



# CWIS Chest Wall Injury Summit 2023

Oral Presentation Abstract Submission

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**Title of Presentation** An initiative to assess and improve the resources and patient care processes used among Chest Wall Injury Society collaborative centers (CWIS-CC2)

## Background

Over the last two decades, the acute management of rib fractures has changed significantly. In 2021, the Chest Wall injury Society (CWIS) began recognizing centers who epitomize their mission as CWIS Collaborative Centers (CWIS-CC). The primary aim of this study was to determine the resources, surgical expertise, access to care, and institutional support that are present among centers.

## Methods

A survey was performed including all CWIS-CC evaluating the resources available at their hospital for the treatment of patients with chest wall injury. Data about each Chest Wall Injury Center (CWIC) care process, availability of resources, institutional support, research support, and educational offerings were recorded.

## Results

Data was collected from 20 trauma centers resulting in an 80% response rate. These trauma centers were made up of 5 international and 15 US based trauma centers. Eighty percent (16/20) have dedicated care team members for the evaluation and management of rib fractures. Twenty-five percent (5/20) have a dedicated rib fracture service with a separate call schedule. Staffing for chest wall injury clinics consists of a multidisciplinary team: with attending surgeons in all clinics, 80%(8/10) with APPs and 70%(7/10) with care coordinators. Forty percent(8/20) of centers have dedicated rib fracture research support and 35%(7/20) have SSRF-related grants. Forty percent (8/20) of centers have marketing support and 30%(8/20) have a web page support to bring awareness to their center. At these trauma centers, a median of 4(1-9) surgeons perform surgical stabilization of rib fractures (SSRF). In the majority of trauma centers the trauma surgeons perform SSRF.

## Conclusion

Considerable similarities and differences exist within these CWIS collaborative centers. These differences in resources are hypothesis generating in determining the optimal CWIC. These findings may generate several patient care and team process questions to optimize patient care, patient experience, provider satisfaction, research productivity, education, and outreach.