Hot Topics for Today’s Injury and Violence Prevention Professional

Glen Tinkoff, MD, FACS
Deborah A. Kuhls, MD, FACS
Las Vegas, NV
4/28/19
Disclosures

- None
Objectives

- Introduce the Trauma Prevention Coalition
- Review the history of injury prevention efforts as related to trauma centers/systems
- Discuss the most important “Hot Topic”
Trauma Prevention Coalition

- American Trauma Society – Managing Organization
- American College of Surgery Committee on Trauma
- American Association for the Surgery of Trauma
- Eastern Association for the Surgery of Trauma
- Society of Trauma Nurses
- Trauma Center Association of America
- Safe States Alliance
- Pediatric Trauma Society
- Orthopedic Trauma Association
- ThinkFirst – National Injury Prevention Foundation
- The Pan-American Trauma Society
- Emergency Nurses Association
- National Network of Hospital-based Violence Intervention Programs
Brief History of the Trauma Prevention Coalition

- Presented to the AAST BOM for approval in 11/2011
- Inaugural meeting - 4/4/2012
- Coordinated the Inaugural Injury Prevention Coordinator Symposium in conjunction the 2014 in annual meeting of the AAST
- Management of the TPC transferred to the ATS in 2015
Vision & Mission

• “All healthcare providers involved in the care of the injured will have access to adequate resources, a forum for collaborative interaction, and models for effective programmatic development in injury/violence prevention.”

• “To promote collaboration amongst the major professional trauma organizations in efforts related to injury control and prevention.”
Goals

- Recognize each organization’s unique mission as it relates to injury prevention
- Collaborate in education, research, and advocacy in injury prevention
- Recognize, promote, and facilitate the professional development of trauma center injury prevention professionals
Where We Were

- “RED BOOK” (1990)
- No Prevention Chapter
- Trauma Care Systems Planning and Development Act of 1990 (Title XII)
  - Fund and improve regional and state EMS and trauma services
  - Provided grant funding for the development
MODEL
TRAUMA
CARE
SYSTEM
PLAN

SEPTEMBER 30, 1992

V. PUBLIC INFORMATION/EDUCATION AND PREVENTION

By State, Regional and/or Local Area:

Public Information And Education
- Develop a plan to heighten public awareness of injury as a public health problem, to promote injury as an entity amenable to injury control countermeasures, to explain the need for a trauma care system, to describe how the trauma care system operates and how the system can be accessed
- Establish a trauma constituency to promote trauma system awareness and prevention activities
- Develop a plan to educate elected officials and staff about trauma system issues

Prevention
- Evaluate current injury surveillance information and activities
- Assess current trauma prevention programs
- Identify additional prevention strategies needed to target high risk groups (e.g. trauma patients with alcohol or substance abuse disorders, violence prevention for youths)
- Develop a plan for implementation of comprehensive prevention activities, including provider based interventions
Where We Were (1999)
Where We Are (2006)

“... trauma centers provided care to patients with major injuries and focused mostly on tertiary prevention. The trauma system, in contrast, should contribute to reducing the entire burden of injury in a State, region, or community. Therefore, it should integrate all three phases of injury prevention into planning and practice.”
Where We Are (2006)
FIGURE 3. Core Functions and Essential Services of the Trauma System Integrated With Public Health
“Perhaps the most challenging aspect of the burden of injury is that it is largely preventable.”

Chapter 18 Prevention
## Where We Are

### Chapter 18: Prevention

<table>
<thead>
<tr>
<th>Chapter 18</th>
<th>Condition</th>
<th>Description</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>I, II, III, IV</td>
<td>Trauma centers must have an organized and effective approach to injury prevention and must prioritize those efforts based on local trauma registry and epidemiologic data (CD 18–1).</td>
<td>TYPE II</td>
</tr>
<tr>
<td>18</td>
<td>I, II, III, IV</td>
<td>Each trauma center must have someone in a leadership position that has injury prevention as part of his or her job description (CD 18-2)</td>
<td>TYPE II</td>
</tr>
<tr>
<td>18</td>
<td>I</td>
<td>In Level I centers, this individual must be a prevention coordinator (separate from the trauma program manager) with a job description and salary support (CD 18–2).</td>
<td>TYPE II</td>
</tr>
<tr>
<td>18</td>
<td>I, II, III, IV</td>
<td>Universal screening for alcohol use must be performed for all injured patients and must be documented (CD 18–3)</td>
<td>TYPE II</td>
</tr>
<tr>
<td>18</td>
<td>I, II</td>
<td>At Level I and II trauma centers, all patients who have screened positive must receive an intervention by appropriately trained staff, and this intervention must be documented (CD 18–4).</td>
<td>TYPE II</td>
</tr>
<tr>
<td>18</td>
<td>I, II</td>
<td>Level I and II trauma centers must implement at least two programs that address one of the major causes of injury in the community (CD 18–5).</td>
<td>TYPE II</td>
</tr>
<tr>
<td>18</td>
<td>I, II</td>
<td>A trauma center’s prevention program must include and track partnerships with other community organizations (CD 18–6).</td>
<td>TYPE II</td>
</tr>
</tbody>
</table>
“Injury prevention will be a central focus of trauma systems of the future because it offers the greatest potential for reducing the burden of trauma care”
Where We Want to Be

- Each State will have a core injury prevention program.
- Trauma registry data will be fully coordinated with the EMS and public health systems.
- A comprehensive study of the epidemiology of injuries and trauma will be conducted and predictive models regarding injury occurrence will be developed.
- Injury prevention legislation will be enacted, where compelling evidence exists.
Where We Want to Be

- Injury prevention efforts will be:
  - conducted on a collaborative basis
  - recognized as a legitimate public and governmental service
  - seen as a legitimate health care service that is directly reimbursable to providers
  - integrated into existing health delivery systems

- Injury prevention programs will be required by lead agencies who designate all levels of trauma centers
“Hot” Topic

Injury Prevention Professionals and the Programs For Which They Are Responsible
“Hot” Topic

Trauma Center Injury Prevention Professionals

- Are a diverse group with varied and variable education and professional background
- Have not established a uniform basic fund of knowledge
- Have varied job responsibilities, accountability, and authority
- Have a scope of responsibilities that are often poorly aligned with the resources they have available
- Are not represented by a single professional organization
“Hot” Topic

Standards and Indicators for Model Level I and II Trauma Center Injury and Violence Prevention Programs

CORE COMPONENTS OF MODEL LEVEL I AND II TRAUMA CENTER IVIP PROGRAMS

The standards and indicators are organized according to five core program components: identified through the meetings and discussions described above: leadership; resources; data; effective interventions; and partnerships.

- Leadership
- Resources
- Data
- Effective Interventions
- Partnerships

CORE COMPONENTS
Summary

- Major “goal” of the Trauma Prevention Coalition - Recognize, promote, and facilitate the professional development of trauma center injury prevention professionals
- The historical arc of trauma centers/systems is increasing aligned with an emphasis on prevention
- Injury prevention offers the greatest potential for reducing the burden of trauma care
- Trauma center Injury Prevention Professional must play a pivotal role in realizing this potential