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# Chest Wall Injury Program Development

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Chest Wall  
Injury Society   
Amsterdam, Netherlands

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# Goals

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- 1) What is a chest wall injury program?
- 2) How to develop a chest wall injury program?
- 3) Benefits of institutional chest wall injury program





# What is a chest wall injury program?

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# Spectrum of chest wall injury care

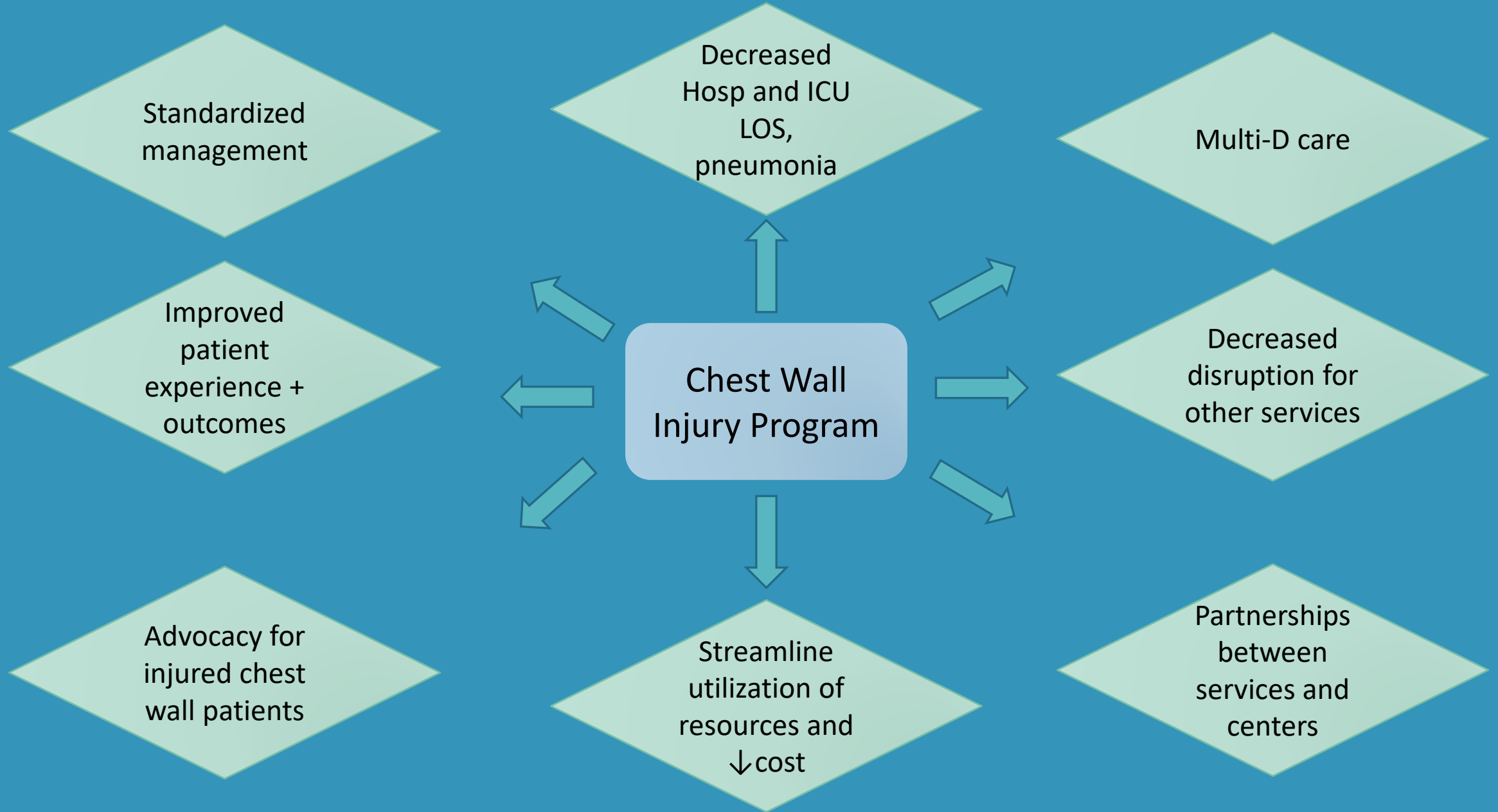
## Chest wall injury program

- Surgeon(s) capable of providing care for chest wall patients across spectrum of healthcare
  - special training in chest wall injury
- rib and sternal fractures, costal margin injury, diaphragm, shoulder girdle
- can be a part of the trauma team, but doesn't have to be



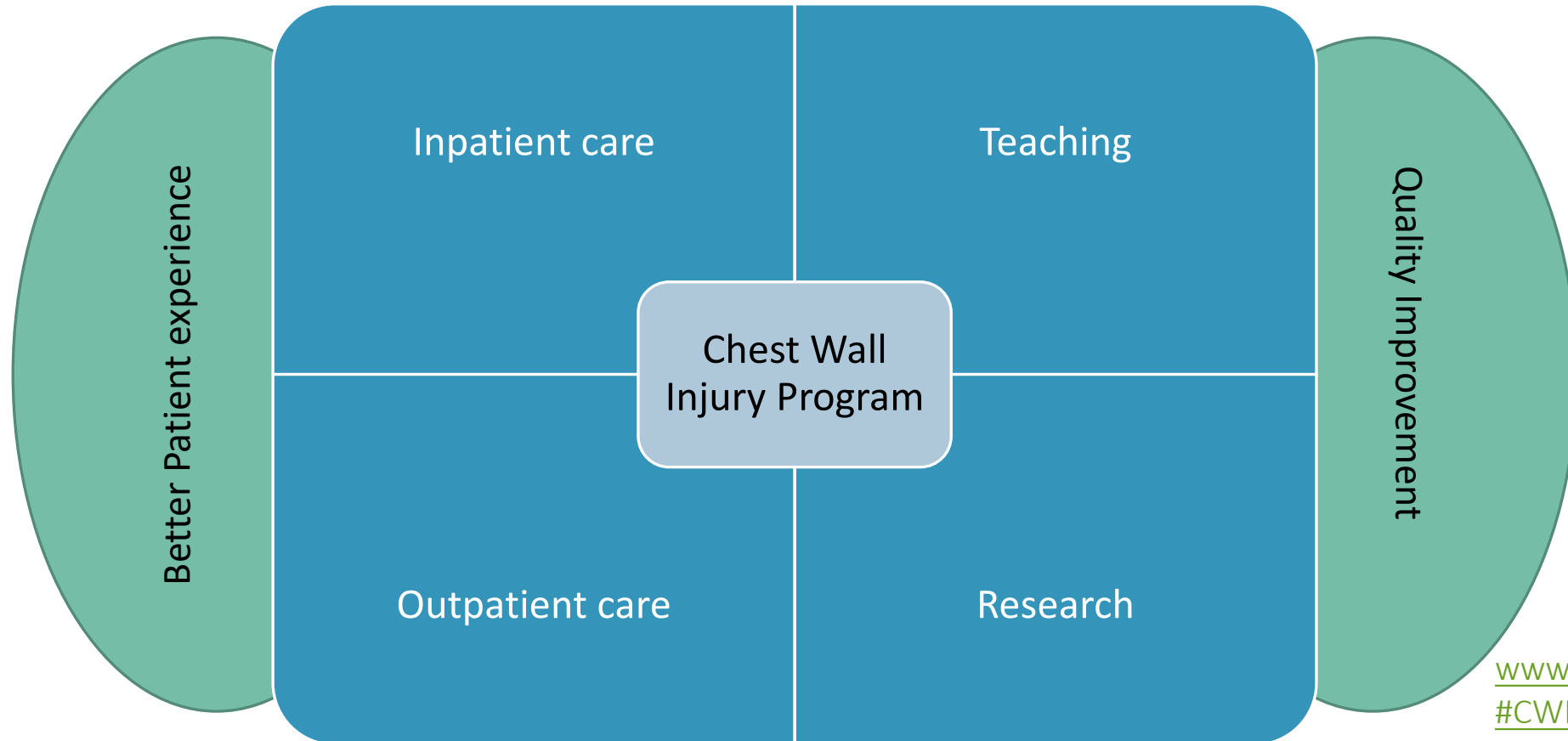
## Chest wall injury center

- multi-surgeon team
- comprehensive regional/national resource for acute and chronic operative and non-operative chest wall injury
- standardized pre, intra, post operative management of patients
- trauma, physical therapy, pain management, orthopedic surgery, thoracic surgery
- training program for the next generation of chest wall surgeons
- chest wall research





# What is a chest wall injury program?



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# How to build a chest wall injury program

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# My story

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- UVA for medical school
- Stanford for Residency
- CDC Epidemic Intelligence Service
- Stanford for Fellowship



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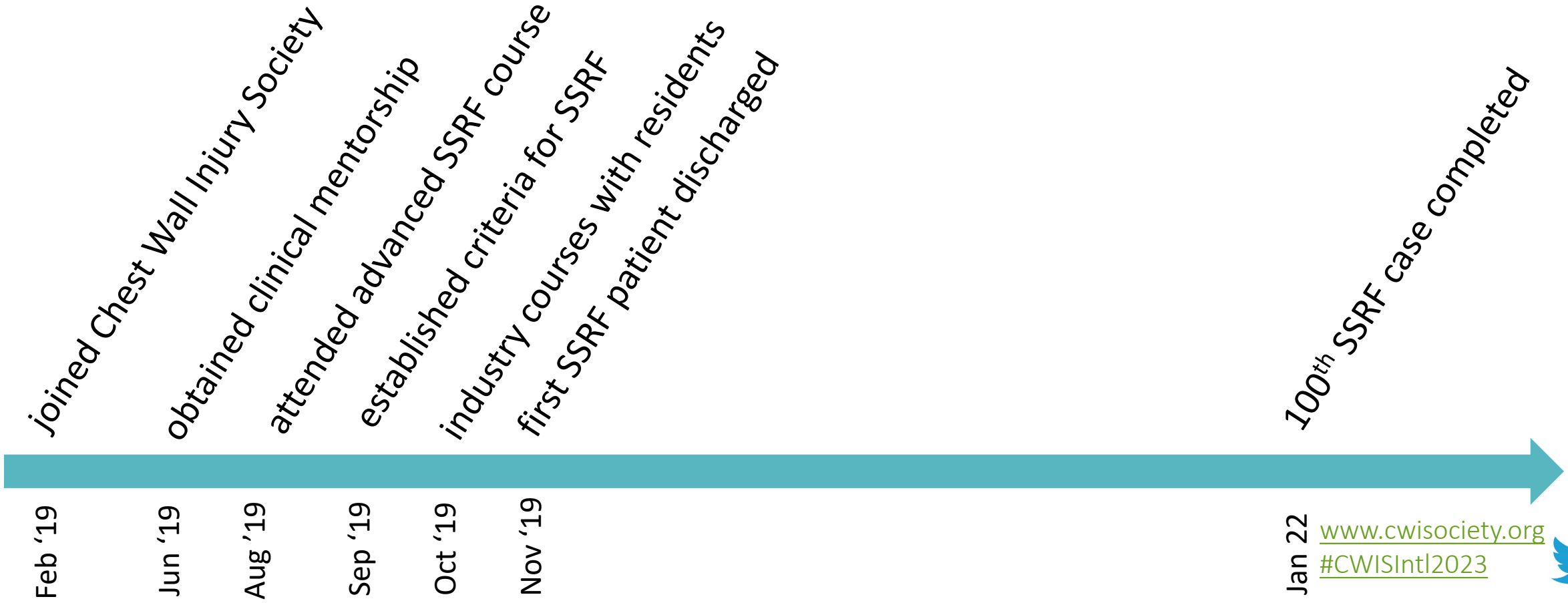
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# My story



Feb '19

Jun '19

Aug '19

Sep '19

Oct '19

Nov '19

Jan 22

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# Chest wall injury centers—how we did it

**Joseph D. Forrester<sup>1</sup>, Zachary M. Bauman<sup>2</sup>, Andrew R. Doben<sup>3</sup>, Evert A. Eriksson<sup>4</sup>**

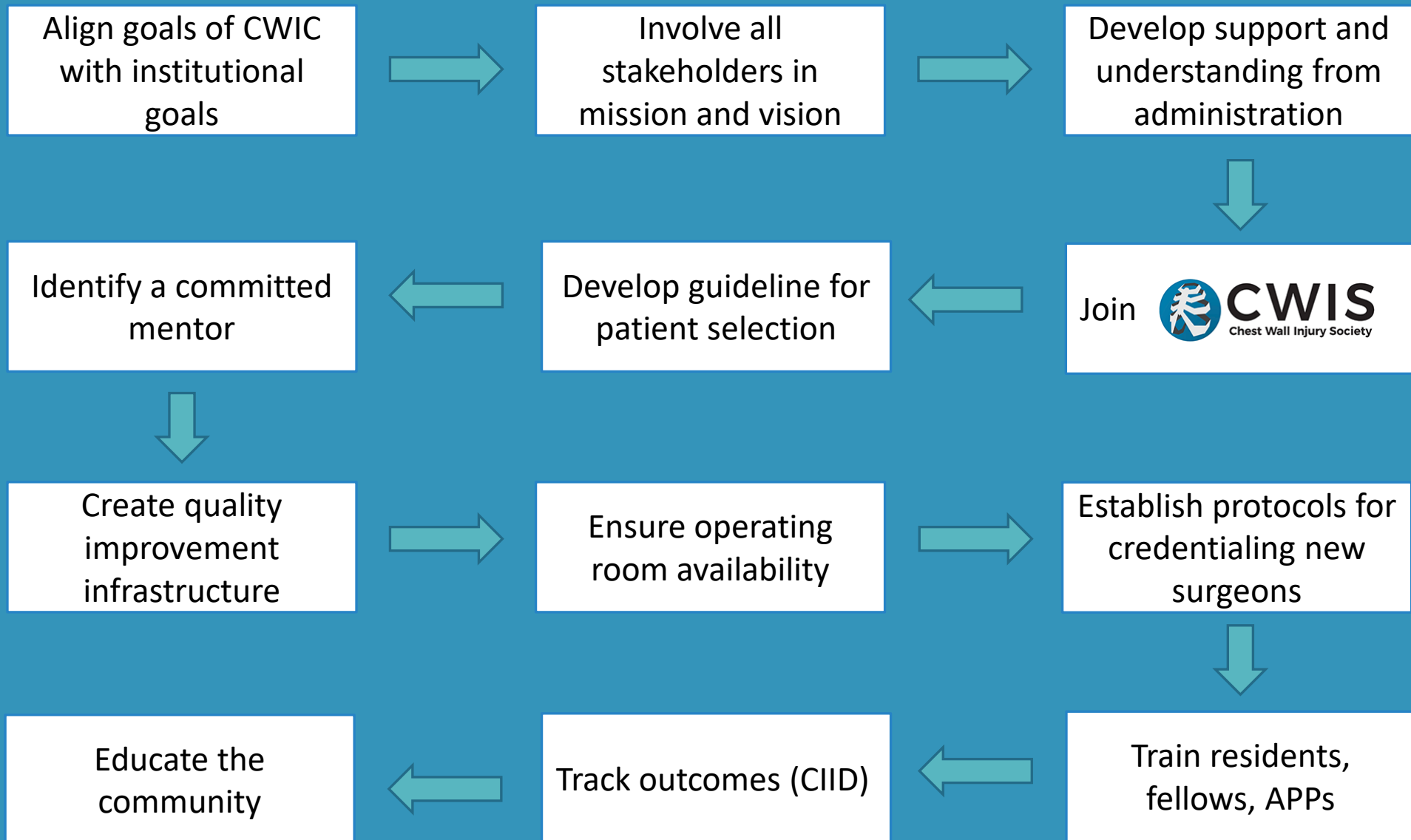
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Submitted Jul 22, 2021. Accepted for publication Sep 08, 2021.

doi: [10.21037/jtd-21-1198](https://doi.org/10.21037/jtd-21-1198)

**View this article at:** <https://dx.doi.org/10.21037/jtd-21-1198>



# Institutional benefits of a chest wall injury program

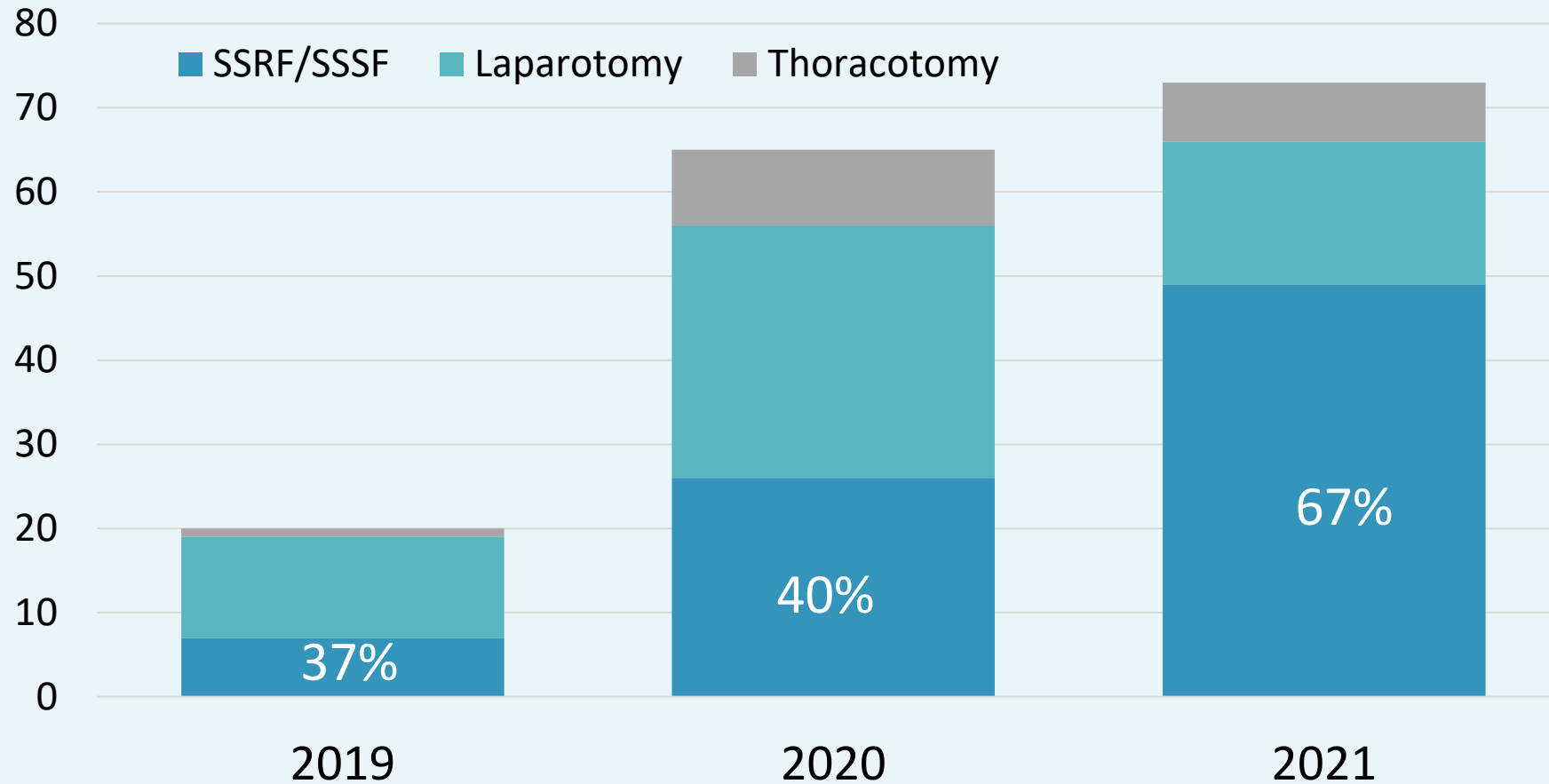
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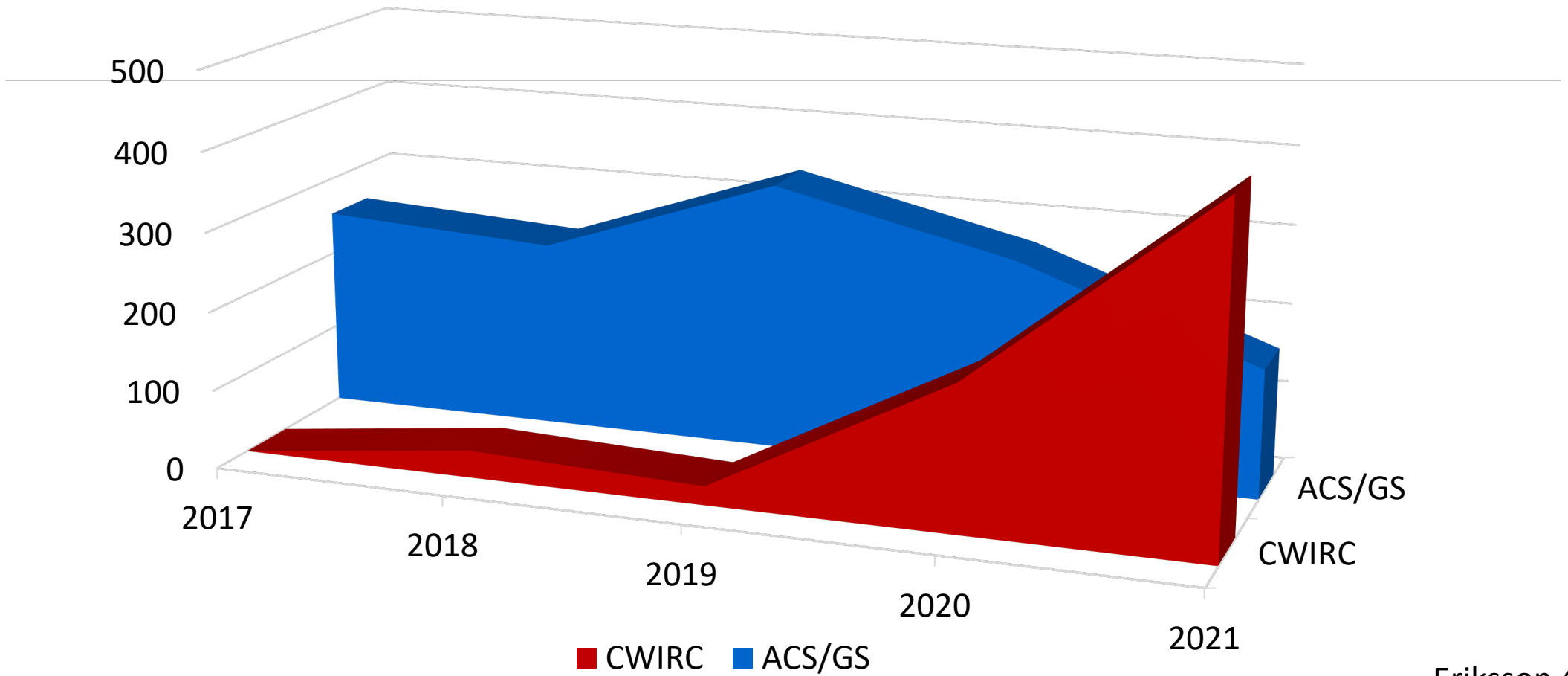
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# Number of emergency laparotomy, thoracotomy, and SSRF/SSSF cases per year performed by the trauma service

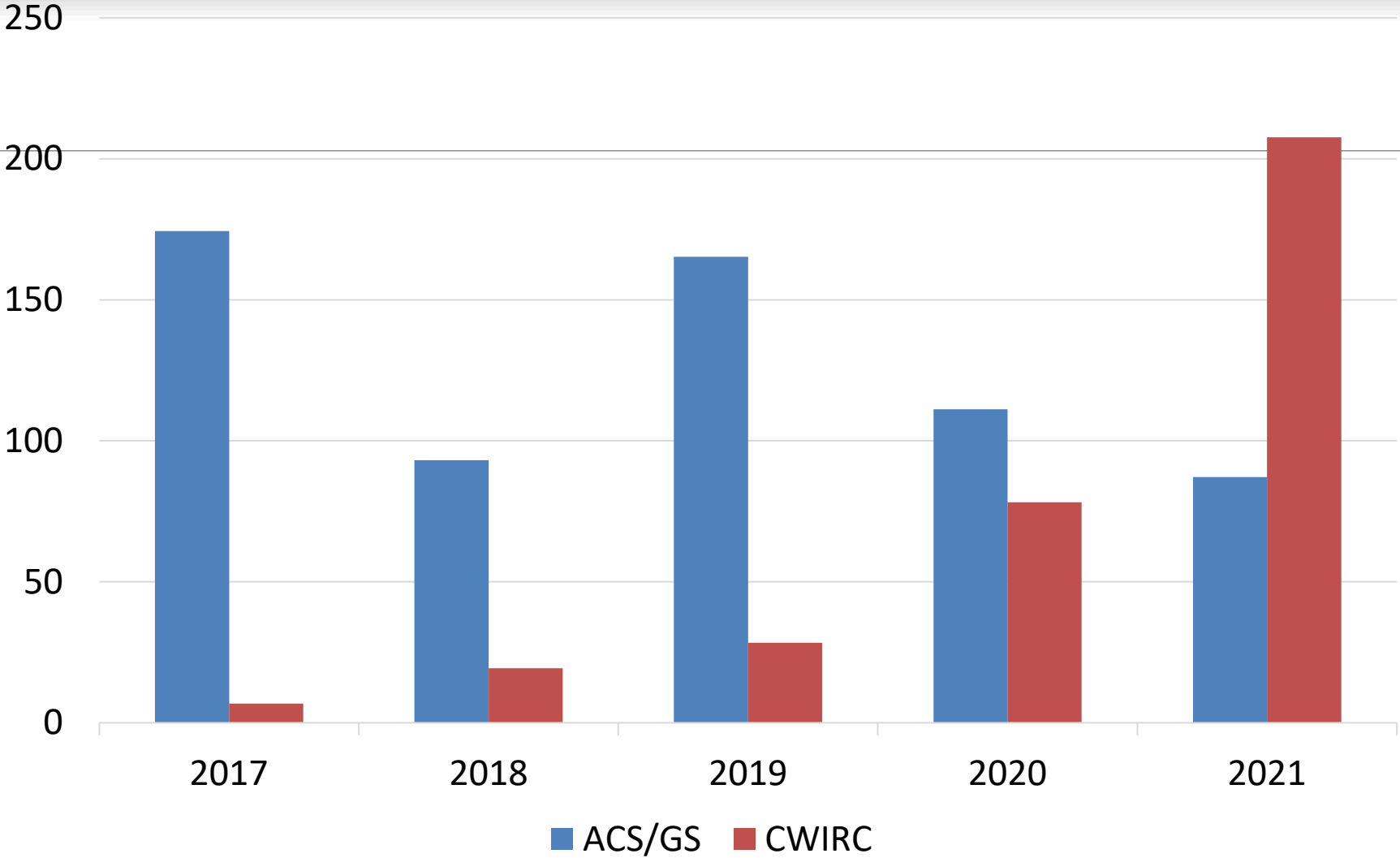


# wRVU Operative Cases



Eriksson @ MUSC

# Clinic wRVU Generation by Year



Eriksson @ MUSC



# Quality and process improvement

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total # of acute cases (8.11.23) = 137

Complication	Stanford	National
Plate infection	1 (0.7%)	3-10%
Hardware removal for plate failure	2 (1.5%)	3%
Takeback for bleeding	2 (1.5%)	---
Death	3 (2.2%)	4.8%





# Stanford's experience

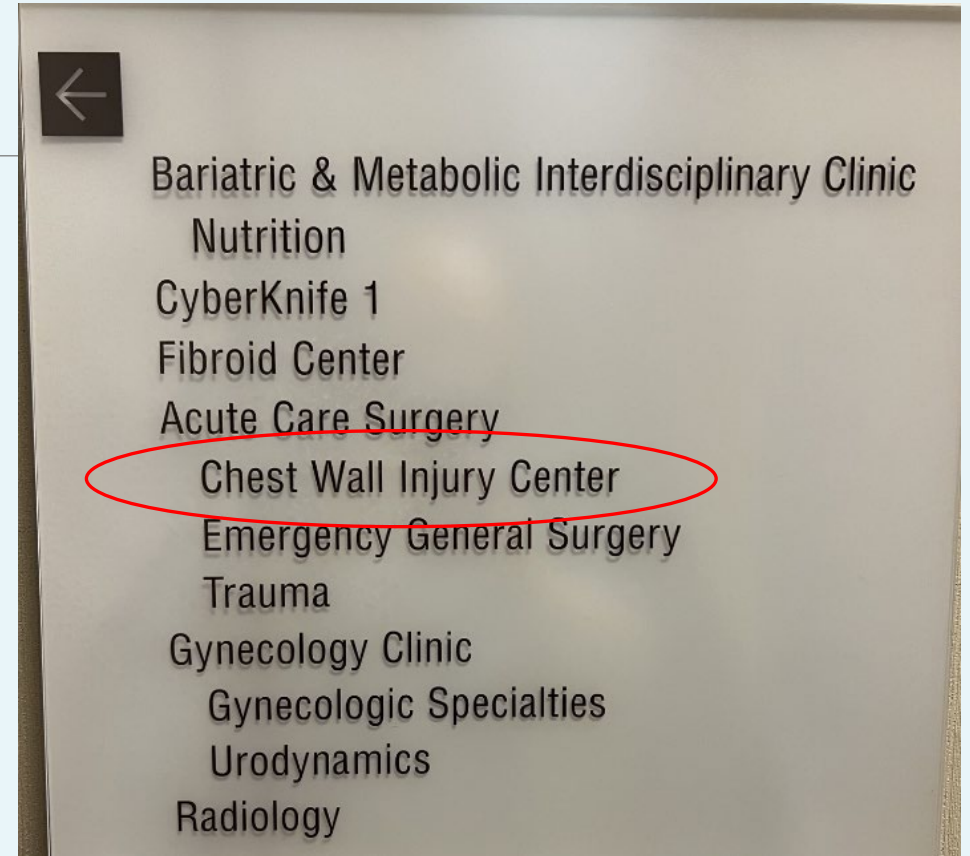
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- high-quality, specialty service with a home in trauma
- inpatient and outpatient consultation for patients with chest wall injury
- secondary benefits
  - international visibility
  - research infrastructure enabled > \$500k in research funding for clinical trials
  - increased thoracic experience for residents
  - financially self-sustaining
  - attractive attribute for surgical critical care fellows
    - 3 of last 6 have gone on to develop institutional chest wall programs

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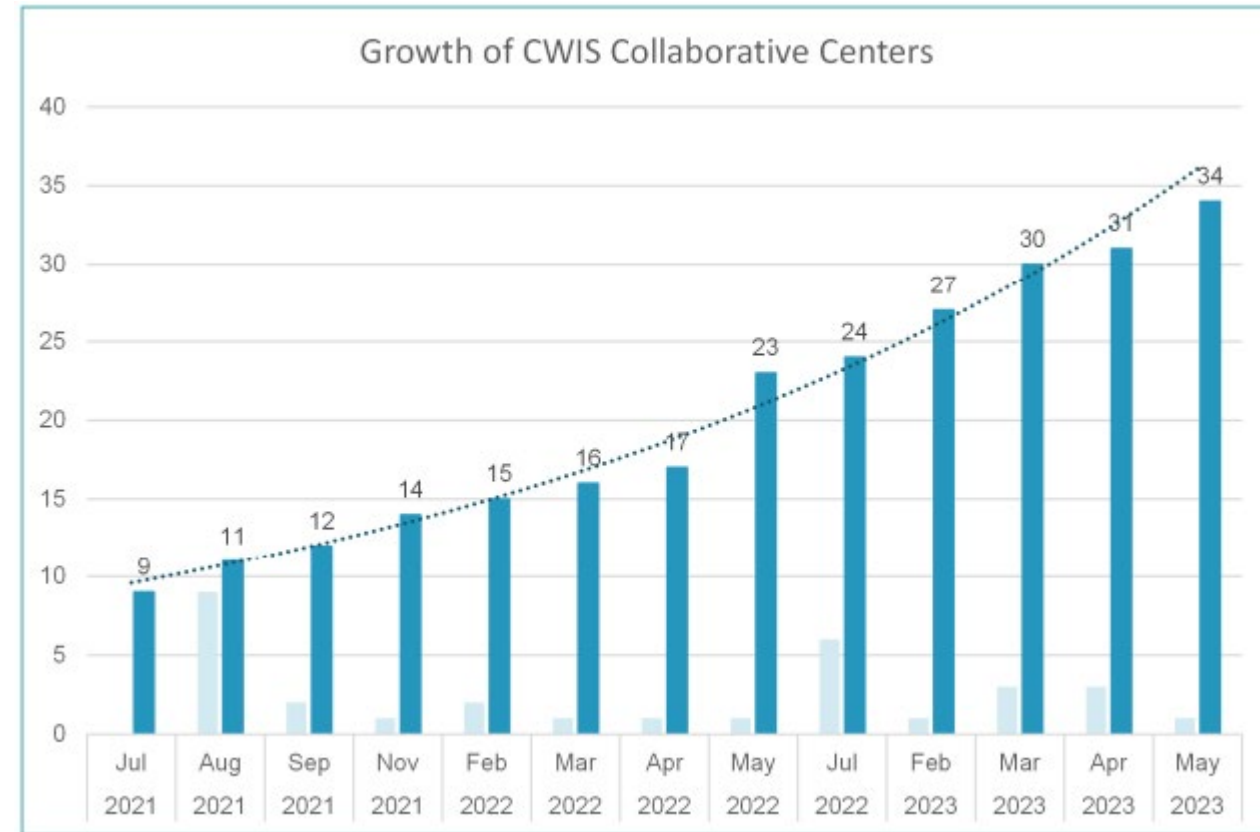
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# Ability to become a collaborative center





# Goals

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# Thank you!

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Please feel free to reach out with any questions: [jdf1@stanford.edu](mailto:jdf1@stanford.edu)

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