Prescription for Hope
Hospital-Based Violence Intervention Program

Smith Level I Shock Trauma Center at
Eskenazi Health
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Injury Prevention Coordinator
March 12, 2015
Objectives

• Understand the “revolving door” phenomenon of the emergency department and shock trauma center involved with violent injury patients.
• Describe the “teachable moment and cultural competence” for working with youth violence.
• Define trauma, violent injury and youth violence.
Sidney & Lois Eskenazi Hospital
Smith Level I Shock Trauma Center at Eskenazi Health
What is Trauma?

• A traumatic event is when internal and external resources are inadequate to cope with an external threat.

• Powerlessness is a primary trait.

• Often defined by circumstances outside normal human experience.

• Trauma informed practice recognizes chronic adversity as a source of routine every day traumatic experience.
What is Trauma?

• Often defined solely in relation to circumstances outside normal human experience

• For our youth routine part of every day
  • PTSD
Trauma and Injury

- Public Health Problem of Vast Proportions
- A Leading Cause of Death for all ages
- Leading Cause of Death Ages 1 – 44
- 150,000 US Deaths/Year
- 400,000 Persons Disabled/Year
- 3.6 Million Hospital Admissions > 7 Days
- 11.8 Billion Dollars – 6.9% of Health Care
- Disease of the Young
Trauma and Injury

- There are over 100 non-fatal injuries for every homicide
- 565,979 Potential Life Years Lost
- Cost of intentional injury: $178 billion/year
- Injury recidivism rates are as high as 55%
  - Eskenazi Recidivism Rate: 30.8%
- One firearm victim cost exceeds $60,000
Injuries Due to Violence

**INTENTIONAL**

- GUNSHOT WOUNDS
- STAB WOUNDS
- ASSAULTS
“No one remembered a knife for the .....cake.”
Scope of the Problem

• In 2010, 4,828 young people ages 10 to 24 were victims of homicide—an average of 13 each day.

• Homicide is the 2nd leading cause of death for young people ages 10 to 24 years old.

• Among homicide victims 10 to 24 years old in 2010, 86% (4,171) were male and 14% (657) were female.

• Among homicide victims ages 10 to 24 years old in 2010, 82.8% were killed with a firearm.
Scope of the Problem

Homicide Rates Among Persons Ages 10-24 Years, by Age and Sex, Indiana, 2006-2010

* Age-specific rates and number of deaths (in parentheses) are provided above each bar. Rates are not presented where the number of deaths were fewer than 20 as they are statistically unreliable; counts below 10 are not presented due to confidentiality concerns.

http://www.cdc.gov/violenceprevention/youthviolence/stats_at-a_glance/in.html
Scope of Problem

Homicide Rates for Persons Ages 10-24 Years by Race/Ethnicity and Sex, Indiana, 2006-2010

* Race-specific rates and number of deaths (in parentheses) are provided above each bar. Rates are not presented where the number of deaths were fewer than 20 because they are statistically unreliable; counts below 10 are not presented due to confidentiality concerns.

http://www.cdc.gov/violenceprevention/youthviolence/stats_at-a_glance/in.html
Scope of the Problem

• In 2011, more than 700,000 young people aged 10–24 years were treated in emergency departments for nonfatal injuries sustained from assaults.
## Indianapolis Metropolitan Police Department
### 2013 UCR Part 1 Crime

<table>
<thead>
<tr>
<th>Crime Type</th>
<th>2013</th>
</tr>
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<tbody>
<tr>
<td>Criminal Homicide</td>
<td>129</td>
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<tr>
<td>Rape*</td>
<td>656</td>
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<tr>
<td>Robbery</td>
<td>3,800</td>
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<tr>
<td>Aggravated Assault</td>
<td>5,894</td>
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<tr>
<td>Burglary</td>
<td>13,445</td>
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<td>Larceny</td>
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<td>Vehicle Theft</td>
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<td><strong>TOTAL</strong></td>
<td>55,085</td>
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Incident reported on this slide reflect the month and year reported to the FBI which may differ from the date of occurrence. Data source: UCR Crime Trend

*Due to a change in the FBI definition of rape there will be an increase therefore no comparisons to previous years should be made.

Prepared by IMPD, Crime Analysis Section – May 21, 2014
Violence Intervention and Prevention

• Injury prevention required of trauma centers by the American College of Surgeons
• Believe that violence is preventable if concentrate on life style and risk related choices
• Reducing violent injury is a priority since up to 45% of individuals will be reinjured in 5 years and 20% killed
• Advances in trauma care also increase likelihood of survival
Violence Intervention and Prevention

• Psychological effects may persist after physical wounds heal
• Being a victim of violence may also lead to being a perpetrator and retaliation
Hospital-based Violence Intervention (HVIPs)

- HVIPs rooted in the philosophy that violence is preventable
- Empirical evidence suggests that violent injury offers a “teachable moment” and unique opportunity to break cycles of violence.
- “Teachable moments” are instances when individuals are particularly responsive to interventions, which promote positive behavior change.
Hospital-based Violence Intervention

• Include brief intervention in the ED or at hospital bedside and intensive community-based case management services.

• HVIP services provided by culturally competent Intervention Specialists who understand street dynamics underlying violence.
Hospital-based Violence Intervention

• Provide crisis intervention, linkages to community-based services, and offer long-term case management.
• Embrace trauma informed practice, provide relational rehabilitation.
• HVIPs supplement patients’ desire to stay safe with concrete resources to achieve this goal.
• Connect to mental health services
Prescription for Hope

• Evidence based violence and crime prevention program
• Focused on reducing repeated violence related personal injury and criminal activity
• Helps individuals and families who have experienced violence related injury make life changing and life saving choices
Prescription for Hope

• Enrollment:
  • Individuals admitted to Smith Level I Shock Trauma Center at Eskenazi Health as the result of a gun shot, stabbing or assault are screened/enrolled by support specialist while still in the hospital
  • Community Referrals from Community Partners
• Family members are also encouraged to enroll
Prescription for Hope

• Promotes personal and family empowerment
• Creates wraparound services and links to community programs through intensive case management
• Addresses risk factors which perpetuate violence and criminal activity
• Develops protective factors for personal safety and responsible citizenship
Goals of Prescription for Hope

1. Reduce recidivism of violence related injury and readmission to the Smith Level I Shock Trauma Center at Eskenazi Health

2. Decrease repeated criminal activity as well as overall violence

3. Develop effective life skills for responsible citizenship behavior

4. Provide community education and information on violence prevention

5. Create a network of community agencies and programs as partners to provide accessible services for personal/family assistance and development
Risks and Protective Factors:

• More Likely
  • Substance abuse
  • Mental illness
  • Injury recidivism
  • Physical aggression
  • Poverty
  • Antisocial parents & peers
  • Poor education
  • Disenfranchisement

• Less Likely
  • Commitment to school
  • Supportive, caring relationships with adults
  • Parental monitoring
  • Recognition for conventional behavior
  • Friends who stay out of trouble
  • Intolerant attitude toward deviance
Prescription for Hope
Seven Pillars of Risk Factor Interventions

- Health
- Education/Training
- Employment
- Social/Recreational
- Housing/Shelter
- Family/Daily Living
- Legal
Array of Services

Medical
- Physical therapy/OT
- Supplies/equipment
- Follow-up, co-pay
- PCP, health center
- Health care payer
- Navigate system

Mental Health
- Counseling
- Drug/alcohol tx
- Anger management
- Post-trauma counseling

Education, Training
- HS diploma, GED
- Reconnect school
- Vocational training
- School supplies, fees

Employment
- Job training, prep
- Job search
- Clothes/tools for job
- Maintain employment
- Obtain employment

Social, Recreation
- Afterschool program
- Support group
- Community Center
- Mentor
- Sports

Housing, Shelter
- Temporary shelter
- Housing advocacy
- Obtain housing
- Pay rent
- Utility assistance

Family
- Daily Living
- Household items, transportation, phone, clothing, food, life skills, childcare

Legal
- Picture ID
- Court advocacy
- Legal documents
- Legal aid
- Lawyer
Special Emphasis is Given to:

1. Evaluate lifestyle & risk of violence
2. Encourage treatment for substance abuse
3. Promote education & return to school
4. Acquiring job skills, how to seek & keep a job
5. Address emotional factors: anger management, conflict resolution, relationship skills
6. Enroll in a health plan with PCP
Prescription for Hope Offers

1. A supportive individual who serves as counselor, mentor, case manager for 6 months – 1 year
2. Identify goals & possibilities, as well as patterns that are risk prone
3. Customized life plan
4. Links to community providers which target strengths & special needs
5. Ongoing personal contact & support
6. Ongoing relationship with a mentor
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<th>Project Statistics</th>
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2012 to today
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<tr>
<th></th>
<th>Year One 5/09 - 3/31/10</th>
<th>Year Two 4/1/10 - 3/31/11</th>
<th>Year Three 4/1/11 - 5/30/12</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Number of Patients Screened</td>
<td>107</td>
<td>128</td>
<td>88</td>
<td>323</td>
</tr>
<tr>
<td>Number of Family Members Screened</td>
<td>39</td>
<td>29</td>
<td>15</td>
<td>83</td>
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<tr>
<td>Number of Enrolled Patients</td>
<td>53</td>
<td>69</td>
<td>52</td>
<td>174</td>
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<tr>
<td>Number of Family Members Enrolled</td>
<td>39</td>
<td>29</td>
<td>15</td>
<td>83</td>
</tr>
<tr>
<td>Total Number of Enrolled Participants</td>
<td>92</td>
<td>98</td>
<td>67</td>
<td>257</td>
</tr>
</tbody>
</table>

Violent Injury Recidivism Prior to Program Implementation: 30.8%

| Violent Injury Recidivism | 0 | 3 | 5 | 8 | 4.6% |
Contact Information

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Questions?
References

• http://www.cdc.gov/violenceprevention/youthviolence/stats_at-a_glance/
• http://www.cdc.gov/injury/wisqars/leading_causes_death.html