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 2017 169,936 people were killed by unintentional injuries, 47,173 by suicide and 20,126 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, with the total lifetime medical and work loss cost exceeding $672 billion in 2013. These substantial costs, both human and financial, dramatically underscores the importance of trauma prevention programs as a cost-effective measure to reduce injury.

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 programs 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 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 evidence-based, public health approach encompassing the spectrum of prevention. Defining the problem through surveillance, identifying risk factors, designing intervention strategies that target these risk factors and evaluation are among the most effective strategies to reduce these injuries. In 2017, the Safe States Alliance published consensus-based “Standards and Indicators for Model Level I and II Trauma Center Injury and Violence Prevention Programs”. This document provides standardized elements for Level I and II trauma centers to establish and monitor when developing programs focused on delivering 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
professional development of the hospital-based Injury and Violence Prevention Program by adopting the Core Competencies for Injury and Violence Prevention professionals.10

The American Trauma Society (ATS) supports Trauma Centers to:

- Commit the resources necessary to support effective injury 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.
- Prioritize injury prevention efforts that use a data driven approach based on multiple sources of including trauma registry, hospital administrative data, public health and population data.
- Implement prevention initiatives that address major causes of injury in their community using evidence-based or evidence-informed strategies.
- Define the major causes of injury in their community, describe how these injuries occur, identify risk factors and explain the importance of collaboration among disciplines to prevent these injuries.
- Evaluate injury prevention programs to measure their impact and disseminate these findings to further the field of knowledge.
- Partner with organizations in the community where common injury prevention efforts are aligned.
- Advocate for evidence-informed policies at the institutional, local, state and national levels.
- Ensure that injury and violence prevention programs are reflected at a high level and integrated into the hospital’s strategic plan and other key leadership decisions.
- Employ an Injury Prevention Professional in a leadership position, with public health, health education or similar experience, who is dedicated to injury prevention activities and initiatives. This should be at least a full-time position at ACS verified Level II or higher trauma centers. The ATS recognizes trauma centers with lower levels of verification potentially lack necessary resources and staff capacity to hire a full-time Injury Prevention Professional.
- Support the Injury Prevention professional by providing time, access to data, education and resources to plan, implement and evaluate injury prevention programs.
- Use the “Core Competencies for Injury and Violence Prevention” developed by the SAVIR-Safe States Alliance Joint Committee on Infrastructure Development to direct professional development of the Injury Prevention professional.11
References