



Trauma & Injury Prevention Section
Monday, October 17, 2016
2:00 pm to 5:00 pm

Minutes

Dr. Raja, outgoing Chair, provided an overview of section activities, webinars, and newsletter activities for the 2015-2016 Section year and introduced incoming TIPS Chair, Christopher Barsotti, MD, MA.

Dr. Barsotti's remarks, Opportunities for Injury Prevention in Emergency Medicine, promoted Emergency Medicine as the natural content leaders in gun violence prevention. He called for emergency physicians to tackle gun violence through a renewed public health approach and encouraged high level buy-in of organizational support of hospital-based violence intervention programs. Such programs can reduce re-injury and retaliation and identify those at risk for secondary outcomes. In January 2016, ACEP approved the creation of the High Threat Emergency Casualty Care Task Force. The purpose of this two-year initiative is to create a comprehensive strategy to address trauma care from point of injury through definitive care in high threat emergencies. The Task Force will be involved in building and coordinating external partnerships regarding high threat emergency casualty care.

Dr. Marcozzi gave a presentation on the Military Trauma Care's Learning Health System and its new report exploring how military advances can be sustained and translated to the civilian sector. This report, which was sponsored in part by ACEP and the Department of Homeland Security, systematically identifies what works in trauma care and what does not. He gave an example of learning how to use best practices to treat what is characterized as a 'potentially survivable' wound in the field. The military has worked toward what the National Academy of Medicine refers to as a "continuously learning health system" in which its trauma care experience is captured, integrated with its research program and systematically translated into more reliable care. As the war in Afghanistan ends and as individuals leave the military, there is concern that experience and knowledge pertaining to advances gained from the wars may be lost within the military itself. Intentional steps to codify and garner the lessons within the military's learning health system and promote their translation to the civilian sector are needed to ensure a ready military medical force for future combat operations. More systematic efforts to translate military advances in trauma care to the civilian community has the additional purpose of improving the response to multiple casualty events in the civilian setting such as mass shootings, stabbings and improvised explosive devices. Additional information can be found [here](#).

TIPS Newsletter Editor, Elizabeth Johnson, MD made a presentation on The Effects of Trauma on Health Care Providers. Trauma accounts for 41 million ED visits each year. Dr. Johnson noted that health care providers suffer from PTSD, secondary traumatic stress, anxiety, and burnout as a result of treating trauma patients. PTSD can develop in people who have



experienced a shocking or dangerous event. Burnout is defined as experiencing emotional exhaustion, patient depersonalization, negative attitudes toward patients, and a decreased sense of work and personal accomplishments. She referenced studies that highlighted protective factors from burnout and compassion fatigue. Protective factors include coping strategies like: hobbies, exercise, travel, religion, and counseling.

Dr. Liu, Project Coordinator of the Geriatric Fall Prevention Grant, shared with the section that older adults make more than 2 million visits to the emergency department (ED) for injurious falls each year and fall-related emergencies are likely to rise as the population ages. The ED is an ideal location in which to intervene as it offers a teachable moment. Implementing tactics to reduce falls in older patients could impact care and prevent future ED visits. The section grant to produce a Geriatric Fall Prevention Public service announcement aims to create a brief, professionally produced video aimed at increasing awareness among older adults and their families about the risk of falls and actions they can take to reduce their fall risk. Production of this video will begin in early 2017 and will be made public through the TIPS website and other ACEP U-tube? .

Dr. Macias-Konstantopoulos, Chair of the section's Human Trafficking Workgroup, outlined the 2016-17 objectives of this newly formed workgroup. She highlighted the importance of emergency medicine-specific human trafficking educational materials and training and urged members to reach out to the office/individual in their state who is working on this problem. It is also a goal of the workgroup to submit a course proposal for ACEP18. Other goals include:

- **Research** – Exploring and proposing 5-10 areas of Emergency Medicine-specific research
- **Policy Advocacy**- Reviewing and promoting ACEP policy and working with other ACEP committees on initiatives (particularly the Federal Government Affairs committee)
- **Clinical Care**- Draft plan for increased identification and improved care of ED trafficked patients
- **ACEP Communication** Work with Section Chair, Board Liaison, Newsletter Editor, and staff to expand scope and promotion of the Human Trafficking workgroup?

Dr. Barsotti adjourned the section meeting at 5:00 pm PT.