evaluating program processes and strategies to demonstrate value
1st Evaluation (formative & process)

• Utilization evaluation conducted in 2015
• Feedback collected:
  – Was the component explanation helpful
  – Identified which chapter section was most helpful
  – The intentional sharing of this document
  – The desire for additional information
  – Suggestions to help future versions
    • Layout, design, content, etc.
Building the Conversation for Hospital-Based Injury Prevention Program Capacity

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Emergency departments are significant providers of health care services in the United States, with more than 131 million total ED visits occurring in 2011; of those visits, injury was one of the top 5 reasons for an ED visit.\(^1\) Injury and violence prevention continue to garner recognition and support in the health care arena as a method for reducing morbidity and mortality. Both the American College of Emergency Physicians and ENA recognize the role of emergency departments in integrating injury prevention with clinical practice.\(^2,3\) In a statewide survey of emergency departments within Pennsylvania, 90% reported conducting at least one injury prevention activity.\(^4\) Emergency nurses overwhelmingly support injury prevention as a major role in their professional practice.\(^4\) Although emergency nurses and their colleagues are committed to injury prevention, 76% of ED personnel indicated that they were not satisfied with the injury prevention efforts in their emergency departments.\(^4\)

Many barriers to the implementation of effective injury personnel had received any professional injury prevention education.\(^4\)

This article is the result of a year-long discussion and concentrated focus of the Texas Governor’s EMS and Trauma Advisory Council Injury Prevention Committee to strengthen hospital-based efforts in injury prevention.\(^5\) Committee members were asked to discuss essential elements of effective hospital-based injury prevention programs and to identify resources available to hospital personnel to develop those elements within their own programs. Publications by professional organizations representing both the trauma and injury/violence prevention community were referenced as resources; specifically, this included Resources for Optimal Care of the Injured Patient 2014 published by the American College of Surgeons\(^6\) and the Building Safer States: Core Components of State Public Health Injury & Violence Prevention Programs created by Safe States Alliance.\(^7\) This work led the committee to develop a set of recommendations to guide hospital-based
Additional Work
Core Components User Guide

Quick reference guide that helps IP staff to review their program using key indicators that relate to the core component.

<table>
<thead>
<tr>
<th>CORE COMPONENT</th>
<th>COMPONENT INDICATORS - CHECKLIST</th>
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</table>
| The specific core component definition will be found here. | - Key indicators that relate to the specific core component will be found here.  
- These indicators will help users to assess current program functions related to the core component.  
- These indicators may assist users to identify weakness and opportunities to strengthen and/or grow the program in this core component.  
  - High functioning programs will typically have most and/or all of these indicators  
  - Developing programs will typically have one and/or a few of these indicators |

Suggested Resources:

Resources, specific to the core component will be listed here. These lists are not all-inclusive. However, the resources that are listed are well noted and frequently used in the field of injury and violence prevention. Users are encouraged to explore these resources.
## Additional Work

### Evidence – Based Strategies Documents

#### Topic Based Literature Review & Categorization

<table>
<thead>
<tr>
<th>Well Supported</th>
<th>Insufficient Support</th>
<th>Harmful or Negative Results</th>
<th>No evaluation</th>
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</thead>
<tbody>
<tr>
<td>Implement</td>
<td>Use caution when implementing</td>
<td>STOP - Do Not Implement</td>
<td></td>
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Literature was reviewed and categorized based on the overall results of the study as well as the study design/methods.
Safe States Alliance

Development of the Hospital-based Injury Prevention Special Interest Group (HIP-SIG)

– Over 80 hospital-based injury prevention members
– Monthly calls (range from 20-40 participants)
– Series of exploratory sessions
  • Webinars
  • In person meetings
– Webinar Series (over 5 months) exploring each of the Texas core components with members
What has resulted:

The HIP-SIG constructed a formal recommendation to the Executive Committee to seek funding for a special project.

The recommendation suggested the need to convene a national stakeholder group (constructed of many organizations) to explore standards and indicators for hospital-based injury programs.
The Safe States Alliance (Safe States), a member of the Trauma Prevention Coalition, received funding from the Centers for Disease Control and Prevention (CDC) through the National Association of County and City Health Officials (NACCHO) to explore the existing capacity of hospital-based IVP programs and to identify ways that standards and indicators could strengthen them.

By building consensus among stakeholders regarding key elements of model programs, the project will strengthen Trauma Center IVP programs and increase the alignment of these efforts with public health practice.
# Project Steering Committee

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<tr>
<th>Organization</th>
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<tr>
<td>Safe States Alliance</td>
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<tr>
<td>Dimensions Healthcare System / Prince George's Hospital Center</td>
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<tr>
<td>Society of Trauma Nurses</td>
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<tr>
<td>Indiana Department of Health; Safe States Alliance</td>
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<tr>
<td>American College of Surgeons Committee on Trauma</td>
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<td>Trauma Prevention Coalition</td>
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<tr>
<td>American Trauma Society</td>
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<tr>
<td>Trauma Center Association of America</td>
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<td>Dell Children's Medical Center</td>
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Project Timeline

- Environmental Scan – Feb 2017
- Stakeholder Roundtable Meeting - Mar 2017
- Online Survey – Coming July 2017
- Draft Standards and Indicators – now thru Aug 2017
- In-Person Meeting to validate and finalize Standards and Indicators – Sept 2017
- Publish report containing core components and standards and indicators - Fall 2017
Core Components for LvL I & II

• Data
• Interventions
• Partnerships
• Leadership
• Resources
MORE TO COME