STUDY PROTOCOL *
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A. Study Purpose and Rationale

Approximately 500,000 survivors of torture live in the United States. Many survivors of torture arrive as refugees or asylum seekers with unstable access to healthcare. Many survivors of torture suffer from physical and psychiatric morbidity, including PTSD, depression, anxiety disorders, and chronic pain. Survivors of torture face many barriers to accessing healthcare including lack of legal status, financial resources, language skills, and mistrust of the system. As a result, Emergency Departments often serve as the most reliable point of access to care. The Libertas Center for Human Rights was established in 2006 to coordinate and improve access to healthcare and other services for torture survivors. This study aims to describe patterns of Emergency Department (ED) use by survivors of torture at the Libertas Center for Human Rights and evaluate the impact of Libertas services on ED utilization rates.

B. Study Design and Statistical Analysis

This study is a retrospective chart review of primary torture survivors over the age of 18 who were enrolled in the Libertas Center between 2007-2013 and who ever sought care in the Elmhurst ED. For this subset (n=43), torture history and demographic information will be extracted from the Libertas client database. The intervention for this study is enrollment into the Libertas Center and subsequent access to primary care, mental health care, and social services through the Center's coordinated care model. For each subject, ED visits will be classified as occurring before or after intake at the Libertas Center and analyzed for acuity (Fast Track vs. Critical) and disposition (Discharged vs. Admitted vs. Other) per ED charting protocol. Each ED visit will be coded by chart diagnosis per ICD9-CM. The ICD9-CM codes will then be further classified as (1) non-emergent, or emergent/primary care treatable, or emergent but preventable, or (2) emergent and not preventable, or injury based on application of the ED Classification Algorithm developed at NYU. Paired T-test analysis will be used to compare these three primary outcomes (Acuity, Disposition, and ICD9 Classification) for each subject before and after Libertas intake. A power analysis completed for a paired T-test with n=43 and assuming a SD=2 shows significance for a mean <0.86 at p=0.05. A Wilcoxon signed-rank test will additionally be done assuming a non-normal distribution.

C. Study Procedure: None
D. Study Drugs: None
E. Medical Device: None
F. Study Questionnaires: None

G. Study Subjects

Inclusion Criteria: Survivors of torture age >18y who were enrolled in the Libertas Center between 2007-2013 and who ever sought care in the Elmhurst ED.
The study subjects represent a vulnerable population as torture survivors, many who are seeking asylum in the United States with unclear legal status at the time of intake. The purpose of this study is to improve access to primary and mental health care to this specific population, which is the reason for their inclusion in the study. The data collected will be de-identified to protect patient privacy.

H. **Recruitment of subjects:** Not Applicable

I. **Confidentiality of Study Data:** Study subjects are coded by MRN. Data with patient identifiers (MRN) is stored on a password-protected Libertas computer accessible only to members of the research and Libertas time. De-identified data will be used for the study analysis and any reporting of results.

J. **Potential Conflict of Interest:** None
K. **Location of the Study:** Not Applicable
L. **Potential Risks:** Not Applicable
M. **Potential Benefits:** Not Applicable
N. **Alternative Therapies:** Not Applicable
O. **Compensation to Subjects:** Not Applicable
P. **Costs to Subjects:** Not Applicable
Q. **Minors as Research Subjects:** Not Applicable
R. **Radiation or Radioactive Substances:** Not Applicable

** Please note this document was completed as an academic exercise only. The data for this study has already been gathered under IRB approval at the Icahn School of Medicine at Mount Sinai. Statistical analysis of the data is ongoing.*

References:

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2. https://wagner.nyu.edu/faculty/billings/nyued-background
3. Hulbanni, A. ED Utilization by Survivors of Torture. Abstract.
4. Hexom, Braden, Dinali Fernando, Alex F. Manini, and Lars K. Beattie. "Survivors of Torture: Prevalence in an Urban Emergency Department." *Academic Emergency Medicine* 19.10 (2012): 1158-165.