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Improving Awareness and Utilization of Safety Net Resources After Extremity Firearm Injury

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Improving Awareness and Utilization of Safety Net Resources After Extremity Firearm Injury

Colleen M. Moreland, Caleb W. Grote, Richard M. Schwend, Julia G. Harris

Quality Improvement Initiative CMH Research Days 2024













Disclosures

- I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this presentation.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.



Problem Statement

There is no defined standard for utilizing hospital and community resources to optimize post injury care for children who sustain an extremity firearm injury.



Background

- Increasing firearm-related pediatric deaths ages 1-19
 Goldstick, NEJM 2022
- Survival associated with PTSD, substance abuse, incarceration, repeat violence
 - 15/24 reported daily pain
 - 12/24 reported alcohol use
 - 11/24 reported substance use
 - Ganpo, J Peds Surg 2023
- Consultation for extremity GSW presenting to CMH increased Aug Nov 2023



Background, continued

No standard aftercare for treating firearm injury survivors



ources during index

Aim: To improve from 0% to 50% initiation of safety net resources during index presentation by June 2024



Methods

Antifragility Initiative



Pathways to Peace



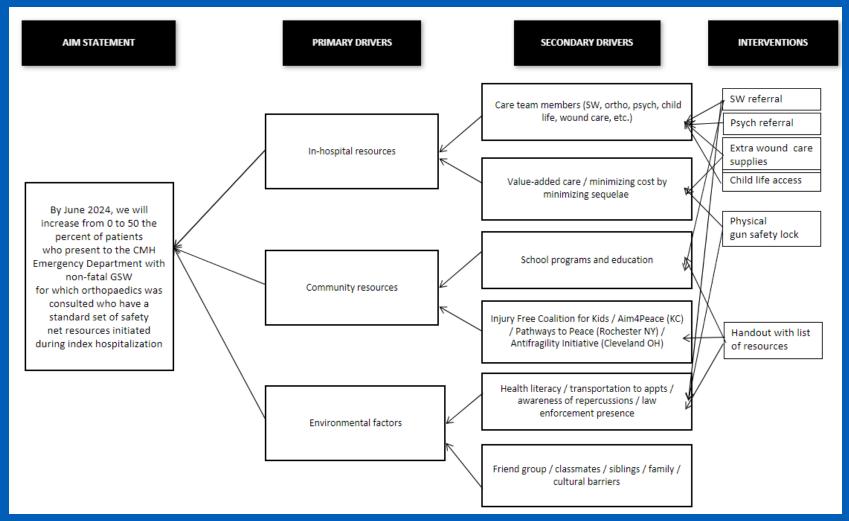
CMH Stakeholders

- Trauma Committee
- Department of Pediatrics
- Center for Childhood Safety and Injury Prevention
- Social Work
- Council on Violence Prevention
- Security

Local leaders in KC metro area



Methods, continued





Methods, continued

- Baseline blood lead level
- ☐ Consider Social Work consultation:
 - inpatient family therapy
 - outpatient SAFE caregiver support program
 - outpatient referral for trauma-focused cognitive behavioral therapy
- ☐ Order patient-specific consults (ex. child life, psych, spiritual services, etc.)
- ☐ Provide handout on gun safety
- ☐ Offer free physical gun lock









Methods, continued





Video: How to Talk to Kids about Guns



How to Keep Kids Safe



10 Tips for Firearm Safety









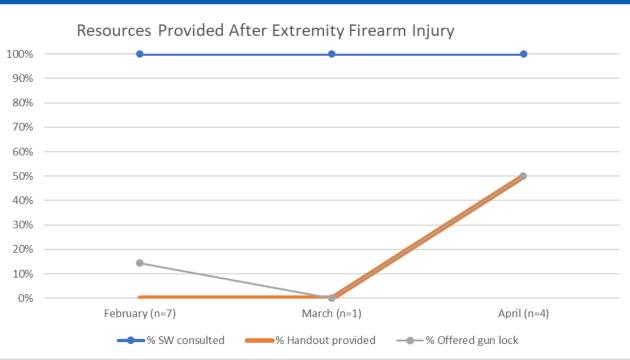
Where to find Trauma-Focused Providers Near You

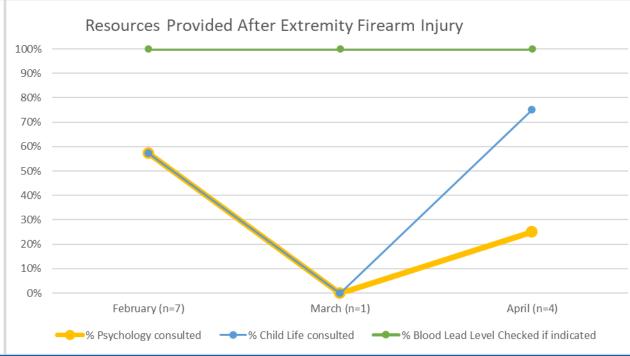






Results





Ages 31 mo – 17 yr (avg. 11 yr 11 mo) 8/12 male



Results, continued



Baseline lead level high in 2 of 12 patients

Second firearm-related injury for 1 patient

• 3 of 12 patients injured under direct adult supervision



Conclusions

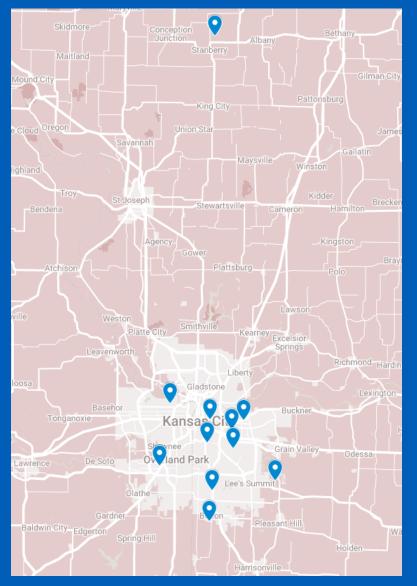
- Limitations
 - Not tracking follow-through
 - Resources limited by parental consent
 - Internet resources offered in English
- Social determinants of health

Reduce bias





Future Directions



• Database development for expanded data collection

• Track resource utilization

Remove barriers to actionable interventions

Measurable outcomes

Thank you!





References

- Goldstick JE, Cunningham RM, Carter PM. Current causes of death in children and adolescents in the United States. N Engl J Med 386 (2022) 1955-6.
- Ganpo-Nkwenkwa S, Wakeman DS, Pierson L, et al. Long-term functional, psychological, emotional, and social outcomes in pediatric victims of violence. J Ped Surg 58 (2023) 774–81.
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- www.projectchildsafe.org

