THE COMMITTEE ON TRAUMA

ACS COT Firearm Study Informational Webinar

September 21, 2020

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The American College of Surgeons Approach to Firearm Injury Prevention

Ronald M. Stewart, MD

Medical Director, Trauma Programs American College of Surgeons

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Transformational
Trauma System
Approach
Firearm Injury
Prevention

Conflicting Polar Philosophies

Two Conflicting Stories

- Two contrasting narratives regarding firearms

EVERYTOWN FOR GUN SAFETY

- Guns = Protection & Freedom

NRA

- Guns = Violence and Limitation of Freedom

COT Guiding Principles for Firearm Injury Prevention

1. A medical/public health problem-not a political problem
2. Search for evidenced based violence prevention programs to implement

    567 ACS verified trauma centers in US

3. Forum for civil, collegial and professional dialogue–
    - Centered on developing consensus regarding how best to reduce firearm injuries and deaths
    - Consciously avoid forums or outlets which may lead to polarization
    - Inclusive, engagement with stakeholder groups across spectrum

Is it possible to have a common story that leads to cooperation?

Firearm and Violence Narrative

- **Firearms generally harmful**
- **Generally unnecessary in civil life**
- **Decrease personal liberty because of increased risk of harm**
- **Emblem of violence**
- ***Gun Control* translates to *Violence Control***

"The time is now for political differences to be set aside, for polarizing and incendiary language to be avoided and for our energies to be devoted to thoughtful policy development and specific actions in the context of a public health model."

Common American Narrative

Inclusive of the Two Conflicting Narratives

- **Liberty protected by the US Constitution**
- **Violence major cause of preventable death & suffering**
- **Significantly reduce death and disability by:**
  - **Working together**
  - **Understand & address underlying causes of violence**
  - **Make firearm ownership as safe as possible**

Firearm and Freedom Narrative

- **Firearms generally beneficial**
- **Necessary for personal protection and safety**
- **Protected, Constitutional right**
- **Emblem of freedom**
- ***Gun Control* translates to *Freedom Control***

"We all own the epidemic of violence in America and courageous leadership is needed. Firearm owners, those who don't own firearms, advocacy groups across the spectrum, the faith community...and the general public must commit to working together."

Stewart RM, Kuhls DA, Rotondo MF and Bulger EM

DOI: https://doi.org/10.1016/j.jamcollsurg.2018.04.006

Journal of the American College of Surgeons

Why?

To eliminate needless suffering and death of our patients, our colleagues and our communities.

We are beginning to understand that how people attempt suicide plays a crucial role in whether they live or die.

Cathy Barber, Harvard Firearm Injury Prevention Center

Approach to Trauma Systems

"Complex Problem Solving"

- **Inclusive** *of all points of view*
- **Dialogue and consensus** centered upon:

What is the right thing to do for the patient?

- Timely, Structured, **Cooperation and Communication**
- **Bias for action**

Improving Firearm Safety

Engage Firearm Owners as a Part of the Solution

National

Surgeons — many of them gun owners — recommend new gun-safety approaches

"People tend to change or moderate their position on a closely held belief when the prevailing argument comes from a trusted insider."

Jeremy Faust MD, Washington Post, November 14, 2018

Firearm Strategy Team

Recommendations from the American College of Surgeons Committee on Trauma's Firearm Strategy Team (FAST) Workgroup: Chicago Consensus I

COT Consensus Approach

1. Promote a public health approach

2. Implement violence prevention programs in ACS trauma centers

3. Foster a forum for civil dialogue with goal of moving toward a consensus regarding interventions aimed at reducing firearm injuries and deaths

Inclusive of all points of view

FAST Workgroup

Twenty-two surgeons (608 years cumulative experience caring for injured patients)
Eighteen experienced firearm owners plus 4 ACS/COT leaders
- 210 firearms owned
- 5 current NRA members
- 9 past/present military service
- 1 law enforcement professional

Consensus approach to develop durable recommendations

Recommendations

1) Robust background check for *all purchases and all transfers of firearms* (Universal background check)

2) Support firearm registration and implementation of an electronic database for all registered firearms

3) Reassessment of the firearms designated within each of the NFA classifications...with consideration given to reclassification of high capacity, magazine-fed, semi-automatic, high velocity firearms

4) Formal gun safety training for all new gun owners

5) Requirement for safe and controlled firearm storage. Owners not providing reasonable, safe firearm storage are responsible for adverse events related to discharge of their firearm(s)

6) Individuals deemed an imminent threat to themselves or others should have ownership temporarily or permanently restricted based on due process

7) Development of firearm technology that would significantly reduce the risk of self-harm, prevent unintentional discharge, and prevent unintended use

8) Non-partisan research for firearm injury, including prevention, must be federally funded

9) The public, professionals in law enforcement, and the press should take steps to eliminate notoriety of the shooter

10) See something, say something. Recognition of mental health warning signs with early referral to treatment and law enforcement

Talley CL, Campbell BT, Jenkins DH, Barnes SL, Sidwell RA, Timmerman G, et al.
DOI: https://doi.org/
Journal of the American College of Surgeons

Working to Understand and Address Root Causes

Improving Social determinants of health to Attenuate Violence (ISAVE)

Understanding & Addressing Root Causes of Violence

ISAVE

Poverty

Inequity

Injustice

Short life expectancy

→ Hopelessness-Structural Violence

Research

- Advocacy for funding to match burden of the disease
- Interface-acute care-public health-mental health
- Violence control research
  - Understanding fundamental causes
  - Develop evidenced based strategies to reduce violence & firearm injury
  - Needs your expertise, leadership and advocacy
- Firearm safety research
  - Culturally competent counseling
  - Safe storage
  - Lethal means safety
  - Technology

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Statement of the
American College of Surgeons

Presented by

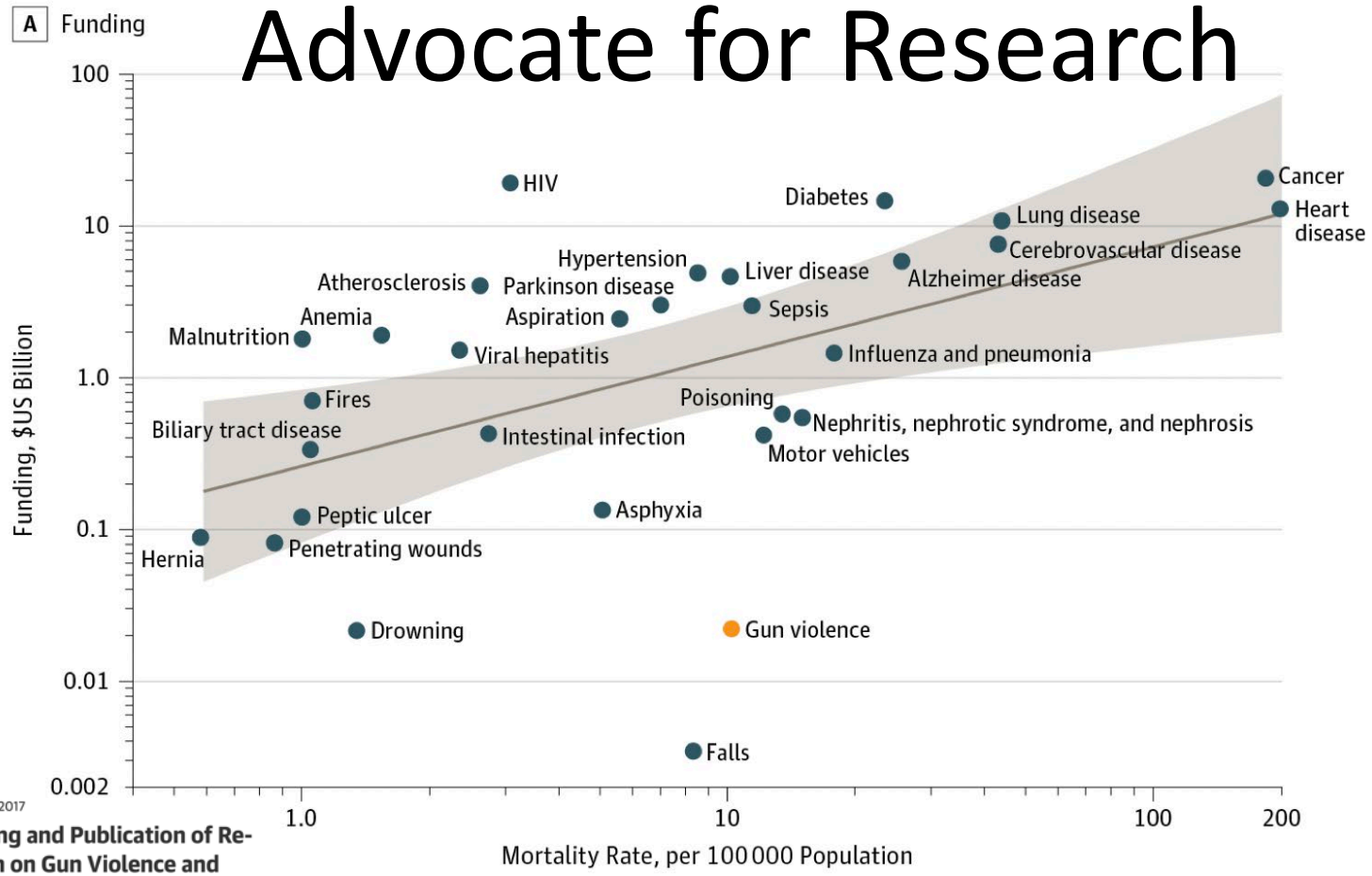
Ronald M. Stewart, MD, FACS

Before the
Subcommittee on Labor, Health and Human Services, Education and Related Agencies
of the
Committee on Appropriations
United States House of Representatives

RE: Addressing the Public Health Emergency of Gun Violence

March 7, 2019

Advocate for Research



January 3, 2017

Funding and Publication of Research on Gun Violence and Other Leading Causes of Death

David E. Stark, MD, MS[1]; Nigam H. Shah, MBBS, PhD[2]

JAMA. 2017;317(1):84-85. doi:10.1001/jama.2016.16215

Medical Summit on Firearm Injury Prevention
February 10-11, 2019

Summary

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Immediate Opportunities:

- Public health & medical approach
- *Work together* to reduce firearm injury

  → Building Bridges

  - Understanding and reducing violence
  - Firearm ownership as safe as possible

    → Common American narrative
- Research at a level *to match burden of the disease*

Thank You

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Burden of firearm injuries

Frederick P. Rivara, MD, MPH

University of Washington

Deborah A. Kuhls MD, FACS, FCCM

University of Nevada Las Vegas

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Firearm deaths in the U.S. over the last 37 years

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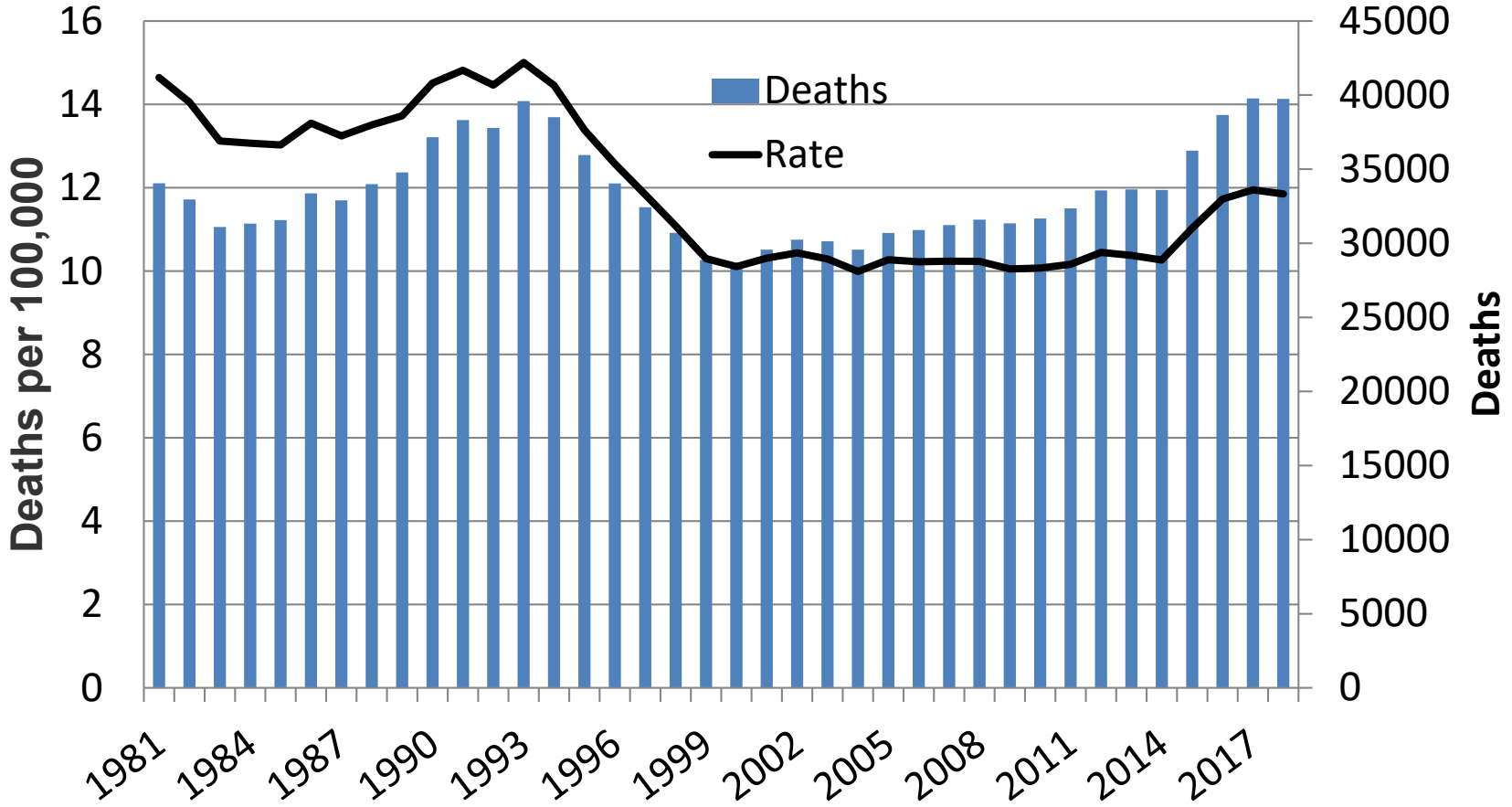

Rates of Firearm and MV deaths in the U.S.

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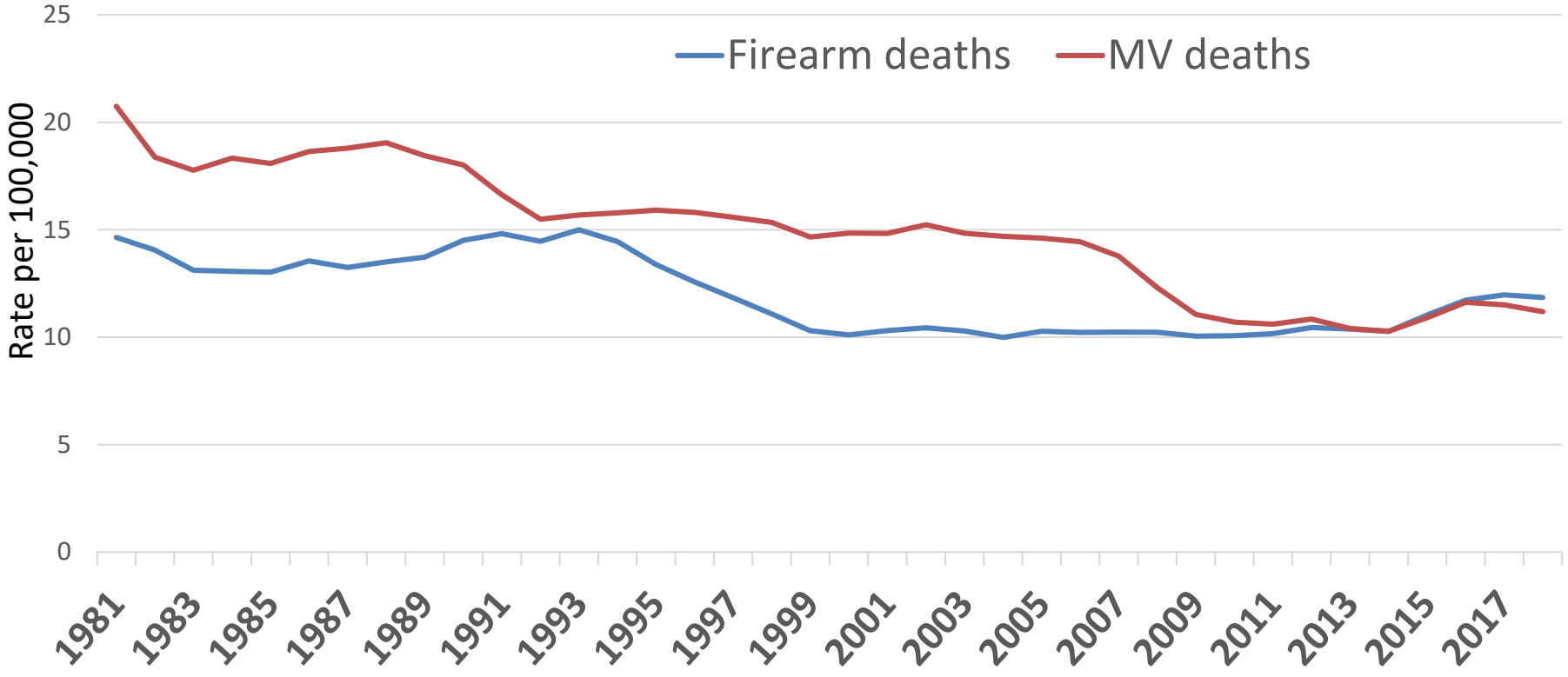

Non-fatal firearm injuries in the U.S.

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- CDC WISQARS: Based on NEISS probability sample drawn in 1997; data are recognized as being unreliable
- Healthcare Cost and Utilization Project: Not real time; limited fields; based on administrative billing data
- National Violent Death Reporting System (NVDRS): does not capture non-lethal injuries.
- These databases do not collect or report on clinical information such as severity of injuries and their outcomes, nor do they provide data that better contextualize injuries
- The First Report of the Expert Panel on Firearms Data Infrastructure," published by the NORC, concluded that:
  - "In terms of content, the gaps in knowledge are vast—few of the key policy questions … can be adequately addressed from existing data to inform evidence-based firearms policymaking."

Rationale for this project

There is no nationwide comprehensive public health dataset that provides a robust description of **non-lethal firearm** injuries, hospitalization characteristics, circumstances leading up to and surrounding the event, risk factors related to the persons involved, and community-level factors that predispose to these risks.

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Burden of firearm injuries: Next Steps

Frederick P. Rivara, MD, MPH

University of Washington

Deborah A. Kuhls MD, FACS, FCCM

University of Nevada Las Vegas

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How will this data be useful to Trauma Centers?

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Inform a Public Health Approach to Injury Prevention

- Quantify the number of patients, injuries, care resources, disposition and impact on patients
- Better understand the circumstances of firearm injury by Intentionality to inform prevention
  - Unintentional (safety)
  - Intentional self-harm (access)
  - Intentional other-harm (violence)

How will this data be useful to Trauma Centers?

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Inform a Public Health Approach to Injury Prevention

- Identify co-morbidities including mental health and other individual risk factors for firearm injuries.
- Identify community risk factors for injury and opportunities for intervention →prevention
  - Primary prevention in community outreach
  - Preventing a “next injury”

Rates of Firearm and MV deaths in the U.S.

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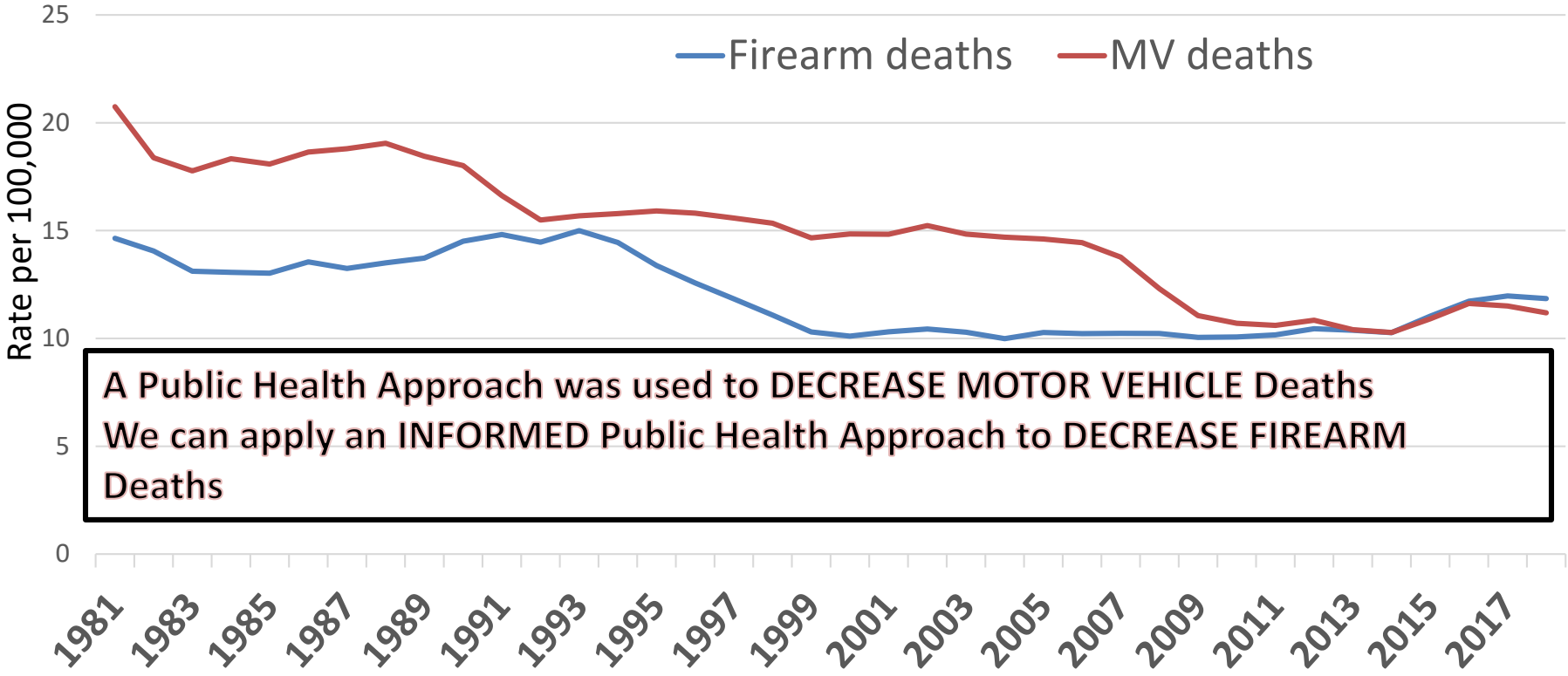
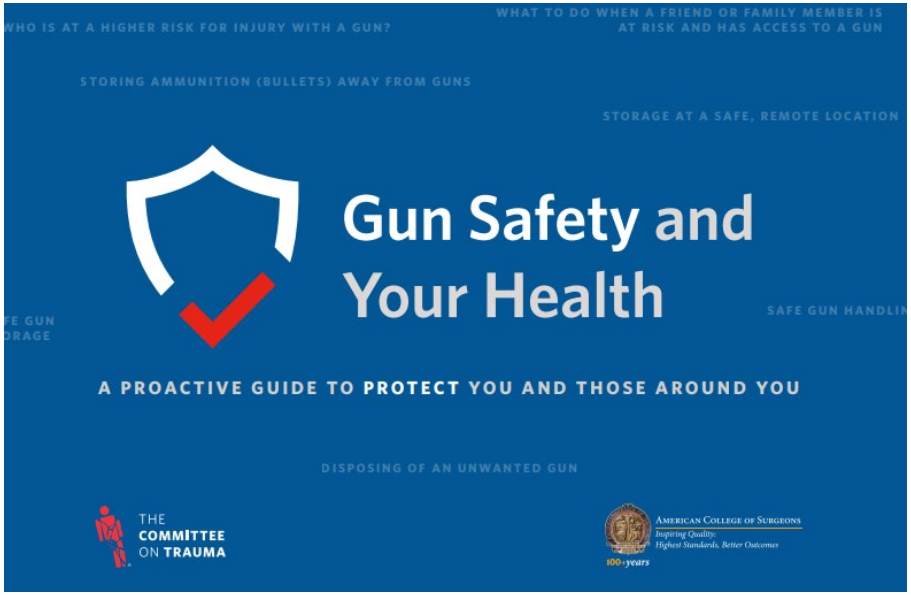


A Public Health Approach was used to DECREASE MOTOR VEHICLE Deaths
We can apply an INFORMED Public Health Approach to DECREASE FIREARM Deaths

Inform Injury and Violence Prevention



Safe Gun Handling

Safe Gun Storage

Storing Ammunition (Bullets) away from Guns

Storage at a Safe, Remote Location

Keep Children and Family Safe

What to Do When a Friend or Family Member Is at Risk and Has Access to a Gun

Disposing of an Unwanted Gun

https://www.facs.org/-/media/files/quality-programs/trauma/ipc/gunsafety_brochure.ashx

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Study Overview

Avery Nathens, MD, PhD, MPH, FRCPSC, FACS

Principal Investigator

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Overview of Study

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Study Background

- Awarded by the National Collaborative on Gun Violence Research (https://ncgvr.org/)
  - Mission: To fund and disseminate nonpartisan, scientific research that offers the public and policymakers a factual basis for developing fair and effective gun policies
- Project Investigators:
  - Avery Nathens, MD, PhD, MPH, FRCPSC, FACS
  - Deborah Kuhls, MD, FACS, FCCM
- Co-Investigators:
  - Fred Rivara, MD, MPH
  - Ashley Hink, MD, MPH

Overview of Study

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Summary

- Overarching objectives:
  - Create a nationally representative dataset of predominantly non-lethal firearm injuries
    - Unique platform to better understand both individual and community level risk factors around firearm injury
  - Assess the association between individual-level and community-level risk factors and the circumstances in which injuries occur
- Prospective, multi-center study with ACS TQIP centers
- Collect and submit additional data elements on firearm injuries cared for in trauma centers
  - Demographics, patient risk factors, circumstances of injury, early functional outcome information

Aim 1

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Develop a nationally representative dataset of predominately non-lethal firearm injuries treated at trauma centers.

- Additional data elements will include expanded demographics, patient risk factors, circumstances of injury, and outcome information.
- Extend data collection to patients who are discharged from the ED
- Data collection: linked at patient level
- Robust data dictionary
- Data validation upon submission

Aim 2

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Describe the risk factors for non-lethal firearm injuries, the circumstances and preceding context in which injuries occur, the severity of injuries, healthcare resource utilization, and functional outcomes at discharge.

- Assess how these domains differ based on injury intent, victim age, and urbanicity
- Assess how victim characteristics, risk factors and circumstances differ between lethal and non-lethal firearm injuries

Aim 3

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Explore the association between the circumstances and context of injury with individual and community-level risk factors to identify potential modifiable factors for targeted interventions.

- Link patient data by zip code to community- and neighborhood-level indices:
  - Area Deprivation Index
  - Unmet Needs Score
  - Community Need Index
- Assess social determinants of health and disparities

Aim 4

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Develop national estimates of the annual incidence of non-lethal firearm injuries in the U.S.

- Work with University of Washington Institute for Health Metrics and Evaluation to develop estimates and quantify the national, and possibly, global burden of disease for firearm injuries

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Data Collection

Christopher Hoeft

Manager of Data and Report Operations, ACS TQP

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Which patients will require additional data collection?

- All firearm injury patients
  - Qualifying for NTDS and treated/discharged from the ED
  - Any firearm injury, primary mechanism or otherwise
- Admissions starting in early 2021 and continuing for up to 12 months

What additional data will be collected?

- Leveraging NTDS as much as possible
- Additional data elements:
  - New information or information in a new format
  - Structured like NTDS elements, including validation
- 21 – 30 additional data elements
- NCGVR data dictionary provided prior to enrollment

Additional Data

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- Data elements across 4 domains:
  - Demographics
  - Risk factors
  - Circumstances of injury
  - Early functional status and/or healthcare needs at discharge

Additional Data

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- Der
  -
  -
  -

EMPLOYMENT STATUS

Definition

Employment and/or student status of the patient at the time of injury.

Element Values

1. Employed
2. Homemaker
3. Unemployed
4. Unreported employment
5. Student
6. Retired

Additional Information

- Report all that apply.
- *Unreported employment* refers to jobs or activities sometimes referred to as "off the books" or "cash under the table." These roles are often not reported to the government or taxable, and often not protected by safety, protection or other labor laws. Examples include babysitting or informal childcare, day farm or construction labor, migrant farm work, illicit labor (prostitution, dealing illicit substances), and housework or yardwork not associated with an employer.

Data Source Hierarchy Guide

1. H&P
2. Initial consult notes
3. Social work
4. Physical and occupational therapy

Additional Data

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- Risk Factors
  - ETOH Use Pr
  - Mental Illnes
  - Cognitive Dis
  - Arrests and/
  - Prior Violent
  - Prior Suicide
  - Adverse Exp
  - Firearm Own

ADVERSE EXPERIENCES AND/OR EXPOSURES TYPE

Definition

Patient's Adverse Experiences and/or Exposures type(s).

Element Values

1. Emotional abuse
2. Physical abuse
3. Sexual abuse / sexual assault
4. Mother treated violently (exposure to IPV)
5. Substance abuse in household
6. Mental illness in household
7. Parental separation or divorce
8. Incarcerated household member
9. Emotional neglect
10. Physical neglect
11. Exposure to community violence
12. Loss of a parent or primary caregiver as a child
13. Homelessness or housing insecurity
14. Food insecurity
15. Major illness or injury
16. Being in child protective custody

Additional Information

- Report all that apply.
- **Definitions:**
  - *Emotional abuse*: A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
  - *Physical abuse*: A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
  - *Sexual abuse/sexual assault*: An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.
  - *Mother treated violently (exposure to IPV)*: Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
  - *Substance abuse in the household*: A household member was a problem drinker or alcoholic or a household member used street drugs.
  - *Mental illness in the household*: A household member was depressed or mentally ill or a household member attempted suicide.
  - *Parental separation or divorce*: Your parents were ever separated or divorced.
  - *Incarcerated household member*: A household member went to prison.
  - *Emotional neglect*: Someone in your family helped you feel important or special, you felt loved, people in your family looked out for each other and felt close to each other, and your family was a source of strength and support.
  - *Physical neglect*: There was someone to take care of you, protect you, and take you to the doctor if you needed it, you didn't have enough to eat, your parents were too drunk or too high to take care of you, and you had to wear dirty clothes.
  - *Exposure to community violence*: Witness or hearing gun or other forms of violent assault in the community (non-family) or knowing a friend or family member who were injured or killed by community violence

Additional Data

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- Circumstances of Injury
  - Intent of Injury
  - Setting of Injury
  - Relationship to Shooter
  - Type of Firearm Used
  - Owner of Firearm Used (*Self-inflicted and Unintentional only)*
  - Firearm Storage (*Self-inflicted and Unintentional only)*
  - Context of Injury (categorized by Intent of Injury)
  - Context of Injury Description

Additional Data

- Early Functional Status and/or Healthcare Needs at Discharge
  - Functional Status
  - Rehabilitation/Post-Discharge Needs
  - Home Health Needs
  - Psychosocial Ancillary Services

Additional Data

- Notable features:
  - One narrative element (Context of Injury Description) – caution against submitting identifying information
  - Other narratives abstracted into response values (e.g. Adverse Experiences and/or Exposures Type)
  - May require obtaining more information from patient, or obtaining information from other data sources not commonly accessed

Additional Data

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- Notable features:
  - Dedicated elements (e.g. Intent; Setting) instead of ICD-10 due to importance and specificity
  - Similarities with NTDS elements (e.g. NCGVR Mental Illness vs. NTDS Mental/Personality Disorders) may require close attention

Additional Data

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- Data Linkage
  - Linked with NTDS data and external community-level datasets
  - Patient IDs must match between NTDS and NCGVR
  - Incident/Home ZIP best at 9 digits

Additional Data

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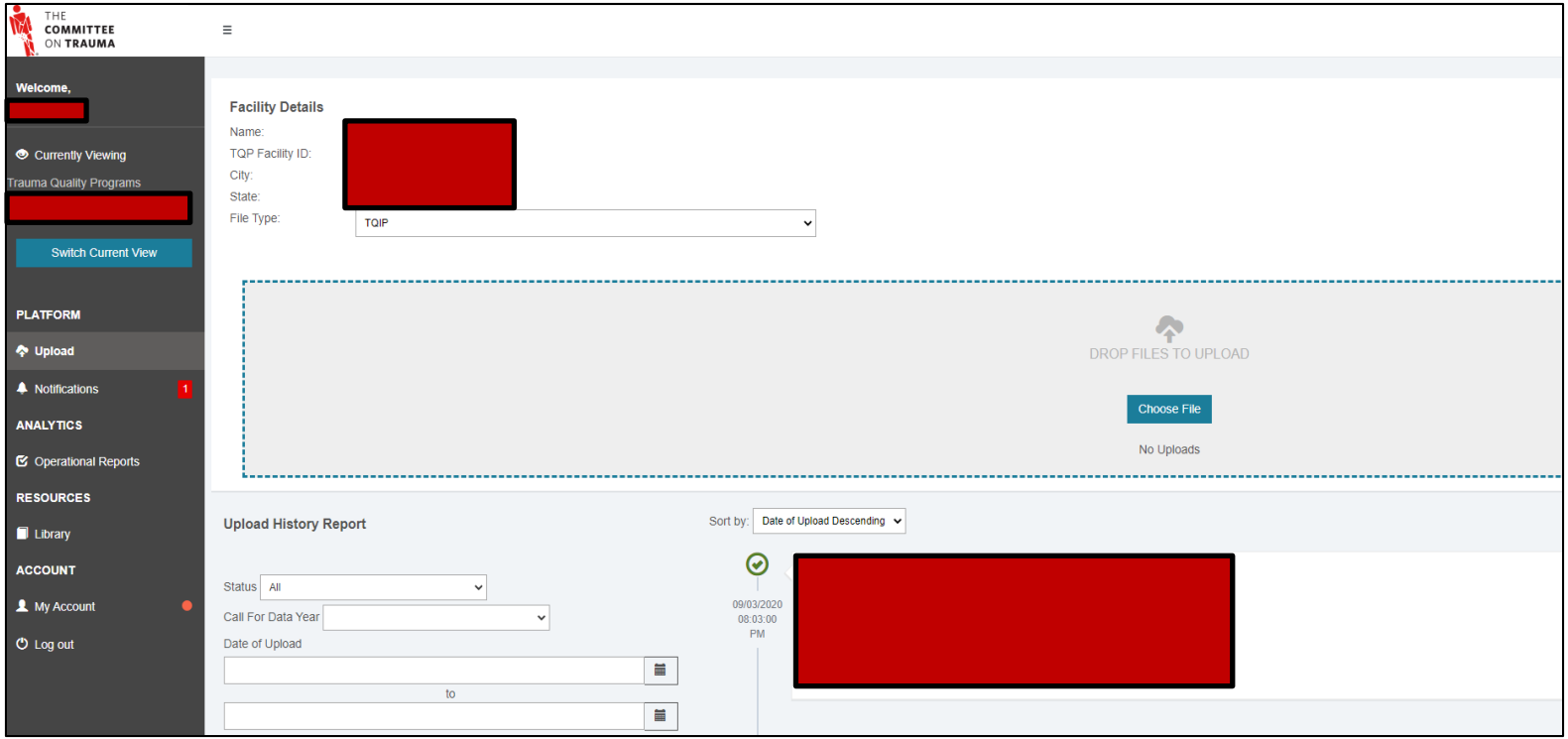
- NTDS elements on non-NTDS patients
  - For patients treated and discharged from the ED (non-NTDS), must report the following NTDS elements:
    - Demographics
    - Incident/Home ZIP
    - Injury, Arrival, Discharge Dates/Times
    - ED/Hospital Vitals
    - AIS
    - Payment
    - Disposition

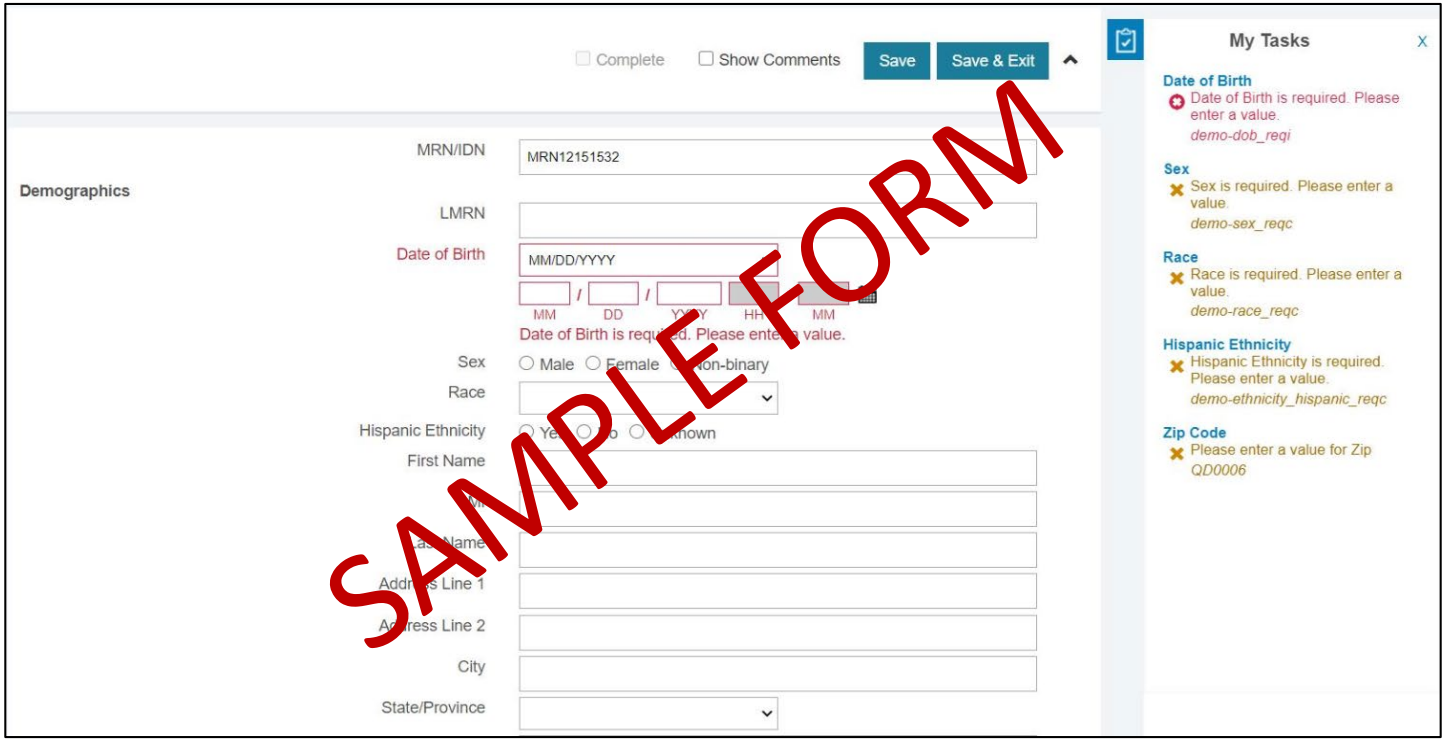
How will data be collected and reported?

- NTDS data elements via the existing process
- All additional data elements via a web-based, direct-data-entry platform provided by the ACS and integrated with the TQP Data Center
- Data entered to the platform at discharge and linked with NTDS data once submitted

Data Collection



Data Collection



Data Collection

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- Highlights
  - Web-based and secure; used to submit data to ACS already
  - No changes to NTDS process and no additional burden of work from registry products
  - No additional cost for access
  - No data import function – manually data entry in the platform
  - Access to your data in the platform for the duration
  - ZIP and Patient ID needed for linkage

Summary

- Additional 21 – 30 data elements collected on all firearm injury patients, starting with admissions in early 2021 and continuing for up to 12 months.
  - Also ~30 NTDS elements on patients treated and discharged from the ED
- Collected and reported using a web-based, direct-data-entry platform provided without cost by the ACS

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Benefits of Participation

Ashley Hink, MD, MPH

Co-Investigator

Assistant Professor, Division of General & Acute Care Surgery

Medical University of South Carolina

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Benefits of Participation

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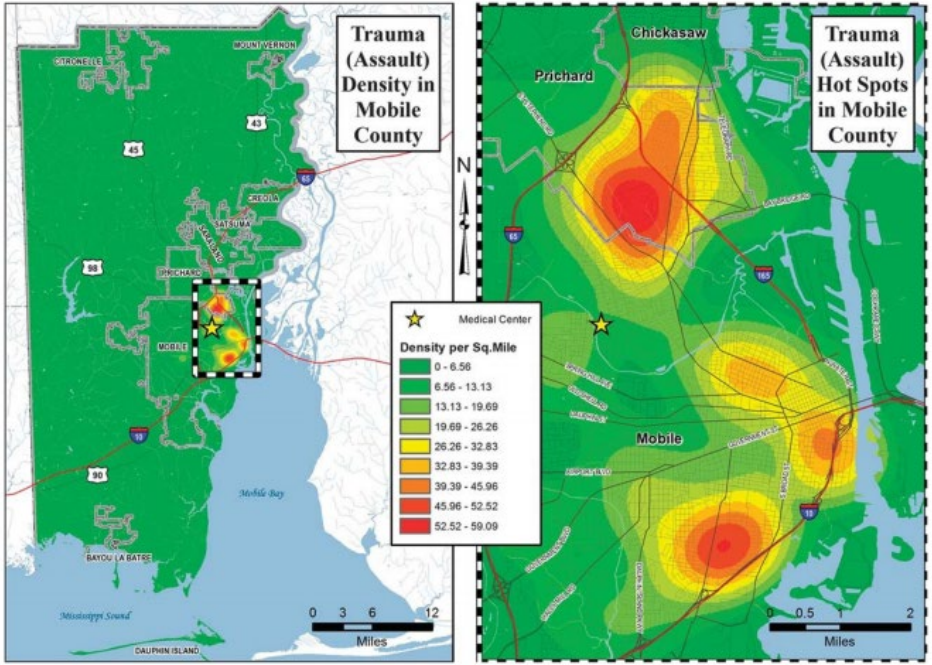
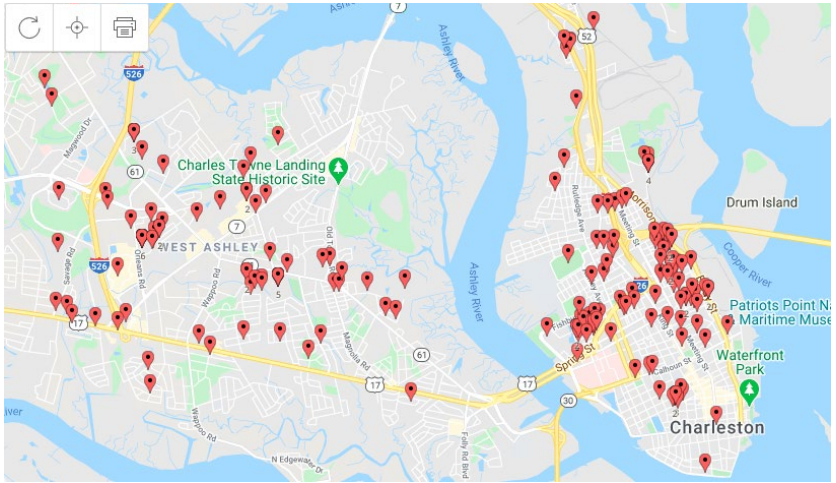
Opportunities for Trauma Center and Community-Level Studies

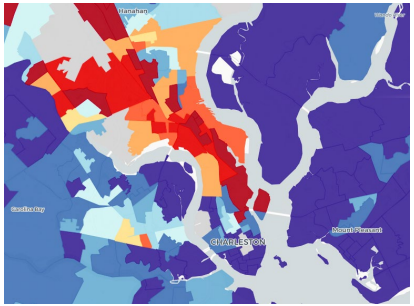
- Descriptive data of your patient population… ability to utilize *your* data & *aggregated* data for further analysis
  - Epidemiology and burden of non-fatal firearm injuries
  - Comparative analysis to other injured patient populations
  - Subgroup analysis
  - Geospatial analysis of firearm injuries, heat maps
  - Services provided, health services research (costs, re-admissions, etc.)
  - Pre-post analysis for interventions, community changes, policy changes
  - Long-term outcomes

Where is the Problem? *Why* is there a Problem?



Laskecki et al, JOT 2018





Area Deprivation Index

Income, education, housing quality and employment

https://www.neighborhoodatlas.medicine.wisc.edu/#about-anchor

Benefits of Participation

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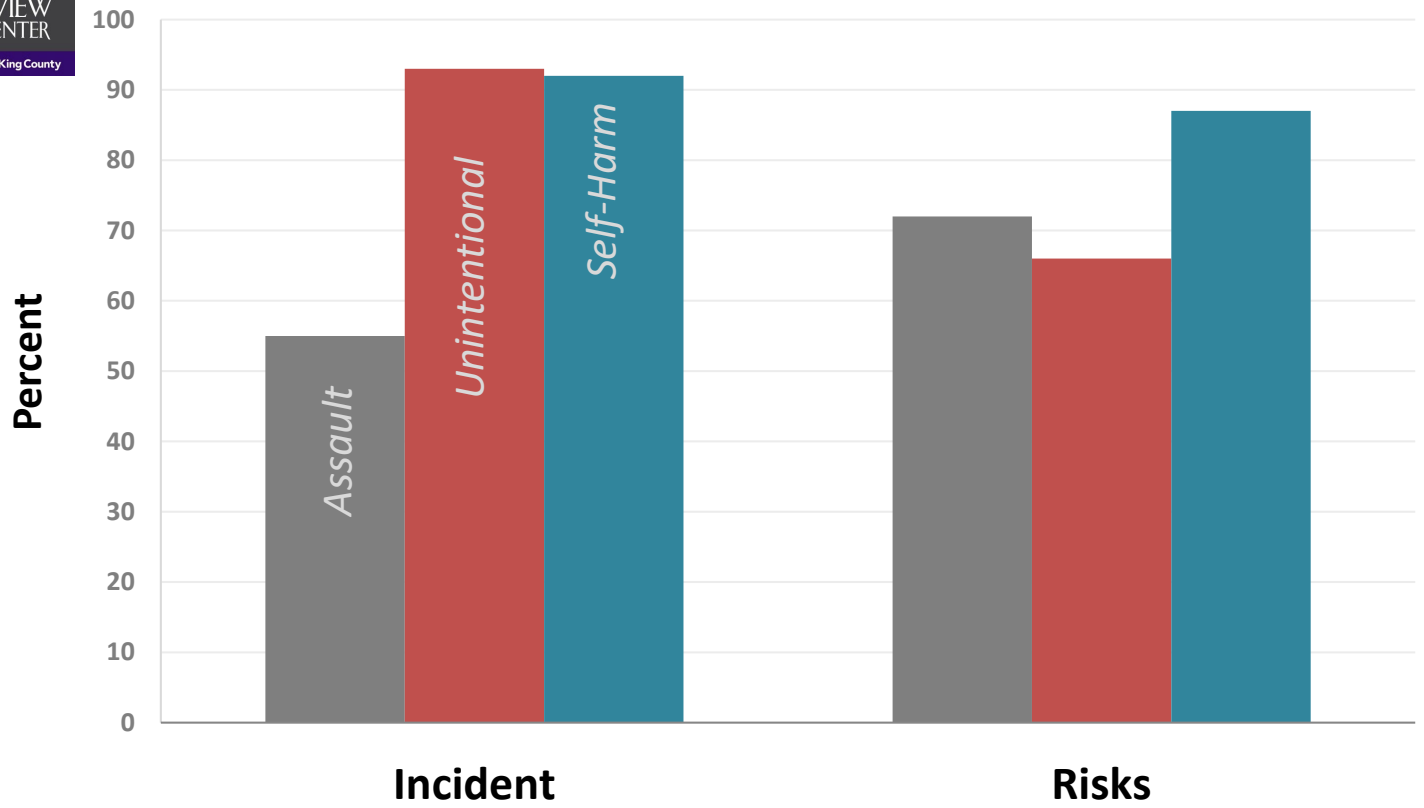
Inform Needs of Your Patient Population – Opportunities for Prevention, Intervention & Support

- What are the common risks (individual & community)?
- What are the common circumstances?
- Where are most injuries occurring in the community?
- What services might be needed to minimize risk of recidivism and improve recovery?

Needs Assessment for Hospital & Community Violence Intervention Programs Inform Efforts Community Efforts to Improve Social Determinants of Health

60 Cases: 75% of Incident and Risk Data Available



Enhancing Firearm Injury Data – Can Trauma Centers Fill the Holes? Hink et al, 2020

Deconstructing Non-Fatal Firearm Injury Data

HARBORVIEW MEDICAL CENTER
UW Medicine | King County

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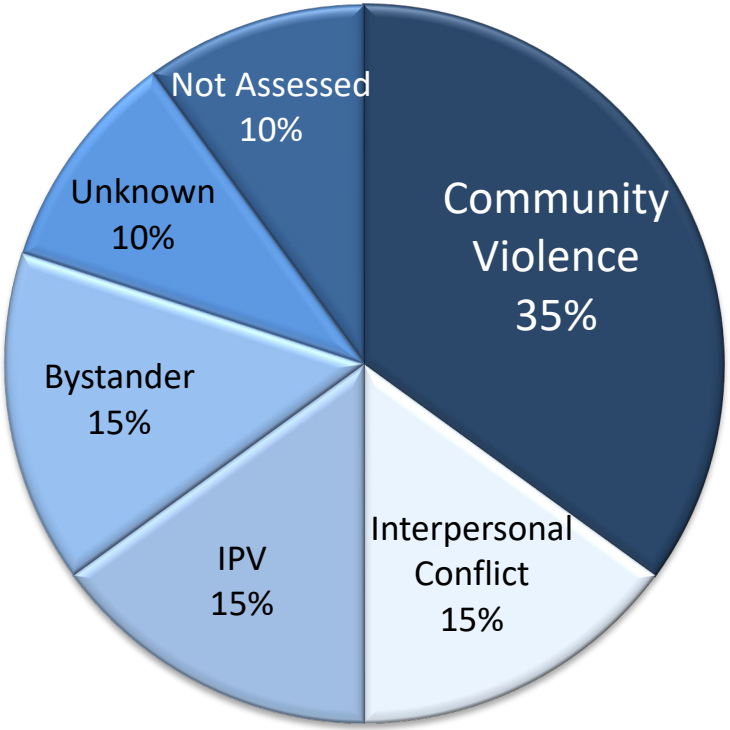
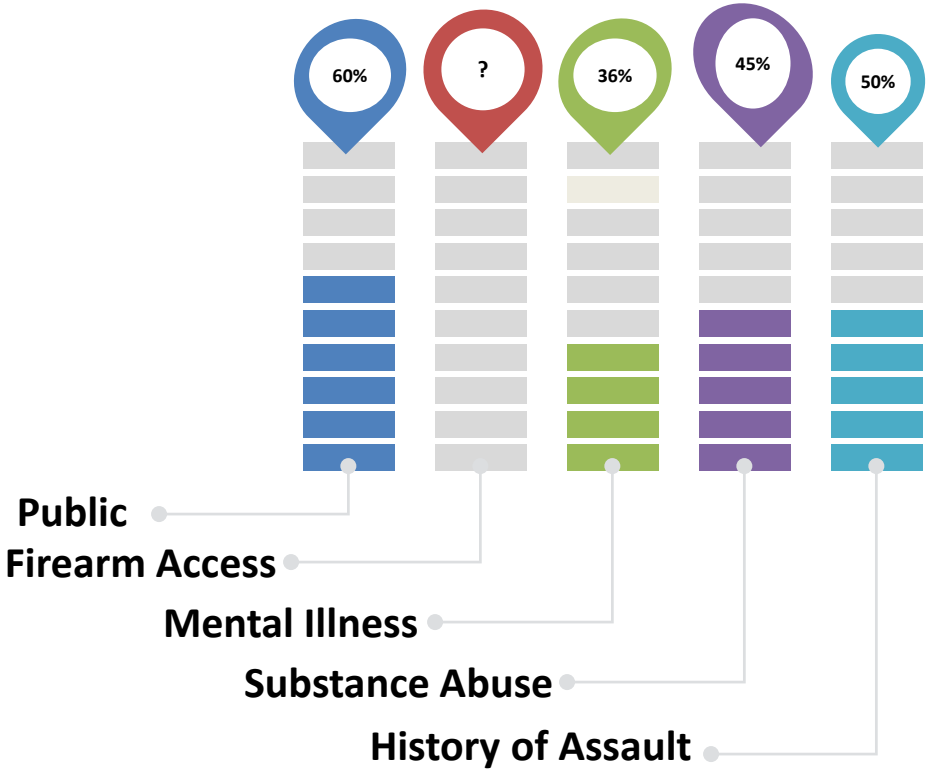
How Could this Help Inform Prevention & Intervention?

Assault Injuries





How Does This Data Tell A Story?

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And Show Opportunities for Improvement?

59 years-old

Husband Shot Patient During Argument
Handgun (owned by Husband)

Multiple Outpatient Visits
Rehab Medicine

Who | Risks | Incident | Evaluation | Follow-up

IPV (emotional, controlling)
Prior Suicidal Threat (ED)
Firearm in Home

Psych Rehab
Psychiatry
Safety Assessment

Benefits of Participation

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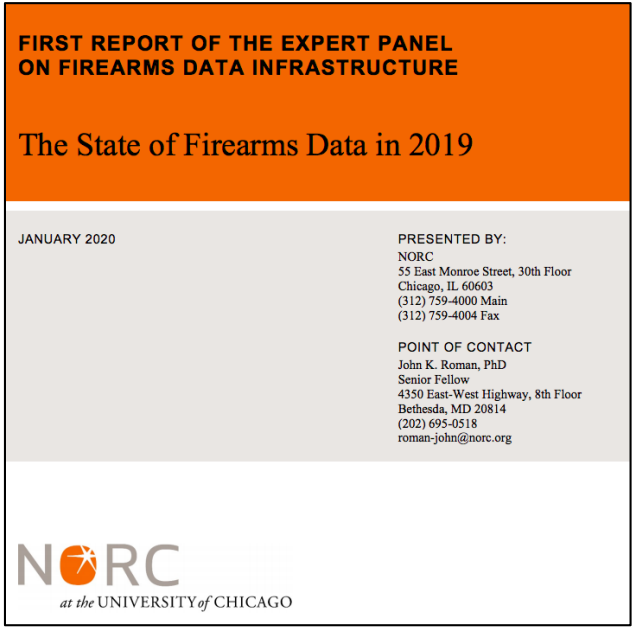
Linkage to Additional Local Data

- Limitation of firearm injury data… datasets don't talk
- Ability to aggregate your center data with local police, coroner data
  - Complete epidemiologic burden
    - Shots fired + threats + assaults + mortality
  - Criminal justice outcomes
  - Firearm data
    - Origin of gun? Legality? Owner? Stolen?



FIRST REPORT OF THE EXPERT PANEL ON FIREARMS DATA INFRASTRUCTURE

The State of Firearms Data in 2019

JANUARY 2020

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"The main finding of this report is that, while there are numerous data sources describing particular elements of the relationship between firearms and accidental harm, suicides, and criminal violence, the current firearms data environment is disordered and highly segmented."

Benefits of Participation

THE COMMITTEE ON TRAUMA

Contribution to Improving Understanding of Burden & Risks of Non-Fatal Firearm Injuries in the U.S.

- Fill Major Gaps in U.S. Data
  - Descriptive details of patients, risks, circumstances of non-fatal firearm injuries
  - Non-fatal firearm injury national estimates
- Why us?
  - We are their caregivers, access to detailed data
  - 70% of GSW's treated at U.S. trauma centers
  - Capture under-studied, communities, patients
  - Advance science, prevention & recovery

REVIEW ARTICLE

Firearm injury research and epidemiology: A review of the data, their limitations, and how trauma centers can improve firearm injury research

Ashley B. Hink, MD, MPH, Stephanie Bonne, MD, MPH, Marc Levy, MD, Deborah A. Kuhls, MD, Lisa Allee, MSW, Peter A. Burke, MD, Joseph V. Sakran, MD, MPH, MPA, Eileen M. Bulger, MD, *and* Ronald M. Stewart, MD, *Seattle, Washington*

JOT, 2019

SPECIAL ARTICLE

Proceedings from the Medical Summit on Firearm Injury Prevention: A Public Health Approach to Reduce Death and Disability in the US

Check for updates

Eileen M Bulger, MD, FACS, Deborah A Kuhls, MD, FACS, Brendan T Campbell, MD, FACS, Stephanie Bonne, MD, FACS, Rebecca M Cunningham, MD, FACEP, Marian Betz, MD, FACEP, Rochelle Dicker, MD, FACS, Megan L Ranney, MD, MPH, FACEP, Chris Barsotti, MD, FACEP, Stephen Hargarten, MD, MPH, Joseph V Sakran, MD, MPH, FACS, Frederick P Rivara, MD, MPH, FAAP, Thea James, MD, FACEP, Dorian Lamis, PhD, Gary Timmerman, MD, FACS, Selwyn O Rogers, MD, FACS, Bechara Choucair, MD, Ronald M Stewart, MD, FACS

JACS, 2019

THE COMMITTEE ON TRAUMA

Next Steps

Tamara Kozyckyj, MPH

ACS Staff

Next Steps

THE COMMITTEE ON TRAUMA

With Your Center

- Obtain approval from your leadership
- Identify a center lead for the project
- Share information on study with staff
- Check your center IRB requirements

With TQP/COT

- Confirm study participation by completing survey form
- Participate in all additional data collection training offered by TQP

Confirm Participation

THE COMMITTEE ON TRAUMA

Confirm your center's participation in the study by November 16

- Must complete Survey Monkey form to indicate intent to participate:
  - https://www.surveymonkey.com/r/FTPZNH7

IRB Protocols

THE COMMITTEE ON TRAUMA

Check your Center Specific Requirements

- The study funder requires ACS COT to apply for IRB
  - We are using a third-party Central IRB system, Advarra, which will supplement existing BAA/DUA's in place with each TQIP center

Timeline

THE COMMITTEE ON TRAUMA

Important Dates

- Confirm participation by Monday, November 16
  - https://www.surveymonkey.com/r/FTPZNH7

- Questions? Email traumaquality@facs.org