

PLATFORM PRESENTATIONS

Firearm Injury Prevention

Saturday, December 2, 2023, 9:00 AM to 10:00 AM

Session Description: Firearms are the leading cause of death for children and youth 1-24 years old in the U.S. Despite this challenging public health problem, there are approaches and policies that can be applied for injury prevention. In this session we will learn about risk factors associated with recidivism for firearm injury related emergency department visits in an urban area. In addition to the urban environment, we will discuss the experience of rural youth regarding rifles, shotguns, and handguns and their firearm safety training. This session will also include presentations related to possible prevention strategies to decrease firearm injuries and deaths. We will explore a universal screening with focused brief intervention program for violence risk and firearm access for youth in the emergency department, as well as a randomized controlled trial of lethal means counselling for youth presenting for a mental health evaluation in the emergency department.

Learning Objectives:

1. Examine health disparities related to repeat emergency department visits for firearm related injuries among urban youth.
2. Appraise the feasibility and utility of a universal screening program integrated with brief intervention for youth at risk for violence and firearm access.
3. Describe the experience of rural youth related to firearm use and safety training.
4. Analyze the effectiveness of a lethal means counselling program in the emergency department for improving firearm secure storage among urban families.
5. Discuss the importance of tailoring approaches among different environments, patient populations, and healthcare settings for firearm injury prevention.

Moderators:

Lois K. Lee, MD, MPH, FACEP, FAAP
Senior Associate in Pediatrics, Boston Children's Hospital
Associate Professor of Pediatrics and Emergency Medicine, Harvard Medical School
Immediate Past-President, Injury Free Coalition for Kids
lois.lee@childrens.harvard.edu



Alicia Webb, MD
Assistant Professor
UAB Department of Pediatrics
Division of Pediatric Emergency Medicine
acwebb@uabmc.edu

Increasing a hospital-based violence intervention program's services for pediatric patients and their families who come to the emergency department for interpersonal violence



Narmeen Khan, MD
Fellow Physician, Pediatric Emergency Medicine
Medical College of Wisconsin Affiliated Hospitals

Authors: Narmeen Khan, MD; Michael Levas, MD, MS; Marlene Melzer-Lange, MD

Background: Thousands of children are treated for firearm-related injuries in emergency departments (EDs) in the United States (US) annually, with mortality rates as high as 20%. Our children's hospital resides in an urban county within the Midwest that has one of the highest rates of firearm injuries in the US. Our hospital-based violence intervention program (HVIP) is a collaborative support network that assists pediatric victims of violence and their families during and after hospitalization. The program provides resources including housing, mental health, job security, and legal support as these individuals attempt to recover from their trauma and navigate societal stressors. Our global aim is to increase HVIP services (through increasing referral and acceptance rates) at our pediatric ED. Our specific aim is to increase HVIP referral rates in our ED by 20% over a 12-month period. We highlight the needs assessment and quality improvement strategies utilized to reach our goals.

Methods: Inclusion criteria for our HVIP are children up to 18 years of age residing within our county who have faced interpersonal violence. Injuries include firearm injuries, stab wounds, and hit-and-runs. Exclusions include being under police and/or child protective services custody, out-of-home placement, and sexual assaults. We looked at 974 ED encounters who presented to the ED from 2020 to 2023 and met the above inclusion criteria to perform a retrospective chart review. Thirty-two of these encounters were excluded as the patient was deceased or transferred to another facility. We created p-charts from the raw data and conducted focused interviews with and surveys to stakeholders, including nurses, providers, crime victim advocates (CVAs who discuss the HVIP to patients and families), and social workers. We retrospectively reviewed de-identified patient data including chief complaint and ED disposition to create the p-charts and review HVIP-eligible patients who were missed.

Results: Six hundred and eighty-four out of the 942 HVIP-eligible encounters (73%) were not admitted to the hospital for their injuries, whereas 27% were. From the children who were discharged home (73%), 44% had HVIP consults placed, with 99% placed in the ED. Sixty-nine percent of patients who had a consult placed accepted enrollment into the program. Of the