

### Introduction

#### Background

- 1 in 4 children sustain an unintentional injury that needs medical attention annually.
- There is often a lack of follow-up adherence post discharge.
- Other studies have cited lack of coordination after hospital discharge as a contributor to follow-up nonadherence.
- Another study stated that providing resources and communication can help patients and families adhere to scheduled follow-ups.

#### Study Aims

The objective of this study is to determine additional barriers to follow-up and assess their impact on adherence.

- Further research needs to be done to assess the multitude of possible reasons that children and adolescents do not present for trauma follow-up.

#### Methods

- A retrospective review of prospectively collected follow-up information was performed of children and adolescents 18 years and younger who met criteria for tier 1 or 2 trauma activation.
- Patients presented to an American College of Surgeons verified level 2 trauma center from February 2023- December 2023.
- All trauma activated patients received a phone call from the trauma social worker or manager 30 days after discharge.
- The social worker or manager had scripted questions assessing any needs encountered after discharge.
- Factors affecting follow-up that were assessed include: demographics, differing measures of socio-economic status, previous trauma, mechanism of trauma, law enforcement involvement, and administration of resources.

### Pediatric Population: Characteristics

Demographics	Tier 1 (n=49)	Tier 2 (n=277)	P-Value
<b>Age (years)</b>	7.835897 +/- 4.7	8.819586 +/- 5.3	0.09
<b>Gender (male)</b>	28	167	0.75
<b>Race</b>			0.53
White	15	100	
Black or African American	27	134	
Asian	0	2	
None of the Above	0	18	
Declines/Unable to Respond	5	20	
<b>Hispanic</b>	5	25	0.79
<b>Insurance</b>			0.91
Private	22	117	
Public	20	123	
Uninsured	5	28	
<b>Spanish Speaking</b>			0.85
Spanish Speaking	3	18	
English Spoken, Spanish Written	0	3	
Other	0	5	

### Needs Post Discharge

Demographics	Physical Needs	Mental Needs	Social Needs	% with Needs
<b>School</b>				
Public (21)	1	8	3	57.1
Private (3)	0	0	0	0
Charter (15)	1	3	1	26.7
No Record (286)	2	20	14	12.6
<b>Insurance</b>				
Private (139)	4	15	3	15.8
Public (143)	0	11	14	17.4
Uninsured (33)	0	4	1	15.2
<b>Out of State (37)</b>	0	8	12	21.5
<b>Spanish Speaking (21)</b>	0	3	2	23.8
<b>Mechanism</b>				
Car/Bike vs Ped (42)	1	6	1	19
MVC (115)	2	6	6	12.1
Animal (7)	1	0	1	28.6
GSW (33)	0	3	5	24.2
Fall (46)	0	7	5	26.1
ATV/Bike/Golfcart (59)	0	5	0	8.5
NAT (9)	0	0	1	11
Boat/Water (2)	0	0	0	0
Burn/Fireworks (13)	0	2	0	15.4

### Follow Up Completion

Demographics	Follow Up Complete	Follow Up Incomplete	Follow Up Completion %
DCFS/LE	115	60	87.1
Out of State	26	11	70.2
Non-English Speaking	25	4	86.2
Medicaid/Self-Pay	107	71	60.1

### Results

- 326 patients were included, of which 60% were male, 35% identified as White, 49% as Black, and 9% Hispanic. 8.9% spoke a first language other than English. 49 patients were Tier 1 activations, and 277 were Tier 2.
- Trauma mechanisms included 35% motor vehicle crashes, 13% pedestrian or bicycle struck by vehicle, 10% firearm injury, 14% falls or drops, and 18% in all-terrain vehicle, motorized bicycle, or golf cart.
- 117 patients had law enforcement or child protective services involvement.
- 187 follow ups (57%) were completed at 30-days after discharge.
- Highest rates of follow ups were completed for patients who had DCFS/LE involvement (87%) and among those whose primary language is not English (86%)
- During the follow up call, 46 (25%) of patients requested further intervention including mental health needs, scheduling appointments/referrals, or assistance with transportation or Women/Infants/Children social services.
- These needs were highest among patients who attend public/charter schools (17 vs 0 for those attending private school) and those who sustained animal attacks (28%), falls/drops (26%), and GSW (24%)

### Conclusion

#### Conclusions

Patients continue to have trauma-related needs after discharge. Follow up calls can help bridge gaps for patients and families after traumatic injury.

#### Future Directions

Aiding other hospital systems in the implementation of the follow-up phone call in their own pediatric trauma programs.