

Trauma survivor support reduces return trips to hospital

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If hospitals consistently and comprehensively support trauma survivors with mental health needs, including after they're discharged, the survivors are less likely to find themselves back in the hospital in crisis,

a new study has found.

The American College of Surgeons Committee on Trauma requires that [trauma centers](#)—hospitals that treat patients with serious, life-threatening injuries—acknowledge [mental health](#) and make referrals for patients experiencing psychological distress. But there's no uniform protocol for how that should be done, said Laura Prater, the study's lead author and an assistant professor at The Ohio State University College of Public Health.

The research team studied data from patients who had experienced trauma including motor vehicle crashes, firearm injuries (including those that were self-inflicted) and domestic violence. The first analysis of its kind, the five-year study included 171 patients seen at a University of Washington trauma center who were randomized to receive either [standard care](#) or a comprehensive [intervention](#) designed to address their mental health. The study appears in the journal [Annals of Surgery](#).

The three-prong stepped-up intervention included:

- Having trauma survivors describe their personal post-traumatic concerns.
- Coordinating care management and providing enhanced care specific to mental health needs during hospitalization.
- Offering ongoing 24/7 access to support after trauma survivors left the hospital.

Researchers found significant reductions in [emergency department](#) and inpatient hospital use among those who experienced the intervention. Three to six months after the initial trauma, almost twice as many standard care patients found themselves back in the hospital—27%, compared to 16% of intervention patients. At 12 to 15 months, 31% of those in the standard care group had made a return visit to the hospital,

versus 17% of those in the intervention group.

"Being able to manage PTSD and other mental health concerns early on and receive regular follow-up support can prevent adverse long-term health problems and increase a survivor's ability to live a productive, meaningful life," Prater said.

About 30 million Americans experience traumatic injuries each year, and 1.5 to 2.5 million of them require hospitalization, previous research has shown. And as many as 4 out of 10 people hospitalized for trauma experience [post-traumatic stress disorder](#), or PTSD, and other psychological challenges.

Prater completed the work while at the University of Washington under the mentorship of Douglas Zatzick, a professor of psychiatry and behavioral sciences who has studied interventions to address PTSD in trauma centers for decades.

"The investigation provides support for the importance of the recent American College of Surgeons Committee on Trauma requirement for mental health screening and referral at trauma centers nationwide," Zatzick said.

Prater said it's likely that the 24/7 access to support through text messaging or [phone calls](#) was particularly helpful in reducing [hospital](#) readmissions.

"The immediate text message or phone call response to questions and concerns is potentially the most meaningful element of the intervention, from the perspective of the survivors. A lot of places use MyChart or another form of messaging, but responses can be delayed and that is problematic if someone is feeling overwhelmed," she said. "Having an immediate connection helped patients and their families to feel like they

weren't in it alone."

Fewer readmissions are an indicator that people's needs are being better met in the community setting, which is better for them and tends to lower [health care costs](#), Prater said.

"Being in the emergency department is traumatic in its own right, plus returning to the scene where you first received care following an injury or assault is not ideal," Prater said. "Managing trauma and the mental health fallout from that [trauma](#) is best done at home, where you're in a safe location."

The study's analysis of costs versus benefit was limited but suggested that the investment in providing this level of coordinated care and support is likely to be offset by decreased use of expensive emergency department resources, she said.

"The bottom line is we need to do a better job in general helping people who are in vulnerable health situations navigate the fragmented [health](#) care system," Prater said, adding that she's interested in thinking about how an intervention such as this could also work toward preventing future traumas, particularly those associated with firearms.

More information: Laura Prater et al, Emergency Department and Inpatient Utilization Reductions and Cost Savings Associated With Trauma Center Mental Health Intervention, *Annals of Surgery* (2023). [DOI: 10.1097/SLA.00000000000006102](https://doi.org/10.1097/SLA.00000000000006102)

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