ABSTRACT

Although the incidence of crime in the city of Atlanta has seen a decline over the past decade, crimes related to gun violence have paradoxically increased. Beyond the direct ramifications of physical injury, the rising disease burden associated with gun violence contributes to job displacement, rehabilitation needs, mental health concerns and increased hospital costs. The Program to Interrupt Violence through Outreach and Treatment (PIVOT) initiative is a collaborative effort between Grady Memorial Hospital and the Atlanta Police Department designed to curb the rising increase in gun violence in Atlanta by targeting victims of gun violence treated in the Emergency Department at Grady Memorial Hospital.

In year 2 of this three-year initiative gunshot wound (GSW) patients treated at Grady Memorial Hospital between June 2018 and April 2019 were identified through the Electronic Medical Record (EMR) system and screened for eligibility in the PIVOT initiative. Approximately 685 GSW patients were treated at the hospital during this window. 120 of these individuals met all eligibility criteria and 27 individuals were eventually enrolled. The program participants consisted of 5 individuals randomly assigned to the treatment group and 22 individuals randomly assigned to the control group. The control group was briefly counseled on the direct and indirect ramifications of injury due to gun violence. Follow up at 6 months and 12 months was completed to assess for any rehospitalizations or repeat injuries due to gun violence.

These participants enrolled in the treatment group received a customized treatment plan and schedule. Utilizing the intake forms and collaborating community partners, specific resource needs were identified for each treatment participant. These included education, health, employment, legal and housing needs.

A multi-pronged, interdisciplinary approach to addressing gun violence, such as the PIVOT initiative, is both innovative and challenging, as it requires immense collaboration and cooperation to successfully implement. Leveraging the access and influence of physicians in the emergency department, there exists a unique opportunity to impact the disease burden resultant from gun violence in a novel but sustainable way.

BACKGROUND

• In Atlanta, between 2010 and 2014, the city’s population grew by 5% while the number of individuals involved in gun related violence increased by 29%. The number of individuals injured by firearm reported to the police was 77% higher in 2015 compared to 2007.

• As the incidence of violence steadily increases, trauma centers and physicians employed in these settings are best positioned to intervene, with first-hand access to the victims of this growing epidemic and the families and communities that are impacted.

• Addressing social determinants of health such as job readiness, mental health, education, housing instability, legal assistance, counseling services and anger management/conflict resolution is particularly important for minimizing rates of recidivism/re-victimization of injury due to gun violence.

• The Program to Interrupt Violence through Outreach and Treatment (PIVOT) is a collaborative effort between Grady Memorial Hospital and the Atlanta Police Department to address the steady rise in injury due to gun violence in the city of Atlanta.

OBJECTIVES

The objectives of this project are to:

• Reduce the rate of recidivism/re-victimization due to gun violence of patients treated at Grady Memorial Hospital.

• Identify social service resources in Atlanta that are designed to support individuals most frequently at risk or exposed to gun violence.

• Determine if counseling, combined with support, with managing social service limitations can impact the rate of re-admission at Grady Memorial Hospital for injury due to gun violence.

METHODS

• Participants in this initiative are recruited directly from patients admitted to Grady Memorial Hospital.

• Through screening of intake records at Grady Memorial Hospital, 685 patients were admitted with gunshot wounds between June 2018 and April 2019. 120 of these individuals met all eligibility criteria for program enrollment. Only 27 patients eventually consented to participation, with 5 enrolled in the treatment group.

• Efforts have been made to address the unique social issues for each enrolled participant in the treatment group. One was enrolled into Atlanta Technology College, to pursue advance training and hopefully expand employment opportunities. A second participant is being supported with securing stable housing.

• The team is working to get the participant into a shelter. The stable address will allow the participant to complete a GED and apply for college. Lastly, one participant is being assisted with bill pay.

• For the individuals currently enrolled in the treatment group, community partnerships have been brokered with Atlanta Technology College, Mercy Care Mental Health and Housing, Chris 180 Mental Health, Covenant House Youth Shelter, West side Works for job training, ACSS-Atlanta Center, and the Annie E. Casey Foundation.

• Participants in this initiative are recruited directly from patients admitted to Grady Memorial Hospital.

• Using the hospital electronic medical record (EMR) system, patients admitted to the emergency department for gun shot wounds are flagged. Each patient is screened to determine eligibility. Each eligible candidate is then recruited by the team. Eligibility criteria is included as FORM 1.

• Enrolled participants were randomly assigned to the control or treatment groups. The control group participants were not provided any specific resources. They received brief counseling on the risks and ramifications of injury due to gun violence. The team follows up with those enrolled in the control group at 6-months and 12-months post enrollment to inquire about any repeat hospitalizations or repeat injuries due to gun violence.

RESULTS

• Those participants enrolled in the treatment group received a customized treatment plan and schedule. Utilizing the intake forms, specific resource needs were identified for each treatment team participant. Follow up occurred at least monthly to determine the progress each participant had made, additional needs that may have developed, and updates on return hospitalizations or other injuries due to gun violence.

• Tools identified or created for this intervention include the eligibility screening form, an intake document, which collects background information on each program participant and assesses attitudes and beliefs about gun violence, police relations and safety in their neighborhoods. After collection of this information, program participants complete a Needs Assessment, identifying resources and support required to help meet self-identified goals.

• Follow-up with those enrolled in the control group at 6-months and 12-months post enrollment to inquire about any repeat hospitalizations or repeat injuries due to gun violence.

CONCLUSIONS

• While the incidence of crime in the city of Atlanta has seen a decline over the past decade, crimes related to gun violence have paradoxically increased.

• Beyond the direct ramifications of physical injury, the rising disease burden associated with gun violence contributes to job displacement, rehabilitation needs, mental health concerns and increased hospital costs.

• The PIVOT initiative has made promising initial strides creating the foundation to deliver this program. However, it has proven a unique challenge to recruit a significant, representative sample of GSW patients to both treatment and control groups.

• Participants have been intermittently or permanently lost to follow-up. This is partially due to the transience of life’s current living conditions, where they often change phone numbers and/or addresses. This continues to be a challenge requiring unique solutions.