CREATING AN OUTREACH AND INJURY PREVENTION PROGRAM FROM THE GROUND UP
Heather Talbott, MSN, RN and Jennifer Middlekauff, BSN, RN
Bryan Medical Center

**Background:** Every American College of Surgeons Verified trauma center aspires to have a robust Outreach and Injury Prevention Program that is engaged within their community. In 2013, Bryan Medical Center in Lincoln, Nebraska began developing a position to meet the requirements of the ACS and to in turn see a positive outcome from the work being done by the program. Prior to 2013 the trauma outreach and education that occurred was the occasional TNCC and ATLS course and there was essentially no presence in the community in regards to injury prevention. The trauma center’s regional hospitals also lacked a key contact person in regards to educational and injury prevention opportunities.

**Resources:** Data analysis, Time, Evaluation, Administration Support, Trauma Team Support, Hospital Foundation

**Project and Process:** The first step in assessing the current state of the regional hospital network was to do a systematic evaluation of each hospital. An assessment sheet was created and the new Coordinator visited each referral hospital within the region and performed a thorough analysis of what they felt was working well and what resources they felt were lacking from their lead trauma center. Over 22 hospitals were visited in the first 3 months. Once feedback was collected from all of the hospitals the information was compiled and a report was given to the trauma department and administration. During the initial meetings with the hospitals relationships were developed which facilitated open communication. In regards to Injury Prevention, the new position set up meetings with city, county and state stakeholders and injury prevention coalitions. By evaluating trauma registry statistics such as bicycle crashes a bicycle helmet program was created.

**Effectiveness:** Increased Educational Offerings: TNCC, ATLS, ATCN, RTTDC, PHTLS, Mock Trauma, Trauma Grand Rounds, TNC Workshop, Trauma Symposium, and Trauma on the Road, Stop the Bleed, decreased transfer time from outside hospitals: In 2013, 44% of referrals from were kept greater than 2 hours before transferred. In 2014 this improved to 33% and in 2016 because of direct feedback from referral facilities our trauma center implemented a new process on how to contact and initiate transfer to our facility we were at 31%. Significant increase in trauma referrals and other specialties. Over 150 bicycle helmets have been given away to patients who have arrived to the trauma center after a bicycle crash in the first 2 years. Multiple Injury Prevention community event attended/speaking engagements. Media opportunities to speak on injury prevention.

**Lessons Learned:** Communication is key. When asking for feedback from referral facilities on how we can do better to help them we have to be able to take the feedback and work to improve. Become more involved in your community. The community is grateful for our help and engagement.

**Benefits/Implementation:** Outreach and injury prevention is a vital component to a trauma center. Teams are built and patient care improves.