

GETAC Injury Prevention Committee Notes

Roll Call

- The Committee observed a moment of silence for Crystal Beasley who worked in the injury and violence prevention community. She advanced the work especially in the field research.
- Shelli announced the open application time frame for GETAC committee members

Agenda:

- Courtney Edwards reported on TTCF current progress. This included the Just Drive campaign. There is a tool kit on the TETAF website. September is the state wide emphasis and take the pledge campaign.
- TETAF planning on TIPS symposium in February including topics on auto ped, head trauma, and Just Drive
- Waiting for 2015 GETAC dates and locations
- National Safety Council is working on curriculum for home based parent taught drivers education. Most school curriculum does not include drivers education

TCHA- Texas Children's Hospital Association- Brian Sperry /Erin McMannis Report

- Study of IVP projects and programs within the state.
- Currently there are lots of IP activities in the state, however they are not coordinated.
- There is a need for coordination/listing/evaluation of these activities. gave an injury report based on recent research from advocacy groups, programs from CHAT/not for profit pediatric facilities.
- They are looking at public policy goals, insurance coverage, building high quality of health care access.
- They are looking at the state of V/IP within Texas.
- They have worked on bike helmet, booster seat legislation and texting while driving.
- They are also investigating abusive head trauma and child fatality review teams. Some of the information being gathered includes the CPS system and HHS and the prevalence of unintentional injuries. They continue to meet and are preparing a report to inform the policy makers. Paula Yuma is also a part of this workgroup for the report.
- Texas is above average in US for drowning and MVC's remains the number one reason for unintentional death as the result of trauma
- TXDOT provides child passenger safety seats, education for Texas including bike helmets. Training materials for safe sleep are available. There are 6 poison control centers in TX. Nine Safe Kids organizations in TX. Injury Free Coalition has 2 groups.
- There is some federal funding for V/IP, including title 5, TX Dot has some funding as well.
- TX has one of the lowest amount of money spent on V/IP in comparison with other states. About 17 cents per person
- There is not a state wide health agency for V/IP
- There is a need to establish a statewide coalition for V/IP as well as a state wide Injury Prevention Center
- The state needs to develop best practices, programs, ect.
- There is a need for strong relationships between hospitals, insurance, businesses

Wednesday, August 20, 2014

- There is also a need to define policy for Texas legislators Brian: lots of good local program, opportunity to learn from each other. Lots of gaps. Need to intensify the communication to other VIP groups, stakeholders, what to do, recommendations, working informally, advocacy from GETAC IP group
- Brian will send PDF to Shelli, also on CHAT website

Courtney Edwards

- Review of hospital based injury prevention STEADI program
- The program was presented at Texas ENA, Safe States, geriatric and trauma department from Parkland
- Elderly population do not talk about falls with their providers.
- The program is based on the CDC STEADI tool kit. Concepts for fall prevention. The algorithm is adjusted/augmented to fit the hospital setting.
- The focus is trying to keep community elders independent.
- Parkland is investigating contributing factors for falls. Added this to the EMR.
- Questions regarding falls begins in triage.
- They are identifying modifiable risk factors: including mechanism of injury, history, and involving the community paramedic.
- Tools include evaluation of gait and balance. Address issues as they find them. Utilizing the “get up and go” test, chair stand test, 4 stage balance test. PMR consult (physical medicine and rehabilitation)
- It includes a focused physical exam: muscle tone, footwear, depression (this done in hospital room- not in ED) identifying other issues-- hypotension, alcohol use, SBIRT
- There is a medication review by pharmacy, American Geriatrics Society BEERS assessment (DE-prescribing specific medications)
- Includes working with cardiologists and education of professionals such as :not give Coumadin etc.
- Increasing Vitamin D
- All of this and more is part of the order set that is suggested, but not an automatic default.
- Ophthalmology available during admission, increases compliance
- Address home safety and how to reduce fall hazards, including Check for Safety brochure from CDC, including VS, meds, etc.,
- Including information about pedi falls because these patients often care for grandchildren
- Calling a fall an "unplanned decent to the floor" decreases stigma of falling.
- Resource list on Parkland fall prevention brochure.
- Gave specific data on Parkland including post education actually showed a decreased LOS, increased discharge to home vs to SNU.
- Including all healthcare team members in this program is easier to do because the order set is included in the EMR. Clinical practice guidelines are improved for geriatric. Increased FTE with proven data for geriatric care.
- Shelli noted the CDC website for STEADI toolkit.
- Thanks to Courtney. Great example of taking evidence informed product and making it usable in a different environment.

Review/approval of hospital-based injury prevention program components and materials

- Shelli- GETAC IP committee has been working on IP Component document and the IP portion of the strategic plan. GETAC in process working on reviewing updating the strategic plan. IP to present on Friday to GETAC council.
- Next steps: schedule meeting between GETAC IP and CHAT group.

Wednesday, August 20, 2014

- Nearing the final product, waiting on public comment for the IP program components on the GETAC website
- Intent to present to GETAC council for their approval at November meeting.
- The components will be put on TETAF website for review
- Draft copies can be made available
- The process including bringing various organizations together, hospitals--reviewed ACS, Safe State documents and more
- The document contains pertinent components of a hospital based IP program including sections on- data, partner with others, formal and continuing education for IP coordinator, using evidence informed strategies, and evaluation
- It is a useable tool. In all levels of trauma centers
- Includes executive summary, gives resources in each components,
- Updates suggested for the document: Stewart: in EX summary to list each component early in this statement. Shorten the title of Engage Partners for Collaboration, Susan agrees. And in component 3-bullet the web based trainings, and to take out the listed costs in the document as these can change over time

Stewart injury coalition report:

- National V/IP Coalition involving the AAST, STN
- The inaugural meeting in September in Philly. Open to IP professionals. We can provide information and core components to this group. Stewart will be there representing SafeStates.

Committee recommendations/voting/continuing work

- Motion - passed to recommend the Components document to GETAC council with recommended changes
- GETAC strategic plan update for IP committee- Each committee member to work on reviewing and updates
- Format the update using the 6 objectives for the strategic plan, aligned with the Spectrum of Prevention. See document. Document was reviewed during meeting by committee including the audience.
- To present these strategic plans to GETAC council.

Public comment

- Erin Cater DSHS registry
- Drowning report on website, and others
- JPS trauma conference this October
- Shelli announcements:
- September 1-30 please apply to be a member of the IP committee There are 4 openings currently. GETAC likes diversity with geographic, trauma center levels etc.. Apply!
- Decisions are made in October
- SAVIR meeting will be in mid-March in New Orleans. ,
- Life savers traffic safety in Chicago before SAVIR
- Texas is part of regional injury network in SAVIR. The national meeting will be in the spring in Dallas in 2015- 4/6 and 7. No fee charged. There will be national speakers. They will be highlighting hospital based V/IP programs.
- 2015 EMS conference.
- Workday GETAC IP meetings: none in October.
- Next meeting during EMS conference meeting in Fort Worth,