



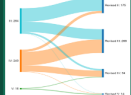
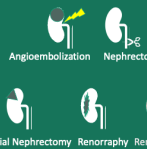
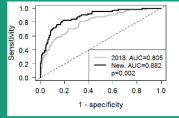
# JTACS AUGUST TABLE OF CONTENTS

### Trauma Surgeons Experience Compassion Fatigue: A Major Metropolitan Area Survey

Methods	Results	Conclusions
<p>Inclusion - Attending trauma surgeons (n = 43) at Level-1 trauma centers</p>  <p>Compassion Fatigue (CF) - Burnout (BO), Secondary Traumatic Stress (STS), and Compassion Satisfaction (CS) - assessed using Professional Quality of Life scale</p>	<p>Participants had moderate levels of BO, STS, and CS</p> <p><b>Associated Factors</b></p> <ul style="list-style-type: none"> <li>↑ perceived stress</li> <li>↓ shifts</li> <li>↑ perceived stress</li> <li>↓ shifts</li> <li>↑ perceived stress</li> <li>↓ empathy</li> </ul>	<p>CF is common amongst trauma surgeons.</p>  <p>Efforts to reduce CF should address workplace and structural factors that contribute to BO, STS, and CS.</p>

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### Proposed Revision of the AAST Renal Trauma Organ Injury Scale (OIS) Secondary Analysis of the Multi-institutional Genitourinary Trauma Study


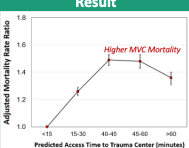
7 level I trauma centers	Primary outcome: Intervention for Hemorrhage	Revised Renal OIS better predicts intervention for hemorrhage
<p>Patients with Grade III-V renal trauma n = 549</p> <p>Regrading renal trauma using revised Renal OIS with evidence-based criteria:</p> 	<p>Angioembolization Nephrectomy</p> <p>Partial Nephrectomy Renorrhaphy Renal Packing</p> 	

Matta RN et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004232  
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**TRAUMA SURGEONS EXPERIENCE COMPASSION FATIGUE – A MAJOR METROPOLITAN AREA SURVEY**  
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**PROPOSED REVISION OF THE AMERICAN ASSOCIATION FOR SURGERY OF TRAUMA RENAL TRAUMA ORGAN INJURY SCALE: SECONDARY ANALYSIS OF THE MULTI-INSTITUTIONAL GENITOURINARY TRAUMA STUDY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/08000/PROPOSED\\_REVISION\\_OF\\_THE\\_AMERICAN\\_ASSOCIATION\\_FOR\\_S.7.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/08000/proposed_revision_of_the_american_association_for_surgery_of_trauma_renal_trauma_organ_injury_scale.7.aspx)

### Association Between Geospatial Access to Trauma Center Care and MVC Mortality in the United States

Study Design	Analysis	Result
<p>Population-based analysis of MVC deaths in 3,141 US counties</p> <p><b>Exposure:</b></p>  <p>Geospatial access to trauma center</p>	<ul style="list-style-type: none"> <li>✓ Hierarchical regression model</li> <li>✓ Stratified analysis (rurality)</li> <li>✓ Impact on state MVC mortality</li> </ul> <p><b>Risk-adjustment:</b></p> <ul style="list-style-type: none"> <li>Population Demographics</li> <li>Rurality</li> <li>Helicopter EMS</li> <li>Trauma Center Level (I-III)</li> <li>Traffic Safety Laws</li> </ul>	 <p>↑ Predicted Access Time to Trauma Center</p> <p>↑ MVC Mortality</p>

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### A Decade of Firearm Injuries: Have We Improved?

NTDB 2011–2020	Risk-adjusted standardized mortality ratios utilized to assess mortality over time	NTDB-reported injuries increased by 54%
<p>Adult patients with firearm injuries treated at level I – III centers</p> <p>238,674 patients</p> <p>420 trauma centers with 10 years of data</p>	<p>2020 subgroup analysis characterizing centers with greatest firearm injury increase</p>	<p>High-volume level I centers most affected by 2020 surge</p> <p>No change in adjusted mortality over time</p>

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**ASSOCIATION BETWEEN GEOSPATIAL ACCESS TO TRAUMA CENTER CARE AND MOTOR VEHICLE CRASH MORTALITY IN THE UNITED STATES**  
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**A DECADE OF FIREARM INJURIES: HAVE WE IMPROVED?**  
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### GIFTS: Geriatric Intensive Functional Therapy Sessions – For the Older Trauma Patient

Older admitted patients have improved outcomes when ancillary therapies are prioritized within the medical plan.	798 patients screened, 224 enrolled in pilot program	Outcomes:
<p>Are trauma patients good candidates to enroll in system-wide geriatric-focused medical treatment programs with intensive multidisciplinary therapy?</p> <p>-Pilot study, Level II Trauma Center.</p> <p>-Patients 65+ years, independent prior to admission, admitted, screened for enrollment and followed.</p>	<p><b>4M framework during stay:</b></p> <ul style="list-style-type: none"> <li>• Early mobilization</li> <li>• PT, OT, Speech Language</li> <li>• Respiratory Therapy</li> <li>• Sleep Hygiene</li> <li>• Dementia /Cognitive testing</li> <li>• Delirium mitigation</li> </ul> <p>Outcomes and costs evaluated and compared to 574 non-enrolled admitted to same floors over the 18-month study period.</p>	<ul style="list-style-type: none"> <li>-Successful participation overall.</li> <li>-Mobilization initiated earlier</li> <li>-Decrease in length of stay (LOS), delirium events and overall cost.</li> </ul> <p><b>Limitations:</b></p> <ul style="list-style-type: none"> <li>-Small trauma sample, but results show positive outcomes supporting system-wide geriatric programs with focused therapy can consider trauma patient participation.</li> </ul> <p><b>Recommendations:</b></p> <ul style="list-style-type: none"> <li>-Avoid developing siloed programs for seniors</li> <li>-Improve multidisciplinary access for active therapies, emphasizing mobility and focused practices to avoid delirium and decrease LOS.</li> </ul>

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### The Role of Emergency Department Thoracotomy in Patients with Cranial Gunshot Wounds

Study Population	Outcomes by Injury	Conclusions
<p>Emergency department thoracotomy (EDT) patients with gunshot wounds (GSW)</p> <p>Pennsylvania, 2002–2021</p> <p>n = 2,003</p>	<p>Isolated head (n = 25)</p> <p>Severe head + body (n = 81)</p> <p>NO SURVIVORS</p> <p>Non-severe head + body (n = 110)</p> <p>Body only (n = 1,787)</p> <p>EQUIVALENT SURVIVAL (5.2%)</p>	<p>No role for EDT with isolated or severe head GSW</p> <p>EDT recommended with non-severe head GSW</p>

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**GIFTS: GERIATRIC INTENSIVE FUNCTIONAL THERAPY SESSIONS – FOR THE OLDER TRAUMA PATIENT**  
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**THE ROLE OF EMERGENCY DEPARTMENT THORACOTOMY IN PATIENTS WITH CRANIAL GUNSHOT WOUNDS**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/08000/THE\\_ROLE\\_OF\\_EMERGENCY\\_DEPARTMENT\\_THORACOTOMY\\_IN.8.ASPX](https://journals.lww.com/jtrauma/abstract/2024/08000/the_role_of_emergency_department_thoracotomy_in_patients_with_cranial_gunshot_wounds.8.aspx)

**Warfarin, Not Direct Oral Anticoagulants Nor Antiplatelet Therapy, Is Associated with Increased Bleeding Risk in Emergency General Surgery Patients- Implications in this New Era of Novel Anticoagulants**

<p><b>DOAC vs. Warfarin vs. Antiplatelet</b></p> <p>413 patients undergoing urgent/emergent procedures within 24 hours of AC/AP</p> <p>DOAC = 152 Warfarin = 40 Antiplatelet = 221</p>	<p><b>Perioperative bleeding &amp; In-hospital mortality</b></p>	<p>In multivariate analysis, warfarin was associated with perioperative bleeding</p> <p>Comorbidities, severity of illness and indication were associated with mortality</p> <p>Decision to operate should be based on severity of illness, not AC/AP type</p>
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**WARFARIN, NOT DIRECT ORAL ANTICOAGULANTS OR ANTIPLATELET THERAPY, IS ASSOCIATED WITH INCREASED BLEEDING RISK IN EGS PATIENTS: IMPLICATIONS IN THIS NEW ERA OF NOVEL ANTICOAGULANTS**  
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**Obesity is Associated with Improved Early Survival but Increased Late Mortality in Surgical Patients with Sepsis: A Propensity Matched Analysis**

<p><b>Patient Population</b></p> <ul style="list-style-type: none"> <li>SOFA <math>\geq 2</math></li> <li>Admitted to the Surgical ICU</li> <li>Complete 90-Day mortality data</li> </ul>	<p><b>Methods</b></p> <p>Retrospective Review (2012-2019) DOA = 1 &amp; Sepsis # 10</p> <p>Patients with Obesity (BMI <math>\geq 30</math> kg/m<sup>2</sup>) n = 108</p> <p>Non-Obese Cohort (BMI &lt; 30 kg/m<sup>2</sup>) n = 108</p> <p>1:1 Propensity Matched</p> <p>DOA, Age, Sex, Trauma Risk, Chronic Comorbidity Score</p> <p>1 Mortality in-hospital (early, cumulative 90-day)</p> <p>2 Length of stay (need for mechanical ventilation (MV), need for renal replacement therapy (RRT))</p>	<p><b>Results</b></p> <p>Compared to non-obese patients, obesity is associated with:</p> <ul style="list-style-type: none"> <li>Improved short-term survival (&lt;8 days) <b>BUT</b></li> <li>WORSE OVERALL In-hospital and 90-day mortality</li> <li>Obesity is associated with respiratory and renal failure</li> </ul>
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**OBESITY IS ASSOCIATED WITH IMPROVED EARLY SURVIVAL BUT INCREASED LATE MORTALITY IN SURGICAL PATIENTS WITH SEPSIS: A PROPENSITY MATCHED ANALYSIS**  
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**Impact of Hypocalcemia on Mortality in Pediatric Trauma Patients Who Require Transfusion**

<p>Level one pediatric trauma center</p> <p>331 injured children transfused within 24h of admission</p>	<p><b>Hypocalcemia:</b> Ionized Calcium iCa &lt; 1.00 mmol/L</p> <p><b>Outcomes:</b> - 24h/in-hospital mortality - Blood product volumes</p>	<p><b>Hypocalcemia associated with increased:</b></p> <ul style="list-style-type: none"> <li>24h and in-hospital mortality</li> <li>death from hemorrhage</li> <li>24h blood product transfusion volumes</li> <li>rates of massive transfusion</li> </ul>
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**IMPACT OF HYPOCALCEMIA ON MORTALITY IN PEDIATRIC TRAUMA PATIENTS WHO REQUIRE TRANSFUSION**  
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**Systemic Acylcarnitine Levels Are Affected in Response to Multiple Injuries and Hemorrhagic Shock – An Analysis of Lipidomic Changes in a Standardized Porcine Model**

<p>Polytrauma Model (n = 49): Femur Fracture Liver Laceration Blunt Chest Trauma Hemorrhagic Shock</p>	<p>Polytrauma (n = 25) vs. Isolated Fracture (n = 24) 6 timepoints, 420 min</p>	<p>Acylcarnitines are potential markers for mitochondrial dysfunction/damage during tissue ischemia</p> <p>Normalization after resuscitation is quicker than conventional markers</p>
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Lipidomic analysis using liquid chromatography coupled mass spectrometry

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**SYSTEMIC ACYLCARNITINE LEVELS ARE AFFECTED IN RESPONSE TO MULTIPLE INJURIES AND HEMORRHAGIC SHOCK: AN ANALYSIS OF LIPIDOMIC CHANGES IN A STANDARDIZED PORCINE MODEL**  
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**Using Machine Learning to Predict Outcomes of Patients with Blunt Traumatic Aortic Injuries**

<p><b>Methods</b></p> <p>The Aortic Trauma Foundation registry was used to examine outcomes of patients with BTAI. A STREAMLINE machine learning model and logistic regression model was developed and compared.</p>	<p><b>Results</b></p> <p>Comparison of STREAMLINE and LR models showed no difference in ROC curves and AUCs. However, variables prioritized in each model differed.</p> <p>Machine learning provides insight on prioritization of variables not typically identified in standard multivariable logistic regression.</p>	<p><b>Top Variables Prioritized</b></p> <p>LR model: 1. Injury severity score 2. Admission MAP 3. Lactate</p> <p>STREAMLINE model: 1. Lesser curvature location 2. Age 3. BTAI grade</p>
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**USING MACHINE LEARNING TO PREDICT OUTCOMES OF PATIENTS WITH BLUNT TRAUMATIC AORTIC INJURIES**  
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**Does Delayed Operation Increase Morbidity and Mortality? An Analysis of Emergency General Surgery Procedures**

<p><b>Study Population</b></p> <p>269,959 adults undergoing nonelective abdominal surgery:</p> <ul style="list-style-type: none"> <li>Appendectomy</li> <li>Cholecystectomy</li> <li>Lysis of adhesions</li> <li>Small bowel resection</li> <li>Colectomy</li> </ul>	<p><b>Exposure</b></p> <p>Early Operation (&lt; 48 hours)</p> <p>Late Operation (<math>\geq 48</math> hours)</p>	<p><b>Outcomes</b></p> <p>For all operations: • increased mortality</p> <p>For all operations except cholecystectomy: • increased overall morbidity • increased serious morbidity</p>
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**DOES DELAYED OPERATION INCREASE MORBIDITY AND MORTALITY? AN ANALYSIS OF EMERGENCY GENERAL SURGERY PROCEDURES**  
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**Identifying Injuries Suggestive of Child Physical Abuse: An Innovative Application of TQIP**

<p>Screening for child physical abuse (CPA) limitations:</p> <ul style="list-style-type: none"> <li>subjective criteria to identify kids at risk</li> <li>racial/socioeconomic biases</li> </ul> <p>Can we empirically derive and validate ICD-10 diagnosis codes for CPA?</p> <p>How do empirically derived codes compare to existing codes?</p>	<p><b>TQIP, 2017-2019, <math>\leq 6</math> yrs old</b></p> <p>Confirmed CPA: report of abuse, plus discharge with alternate caregiver</p> <p>ICD-10 codes associated with abuse derived from 2017-2018, validated with 2019</p> <p>Empiric codes compared to abuse-specific and crosswalked ICD-9 codes</p>	<p>N = 122,867 children included</p> <p>High-risk ICD-10 codes derived for age groups 0-2, 3-4, and 5-6 years</p> <p>Empiric TQIP codes had:</p> <ul style="list-style-type: none"> <li>highest sensitivity for confirmed abuse (70%) vs abuse-specific (19%) and crosswalked (54%) codes, p&lt;0.0001</li> <li>lowest disparities by race and insurance status</li> </ul>
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**IDENTIFYING INJURIES SUGGESTIVE OF CHILD PHYSICAL ABUSE: AN INNOVATIVE APPLICATION OF THE TRAUMA QUALITY IMPROVEMENT PROGRAM**  
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**Co-Developing Theories of Change for Improved Community-Based Violence Intervention Evaluation**

<p>Community-based violence intervention (CVI) programs are considered important strategies for preventing violence and promoting safety. Mixed and inconclusive results from some prior CVI evaluations—and our general lack of understanding about the reasons for such varied findings—may be explained in part by misalignment of program theories of change and evaluation measures.</p>	<p>This paper describes the process and results of co-developing a theory of change for youth CVI programs in Washington state through a community-researcher partnership.</p>	<p>The theory of change we co-developed provides a common lens to conceptualize, compare, and evaluate CVI programs in Washington state and may support more rigorous and equity-centered evaluations.</p>
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**CO-DEVELOPING THEORIES OF CHANGE FOR IMPROVED COMMUNITY-BASED VIOLENCE INTERVENTION EVALUATION**  
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### How Medical-Legal Partnerships (MLPs) can Improve Hospital-Based Violence Intervention Programs (HVIPs)

In surveys and interviews, trauma surgery care team members identify many health-harming legal needs affecting violently-injured patients.

MLPs Can Help Violently-Injured Patients Address These Needs

- Insurance denials
- Inability to receive crime victim's compensation
- Difficulty securing public benefits
- Safety at home
- Criminal-legal system involvement
- Police presence in the trauma setting

Sonnenberg J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004302  
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### INTEGRATION OF MEDICAL LEGAL SERVICES INTO A HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAM: A SURVEY AND INTERVIEW-BASED PROVIDER NEEDS ASSESSMENT

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### AST and ALT Elevation in Suspected Physical Abuse: Can the Threshold to Obtain an Abdominal CT be Raised?

**Background**

Identifying abdominal injury due to physical abuse is important for medical and forensic reasons.

Obtain abdominal CT if:

- physical abuse (mid-range LFTs) AST or ALT > 80 IU/L
- general trauma (high-range LFTs) AST > 200 or ALT > 125 IU/L

Can we safely reduce the number of CTs performed?

**Methods**

Retrospective Chart Review

237 Subjects  
 Age: 0-60 months  
 AST or ALT > 80 IU/L

LFTs  
 Mid-range: 109  
 High-range: 128

131 Abdominal CTs

Signs or symptoms of abdominal injury

**Results**

Abdominal CT may not be necessary if:

AST < 200 and ALT < 125 IU/L

No signs or symptoms of abdominal injury.

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### ASPARTATE AMINOTRANSFERASE AND ALANINE AMINOTRANSFERASE ELEVATION IN SUSPECTED PHYSICAL ABUSE: CAN THE THRESHOLD TO OBTAIN AN ABDOMINAL COMPUTED TOMOGRAPHY BE RAISED?

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### Decompressive Craniectomy versus Craniotomy for Acute Subdural Hematoma: Updated meta-analysis of real-world clinical outcome after RESCUE-ASDH trial

Long-term poor outcome (Craniotomy versus Craniectomy)	Mortality rate (Craniotomy versus Craniectomy)	Re-operation rate (Craniotomy versus Craniectomy)
RESCUE-ASDH: OR: 0.84 (0.58-1.23)	RESCUE-ASDH: OR: 0.91 (0.60-1.37)	RESCUE-ASDH: OR: 2.30 (1.15-4.59)
Pooled real-world data: OR: 0.59 (0.32-1.10)	Pooled real-world data: OR: 0.43 (0.20-0.91)	Pooled real-world data: OR: 2.12 (0.75-5.94)

Chang Y et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004243  
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### DECOMPRESSIVE CRANIECTOMY VERSUS CRANIOTOMY FOR ACUTE SUBDURAL HEMATOMA: UPDATED META-ANALYSIS OF REAL-WORLD CLINICAL OUTCOME AFTER RESCUE-ASDH TRIAL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/08000/DECOMPRESSIVE\\_CRANIECTOMY\\_VERSUS\\_CRANIOTOMY\\_FOR.19.ASPX](https://journals.lww.com/jtrauma/abstract/2024/08000/decompressive_craniectomy_versus_craniotomy_for.19.aspx)

### Handoffs and Transitions of Care: A Systematic Review, Meta-Analysis, and Practice Management Guideline from the Eastern Association for the Surgery of Trauma

**Study Aims**

- Conduct a systematic review of current state of transitions of care in acute care surgery.
- Evaluate the impact of standardization.

10 studies included

Standardized handoffs - > lower incidence of handover errors and preventable adverse events

We conditionally recommend the use of a standardized handoff or formal handover processes in acute care surgery

Appelbaum RD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004285  
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### HANDOFFS AND TRANSITIONS OF CARE: A SYSTEMATIC REVIEW, META-ANALYSIS, AND PRACTICE MANAGEMENT GUIDELINE FROM THE EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/08000/HANDOFFS\\_AND\\_TRANSITIONS\\_OF\\_CARE\\_A\\_SYSTEMATIC.20.ASPX](https://journals.lww.com/jtrauma/abstract/2024/08000/handoffs_and_transitions_of_care_a_systematic.20.aspx)

### WHAT YOU NEED TO KNOW BRAIN DEATH/DEATH BY NEUROLOGIC CRITERIA

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/08000/BRAIN\\_DEATH\\_DEATH\\_BY\\_NEUROLOGIC\\_CRITERIA\\_WHAT\\_YOU.1.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/08000/brain_death_death_by_neurologic_criteria_what_you.1.aspx)

### WHAT YOU NEED TO KNOW DIAGNOSTIC APPROACH TO PENETRATING NECK TRAUMA: WHAT YOU NEED TO KNOW

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/08000/DIAGNOSTIC\\_APPROACH\\_TO\\_PENETRATING\\_NECK\\_TRAUMA.2.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/08000/diagnostic_approach_to_penetrating_neck_trauma.2.aspx)

### INDEPENDENT SUBMISSION AN EXECUTIVE SUMMARY OF THE NATIONAL TRAUMA RESEARCH ACTION PLAN (NTRAP)

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/08000/AN\\_EXECUTIVE\\_SUMMARY\\_OF\\_THE\\_NATIONAL\\_TRAUMA.21.ASPX](https://journals.lww.com/jtrauma/abstract/2024/08000/an_executive_summary_of_the_national_trauma.21.aspx)

### LETTER TO THE EDITOR ADVANCED RESUSCITATIVE CARE IN PENETRATING TRAUMA PATIENT MANAGEMENT: WE ARE ON THE RIGHT TRACK!

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2024/08000/ADVANCED\\_RESUSCITATIVE\\_CARE\\_IN\\_PENETRATING\\_TRAUMA.22.ASPX](https://journals.lww.com/jtrauma/citation/2024/08000/advanced_resuscitative_care_in_penetrating_trauma.22.aspx)

### LETTER TO THE EDITOR IN REPLY TO: "ADVANCED RESUSCITATIVE CARE IN PENETRATING TRAUMA PATIENT MANAGEMENT: WE ARE ON THE RIGHT TRACK!"

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2024/08000/IN\\_REPLY\\_TO\\_ADVANCED\\_RESUSCITATIVE\\_CARE\\_IN.23.ASPX](https://journals.lww.com/jtrauma/citation/2024/08000/in_reply_to_advanced_resuscitative_care_in.23.aspx)

### LETTER TO THE EDITOR LETTER TO THE EDITOR - EXTERNAL VALIDATION OF NOVEL REVISED INTENSITY BATTLE SCORE AND COMPARISON OF STATIC RIB FRACTURE SCORING SYSTEMS.

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2024/08000/LETTER\\_TO\\_THE\\_EDITOR\\_EXTERNAL\\_VALIDATION\\_OF\\_NOVEL.24.ASPX](https://journals.lww.com/jtrauma/citation/2024/08000/letter_to_the_editor_external_validation_of_novel.24.aspx)