Patients were recruited during their index trauma admission between January 1st, 2019 to December 31st, 2019. Thirty days after discharge, patients were contacted and interviewed. Electronic medical records were reviewed. Patients were categorized into two groups, victims of violence (VV) and unintentional trauma (UT). VV included all forms of assault (gunfire, stabbings, and other physical assault). The UT group encompassed all other forms of trauma (falls, MVC, pedestrians struck, industrial injuries, etc.). Indications for post-acute presentations were compared between medical records and self-reports.

An mTQIP program improved our documentation and identified VV as a population that warrants more resources in the early post-discharge period to prevent unnecessary ED visits, and potentially improved recovery.

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