

#NTAM2015

TSNotes

A publication of the **American Trauma Society**Spring 2015

May is National Trauma Awareness Month

The American Trauma Society, in collaboration with the Society of Trauma Nurses, is once again pleased to present National Trauma Awareness Month. This May, National Trauma Awareness Month celebrates its 27th anniversary with the campaign slogan, "3D Trauma Prevention" and focuses on contributors to motor vehicle crashes - Drugs/Drinking, Distraction and Drowsiness. This is an all too familiar list that makes



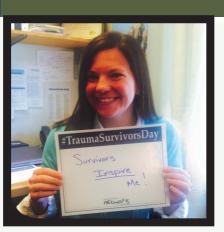
driving in the United States a risky endeavor. In 2013, the US saw over 32,000 fatalities and over 2.3 million injuries from motor vehicle crashes. Of those, 31% involved an alcohol-impaired driver and 18% involved a distracted driver. While these numbers have decreased slightly over the past few years, the promotion of prevention strategies and education around risky behaviors must continue until these statistics are eliminated.

We hope the campaign and its materials will continue to draw attention to these issues and invoke change by the community. The ATS has posted this year's campaign materials electronically for your use, not only for May, but also in the months thereafter.

For more information about NTSD 2015, visit the American Trauma Society's website. www.amtrauma.org

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Dear Reader,

Welcome to the Spring Edition of TSNotes, a newsletter of the American Trauma Society's Trauma Survivors Network. As the National TSN Coordinator, I am pleased to continue to report that the TSN grows in both strength and numbers.

In this edition we take a look at the campaign for National Trauma Awareness Month and feature the story of Doug Brown, a trauma survivor from Vanderbilt Trauma Center in Nashville, TN. We also feature a piece on National Trauma Survivors Day and an interview with the TSN Coordinator at The George Washington University Hospital in Washington D.C.

Please enjoy this edition of TSNotes, and remember, feedback and questions are always welcome!

Elizabeth Wysocki, MS
National TSN Coordinator

National Trauma Survivor's Day May 20, 2015 #TraumaSurvivorDay



National Trauma Survivors Day was a success in 2014 with hundreds of posts celebrating life. We hope you join us this year as we expand our campaign.

We want all survivors to know they are not alone!

Survive.Connect.Rebuild

HOW TO PARTICIPATE ON MAY 20TH

Print this sign and write your words of advice or inspiration.

- 1) Take your picture holding the sign.
- 2) Upload the sign to Facebook, Twitter, or Instagram
- 3) Use #TraumaSurvivorsDay
- 4) Tag your friends, family and Trauma Center.

WELCOME TO THE NEW TSN SITES

Proudly, we welcome the following Trauma Centers to the team of centers offering the TSN to patients and families. You can connect with these TSN centers in the Trauma Centers section of the TSN websites. There you can find out more about the programs offered and ways to get involved.

Prince George Hospital- Cheverly, MD

University of Pennsylvania Medical Center, Mercy-Pittsburgh, PA

Grove City Medical Center- Grove City PA

Erlanger Hospital- Chattanooga, TN

Bryan Medical Center-Lincoln NE

Christiana Hospital- Wilmington, DE

University of Virginia Health System- Charlotesville, VA

York Hospital- York, PA

Mount Sinai St. Luke's Hospital- NY, NY



An Interview with Katie Arnold RN, MBA, CEN, Trauma Program Coordinator at The George Washington University Hospital



Tell us about your role in the hospital and how you got involved in the TSN.

I work as the Performance Improvement Coordinator for Trauma at The George Washington University Hospital (GWUH), a level-one trauma center in Washington. DC. Dr. Sarani, the Trauma Medical Director, was committed to bringing the TSN to GWUH and asked me to spearhead the project. I attended TSN implementation training in Baltimore last April to learn more about the TSN and gain some of the tools needed to launch the program at GWUH. I was inspired by meeting so many other spectacular TSN coordinators who are doing great things in their respective trauma centers and I was eager to provide this resource to our patients at GWUH.

What progress have you made toward the development of the program?

After implementation training, I sought input and ideas for pertinent information to include in the Patient and Family Handbook from our liaisons throughout the hospital. I also corresponded with the mother of a TBI and multisystem trauma survivor to find out what would have been helpful to her during her son's extended stay in the ICU. In September 2014 our first "final" draft of the GWUH-TSN Handbook went to print and I began distribution. There are always new ideas being added so the handbook is updated before each print. I have referred survivors to participate in NextSteps online and received good feedback about the program. I also personalized the GWUH TSN

webpage. In January, GWUH had our first peer visitor orientation with the help of Melissa Porrey, the TSN Coordinator at Inova Fairfax Hospital. We had two peer visitors become certified and had our first peer visit a week later!

What is the most rewarding part of building the TSN program?

I find building the TSN program rewarding because in my mind it is the right thing to do for our patients! Trauma occurs so suddenly and unexpectedly but the TSN provides support and resources throughout all phases of recovery. Implementation of the peer visitor program has been wonderful because it is very obvious how beneficial the visits are for current inpatients and the peer visitor. Nursing and ancillary staff also get a kick out of seeing our peer visitors back in the hospital and looking great. It provides a morale boost to everyone involved.

What challenges have you faced in getting this program implemented?

Finding time to dedicate to the program can be challenging at times as I wear many hats and we do not have a staff member dedicated solely to the TSN. In order to supplement my time, a trauma volunteer rounds on patients as well. Organizing the first peer visitor orientation also presented some challenges as there were many last minute changes in trauma survivors who were able to attend. We held the orientation in the afternoon. Moving forward I

would hold orientation in the evening. Each challenge provides an opportunity for improvement.

What advice would you have for other sites that are working on this project?

Seeing the success and depth of some of the other TSN programs can be daunting at first. I think it's important to keep perspective about the resources available and to do the best you can. Robust support groups and peer visitor programs do not fall into place overnight and every single patient may not be rounded upon daily, but each patient contact makes a difference.

What feedback have you received about the program? (staff or survivors)

Survivors and staff alike have praised the Trauma Survivors Network. Family members especially appreciate the handbook to keep track of information and help understand the trauma system, care being provided, and the support of knowing others have been in their shoes.

JOIN THE TSN

Interested in establishing a TSN Chapter in your Trauma Center?

Contact the ATS at 800-556-7890 or admin@traumasurvivorsnetwork.org

Survivor's Corner

TRAUMA SURVIVOR DOUG BROWN TELLS HIS STORY ABOUT TRAUMA AND RECOVERY

A few days after Christmas 2013, I was repairing a window in our home. Unfortunately, in the process I fell out of the window and landed on a brick sidewalk 17 feet below. The physical damage was focused primarily on my right arm/wrist and my pelvis. Both areas had multiple breaks and fractures. I remained conscious and was aware of what was going on around me and the unbelievable pain coming from my body. I could not move. My wife called 911 and I was taken to Vanderbilt Emergency for evaluation and treatment. I was moved to the Vanderbilt Trauma Center and the next day surgery was performed on both my pelvis and arm by Dr. Alex Jahangir. A steel bolt was put through my pelvic bone to hold the fractured pieces together so they could heal. Likewise, a steel plate was put into my arm, at the wrist, and attached with screws for the same reason.

I am a Christian, a husband of 49 years, a grandfather, a business owner, a pilot, a global traveler and very active physically with exercise and slalom water skiing in the warm months. I woke up the day of the accident happy and confident in all of these areas of my life. I fell around 9:20 AM. Looking back, I realize that my confidence was shattered from the very beginning and that my inability to cope with the pain, the confinement and restrictions was growing rapidly. I could not sleep; there was a lot of anxiety; and I was frightened beyond understanding and even words. It was during these times that I actually wondered what surviving would look like. This fear and doubting continued well into the phase of my rehabilitation work at home. It wasn't until I visited Dr. Jahangir on February 18th and he asked me to stand up from my wheelchair (I did) and then to take an unaided step (I did) that I could see that there was potential to return to a somewhat normal life. It was a euphoric experience. It was liberating. With

this achievement, came the physical and mental energy I so desperately needed to press on with my rehabilitation work in order to return, as much as possible, to my pre-accident life.

Through this traumatic experience I have gained wisdom and knowledge about life. I have learned to spend my time on things of high value. I have learned to be more compassionate. I have learned that Peer Visiting is not about me. I believe that I can be a friend to someone in need of a friend, be an encourager as someone who has "been there" and I know that by doing so I will become even stronger and more complete in my own recovery. During my traumatic experience I learned how much both physical and emotional recovery depends on support. I feel that "giving back" is something that I need to do or have been "called" to do. I want to be helpful to patients who have encountered trauma and are afraid, confined, restricted and per-



Pictured Above: Doug water skiing after his trauma

haps suffering with anxiety/stress because they feel trapped and have no idea what their recovery is going to look like. I have learned to listen to what the patients and families are really saying and respond accordingly. I have learned that there is an inner peace and comfort that I experience when attempting to comfort and give hope to patients and their families. I have learned that it is a God given, unique privilege to be equipped to serve the patients and their families that unexpectedly find themselves in the environment of trauma.

Supporting Survivors and their Families with the TSN

Vanderbilt University Medical Center

As a Peer Visitor, Doug has devoted every Thursday visit trauma survivors at Vanderbilt Hospital and the neighboring Stallworth Rehabilitation Hospital. With his background as a business owner, Doug's leadership skills have enabled him to take charge of his role as a peer visitor, and have made him a vital part of the TSN program at Vanderbilt. Furthermore, Doug's compassion, empathy and desire to "give back" enable him to connect with each and every survivor, regardless of their background or personal story.

Doug has expressed that he has gained so much from his ability to help trauma survivors and their families who are newly experiencing a traumatic incident. Doug says he has enjoyed a new appreciation for "what really matters in life" and so values his family and friends, his health and his ability to mentor others trauma survivors

It is due to the dedication, compassion and commitment of Doug and other peer visitors like him that the TSN program at Vanderbilt Hospital is a success. We are grateful to them all.

-Cathy Wilson & Susan Vanston, TSN Co-Facilitators

Read Doug's full story and find out more about the TSN program at Vanderbilt Trauma Center go to

www.traumasurvivorsnetwork.org