Outreach & Prevention:
Another Responsibility of the Level 1 Trauma Center

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UMC as Region’s “Safety Net”

- Everyone knows that the Trauma and Burn Center saves lives. In addition to our every day operations the trauma center is active in outreach and prevention activities.
- Outreach is the process of reaching out to transferring facilities, community hospitals and EMS Agencies in the region to get the Right Patient to the Right Care in the Right amount of Time ensuring maximum survivability and outcomes for the public.
The Message

- Familiarize transferring facilities and EMS agencies with transfer protocols/guidelines
- Stabilize and transfer...The Golden Hour
- Follow ACS/Trauma system guidelines
- Services offered at UMC
Establish Transfer Agreements

- Immediate 24 hour access
- Telephone consultations
- Telemedicine in the future! Other trauma centers around the country have established programs
Continuing Education

- Reinforces most current research and best practices
  - Pediatric Trauma and Burn Conference
  - Customized in-services

BUILDS RELATIONSHIPS!
Financial Benefits of Outreach

- Patient – Gets appropriate level of care for best outcomes, protects family resources
- Transferring facility – Avoid un-necessary transfers; keeps patient in their facility
- Trauma Center – Appropriate transfers increase = more revenue
Prevention Strategies

Trauma is NO Accident
UMC Trauma Prevention Activities

- Car Seat/Seat Belt Education
- You Drink, You Drive, You Lose
- Every 15 Minutes
- Click it or Ticket
- Pedestrian Safety Taskforce
- Walk Your Kids to School
- Drowning Prevention
- Burn Open House
- Various Community Health Fairs
- Southern Nevada Injury Prevention
- Contribution of trauma registry data
Utilizing a multifaceted approach including the fifth “E” for everyone, Prevention Efforts Work

- Nevada traffic fatalities:
  2006 = 431
  2010 = 254
  2011 = 243

- Nevada serious traffic injuries:
  2006 = 2,011
  2010 = 1,328

Statistics courtesy of ZeroFatalitiesnv.com
Barriers to Prevention Efforts

- Funding
- Injury mechanisms are unpredictable and vary from year to year; difficult to predict prevention needs
- Fragmentation of efforts...many organizations working on same efforts with differing messages
- Fluidity is very important
- Amnesia is rampant in the public... REPETITION IS KEY!
Special Populations

- Delivery of safety messages difficult
- Compliance is low
  - Hispanic population
    - Large amounts of people in vehicles...more people than restraints
    - Lower than average use of child restraint systems
  - Underprivileged
    - Limited resources to buy car seats
    - Social pressures
40% of trauma patients in Clark County have no pay source, so no reimbursement is ever collected.

Burden falls on taxpayers and hospital losses.

Prevention = Healthier public, people can stay in the work force.
I'm sorry, honey. Mommy is a nurse, so we only go to the doctor when we're dying.
What is next?

How do we know if what we are doing is working?

- Outcome Studies
- Education/comprehension/compliance questionnaires
- Focus on community specific injuries...Police and trauma registry data
- Continue forming collaborative task forces
- Minimize fragmentation of efforts...get all stake holders in the **same room**!
The five separate fingers are five independent units. Close them and the fist multiplies strength. This is organization.

James Cash Penney