



**WHY SHOULD I CARE
ABOUT PREVENTION?**

I'M BUSY SAVING LIVES.

Trauma Grand Rounds

Piedmont Walton Hospital

November 18, 2021



SAFE STATES

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Senior Program Consultant



The Safe States Alliance is a national non-profit organization and professional association whose mission is to strengthen the practice of injury and violence prevention.

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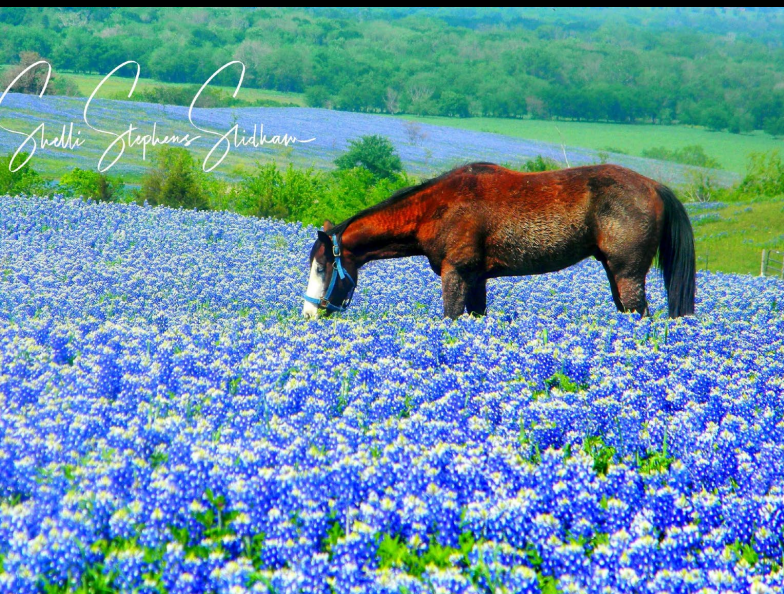
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**National Injury
Prevention Day**



Established in 2020 by the Injury Free Coalition for Kids to highlight safety practices, products, and the implementation of strong legislative policies.



Conflicting Priorities

TRAUMA CENTERS

- Focus on the individual
- Acute care delivery
- Patient outcomes
- Tertiary prevention
- Revenue reimbursement
- Clinical research

INJURY PREVENTION PROGRAMS

- Focus on populations
- Upstream prevention interventions
- Population outcomes
- Primary prevention
- Reduce costs
- Community research





Medical Care Alone Cannot Reduce Injuries

- Not the primary determinant of health
- Treats one person at a time
- Often comes late; can't always restore health

Prevention Institute

National Consensus on Trauma 1966

“The long-term solution to the injury problem is prevention. The major responsibility for accident prevention rests not with the medical profession, but with educators, industrialists, engineers, public health officials, regulatory officials, and private citizens.”



Seeley, S. (1966). Accidental death and disability: the neglected disease of modern society. *Committee on Trauma and Committee on Shock, Division of Medical Sciences. National Academy of Sciences, National Research Council, 2101.*

ACS Addresses Prevention 1979, 1983

Resources For Optimal Care of the Injured Patient

“... injury prevention in the home and industry, and on the highways and athletic fields: standard first-aid: problems confronting public, medical profession and hospitals regarding optimal care for the injured”



American College of Surgeons. Committee on Trauma. (1979). *Hospital resources for optimal care of the injured patient*. American College of Surgeons

ACS Increases Focus on Prevention 1990

“Unfortunately, prevention is one of the most difficult to achieve...”

“Prevention, nevertheless, is an essential component and an integral part of a trauma system”

“More emphasis must be placed on innovative prevention programs...”

ACS Requires Injury Prevention 1993

Chapter on Prevention added

Required designated Prevention
Coordinator for Level I and II

Required injury control research (Level 1)

Required special ED and filed data collection
(Level 1)

American College of Surgeons. Committee on Trauma. (1993). *Resources for optimal care of the injured patient*.

Developing the National Standards & Indicators

Purpose: *Strengthen Trauma Center IVP programs and increase the alignment of these efforts with public health practice.*

1. Build consensus on core components of Trauma IVP programs
2. Develop standards and indicators for model Level I and II Trauma IVP programs
3. Identify opportunities to strengthen collaboration between local public health and hospital trauma centers

Process

- Developed with funding from the CDC, and facilitated by NACCHO and Safe States Alliance
- Reviewed documents
 - *American college of surgeons committee on trauma, resource for optimal care of the injured patient: 2014 (ORANGE BOOK)*
 - *NACCHO AND SAFE STATES ALLIANCE GUIDELINES, STANDARDS & INDICATORS FOR LOCAL HEALTH DEPARTMENT INJURY AND VIOLENCE prevention programs (2011)*
 - *National training initiative for injury and violence prevention (NTI), core competencies for injury and violence prevention (2005)*
 - *Texas governor's ems and trauma advisory council (GETAC) injury prevention & public education committee, hospital-based injury prevention components (2014)*
- Conducted a national survey of trauma hospitals
 - 53% response (316/591)
 - Convened stakeholders
- Document produced and published in November 2017
- Assessment tools produced in 2018

Participants

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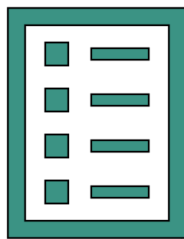
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Stewart Williams, BS, CPSTI | Dell Children's Medical Center

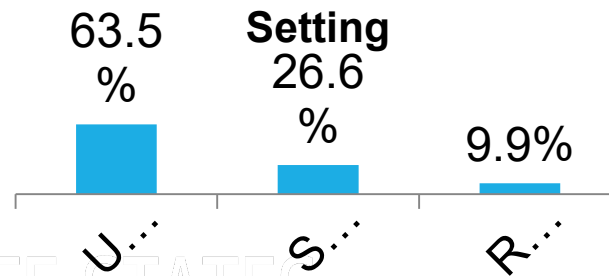
National Survey of Level I & II Trauma Centers



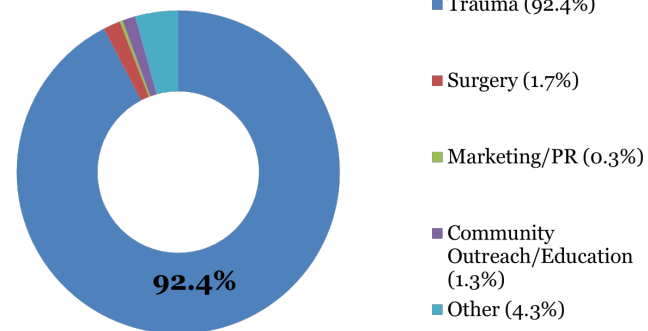
591 Trauma Centers



316 (53%)



Location Within Hospital

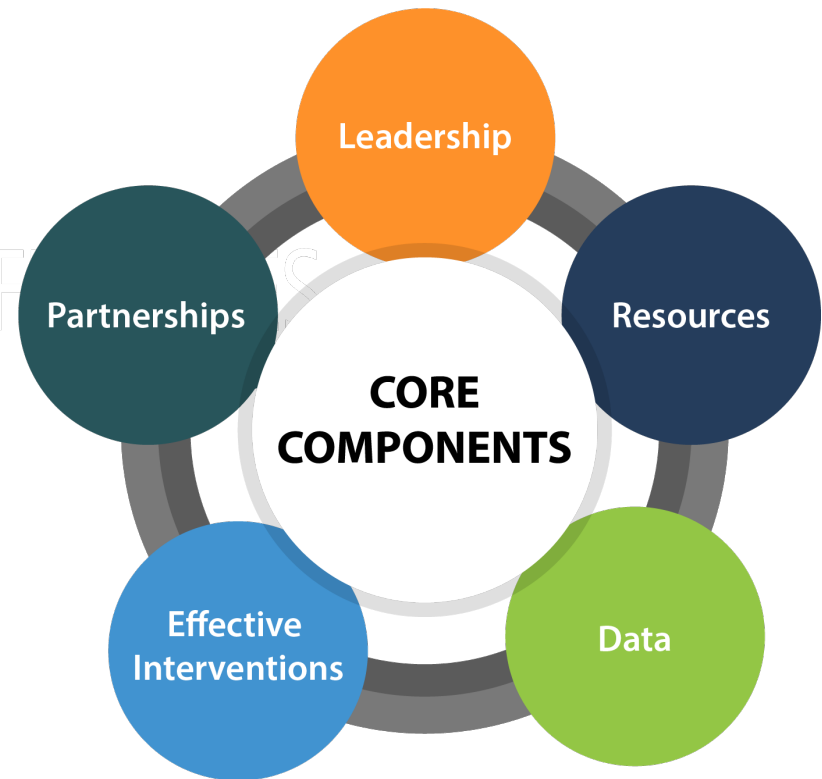


Key Findings

- Strong involvement and commitment from hospital leadership team
- 3 out of 4 trauma center IVP programs operate with a total annual budget of \$100,000 or less (inclusive of salaries).
- Highly experienced staff, but nearly 1/3 reported no IVP training during the past five years
- Data gaps between sources available and sources used
- <50% programs collaborate on data activities with SHD/LHD

Core Components identified

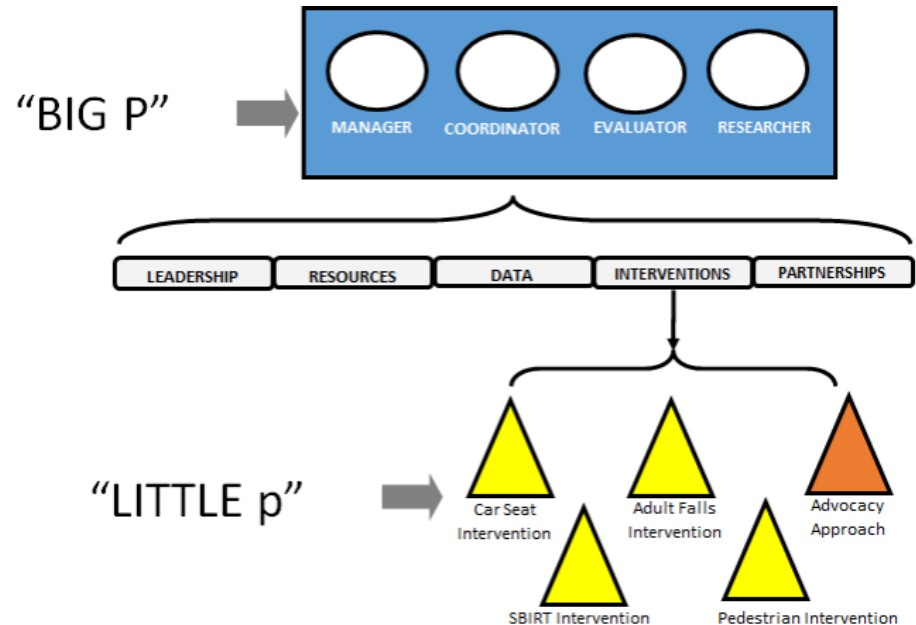
- Leadership
- Resources
- Data
- Effective interventions
- Partnerships



Let's Define "Program"

PROGRAM: The organizational structure/department within the hospital (differs by institution)

PROGRAMMATIC INTERVENTION: The specific IVP-related work that the program's staff implement



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



Considerations for Standards and Indicators

- Acknowledge realities of basic (1 FTE) program vs. model/aspirational
- Broader systems view
- Philosophical differences between hospitals and public health
 - Different language and metrics

- **Rationale** – explains the importance of each core component
- **Standard** – sets the model to achieve
- **Indicators** – provide specific functions that are suggested to achieve the standard

STANDARDS AND INDICATORS FOR ENSURING SUPPORTIVE LEADERSHIP

RATIONALE

Trauma centers have a leadership role in educating and influencing others about the potential of injury and violence prevention to reduce the burden of injury and its costs to health systems and society, and its potential to drive positive changes in community health outcomes. This occurs both *internally*, helping to articulate the need for and value of the program's activities and impact within hospital chains of command, and *externally* in the community.

STANDARD

The program is sufficiently supported by trauma center administrators and/or senior hospital administrators who are invested in IVP interventions and activities that are implemented by the hospital or in collaboration with community partners.

INDICATORS

Indicators of Leadership Standard	Core Model Program Indicators	Enhanced Model Program Indicators
L-1 Internal hospital chains of command (within the hospital/system infrastructure) are aware of and support IVP activities in collaboration with the IVP professional.	x	x
L-2 The IVP program demonstrates how its activities and priorities align with those of the hospital's strategic plan.	x	x
L-3 The program promotes its visibility and value by tracking IVP countermeasures in a variety of ways that are meaningful to the hospital (e.g., outcome data from evaluations, billing data, reimbursement coding, revenue generation).		x
L-4 The IVP program's activities/priorities are reflected in high-level hospital and system planning documents.		x

Tools and resources

STANDARDS & INDICATORS ASSESSMENT – PLANNING WORKSHEET Revised 2.22.19

SELECT A CORE COMPONENT TO ASSESS: **STEP 1: DETERMINE PURPOSE OF THE ASSESSMENT**

STEP 2: IDENTIFY AND ENGAGE STAKEHOLDERS

INTERNAL		EXTERNAL	ADDITIONAL STAKEHOLDERS (Optional)
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DEVELOP A COMMUNICATION PLAN TO ENGAGE STAKEHOLDERS (Optional)

STAKEHOLDER AUDIENCE	TYPE OF MESSAGE (Inform, Persuade, Influence)		WHO WILL DELIVER	WHEN/WHERE
	TYPE OF MEDIUM (Written, Events, One-on-One, etc.)			

STEP 3: SELECT APPROPRIATE INDICATORS AND COLLECT EXAMPLES OF THEIR FUNCTION (Use the Assessment Tool)

STEP 4: IDENTIFY PROGRAM STRENGTHS & OPPORTUNITIES

STEP 5: SUMMARIZE AND DISSEMINATE FINDINGS

STANDARD The program is sufficiently supported by trauma center administrators and/or senior hospital administrators who are invested in IVP interventions and activities that are implemented by the hospital or in collaboration with community partners.

EVIDENCE EXAMPLES OF INDICATOR FUNCTION	C	E	RATING			DESCRIBED BARRIERS & OPPORTUNITIES OF INDICATOR FUNCTION
			1	2	3	
L-1						
L-2	X	X				
L-3	X	X				
L-4		X				
L-5		X				
L-6		X				
L-7		X				

(STEP 1) Read the indicator below and identify whether the Core (C) or Enhanced (E) indicator is appropriate for your IVP program. Try to determine current examples of how your IVP program is currently functioning in respect to each indicator listed. Be realistic in your response. Avoid trying to create an example if one does not easily come to mind (it is very likely you will have some blanks).

(STEP 2) Indicator rating instructions on page 2

(STEP 3) Assess your current program regarding each indicator below and identify any perceived barriers that limit the indicators function. Then assess opportunities that may improve the indicators function for your IVP program. Identifying barriers and opportunities will help with action solutions to begin moving the indicator towards a higher functionality.

Steps for conducting the assessment

1. Describe the purpose for the assessment
2. Identify and engage stakeholders
3. Collect examples of indicator function
4. Identify program (Big P) strengths and opportunities
5. Summarize and disseminate findings

Five Steps for Practically Applying the Standards and Indicators for Model Level I and II Trauma Center Injury and Violence Prevention Programs



Access the Report

SAFE STATES
An Alliance to Strengthen the Practice of Injury and Violence Prevention

ABOUT US | PROGRAMS | TOOLS | EDUCATION | POLICY | MEMBERS | PUBLICATIONS

Trauma Center IVP Standards and Indicators

More in this Section...

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

Guidelines for Level I and II Trauma Centers

The *Standards and Indicators for Model Level I and II Trauma Center Injury and Violence Prevention Programs* is the first to outline the five, consensus-based core components of a model injury and violence prevention (IVP) within Level I and II Trauma centers. Each core component is accompanied by a set of voluntary standards and indicators to guide the design and implementation of a model IVP program.

The guidance offers programs at all levels ideas on how their programs could be expanded or strengthened, while also providing concrete, consensus-based descriptions of what constitutes a model program — one more likely to deliver the shared goals of reducing the burden and costs of injury and violence in communities across the United States.

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

"In developing the Model Level I and II Trauma Center Injury and Violence Prevention Program, the Safe States Alliance and the National Associations of County and City Health Officials (NACCHO) have provided those of us invested in hospital-based injury prevention a template of essential components to guide our programs as we seek to effectively reduce the burden of injury on the communities we serve." - Dr. Glen Tinkoff, Chair, Trauma Prevention Coalition

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Groups
Networks
Files & Links
Favorites
Messages
Connections
Membership Info
Refer a Friend

Latest from the Field

11/3/2021
INPUT REQUESTED: US Water Safety Action Plan

10/27/2021
WEBINAR 11/9: Moving the Needle on Social Determinants of Health

Events Calendar more

11/18/2021
National Injury Prevention Day

Core Components

The standards and indicators are organized according to five core components that are essential for program success: **leadership; resources; data; effective interventions; and partnerships.**

Each core component is accompanied by:

- A brief rationale for its inclusion
- A statement of the model standard
- Indicators that would suggest the model standard is being met.

To acknowledge the considerable variation in size and scope among Level I and Level II trauma center IVP programs, indicators are divided into two main categories: those that would apply mainly to newer or smaller, more basic programs, and those that would apply to mature or larger, more established programs. It is assumed that all programs have opportunities for improvement. For some, these opportunities may be concentrated in one or two components; for others, they may fall across all components.

Frequently Asked Questions and Answers

To provide additional details and context on the guidelines, we have prepared answers to a set of frequently asked questions (FAQs).

Read the FAQs

Additional questions about the Standards and Indicators for Model Level I and II Trauma Center IVP Programs can be directed to TraumaIVP@safestates.org.

Tools and Resources

Safe States Hospital Injury Prevention Special Interest Group members developed a set of tools to assist programs with operationalizing the standards and indicators. The tools are designed to assess a hospital injury and violence prevention program using standards and indicators for model programs. This tool will help administrators identify barriers that prevent the

Tools and Resources

Safe States Hospital Injury Prevention Special Interest Group members developed a set of tools to assist programs with operationalizing the standards and indicators. The tools are designed to assess a hospital injury and violence prevention program using standards and indicators for model programs. This tool will help administrators identify barriers that prevent the implementation of key indicators and/or opportunities to strengthen these indicators. By reviewing how the entire program currently operates with respect to each indicator and registering accurate examples/evidence on how the indicator is functioning/not functioning, planning discussions and solution finding can occur in an organized manner.

Download the pilot tools for each core component here:

- Leadership Assessment Tool
- Resources Assessment Tool
- Data Assessment Tool
- Effective Interventions Assessment Tool
- Partnership Assessment Tool
- Assessment Planning Worksheet (Five Step Practical Application)

**Please note that the assessment tools are being piloted and revisions are expected.*

Complete a Program Self-Assessment

Safe States created a free, online IVP Program Self-assessment Tool to help hospital-based trauma centers assess their IVP Program strengths and opportunities to grow based on the consensus-based standards and indicators. Programs are encouraged to provide self-ratings based on the recommended indicators attached to each Program standard across three categories: Infrastructure, Data/Surveillance, and Programs and Policies. Aggregated scores provide Programs with a snapshot of successes and opportunities for their Program. Watch a **short tutorial** to get started.

Take the Self-Assessment

For additional support and guidance in injury and violence prevention, Safe States offers a suite of online tools and trainings. Below are links to key resources to help IVP professionals strengthen their skill set as well as inform their programs.

- **Core Competencies for Injury and Violence Prevention:** the essential knowledge and skills widely considered necessary to work in the field of injury and violence prevention.
- **Glossary of Injury and Violence Prevention Terms:** A glossary developed by SAVIR and Safe States to provide clarity to terms that could be ambiguous or unclear to potential readers of the Core Competencies for Injury and Violence Prevention.
- **Injury Prevention Inventory:** A Compendium of Injury Prevention Strategies, Sample Measures, & Resources
- **IVP Orientation Toolkit:** A free, online resource to assist IVP program managers and staff establish a foundational skill set in the IVP practice. Users can create a learning profile and take self-assessments.
- **Safe States Training Center:** resource for accessing trainings and other learning opportunities that can raise awareness, increase knowledge and build skills for preventing injury and violence.

Additional Training on the Standards and Indicators

<http://www.safestates.org/TraumaIVP>

Other Resources

Texas Hospital-Based Injury Prevention Program Core Components for Level III & IV Trauma Centers

Updated August 22, 2018

LEADERSHIP

Rationale

Trauma centers should take a leadership role in educating and influencing others about the potential of injury and violence prevention to reduce the burden of injury and its costs to health systems and society, and its potential to drive positive changes in community health outcomes. This can occur both *internally*, helping to articulate the need for and value of the program's activities and impact within hospital chains of command, and *externally* in the community.

Injury and Violence Prevention (IVP) Programs need to regularly support continuing education and training for staff members. Because IVP programs address a diverse range of social, behavioral, policy and industrial conditions, IVP professionals need a multi-skilled set of education and knowledge.

Standard

The program is sufficiently supported by trauma center administrators, hospital staff and/or senior hospital administrators who are invested in IVP interventions and activities that are implemented by the hospital or in collaboration with community partners.

	Indicator	Essential or Desired Indicator
L-1	Internal hospital chains of command (within the hospital infrastructure) are aware of and support IVP activities in collaboration with the IVP professional.	Essential
L-2	The IVP program demonstrates how its activities and priorities align with those of the hospital's strategic plan.	Desired
L-3	The IVP professional attends and/or reports to hospital leadership meetings.	Desired
L-4	The IVP professional seeks ongoing leadership development training and mentorship.	Desired
L-5	The program provides a report to the community annually that includes the scope and status of its partnerships, data findings and evaluation of programs and activities designed to reduce injury and violence in the communities served, in an accessible, user-friendly format.	Desired

Suggested Leadership Resources

- Texas Injury Prevention Leadership Collaborative
- UCLA Mindful Awareness Research Center
- Simon Sinek

Publications

- Finding the Space to Lead by Janice Marturano
- What Got You Here Won't Get You There by Marshall Goldsmith

Update August 22, 2018 3

<https://www.dshs.texas.gov/emstraumasystems/GETAC/PDF/IPPE-TXHospitalBasedIP-CoreComponents2018Update.pdf>

BMJ

Trauma Surgery & Acute Care

Current opinion

Consensus-based Standards and Indicators to strengthen trauma center injury and violence prevention programs

 Christy Adams ¹, Deborah A Kuhls ², Shelli Stephens-Stidham ³, Julie Alonso ³, Stewart Williams ⁴, Glen H Tinkoff ⁵

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Abstract

For decades, the American College of Surgeons Committee on Trauma (ACSCOT) has published *Resources for Optimal Care of the Injured Patient*, which outlines specific criteria necessary to be verified by the college as a trauma center, including having an organized and effective approach to prevention of trauma. However, the document provides little public health-specific guidance to assist trauma centers with developing these approaches. An advisory panel was convened in 2017 with representatives from national trauma and public health organizations with the purpose of identifying strategies to support trauma centers in the development of a public health approach to injury and violence prevention and to better integrate these efforts with those of local and state public health departments. This panel developed the *Standards and Indicators for Model Level I and II Trauma Center Injury and Violence Prevention Programs*. The document outlines five, consensus-based core components of a model injury and violence prevention program: (1) leadership, (2) resources, (3) data, (4) effective interventions, and (5) partnerships. We think this document provides the missing public health guidance and is an essential resource to trauma centers for effectively addressing injury and violence in our communities. We recommend the Standards and Indicators be referenced in the injury prevention chapter of the upcoming revision of ACSCOT's *Resources for Optimal Care of the Injured Patient* as guidance for the development, implementation and evaluation of injury prevention programs and be used as a framework for program presentation during ACSCOT verification visits.

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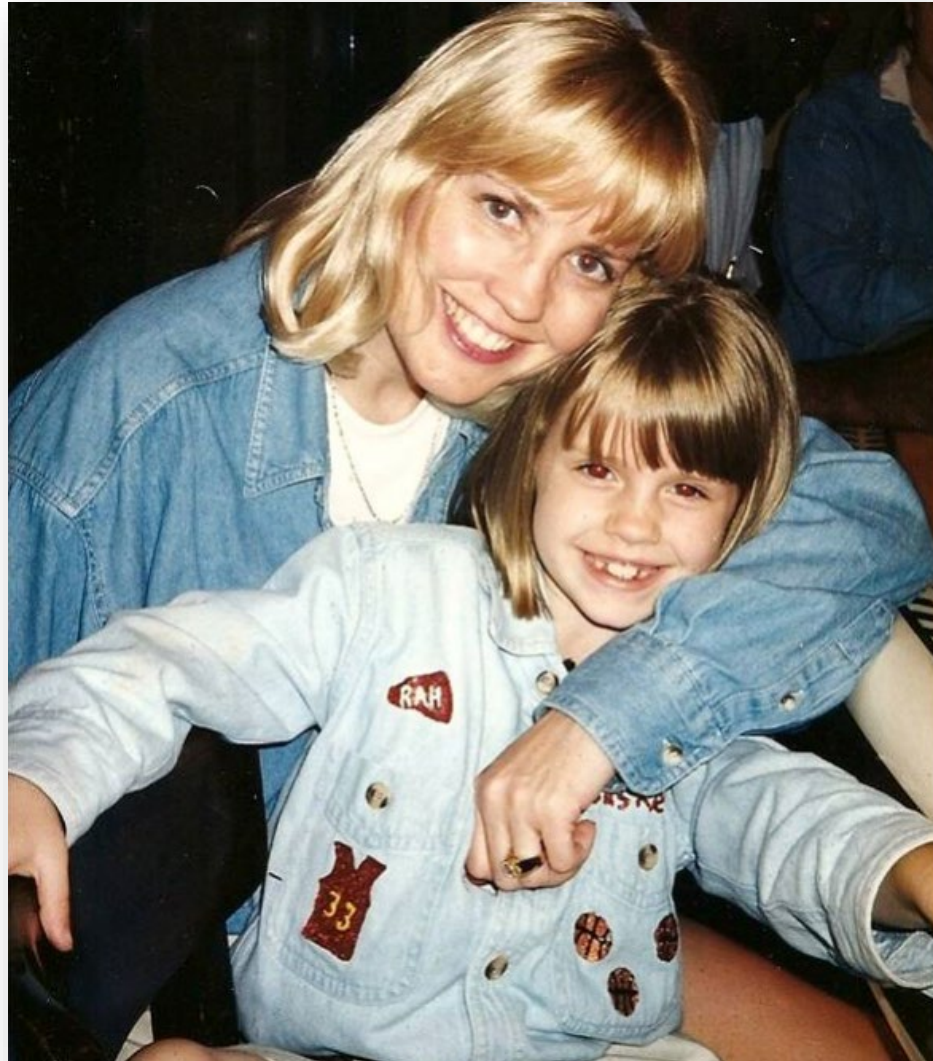


Core Competencies for Injury & Violence Prevention Professionals

- . Ability to describe and explain injury and/or violence as a major social and health problem.
- . Ability to access, interpret, use and present injury and/or violence data.
- . Ability to design and implement injury and/or violence prevention activities.
- . Ability to evaluate injury and/or violence prevention activities.
- . Ability to build and manage an injury and/or violence prevention program.
- . Ability to disseminate information related to injury and/or violence prevention to the community, other professionals, key policy makers and leaders through diverse communication networks.
- . Ability to stimulate change related to injury and/or violence prevention through policy, enforcement, advocacy, and education.
- . Ability to maintain and further develop competency as an injury and/or violence prevention professional.
- . Demonstrate the knowledge, skills, and best practices necessary to address at least one specific injury and/or violence topic (e.g. motor vehicle occupant injury, intimate partner violence, fire and burns, suicide, drowning, child injury, etc.) and be able to serve as a resource regarding that area.

Training is available . . .

- Safe States Alliance IVP 360 (coming soon)
 - www.safestates.org
- ATS Injury Prevention Coordinator Course
 - <https://www.amtrauma.org/general/custom.asp?page=InjuryPrevention>
- Johns Hopkins Summer Institute: Principles and Practices of Injury Prevention
 - <https://www.jhsph.edu/courses/course/31550/2021/305.670.11/principles-and-practice-of-injury-prevention>



January 26, 2007









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An Alliance to Strengthen the Practice of Injury and Violence Prevention

Thank you for saving lives!

shelli.stephens-stidham@safestates.org