APPLICATION FORM

Title of Entry: Turning Point

Division: Large Organizations

Award: Community Champions

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EXECUTIVE SUMMARY

Philadelphia is one of the most dangerous large cities in the nation, with more than 20,000 shootings since 2002. For every gunshot death, there are at least four survivors. This means thousands of predominantly young men returning to the streets in which they were shot, perceiving their situation as either a new lease on life (a “turning point”) or an opportunity to exact revenge.

Our hospital, which annually treats the highest number of gunshot victims in Pennsylvania, came to view patients’ attitudes toward guns and violence, as well as the circumstances to which they were being discharged, as important needs to be addressed in order to reduce the likelihood of retaliation and re-injury. Thus was Turning Point born.

Turning Point is a program for patients who are admitted to our hospital for gunshot wounds. Within the first 48 hours of hospitalization (medical condition allowing), patients are engaged through powerful videos, personal visits from gun violence survivors, introductions to case managers, and psychiatric evaluations. The program’s goals are:

- To make violent injury a turning point in a patient’s life.
- To take advantage of a teachable moment that occurs soon after violent injury.
- To change a patient’s attitude toward violence.
- To reduce the chance of retaliation and recurrence.

Unlike other programs such as this, ours doesn’t stop at discharge. Following their release from the hospital, Turning Point participants are helped by a prominent social service agency that assists them with personal counseling, employment placement, education counseling and housing assistance. The goal is to help them turn around their lives and avoid re-injury.

Results from Turning Point have been positive. In a study conducted between January 2012 and January 2014, patients who participated in the program demonstrated a significant reduction in their proclivity toward violence.
Describe the needs assessment process and/or research conducted prior to implementing the initiative and the results of that needs assessment/research, including evidence and baseline data.

ASSESSMENT

Our hospital treats a high number of gunshot victims, half of whom are under the age of 25. In 2015 alone, our hospital saw more than 400 patients who had been shot. About 80% of those victims survived their injuries and returned to their communities. Unfortunately, national studies report a five-year re-injury rate between 10% and 50% for victims of violent injury. An additional 20% of these victims die as a result of the re-injury.

While we were doing a good job of treating their physical injuries, it was clear that there were many social and emotional issues at play and that an intervention was needed to break the cycle of violence. We viewed patients’ attitudes toward guns and violence as important needs to be addressed in order to reduce the likelihood of retaliation and re-injury. We noticed there was a small window of opportunity to influence these patients while they were hospitalized – time when they still felt the weight of their mortality but before they stopped listening to us and resumed their “tough guy” personas.

To begin, we surveyed our hospitalized gunshot patients and asked them what would be the most effective way to reach them with our message. One consistent response centered on their interest in speaking with someone who had survived a similar injury and who could offer insight into what to expect after being discharged from the hospital. We recognized this as a potentially significant opportunity, as the fear of the unknown seemed to contribute to our violently injured patients engaging in a self-protective hardening during the span of their recovery. Another recurring suggestion that came from the surveys focused on the period when patients first arrived to the hospital’s trauma bays. Respondents explained that it was during this period that they felt most aware of how precarious life can be and how hopeful they were to get a second chance. When asked if they would be interested in viewing a video of their resuscitation – something made possible by the presence of cameras in every trauma bay – patients almost usually universally responded, “Yes.”

Based on our findings, we created the Turning Point program.
Identify the steps taken to initiate your effort including strategies, implementation plan, and the interventions

INTERVENTION

The Turning Point program was created in 2012 by our hospital’s Division of Trauma and Surgical Critical Care. The program was spearheaded by our Chair of Surgery and our trauma outreach coordinator. Initial funding of $100,000 came from donations made to our hospital in support of the trauma program’s various outreach efforts.

One advantage that the Turning Point program has is its ability to offer its services to a large number of patients. Every morning, clinical staff debriefs the hospital’s trauma outreach coordinator (TOC) on all violently injured patients who were admitted to the trauma service overnight. At this point, the TOC approaches patients who are medically appropriate about their interest in enrolling in the Turning Point program. When a patient consents to participate in the program, the TOC then initiates the Turning Point protocol.

From the beginning, Turning Point engaged gunshot patients in five different ways over the first 48 hours of their hospitalization (medical condition allowing). They are engaged by:

- **Watching a video of their own trauma-bay resuscitation.** This provides an opportunity for reflection and reminds the patients of the gravity of their situation and how close to death he or she may have come.
- **Watching a reality-based video about gun violence.** The video includes the personal stories of gunshot victims.
- **Receiving a visit from a gun violence survivor.** The survivors are from the same community as the patients, enabling them to better understand the background of the patients and more readily establish a trusting relationship.
- **Being introduced to the case manager who will direct their outpatient services.** These services include, but are not limited to, assistance with job placement, going back to school, and attending clinic appointments.
- **Being evaluated by Psychiatry upon request.** The objective of this evaluation is to diagnose and initiate treatment of any underlying psychiatric illness.

Turning Point doesn’t end at discharge. Our hospital recently contracted with a prominent social service agency in the city to provide a range of social and behavioral health services to our gunshot patients. Services last up to a year after discharge and include trauma-informed therapy, job training and placement, education counseling and housing assistance. Annual cost of this contract is approximately $100,000.
Summarize the success of your initiative and provide evidence of sustained improvements.

RESULTS
To gauge the efficacy of Turning Point, we conducted a randomized study from January 2012 to January 2014 (our paper is currently under review by the journal *Trauma*). During the study, all English-speaking penetrating trauma patients at least 18 years old who sustained a gunshot or stab wound and were admitted to the hospital were deemed eligible for participation.

Patients were excluded from the study if they were under police custody, had a severe psychiatric disorder or devastating neurologic injury, or sustained their wound while attempting suicide. Patients with a length of stay anticipated to be less than 48 hours were also excluded as this time period was insufficient to complete the inpatient program.

After obtaining informed consent, participants were randomized in a 1:1 parallel-group fashion into the Standard of Care (SOC) group or Turning Point group. The SOC group received traditional social work services, which included supportive interactions with a case manager, social worker, and trauma outreach coordinator. The SOC approach involved a detailed review of the incident, suggestions for nonviolent conflict resolution strategies, an assessment of risk factors for violence, and referral to outpatient services. In contrast, the Turning Point group received the five inpatient interventions mentioned previously in this nomination in addition to the traditional SOC services.

The Attitudes toward Guns and Violence Questionnaire (AGVQ) was the primary measurement instrument of this study. The AGVQ assesses attitudes toward interpersonal conflict, physical aggression, and guns via a 26-item questionnaire. It is composed of four different scales: 1) Aggressive Response to Shame, 2) Comfort with Aggression, 3) Excitement, and 4) Power/Safety. In addition, the AGVQ provides a Total score that describes an individual’s overall proclivity toward violence.

We found that the Turning Point group had a 50% reduction in the average Aggressive Response to Shame score and a 29% reduction in the average Comfort with Aggression score. In contrast, the SOC group failed to demonstrate notable changes on these scales. Neither the SOC nor Turning Point group demonstrated significant changes on the Excitement or Power/Safety scales.

Finally, the Turning Point group demonstrated a 19% reduction in the Total score, representing a significant reduction of the group’s overall proclivity toward violence. In conjunction with the reductions observed with respect to Aggressive Response to Shame and Comfort with Aggression, this finding leads us to conclude that the inpatient component of Turning Point is effective in changing attitudes toward guns and violence among gunshot victims.
Describe the potential ability to replicate your initiative in other organizations that provide the same service or serve the same type of population. Also, describe how to maintain the initiative and/or its results, any negative outcomes, areas of improvement, or lessons learned.

**ADAPTABILITY**

We believe Turning Point is very adaptable to any hospital with a high number of victims of violence. Initial funds to launch the program came from donations. Sustaining funds come from donations and hospital contributions.

Maintaining a program like Turning Point requires an institutional commitment and ongoing funding. Because gunshot victims can arrive at the hospital at any hour on any day, a structure must be in place to capture these patients soon after they arrive.

There are several challenges we have encountered:

- **Recruitment** is difficult. We typically have a large number of patients who decline to participate. Oftentimes, this stems from a reluctance on the part of patients to share personal information they fear could be used to potentially incriminate them in the future. Other times, it results from a stigma about mental health services – one of the program’s many offerings – that is frequently held by members of the communities in which our patients live.

- **Timing.** The various components of Turning Point take about 48 hours to complete and not all of our patients remain hospitalized for that long. In addition, the program fails to connect with gunshot patients who are treated in the Emergency Department for minor injuries and discharged soon after. We need to find a way to adapt the program so that these patients can also be reached.

- **Partnership.** The social service agency we initially contracted with to help our patients after discharge didn’t have the resources to adequately help them. Our current contract is with an agency with much greater resources and a better understanding of what these patients require.
Figure 1. Change in AGVQ Aggressive Response to Shame score ($p = 0.03$)
Figure 2. Change in AGVQ Comfort with Aggression score ($p = 0.08$)
Figure 3. Change in AGVQ Total score ($p = 0.01$)