

Social Determinants of Health in Post-Gunshot Wound Care: Insights and Implications from a Level One Trauma Center

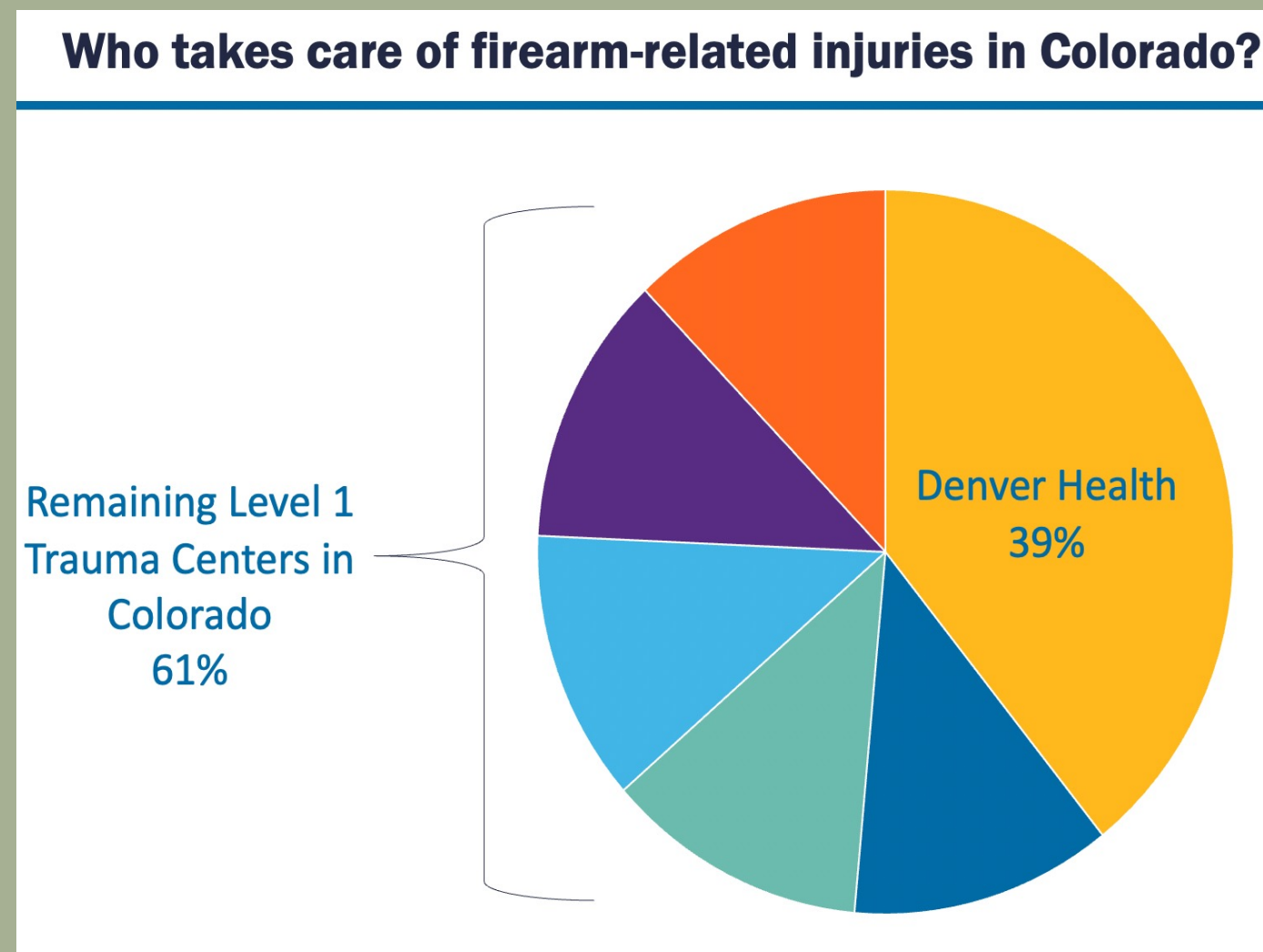


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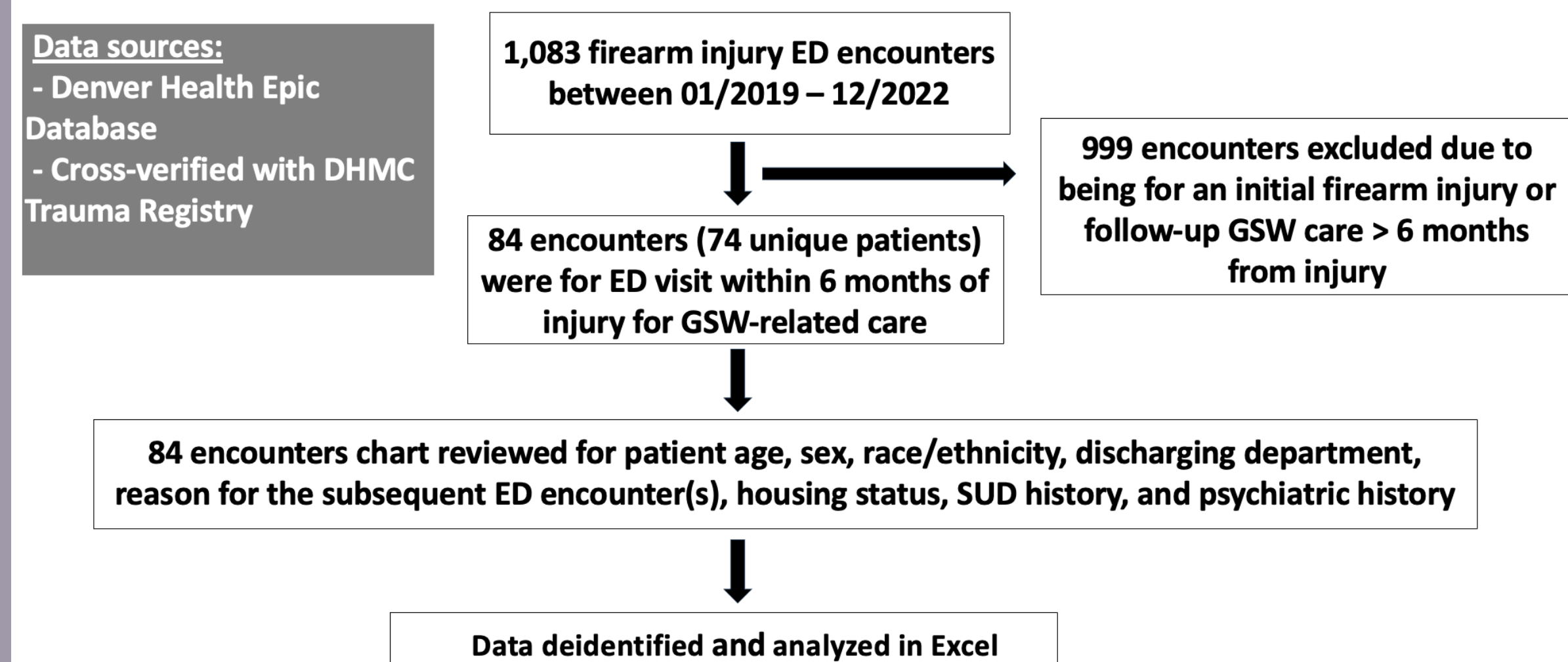


Introduction

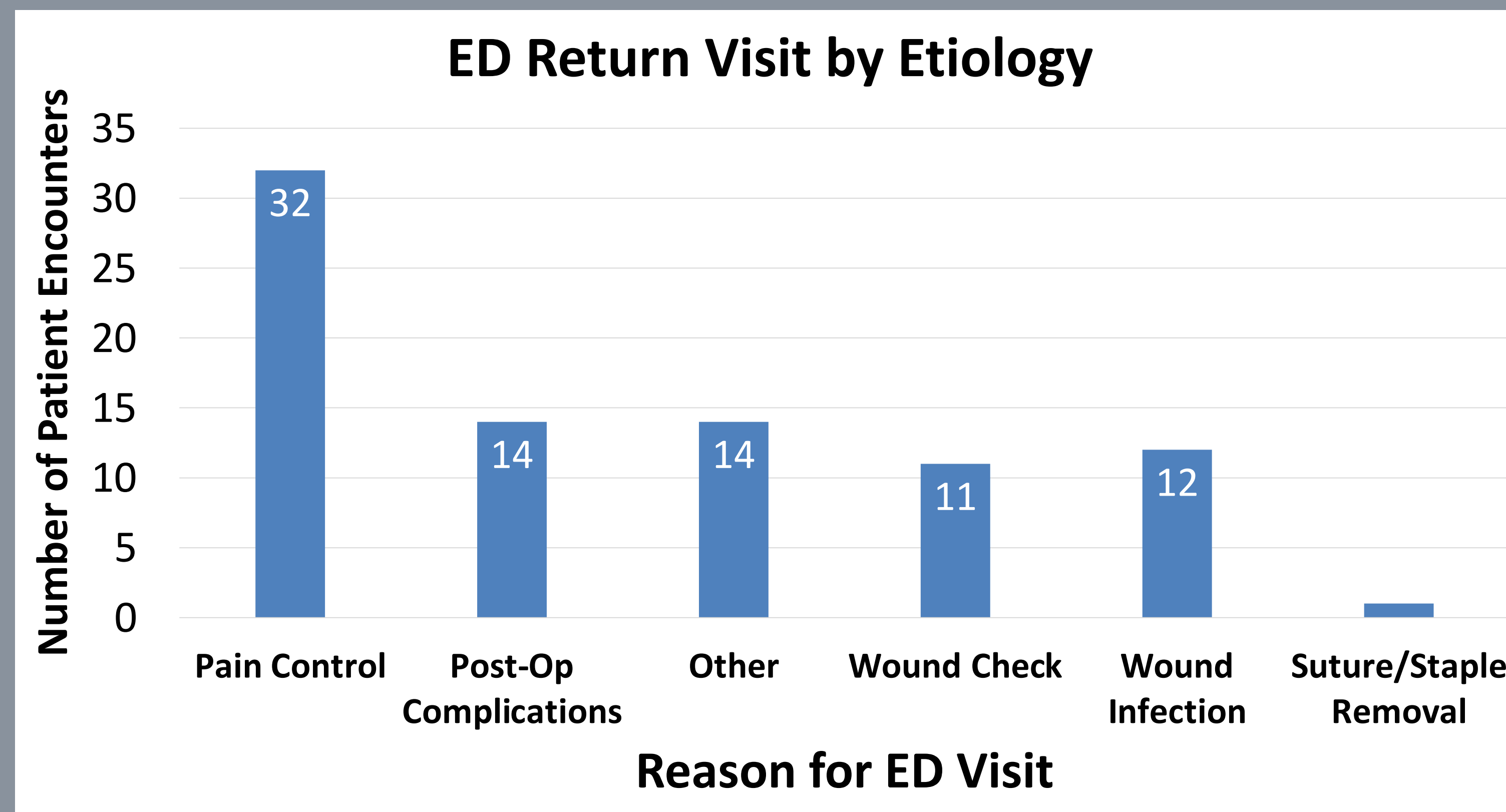
- Survivors of GSWs face structural barriers to receiving high quality post-discharge care
- Denver Health Medical Center is an ACS-verified Level One Trauma Center
- Little is known about why patients require post-GSW ED care and who is most affected
- Study aim: describe factors associated with repeat visits to the ED following a firearm-related injury



Methods



Results



Conclusions

- Top reasons: pain control, post-op complications, other (misc. injury-related sx), wound check, and wound infections
- Suggests many visits and/or readmissions are preventable
- Disproportionate impact on vulnerable populations
- Proposed solutions:
 - Home wound care kits, robust discharge pain control instructions and contingency planning, routine Psychiatry consults

Table 1. Demographics of Study Population

	N (%)
Age	
11 – 20	17 (23.0%)
21 - 30	23 (31.1%)
31 - 40	21 (28.4%)
41 – 60	13 (17.6%)
Sex	
Male	58 (78.4%)
Female	16 (21.6%)
Race	
White or Caucasian	40 (54.1%)
Black or AA	15 (20.3%)
Other	16 (21.6%)
American Indian or Alaska Native	3 (4.1%)
Ethnicity	
Hispanic, Latinx, or Latin American	41 (55.4%)
Not Hispanic, Latinx, or Latin American	33 (44.6%)
Housing status	
Stably housed	46 (62.2%)
Experiencing homelessness	28 (37.8%)
Hx of any SUD (Y/N)	
Yes	47 (63.5%)
No	27 (36.5%)
Hx of PD, GAD, or panic disorder (Y/N)	
Yes	17 (23.0%)
No	57 (77.0%)
Patient readmitted (Y/N)?	
Yes	26 (35.1%)
No	48 (56.8%)