



Injury Prevention in Wisconsin

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Introduction: Wisconsin Trauma Care System

The purpose of Wisconsin's statewide trauma care system is to reduce death and disability resulting from traumatic injury by providing optimal care of trauma patients and their families and collecting and analyzing trauma-related data.





Introduction: Injury Prevention

- Injury prevention (IP) initiatives are strategies that aim to decrease or prevent injuries and can improve the health of a community.
- These initiatives primarily focus on environmental design, product design, human behavior, education, and legislative or regulatory requirements that support environmental and behavior change.
- Examples of IP initiatives include: car seat clinics, teen alcohol prevention, ATV safety, and poison control prevention.



Purpose

To survey trauma centers in Wisconsin and identify injury prevention activities, training needs, barriers, and opportunities for collaboration.





Background: Injury Prevention Survey

The survey was:

- Sent to 124 participating trauma centers in Wisconsin.
- A 38-item questionnaire.
- Administered July 2016.
- Filled out by a Trauma Coordinator, IP Coordinator, or another staff member involved in IP.

This injury prevention survey included topics such as: IP staff, IP activities, safety equipment, outreach methods, barriers, and other feedback.



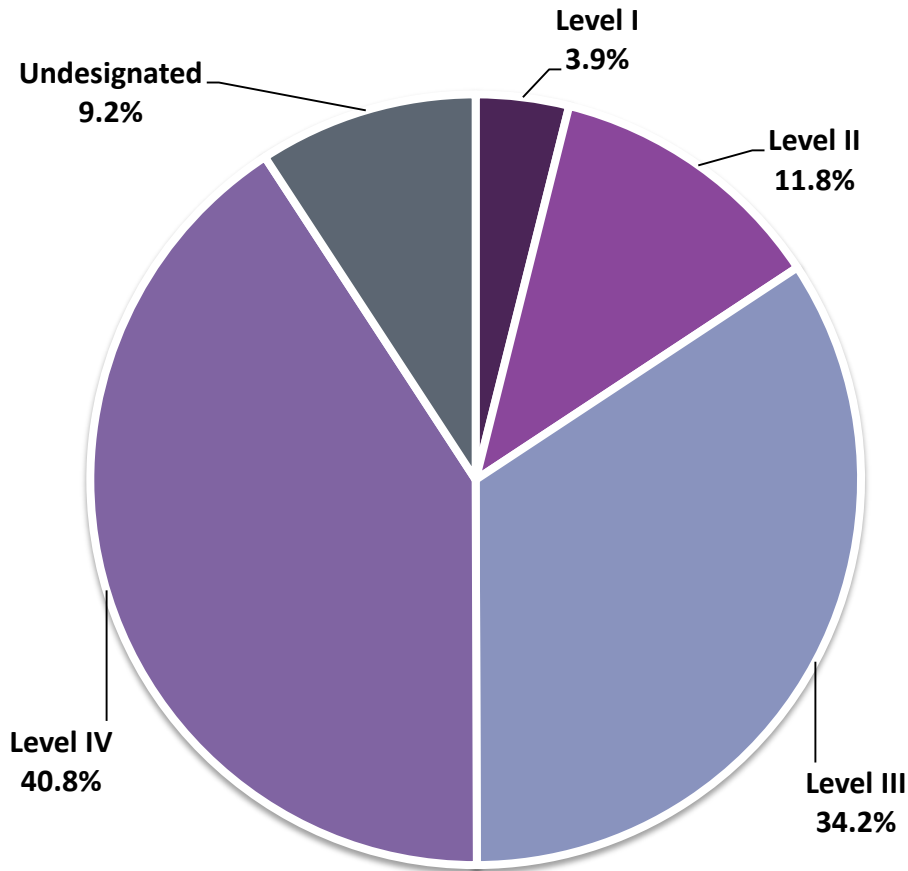
Overview of Results

- A total of 76 (61% of trauma centers) facilities completed the survey.
- Incomplete or duplicate surveys were removed from the analysis.
- Follow-up emails were sent on Friday, July 22 in order to obtain additional responses.
- The survey was closed on August 5, 2016.

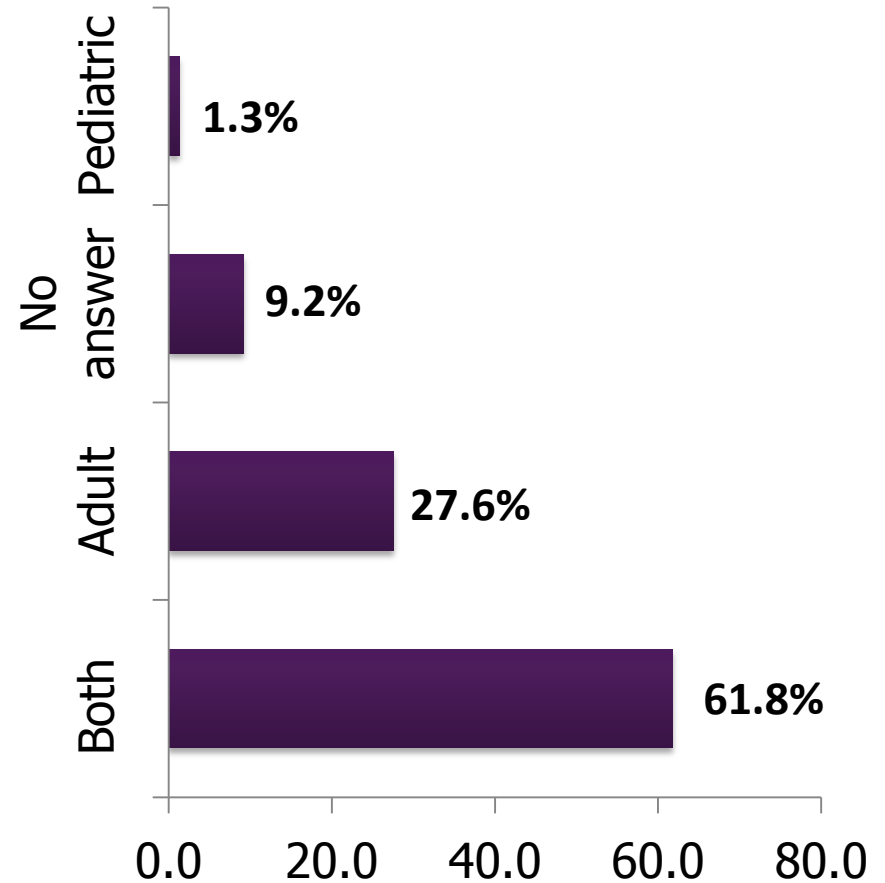


Trauma Center Characteristics

Trauma Center Levels



Patient Types





Respondent Characteristics

Respondents of the survey included the following staff titles:

- Trauma Program Manager or Trauma Coordinator (72.4%)
- Injury Prevention Coordinator (11.8%)
- “Other” staff role (15.8%)
 - Director of Emergency Services
 - Patient Care Services Manager
 - Emergency Services Clinical Nurse



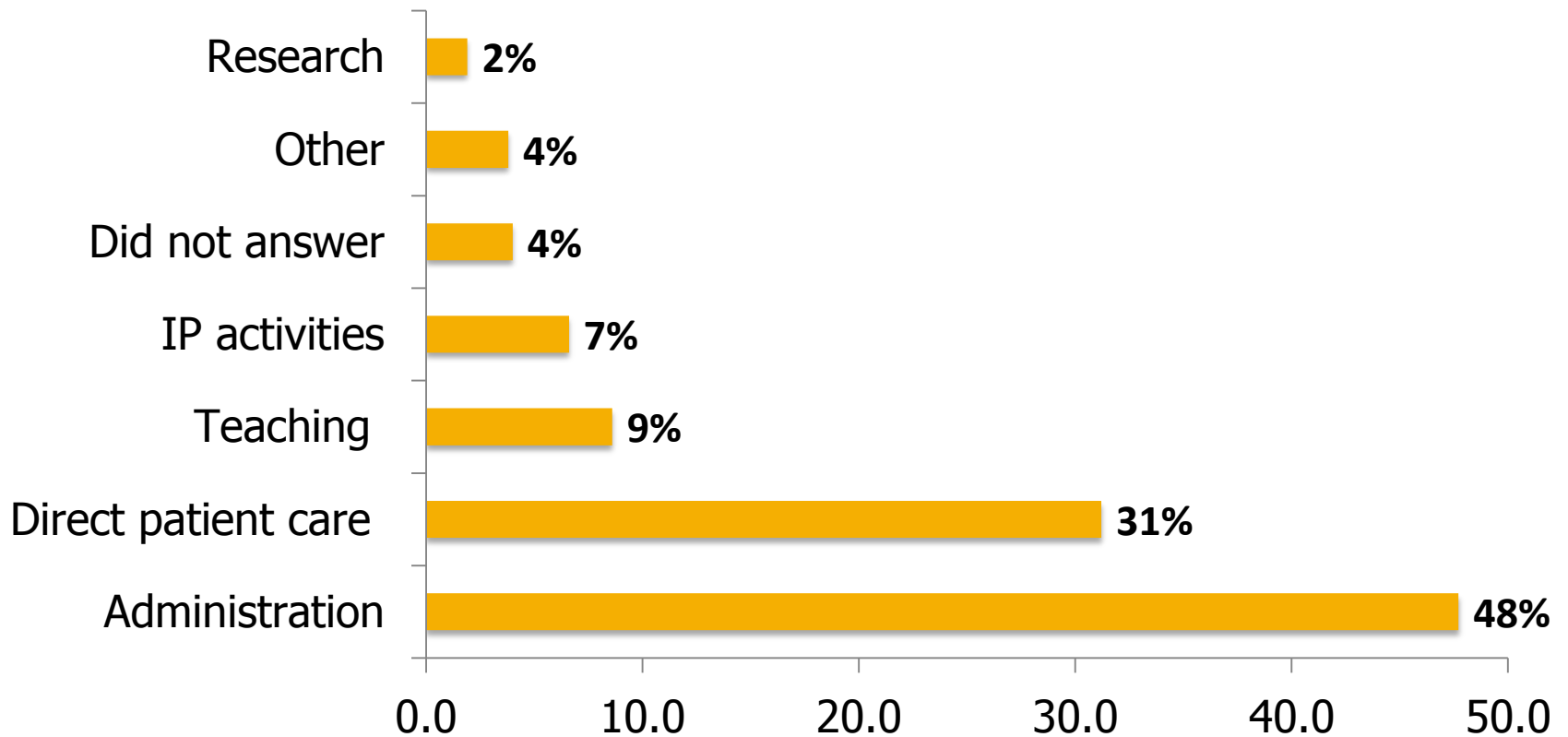
Trauma Center Staffing

- The majority of respondents whose title was Trauma Manager/Coordinator (83.6%) indicated that their facility did not have a designated Injury Prevention Coordinator.
- Only a total of nine facilities (11.8%) had a designated Injury Prevention Coordinator.
- Facilities without a designated Injury Prevention Coordinator manage injury prevention activities as part of another staff roles.



Trauma Center Staff Activities

Time Allocation per Activity





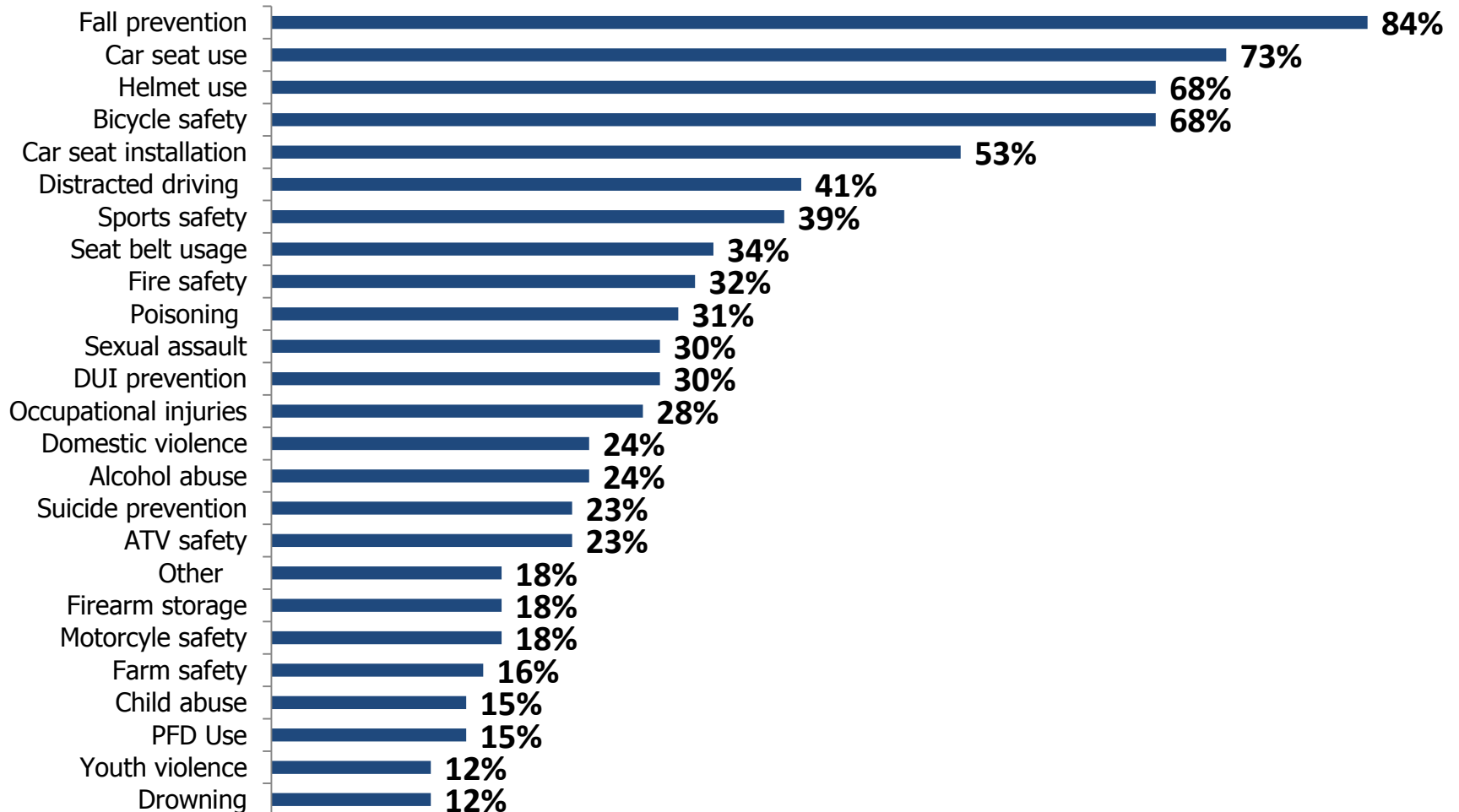
Staff Experience and Training

- Most respondents had 10+ years of experience working in a trauma care setting and one to three years of experience conducting IP activities.
- Most respondents (86.8%) had not received formal injury prevention training.
- Common injury prevention trainings include:
 - Injury prevention sessions at a conference
 - Safe States Alliance 101 course
 - Training as part of an MPH program or other advanced degree program



Safety Topics

Safety Topics Addressed in Hospitals





Trauma Center Collaboration

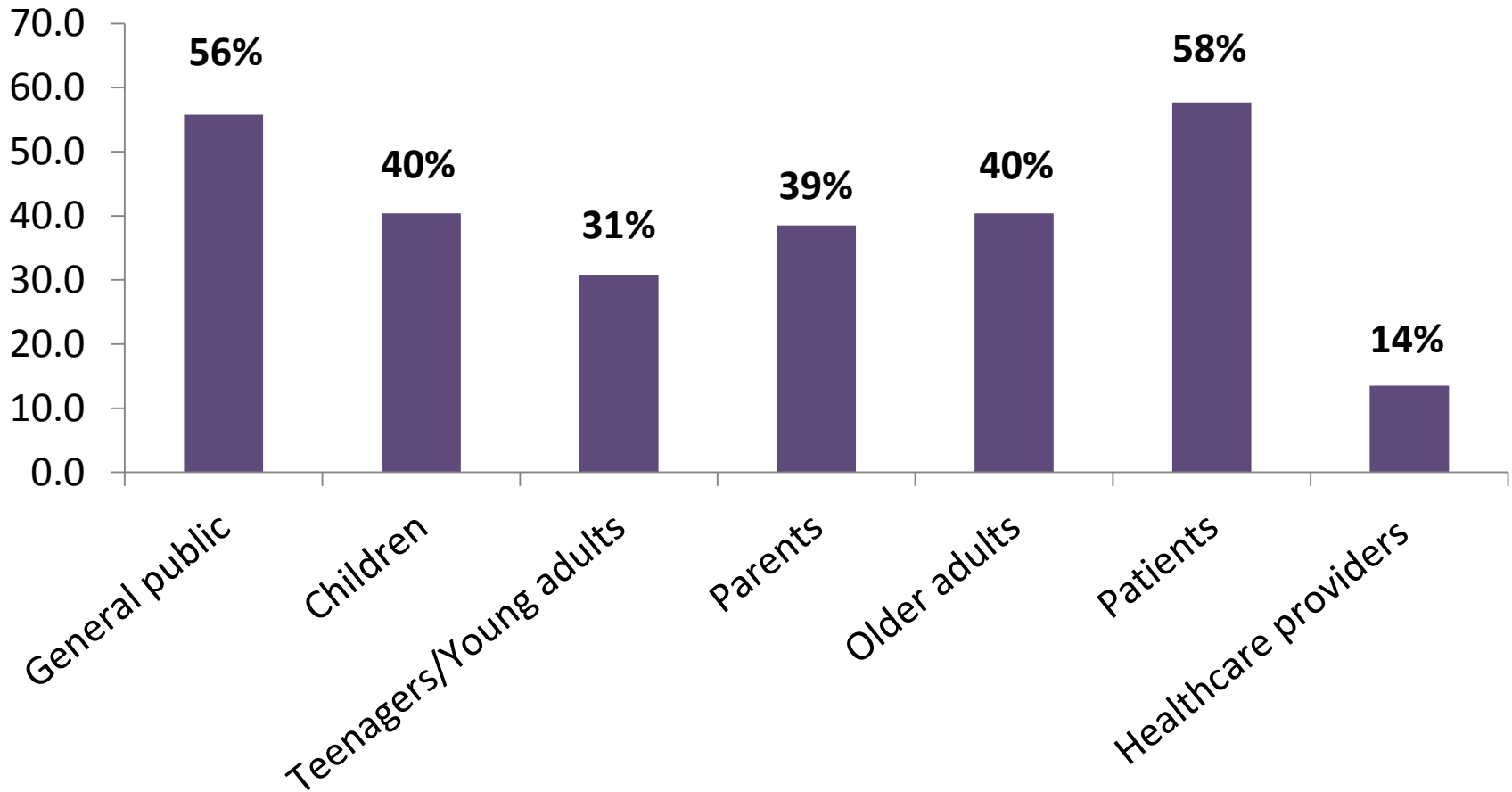
The top three departments that trauma centers collaborate with on injury prevention strategies are:

- Emergency Department (89.5%)
- Community Relations (53.9%)
- Marketing (43.4%)



Education Material Audience

Education Material Distribution





Outreach Locations



Grade School
Middle School
High School



Park Districts



Senior Living Facilities
Senior Day Care Facilities



Home Health Care

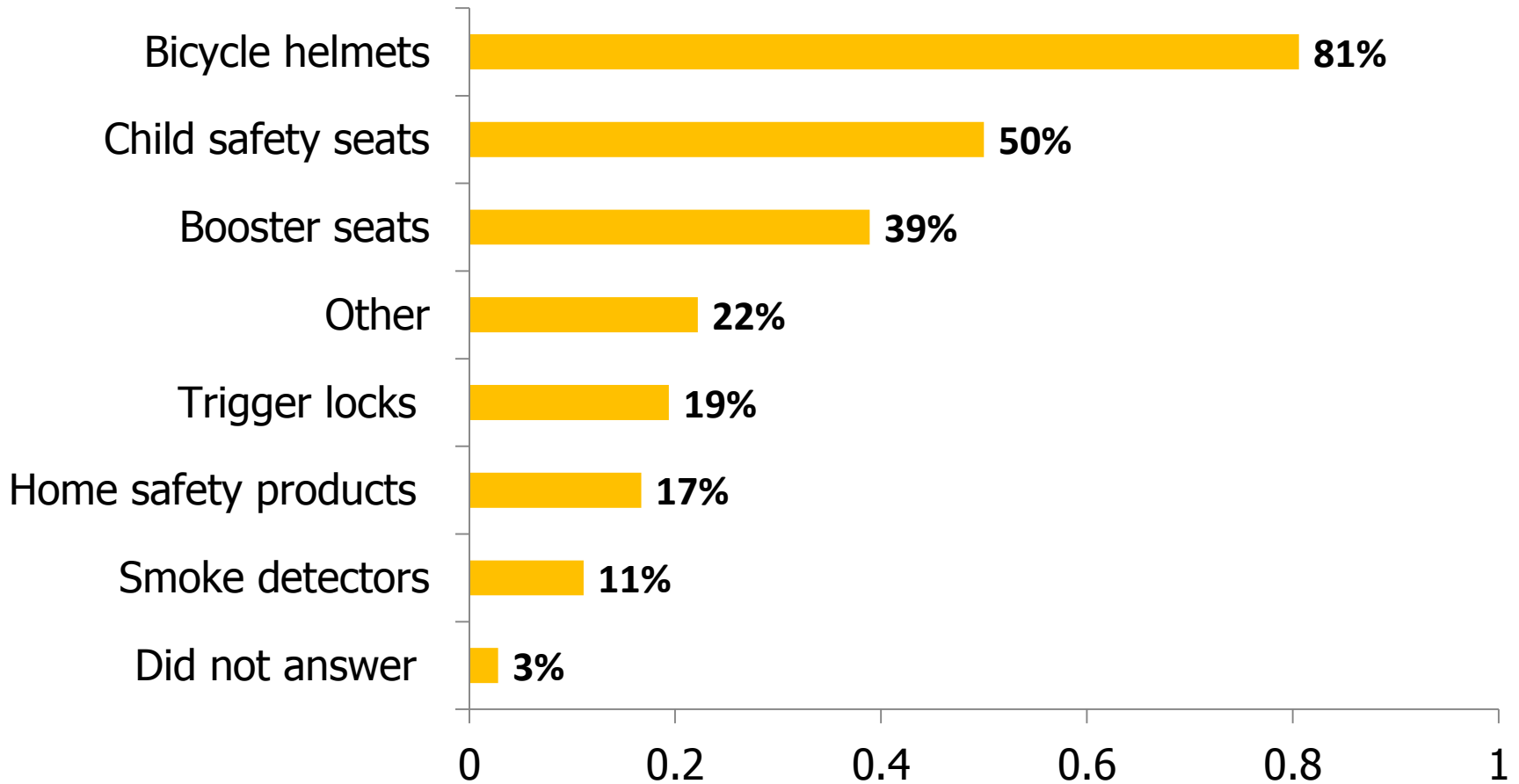


Health Fairs/Festivals



Safety Equipment

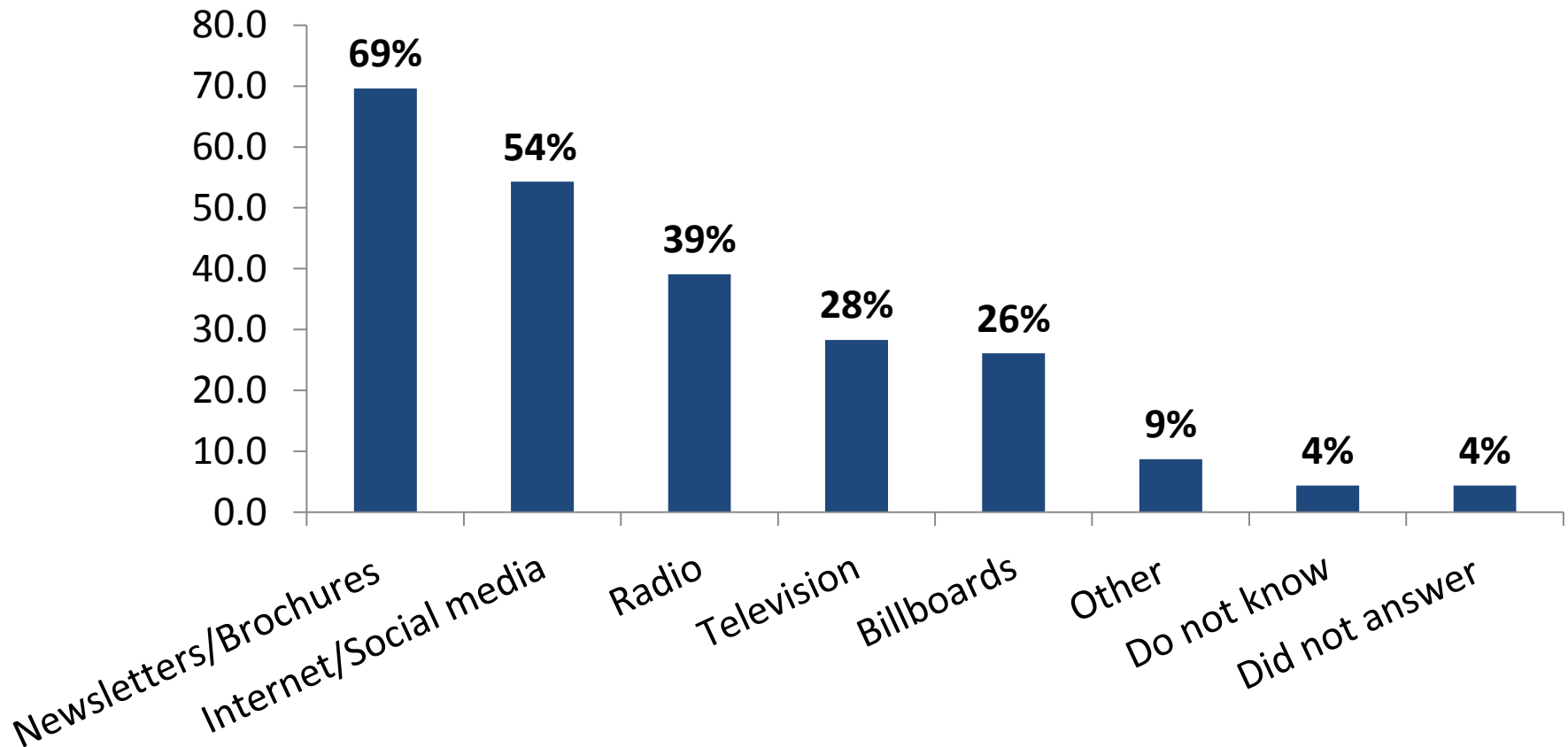
Safety Equipment Distribution





Media/Public Awareness Outreach

Media Formats





Trauma Center IP Interventions

- Roughly half (47.4%) of the surveyed trauma centers conduct brief interventions in a clinical setting.
- The top five interventions include education on:
 - Helmet use (69.4%)
 - Alcohol abuse (69.4%)
 - Drug abuse (58.3%)
 - Seat belt and child safety seat use (55.6%)
 - Seniors, about fall hazard reduction (50.0%)





Agency Collaboration

The top three outside agencies that trauma centers collaborate with on injury prevention activities are:

- State or local emergency medical services (68.4%)
- Local health departments (53.9%)
- Fire departments (51.3%)



Greatest Barriers

The three greatest barriers that trauma centers face in order to perform injury prevention activities are:

- 1) Time (77.6%)
- 2) Funding (68.4%)
- 3) Injury prevention staff (50.0%)





Helpful Activities

The three most helpful activities to better support IP activities include:

- 1) Share education and training opportunities (69.7%)
- 2) Disseminate or share information on potential funding for IP activities (39.5%)
- 3) IP listserv or website to share ideas (36.8%)



Additional Comments (1)

“Being a small rural hospital, it can be challenging to get people to come to events that are planned and the time it takes to plan events is too much for people to do over and above their other scheduled job duties.”

“I am just starting to partner with other agencies within our county and community...Time is a big factor. I work shifts and most of the meetings are when I work nights.”



Additional Comments (2)

“Injury prevention at our hospital is not designated as a specific job title yet. It is handled by multiple people at this point, including the Trauma Coordinator, Risk/Quality staff, as well as by our nursing staff.”

“We do some injury prevention, but there is no real structure or plan to the program. Funding and hours to commit to it are also a key problem.”



Limitations (1)



- The response rate was 61%.
 - Emails were sent only to Trauma Coordinators and Injury Prevention Coordinators.
 - Surveys that were missing large amounts of data were excluded.
- Only email was used to distribute the survey.
 - Surveys were not sent via the postal service, fax, or telephone.



Limitations (2)

- Variability in staff roles:
 - Many staff members have multiple responsibilities and duties to fulfill.
- Only surveyed hospital trauma centers:
 - Any additional regional injury prevention activities were not captured.
- Generalizability:
 - The survey's findings are only related to Wisconsin trauma centers.



Conclusions (1)



- Trauma centers participate in a wide array of injury prevention topics.
- Multiple centers mentioned partnering with their Regional Trauma Advisory Council (RTAC) for funding opportunities.
- Wisconsin trauma centers are engaged within their communities:
 - Education material distribution
 - Speaker representatives promoting safety practices at various locations
 - Outreach
 - Social media campaigns



Conclusions (2)

- Funding:
 - Most funding comes from the hospital's operational budget.
 - There could be additional sources (i.e., grants, private funding) available.
- Staffing:
 - One person wears many "hats".
 - Most hospitals do not have a dedicated Injury Prevention Coordinator.



Conclusions (3)

- Time:
 - Staff have multiple duties to fulfill in a short period of time.
 - IP may lack importance compared to everyday tasks.
- Lack of overall training:
 - Most people are assigned the IP role, some without knowledge or exposure to formal training.





Next Steps (1)

- Training opportunities and educational materials could be widely shared with other centers and their IP staff.
- A listserv, website, or other resource would be beneficial to encourage collaboration.
- Injury prevention program evaluation could be supported with collaboration and training between trauma centers.



Next Steps (2)

- Encourage collaboration and communication between centers.
- Form a workgroup that meets regularly to discuss trauma center updates and strategize on IP activities.
- Create progress reports of available programs to determine whether they are worth continuing or need to be improved.
- Generate a follow-up short survey or conduct the survey annually to track IP improvements made within the trauma center setting.



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