April, 2015

**Trauma Education**

**Advanced Trauma Care for Nurses**
An advanced course designed for RNs in all treatment areas touching trauma patients who want to increase their knowledge in the management of multiple trauma patients. It is taught in conjunction with ATLS.
Harborview Medical Center, Seattle, WA
May 29 & 30, July 25 & 26, September 25 & 26, November 6 & 7
Contact Mike Glenn at maglenn@uw.edu

**Preparing for the Unexpected VI: Washington Ready**
The Coast Wenatchee Center Hotel and Convention Center, Wenatchee, WA
May 28 & 29
Registration is Free, www.wsha.org

**9th Annual Tacoma Trauma Conference**
The Trauma Continuum of Care: Current Practices in Adult and Pediatric Trauma
The Greater Tacoma Convention & Trade Center, Tacoma, WA
November 20, 2015
Registration opens in July at www.tacomatraumaconference.org

**Northwest States Trauma Conference**
Sunriver, OR
May 6 - 8
Register at www.ohsu.edu

**Trauma Projects**

**DOH Interagency Workgroup to Prevent Opioid Misuse, Abuse and Overdose**
The charter of this workgroup is to foster collaborative prevention of prescription-type opiate morbidity and mortality in Washington State. Trauma Trust is part of the diverse group of stakeholders focusing on the revised strategies of Prevention and Response, Information Supply, Prescription Monitoring Program (PMP), and Legislative elements.

**History:** According to the CDC, each day 46 people die in the US from a prescription drug overdose. Healthcare providers write 259 million pain killer prescriptions each year. Washington State has been at the forefront of strategies to reduce prescription drug abuse and because of this is on the lower end of the average for the number of prescriptions written per 100 people (77 per 100 people).

Trauma Trust participates in Strategy #3 encouraging health organizations to use the health information exchange (One Health Port) to provide seamless access to PMP data for their providers. Our Trauma & General Surgery Clinics use PMP data to assist our providers in monitoring opioid prescriptions and reduce patient harm.

Currently 28% of Washington State DEA registrants have registered on the system (14,000/37,132). This underutilization of the PMP system means providers are missing information about controlled substance use that, if known, can prevent patient harm.

The primary goal for using the PMP is patient safety which supports our efforts to provide the highest quality of care.
Since the inception of the PMP, there has been a 46% drop in patients having 5 or more prescribers, but more can be accomplished through maximization of the system. A key focus of our workgroup is to encourage providers to register and use the prescription monitoring program.

**Pierce County Fall Prevention and the Peninsula Fall Prevention Coalitions**
Each September as we enter the fall season, our Older Adult Fall Prevention coalitions host information fairs to raise community awareness of the contributing factors to older adult falls. Planning has begun for this year's events to be held on September 23 with a national theme of “Take a Stand to Prevent Falls”.

**DOH Older Adult Fall Prevention Network**
On March 12, fall prevention professionals from all over the state met in Ellensburg, WA to continue to address issues surrounding older adult falls. Mary Borges outlined the State of Washington strategic plan which includes the introduction of the CDC evidence based exercise program, *Tai Chi, Moving for Better Balance*, into communities across the state. Recently a Tai Chi instructor training was held in Tacoma where several CHI Franciscan, MHS and Trauma Trust employees were able to attend. Plans are moving forward to bring a Tai Chi program to our community.

**Community Education and Injury Prevention**

**National Trauma Awareness Month**
National Trauma Awareness month starts in May with the campaign slogan “3D Trauma Prevention”. The focus this year is on contributors to motor vehicle crashes; Drugs/Drinking, Distraction and Drowsiness. In 2013, there were 32,000 fatalities in the US and over 2.3 million injuries. Of those, 31% involved an alcohol impaired driver and 18% involved a distracted driver.

**Driving Under the Influence Facts and Figures:**
- Every 2 minutes a person is injured in a drunk driving crash (CDC)
- 2 out of 3 people will be involved in a drunk driving crash in their lifetime, on average (CDC)
- Close to 30 people die each day in a motor vehicle crash that involves an alcohol-impaired driver (CDC)
- “Of the 239 child passengers, aged 14 and younger, who died in alcohol-impaired driving crashes in 2012, over half (124) were riding in the vehicle with the alcohol-impaired driver (CDC).

**Violence in the Workplace**
Violence in healthcare settings is a serious occupational risk requiring responses from employers, law enforcement, and the community. The emergency department is particularly vulnerable. Workplace violence is defined as “an act of aggression, physical assault, emotional or verbal abuse, coercive or threatening behavior that occurs in a work setting and causes physical or emotional harm” (ena, 2015). Nonfatal workplace assaults occur in the healthcare setting at a greater rate than all other settings. Prevention is a key aspect in reducing workplace violence.

In 2010 the Emergency Nurses Association (ENA) released a position paper on violence in the emergency department. Their recommendations included the development of violence prevention programs, clear procedures for reporting violent incidents, and a zero tolerance policy by healthcare organizations. The ENA believes all states should make it a felony to assault healthcare personnel. The ENA is working at the state level, along with state nursing organizations, to increase criminal penalties. Currently 34 states have enhanced penalties for assault/battery on an emergency nurse. In Washington State it is a Class C felony to assault a nurse, physician or healthcare provider.