Trauma News Summer 2022

Trauma Association of Canada (TAC) - Interdisciplinary Trauma Network of Canada (ITNC)

Interdisciplinary Trauma Network of Canada (ITNC)

In this issue

- July 5th is National Injury Prevention Day– find out how to get involved
- ITNC Day Montreal 2022
- Coffee Chat Summary
- Canadian IP Conference
- Trauma Centre Survey
- ITNC Day 2023!

Evaluation comments

2022 ITNC Day:

"Tic Tocs were fun, Rapid fire injury prevention talks"

"Enjoyed the STRIVE workshop, rapid fires, til tok"

"Learning about other subcommittees, inclusion of IP in case study discussion. Tik Toks were fun!!"

"Hearing about other trauma programs across the country Networking with colleagues"

"This was great!! More of all this"

ITNC executive 2022-23

Angie Brisson (President)
Melanie Berube (President Elect)
Jo-Ann Hnatiuk (Secretary)
Deanna Fong (TRISC)
Cathy Falconer (Pediatrics)
Joanne Sadler (IP)
Alison Armstrong (Member at Large)
Krista Golden (Member at Large)
Lori Milton (Member at Large)
Tanya Charyk Stewart (Member at Large)

July 5th is National Injury Prevention Day!

National Injury Prevention Day – Hospital Challenge

What could your program or your hospital do with an extra million dollars? Is wanting to reduce pressure on your emergency services high on your wish list? The recently published Cost of Injury in Canada report shows that, in one year, preventable injuries from collisions, falls, poisonings, drownings and violence cost the Canadian healthcare system $29.4 billion. **That's $56 million per day.**

Take up Parachute and TAC's National Injury Prevention Day Hospital Challenge on **July 5, 2022,** to join our work to prevent injuries.

National Injury Prevention Day brings an opportunity for us to shine a light on the preventability of injuries. There are many ways your hospital and teams can get involved. Here are a few ideas:

Light up your building(s), sign(s), or other areas green, the signature colour for safety.

Tie green ribbons to places within the hospital or wear a green ribbon on your clothing.

Wear green t-shirts

Get active on social media!

Share photos of your activities on social media and use the hashtags #ParachuteNIPD #TurnSafetyOn and #Parachute10. Parachute has a useful social media guide that can be shared with your communication teams.

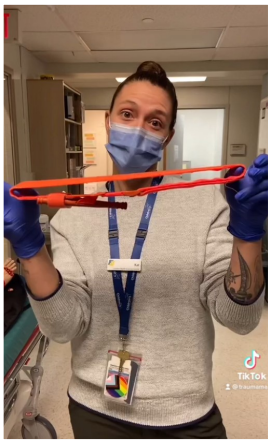
Download and print the NIPD Awareness posters!

ITNC Day Montreal 2022!

Thank you to all who participated in our annual ITNC Education Day both in person and on line!

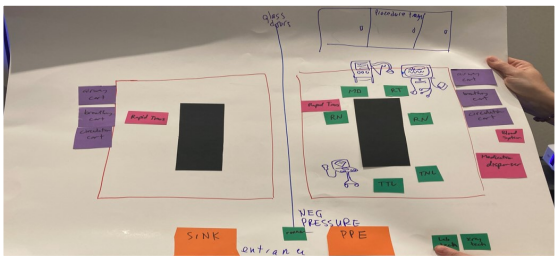
Tik Tok Challenge Winners:

Alison Armstrong (Tourniquets) and Theresa Pasquotti (SDH vs EDH)



Rapid Fire winner: WTF is an Injury Prevention Practitioner in Canada Joanne Sadler, Brandy Tanenbaum and Tanya Charyk-Stewart

Designing the ideal trauma bay!



See summary of the Case Study on Page 3.

ITNC Coffee Chat Summary

Thank you to our expert panel members of **Trauma Program Managers** who took time out of their busy schedules to take part in ITNC's very first virtual networking event, May 31st, 2022.

Each of the panel members discussed their role and what they were responsible for within their trauma programs.

Topics included: Networking, engaging rural sites and communication with sending sites including loop closure for quality issues.

Our panel have agreed to share their email addresses. Be sure to reach out to keep the conversations going:

Alison Armstrong from London Health Services - alison.armstrong@lhsc.on.ca
Christine Vis from Foothills Hospital Calgary- Christine.Vis@albertahealthservices.ca
Nasira Lakha from Vancouver General Hospital- Nasira.Lakha@vch.ca

We are hoping to have a similar event in the fall with **Trauma Nurse Practitioners**. If you are or know a Trauma NP who would like to be part of our expert panel, send contact information to ITNCexec@traumacanada.org.

Canadian Injury Prevention Conference – November 2-4, 2022, Vancouver, Canada

Parachute, the BC Injury Research and Prevention Unit (BCIRPU), and the BC Centre for Disease Control invite you to take part in the Canadian Injury Prevention Conference from November 2 to 4, 2022. This is the first national injury prevention conference held in Canada since 2013!

The Canadian Injury Prevention Conference will bring together leaders from across the country to discuss the latest in injury research, policy, and prevention. In lieu of a full Canadian Fall Prevention Conference, the Canadian Injury Prevention Conference will have a focused program stream on fall prevention. This conference is relevant to all who play a role in the injury prevention field, including public health, researchers, policy makers, Indigenous peoples, front-line community and social workers, first responders, and those working with priority and under-served populations. For more information about the conference, please visit the conference website. **Abstracts for the conference are due Thursday, June 30, 2022 at 4:30pm PDT.**

Message from **Dr. Natalie L Yanchar:**
As you know, Canadian trauma centers and systems can vary significantly across the country and even within provinces. Through collaborative work with other colleagues, we are interested in developing novel definitions of trauma centers in Canada, that reflects more of their FUNCTION and ROLE within a trauma system rather than the traditional numerical hierarchy; Level I-IV (See:https://www.traumacanada.org/wp-content/uploads/2019/05/Accreditation_Guidelines_2011.pdf)

This is where you can play an exciting and very important role! Due to your expertise, we are inviting you to participate in an exciting survey where you can let us know how you would create such definitions and what you think are important elements of a trauma center to include in such functional definitions. **If you are keen on participating, we will send you a $15 Amazon gift card upon its completion!**

This study has been approved by the University of Calgary Conjoint Health Research Ethics Board (REB21-1350)

If you are interested in hearing more about this study and possibly doing the survey, please click on this link which will let us know you are interested, allow us to use your email address for purposes of this study ONLY, and send you more information with a link to the survey should you wish to proceed in completing it:

If you are interested in hearing more and possibly participating, please click this link:
https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_1TA68WN9oxRlx2u?Q_DL=qCw7psJR1JEXr50_1TA68WN9oxRlx2u_MLRP_bK4EbYiTtDKPI1g&Q_CHL=gl

Join us in 2023 for the ITNC in person Education Day!
Save the date: April 19th 2023
The TAC 2023 Scientific Conference will be in Edmonton.
ITNC will host our annual in person education day as a pre-conference day event.
Spread the word and we hope to see you there!!
Note: concurrent virtual option is not yet confirmed.

Do you know someone who be a great guest speaker?
Do you have an interesting case or topic to share?
Submit your ideas for upcoming ITNC Virtual Education sessions to ITNCexec@traumacanada.org.
Next session will be a combined case study with TRISC and ITNC members. Date TBD.

Case Study Discussion Summary - ITNC Annual Day 2022

presented by:

Valérie Turcotte, Trauma Nurse Practitioner, Hôpital du Sacré-Coeur de Montréal

Mélanie Bérubé, Nurse Scientist, Université Laval and Research Centre of the CHU de Québec

A 35-year-old woman who presented to a level 1 trauma center after being hit and run over by a truck with trailer driven by her husband during the night. He called 911 a few hours after the incident seeing that his wife was severely injured.

The patient's injuries were as follows:

Moderate TBI
Rib fractures (L:6,7,8,9) with right pneumothorax and left hemothorax
Grade 4 spleen injury
Unstable pelvic fracture
Lumbar fractures (L2-L5)
Multiple bruises (arms, legs, back)

In the first few days after admission, the trauma team noted contradictions in the patient's narrative, her limited social network, difficulty obtaining information about collateral history from the husband, stigma of previous rib fractures on chest x-ray, and suspicious bruising. In addition, the patient told a nurse "she was concerned for the safety of her children" but denied any physical abuse.

Members in attendance and virtually attending the ITNC Annual Day were then divided into subgroups to discuss the following clinical, trauma prevention and data coding issues:

What is the optimal configuration of the trauma bay to manage this patient while considering the COVID-19 pandemic?

In an activity recommended by Alison Armstrong, Trauma Program Manager at London Health Sciences Centre, and based on recent work by the trauma team at St. Michael's Hospital[1,2], three sub-groups worked on the ideal trauma bay design using their art and crafting skills. Each of the sub-groups then shared their ideas during the discussion period regarding the ideal positioning of trauma team members, the equipment that should be readily available, and the precautions that should be taken during a pandemic.

What could be the role of trauma centres in preventing domestic violence-related trauma?

The case study generated discussion on the prevalence of intentional violent trauma inflicted to women, specifically in times of pandemic and isolation. In many cases, hospitalizations for domestic violence will not initially be well identified by medical professionals and will not necessarily be the first episode of physical injury.

In this regard, accorrding to Muelleman[3]:

From midnight to 4 AM, 25% of all injured women in the EDs were positive for battering, because relatively fewer women injured by other mechanisms presented at this time. So it is important that health care providers in the ED of trauma centres are aware of this, and look for signs of Intimate partner violence. (IPV).

We were able to discuss the different systems put in place through Canadian Trauma Centers in terms of screening for sign of violence in our population. In order to establish new strategies, we also discuss about our responsibility to screen, indentify, intervene, and advocate for IPV victims when they present to an emergency department.[4] We share our experiences about existing resources, clinical signs and screening tools used in different centers on all trauma patients.

Using a screening tool (PVS) and asking questions in a non-judgemental manner to all trauma patients can be the difference between life and death for many women.[4]

In order to prevent IPV, abusive injuries and even death of its victims, trauma centres should develop protocols for the training of professionals to routinely screen and intervene (i.e., consults to social work, connections to community support programs, etc.) for patients associated with IPV.[4] The results of the screening tool should be included in the trauma registry.

What are the issues or challenges related to the optimal coding of intentional injuries in trauma registry?

Mechanism of Injury Code:

The mechanism of injury code needs to be Assault by vehicle – an intentional mechanism of injury code, not “pedestrian struck by vehicle - unintentional”.

Also, need to code a secondary mechanism for assault/abuse due to earlier physical altercations. This was the first time to hospital for both mechanisms and some injuries (bruising) may be due to the initial assault.

Type of Injury:

Must code as an intentional injury, “Homicide/Assault”
Time of Injury:

911 call at 7:05 am
Patient taken home by husband a “few hours before”, do you put time unknown or estimated a few hours before, approximately 4:00 am? Or put Injury Time unknown? It is important to document an incident time whenever possible because calculations for elapsed times are based on this data element.

Patient did not come direct from scene:

Since patient was taken home, and left the crash scene, this can create some issues with the data. In some registries, all scene data will be entered as "unknown”, even if ambulance arrives at patient’s home. The data from the ACR from the transfer from home to hospital cannot be used as “scene data”.

Also, Mode of Transport is defined, in some provincial registries, as “The mode of transport (vehicle/provider) used during patient transport ***from the scene to hospital*** and between hospitals.” Because the patient left the scene and went home prior to coming to the hospital, the mode of transportation from scene (to hospital) will be coded as “Inappropriate”.

[1]https://unityhealth.to/2020/01/new-trauma-bay-at-st-michaels-hospital-shows-the-impact-of-simulations-on-hospital-design/

[2]Petrosoniak A, Fan M, Hicks CM, et al. (2021). Trauma Resuscitation Using in situ Simulation Team Training (TRUST) study: latent safety threat evaluation using framework analysis and video. *BMJ Quality & Safety,* 30:739-746.

[3]Hewitt, L. N. (2015, Jun). Intimate partner violence: the role of nurses in protection of patients. *Crit Care Nurs Clin North Am, 27*(2), 271-275.

[4]Muelleman R, Liewer JD. (2008). How Often Women in the Emergency Department without Intimate Violence Injuries Return with Such Injuries? *Academic Emergency Medicine*, 5, 982-985.