Trauma Surgery & Acute Care Open

You can't treat who you don't see

David H Livingston

To cite: Livingston DH. You can't treat who you don't see. *Trauma Surg Acute Care Open* 2024;**9**:e001341. doi:10.1136/tsaco-2023-001341

Surgery, Rutgers, Newark, New Jersey, USA

Correspondence to
Dr David H Livingston; livingst@rutgers.edu

The quote 'Just showing up is half the battle' has been used in numerous life situations but is equally applicable to our current healthcare system. Although the US healthcare infrastructure often provides exceptional emergent trauma care, it falls extremely short in providing post-discharge care to those very same patients. The reasons for this are multifactorial and include institutional roadblocks, systemic racism/classism toward the trauma patient population, a failure of the trauma centers to see this as a priority or part of their mission, the perceived cost associated with providing post-discharge care and the assumption that follow-up care will be taken over by non-trauma center providers. In this descriptive study by Brandolino and colleagues, they demonstrated that creation of a dedicated Trauma Quality of Life (TQoL) clinic for victims of gun violence results in a marked increase in patients coming back for needed follow-up care.[1] Their data parallel our own data although in a different trauma patient population.[2 3] Taken together, these studies debunk the myths regarding trauma patients not returning and to steal another quote 'If you build it, they will come'. This study focused on victims of gun violence who are an obvious and very topical target population for comprehensive post-discharge care. These patients are predominantly impoverished, marginalized, often of color and are some of the most vulnerable patients treated at trauma centers. As demonstrated in the data, hospital-based violence intervention programs (HVIPs) alone were insufficient in getting these patients to return. This outcome was predictable as almost all HVIPs were never designed nor are equipped to provide medical care. Thus, the success by combining the two programs is unsurprising and would be a logical place for other institutions with HVIP to expand their own services. Although this is a descriptive series of the patients treated in their TQoL, it is unfortunately short on some critical details as to how did they achieve the follow-up rate they did?, what services were actually provided to each patient in the clinic versus referred out?, how often these patients were seen? and possibly most importantly, how was this clinic funded? Answers to these questions would be useful for other centers attempting to replicate this model. Despite these shortcomings, the data further demonstrate that trauma patients continue to have enormous and often unmet need for care after discharge and the success of this program in Milwaukee, Wisconsin parallels that we achieved in Newark, New Jersey. Although trauma centers continue to be tasked with increased responsibilities and regulations, the abandonment of the patients we worked and sweated over during their hospitalization is not compatible with our ethos as surgeons. We need to identify those patients who need us as much after discharge as they did in the trauma center because 'you can't treat who you don't see'.

Contributors DHL is the sole author of this work.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient consent for publication Not required.

Ethics approval Not applicable.

Provenance and peer review Commissioned; internally peer reviewed.

ORCID iD
David H Livingston http://orcid.org/0000-0003-0427-0393

REFERENCES

1 Brandolino A, deRoon-Cassini TA, Biesboer EA, Tomas CW, Woolfolk M, Wakinekona NA, Subramanian M, Cheruvalath H, Schroeder ME, Trevino CM. Improved follow-up care for gun violence survivors in the trauma quality of life clinic. *Trauma Surg Acute Care Open* 2024.
2 Goldstein C, Gore A, La Bagnara S, Jacniacka-Soto IE, Sieck D, Yonclas P, Livingston DH. Center for trauma survivorship improves postdischarge follow-up and retention. *J Trauma Acute Care Surg* 2022;93:118–23.
3 Livingston DH, La Bagnara S, Sieck D, Yonclas P, Castellano C, Cho C, Walling PA, Mosenthal AC. The center for trauma survivorship: addressing the great unmet need for posttrauma center care. *J Trauma Acute Care Surg* 2020;89:940–6.