



Templeton Poster Showcase



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Jennifer Barney, Reading Hospital – Tower Health



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Berks County Falls Free Coalition Voucher Program

Reading Hospital - Tower Health, West Reading PA

Jennifer Barney

Purpose: The purpose of this project was to reduce falls within Berks County by conducting fall prevention screenings and providing grab bars to qualifying participants.

"Among individuals 65 years and older, falls are the leading cause of both non-fatal injuries requiring treatment in emergency departments as well as unintentional injury related deaths."

In Pennsylvania, this data trend is consistent, with just under one-quarter of older adults reporting falls, which attributed to 67 fall deaths per 100,000 older adults.

Target audience:

- individuals who were 65 years and older
- living in Berks County
- scored a 4 or more on the Falls Free Checkup.



Berks County Falls Free Coalition (BCFFC) consist of the following agencies: Reading Hospital, Berks County Area Agency on Aging, Berks Encore, Rehab 1, Berks Community Health Center, YMCA, AAA, UPMC Health Plan, and Tower Health-Rehabilitation Hospital of Wyomissing

Method: The Berks County Falls Free Coalition agencies identified community members who were a potential fall risk.

Identified community members were asked to take the Falls Free Check-up developed by the National Council on Aging.

The Falls Free Check-up questionnaire was offered electronically but BCFFC found it more efficient to provide community members with a hard copy of the screening.

Individuals who received a score of 4 or higher were eligible for a grab bar.

Fall Free Check-up answers were collected and entered into an electronic JotForm by BCFFC agencies. This data sheet was utilized to calculate results.

I have lost some feeling in my feet

Yes NO

Why it matters: Numbness in your feet can cause stumbles and lead to falls.

I take medicine that sometimes makes me feel light-headed or more tired than usual

Yes NO

Why it matters: Side effects from medicines can sometimes increase your chance of falling

Results: Fall Prevention Screening

Question	# of people
had fallen in the past year	54
either use or advised to use a cane or a walker	57
felt unsteady walking	78
steadied themselves holding furniture	62
worried about falling	74
felt sad or depressed	29

Unexpected Outcomes:

Fall prevention screening identified several individuals who identified as often being sad or depressed and were not being treated.

In the future mental health resources and supports should be provided with fall prevention education.

Other Considerations:

Our program was effective in meeting the needs of individuals with traditional bathtubs. Individuals living with a shower stall or jacuzzi tub would not have found a grab bar that attaches to a bathtub helpful in reducing falls.





Deborah Erdman, Geisinger Medical Center



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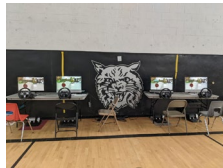
Abstract

Distracted Driving A Simulation

- Evidence-based
- Cost-effective activity
- Appealing to teens
 - Engaging educational videos,
 - Interactive materials
 - High-energy driving simulation
- Encouraging discussions around dangerous behaviors.

Prior to the simulation, a conversation is started regarding what behaviors lead to making choices when driving.

- Wearing seatbelts
- Avoiding common distractions
 - Cell phones,
 - Eating food and drinking
- What being good passenger means to them.



Goal

Goal: Shift attitudes and behaviors that have potential to be deadly for teenage drivers



Project Description

Teen drivers are given the opportunity to practice **driving on the simulator**,

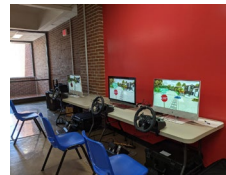
- to get the feel of the wheel and peddles
- using turn signals
- also reminded no two vehicles feel the same.

They are then put through a **distracted driving scenario**

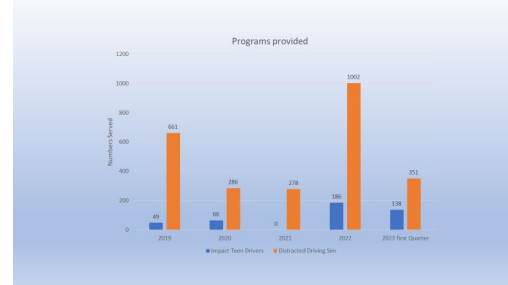
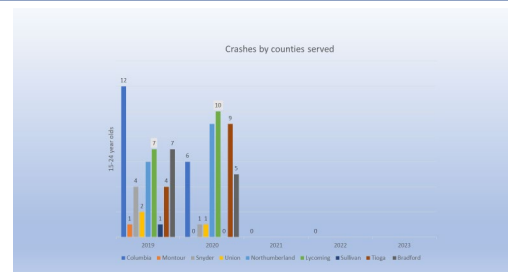
- with a virtual passenger
- driving through busy streets, road hazards
- multitasking by using a virtual phone
- obeying traffic laws
- attempting to avoid traffic violations and not crash.

The second scenario simulates **impairment**,

- the wheel and peddles will overreact or under react to the driver,
- reminded that impairment doesn't just mean alcohol or illicit drugs.
 - drugs can also include prescribed or over the counter medication
 - they may be too drowsy to drive.



Findings

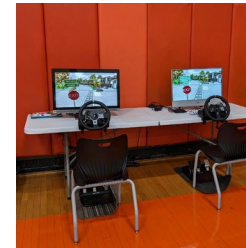


Conclusions

Distracted driving is the number one killer of teens in America.

This can be mitigated with a mix of quality education, training, practice, and reinforcement.

Distracted Driving a Simulation is enthusiastic about engaging teens regarding the hazards of distracted and impaired driving, while supporting them to make better choices.



References

<https://www.health.pa.gov/topics/programs/violence-prevention/Pages/Violence-Injury%20Prevention.aspx>

<https://www.impactteendrivers.org/>

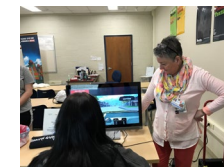
<https://driverinteractive.com/products/one-simple-decision/>

<https://www.atspa.org/>

Contact Information

Deborah Erdman RN MSN CCRN TCRN
Injury Prevention Coordinator
Geisinger Medical Center
Danville PA

daerdman@geisinger.edu





Margaret B. Austin, Geisinger Wyoming Valley



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Falls Prevention-From In Person to Virtual Geisinger

Margaret B. Austin,, BA, RN, CEN, TCRN, PHRN

Abstract

Older adults often develop a fear of falling, and will then limit their activities in an effort to prevent falls. In fact, limiting activities, at any age, will result in weakened conditions thereby placing the person at increased fall risk. Another consideration in falls prevention is depression. As older adults limit their activities, they have little interaction with others.

Evidence based programs, such as A Matter of Balance for older adults were developed to decrease falls in older adults but reducing the fear of falling. These programs are traditionally taught in a community setting once or twice a week, with participants expected to complete short assignments and continue the exercises at home.

Exercise is paramount in falls prevention, and group programs encourage participation and also allows for social interaction.

Would alternate, virtual programs be as effective as in person programs in falls prevention? Would participants continue home exercises after the program?



Introduction

One in four (4) older adults will fall every year with one in five (5) falls resulting in a serious injury. Three million require emergency room treatment, with 800,000/ Costs are above 50 billion, primarily from Medicare and Medicaid. Falls are also the leading cause of traumatic brain injuries and are a leading cause of skilled nursing home admissions.

Due to COVID 19 restrictions all in person programs were shut down. Older adults were forced to isolate in their homes, only venturing out for essentials, such as food. Many live in small apartments or downsized homes, with limited walking or exercising areas.

Methods and materials

It was realized by Partnership in Healthy Aging, as well as other entities, that an alternative to in person falls prevention courses had to be developed. With safety a priority the Partnership was able to develop a Virtual A Matter of Balance program with was beta tested with positive results. Master Trainers and Coaches attended virtual training sessions.

The program consisted of 9 sessions. The first "Session X" was used to assure participants were able to successfully navigate the virtual access, cameras were positioned correctly, and the area free from obstacles.

Results

From March 2021 thru December 2022 a total of seven (7) A Matter of Balance Courses were offered using the virtual format. From June 2021 thru December 2022 five (5) in person courses were held.



Discussion

In both the in person as well as the virtual AMOB class, safety is of the utmost importance. With that in mind the virtual program was modified to remove standing exercises, and cameras were required. Preclass attendance also included verification as to the address participants were at that day, should an emergency occur during the program and 911 need to be contacted.

Demographically the in person classes drew only from Luzerne County, where the Virtual has a much broader reach, with the primary reason for attending is the availability of programs in their areas.

Conclusion

Overall there was a good response to both the virtual as well as the in person courses. The research population is small, but the results post course were comparable. All have indicated they are continuing to exercise. There was an increase in confidence regarding getting up from a fall. Continued research is needed in these areas with additional programs and screenings of participants at the 3 month post course mark.

References

1. Center for Disease Control and Prevention: Injury Center: last reviewed June 14, 2022..
2. A Matter of Balance: Partnership in Healthy Aging; Maine Health.



Sunny Goodyear, Penn State Health Holy Spirit Medical Center



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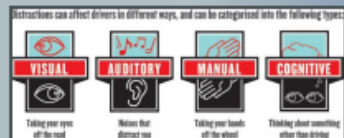
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INTRODUCTION

Distracted driving is defined as anything that takes a driver's attention off the road and onto something else. It can be a visual, auditory, manual, or cognitive distraction.

This could be a phone call, a text, the GPS, temperature controls, music, food, drinks, makeup, a pet, or another person. These same interferences can cause a pedestrian to be distracted as well.



There are more than 220 million people in the United States who subscribe to a wireless service and as many as 80% of those subscribers use their phones while driving.

METHODS

- Multi-media presentations
- Impact speakers
- Driving simulator
- Resource guides
- Role-play

Design: Descriptive design using pre/post survey

Setting: Elementary and high school classroom and hospital

Survey: The pre-survey consisted of 10 questions to determine level of understanding of distracted driving and walking, its impact, and what constitutes distracted driving and walking. The post-survey included the same 10 questions as well as a final question asking if the participant would make any behavioral changes based on the education provided.



OBJECTIVE

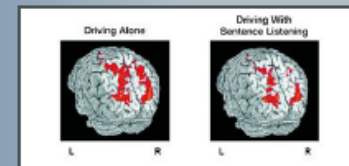
The purpose of the education is to increase awareness to drivers and pedestrians in our service area of Cumberland, Dauphin, Franklin, Perry, Northern York, and Adams counties so as to decrease the number of distracted drivers and pedestrians and ultimately decrease the number of motor vehicle crashes and pedestrian incidents caused by distraction.



DISCUSSION

When you concentrate on something, the front portion of the brain, called the prefrontal cortex, takes command. The prefrontal cortex is responsible for keeping you on the task in front of you such as driving, walking, or running while it enlists other sections of the brain to get the task finished.

Both the left and the right sides work together to achieve a common objective. However, when we try to multitask, by using cell phones, adjusting music, talking to other people, the two sides operate independently. Research has also indicated that multitasking leads to a higher error rate which in turn leads to both car crashes and pedestrian crashes.

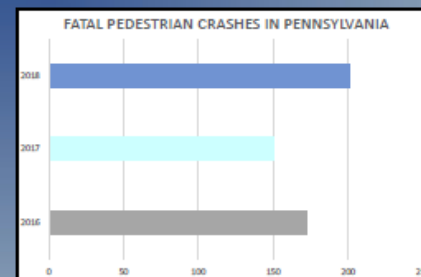
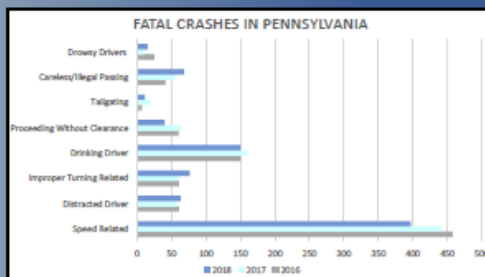
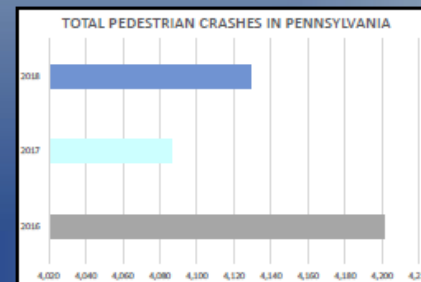
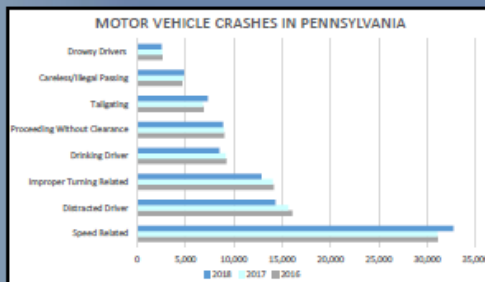


FUTURE IMPLICATIONS

Continue to collaborate with local, regional and national organizations:

- AAA
- AARP
- America Trauma Society, PA Division
- Employers
- EndDD
- Local legislators
- Local police
- National Safety Council
- National Highway Traffic Safety Administration
- Pennsylvania State Police
- Safe Kids
- Safe States
- Schools
- South Central PA Highway Safety
- State legislators

References available upon request



RESULTS

Location	# of Participants	# of Pre-surveys Returned	# of Post-surveys Returned	% Behavioral Change
Elementary School	653	653	592	97
High School	953	936	922	90
Hospital	120	103	102	92



Danielle Decker, Crozer Health



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SUPPORTING VICTIMS OF PENETRATING VIOLENCE THROUGH A HOSPITAL VIOLENCE INTERVENTION PROGRAM



DANIELLE DECKER MSN RN CEN TCRN &
LOREEN EVANS MSN RN CCNS CEN TCRN PHRN

Purpose To provide a trauma-informed, healing-centered approach to supporting patients and family members who are victims of penetrating trauma through partnership with trusted community-based partners. Chester Community Coalition reported that 70% of Delaware County shootings occur in the City of Chester. The focus of this program was to collaborate efforts in the city.

Approach In 2020, Crozer Trauma and the Chester Community Coalition collaborated to establish a Hospital-based Violence Intervention Program (HVIP), to respond to the high number of penetrating trauma victims from the local community. The HVIP addresses the needs of patients and families by providing support during hospital admission, case management after discharge, connection to community-based services, and addressing social determinants of health. Members of the team consist of a violence interrupter, trauma therapist, and case manager. The HVIP team provides services to all victims and families impacted by gun violence or stabbings in Delaware County, PA. The team works closely with the Crozer trauma team to ensure a trauma-informed care approach to meeting the patient's and family's needs.

20 YEARS OF GUN VIOLENCE DATA

TRENDS IN HOSPITALIZED VICTIMS OF GUN VIOLENCE AT CROZER CHESTER MEDICAL CENTER (CCMC)

From January 2000 - December 2021 CCMC had a total population of 2,653 of gun violence admissions. 2,234 were initial injuries, 319 were reinjuries.



Increase by 6 Gun Violence Victims per Year



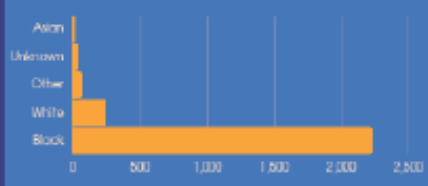
There was an increase of almost six patients per year. The total gunshot wound admissions increased until about 2016, when a peak was evident.



27

Average Age of Gun Violence Victims

Gun Violence Victims by Race



1827

OF 2,653 GUN VIOLENCE VICTIMS WERE FROM THE CITY OF CHESTER, PA



This study summarizes trends and findings from a dataset consisting of all gunshot wound patients from the emergency department of Crozer-Chester Medical Center (CCMC) from January 2000 until December 2021. A student at Swarthmore College, prepared this analysis for the collaborative HVIP hospital-based violence intervention program, which began in the summer of 2021) at Crozer-Chester Medical Center, and Chester Community Coalition, which provide case management and psychotherapy to patients leaving CCMC's Emergency Department with stab or gunshot wounds.



Results

The program provided support to 81 patients & families which included the following:

Case management services: 63 clients

Therapy services: 7 clients completed intake, some have participated in therapy but none completed.

The program provided 21 trauma-informed training sessions, 4 mediations performed by the violence interrupter, 3 safe relocations to temporary/permanent housing,

1 patient lost to recidivism- The HVIP had 2 contacts with this patient and he declined services.

Significance to the Field

The most effective violence-prevention programs focus on the persons at greatest risk for being perpetrators and victims of violence. Without intervention, up to 45% of people with a stab or gunshot wound will be reinjured within 5 years, and 20% of violently injured people will be killed within 5 years. Data obtained from Crozer's Trauma Registry showed an average reinjury rate of 10.5% over the last 10 years. Research has indicated that the greatest chance for reinjury or mortality is within six months of an assault. Providing support by responding immediately to a crisis helps reduce reinjury and mortality. Support used includes- connecting consumers with trained peer advocates, ensuring that there are additional supports to build emotional regulation and providing access to resources that help clients avoid further risk behavior.



Memu-iye Kamara, Reading Hospital – Tower Health



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Stop the Bleed-Storytelling: A Resident-Run Hemorrhage Control and Community Engagement Workshop

Memu-iye Kamara, DO, MS; Joseph Corcoran, MD; Chelsie Ober, Paramedic; Monisha Bindra, DO, MPH
Reading Hospital - Tower Health, West Reading PA

OVERVIEW	RESULTS	SIGNIFICANCE TO THE FIELD
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The Emergency Medicine Residency program at Tower Health - Reading Hospital participates annually in the Emergency Medicine Residency Association (EMRA) EM Day of Service activity, which takes place each September. Participation in this annual national program allows our learners to positively impact the local community through various acts of service.

METHODS

Stop the Bleed® is a national Department of Defense campaign which trains bystanders to intervene in everyday emergencies by stopping life-threatening hemorrhage. A Tower Health Stop the Bleed instructor trained Reading Hospital emergency medicine residents and their faculty in the Stop the Bleed program and registered them as instructors. The expanded cohort of EM resident instructors partnered with The Village of Reading (a 501C3 focused on offering a safe space for youth aged 13-18 by providing resources and opportunities to prevent gun violence) to conduct Stop the Bleed education. The second component of the program included group discussions during which community members and physician participants shared their personal experiences with gun violence.



Our program was attended by 30 community members ranging in age from mid-teens to mid-seventies and was led by eight resident physicians and three attending physicians, as well as several Village of Reading community leaders. All participants successfully completed the training in the use of direct pressure and tourniquets to stop hemorrhage, as well as additional principles of Stop the Bleed. Each participant also received a Stop the Bleed tourniquet kit and certificate of completion.

The storytelling session was universally praised by the resident physicians and the community members in attendance. Many of the community participants had been personally affected by gun violence, either through violence directed at themselves or through the gun violence-related death or injury of a loved one. The participants reported feeling empowered and recharged in their healing process and appreciated the chance to openly discuss their stories and gain skills and tools to use in the future. Multiple individuals drew direct connections between the training and past traumas, including one woman asking whether the Stop the Bleed training might have saved the life of her brother, who had lost his life in a stabbing 15 years prior.



The dual Stop the Bleed training and storytelling session achieved three primary results. Firstly, it disseminated practical life-saving knowledge and techniques to the community members in attendance. Secondly, community members gained a sense of empowerment over the violence epidemic impacting their community. Finally, the storytelling session created a partnership between those directly impacted by violence and the emergency department providers who are frequently the first to meet the victims and their families. Due to the success and positive reviews of the pilot program, a Stop the Bleed-Storytelling event will be incorporated into the resident curriculum as an annual event, with the goal of training ten new resident instructors per year.





Shyam Murali, University of Pennsylvania



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TEG-guided resuscitation changes management and contributes to improved risk-adjusted survival in patients with hemorrhagic shock and severe TBI



Jeremy W. Cannon MD SM,¹ Kristen Chreiman MSN,¹ Shyam Murali MD,¹ Monisha A. Kumar MD,² James Schuster MD PhD,³ Michael Atweh MT MS MBA MHA,⁴ Michael Rudnick MD,⁵ Patrick Kim MD,¹ and Patrick M. Reilly MD¹

¹Division of Traumatology, Surgical Critical Care & Emergency Surgery; ²Department of Neurology; ³Department of Neurosurgery; ⁴Department of Pathology and Laboratory Medicine; ⁵Section of Nephrology and Hypertension
Perelman School of Medicine at the University of Pennsylvania, Philadelphia, PA

BACKGROUND

- Trauma Quality Improvement Program (TQIP) guidelines suggest thromboelastography (TEG)-guided management may reverse coagulopathy in critically injured patients.
- We implemented a TEG-based resuscitation program in July 2018
- After a 2-month start-up phase, we monitored changes in resuscitation practice informed by TEG
- TQIP risk-adjusted mortality rates in patients with hemorrhagic shock (HS) and severe traumatic brain injury (TBI) were used to indicate TEG program impact

METHODS

- TEG program implementation included
 - Creation of a local practice management guideline (PMG)
 - Hospital-wide TEG education
- REDCap survey sent to Trauma Attending after each resuscitation guided by either standard TEG (s-TEG) or TEG-Platelet Mapping (TEG-PM)
- Surveys documented management changes informed by s-TEG and TEG-PM
- Near real-time chart review used to monitor PMG compliance
- TQIP reports immediately before and after implementation were used to assess outcomes
- UPenn IRB approved as a PI/QI Project

RESULTS

- Study period: Sep 2018 to Jan 2019
- 44 patients underwent 61 TEG studies
 - s-TEG, n=42
 - TEG-PM, n=19
- Patient demographics, injury characteristics and outcomes are shown in **Table 1**
- Both s-TEG and TEG-PM led to changes in resuscitation (**Figure, Left**)
- Changes made are shown in **Table 2**
- Risk-adjusted TQIP mortality improved in both HS and severe TBI populations immediately following TEG program implementation (**Figure, Right**)

TABLE 1: Patient Demographics

TEG Patients	n=44
Age (years)	49 [28-76]
Female	13 (29.5)
Male	31 (70.5)
Blunt	24 (54.5)
Penetrating	20 (45.5)
ISS	18 [10-24]
Hemorrhagic Shock	22 (50.0)
Severe TBI	16 (36.4)
Both	6 (13.6)
PRBC (Units, 24 Hour)	5 [2-12.5]
Plasma (Units, 24 Hour)	5 [2-12.5]
Platelets (Units, 24 Hour)	1 [0-3]
Cryoprecipitate (Units, 24 Hour)	0 [0-1.5]
ICU Length of Stay (days)	4 [3-7]
Hospital Length of Stay (days)	8 [9-13]
Survived to Discharge	37 (84.1)

Values shown as n (%) or median [IQR]. ICU, intensive care unit; ISS, Injury Severity Score; PRBC, packed red blood cells

TABLE 2: Management Changes

	s-TEG n=42	TEG-PM n=19
Products Given		
Plasma	3 (7.1)	-
Platelets	11 (26.2)	-
Cryoprecipitate	8 (19.0)	-
TXA	3 (7.1)	-
DDAVP	-	14 (73.7)
Products Withheld		
TXA	14 (33.3)	-
DDAVP	-	5 (26.3)
Platelets	-	6 (31.6)

Values shown as n (%). DDAVP, desmopressin; TXA, tranexamic acid

FIGURES

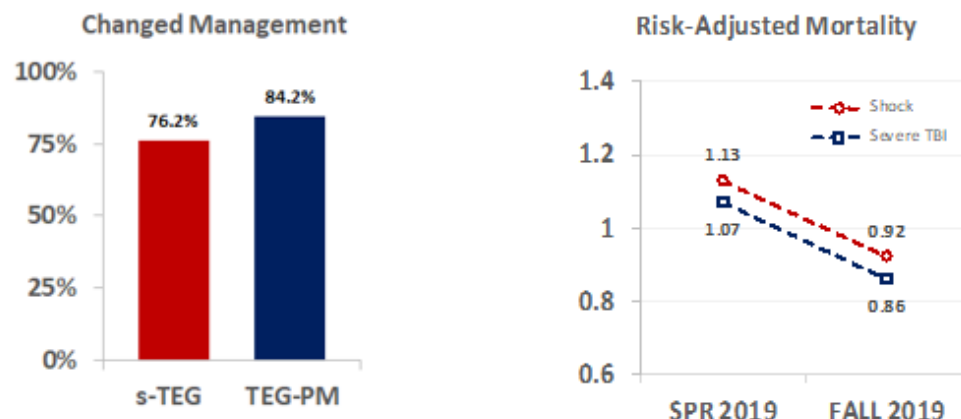


Figure. Left, 32 of 42 (76.2%) s-TEG studies changed resuscitation management while 16 of 19 (84.2%) of TEG-PM studies changed management. Right, TQIP risk-adjusted outcomes in patients managed before and after TEG program implementation.

CONCLUSIONS

- A TEG-based resuscitation program can be successfully established by developing a PMG and providing multi-disciplinary hospital-wide education
- TEG-guided resuscitation informs significant changes to resuscitation over empiric therapy in patients with both HS and TBI
- This individualized approach to patient care can contribute to improved patient outcomes within a comprehensive system of high-quality patient care

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Questions?

Presenters will take questions by their posters in the back.



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