Improving Efficiency During Trauma Resuscitation in the ED

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Emergency Department

- 100,426 ED visits
- 16,811 Trauma related ED visits
- 1400 Trauma Activations
- 1635 Trauma Admissions
- 130 nurses
- 72 beds



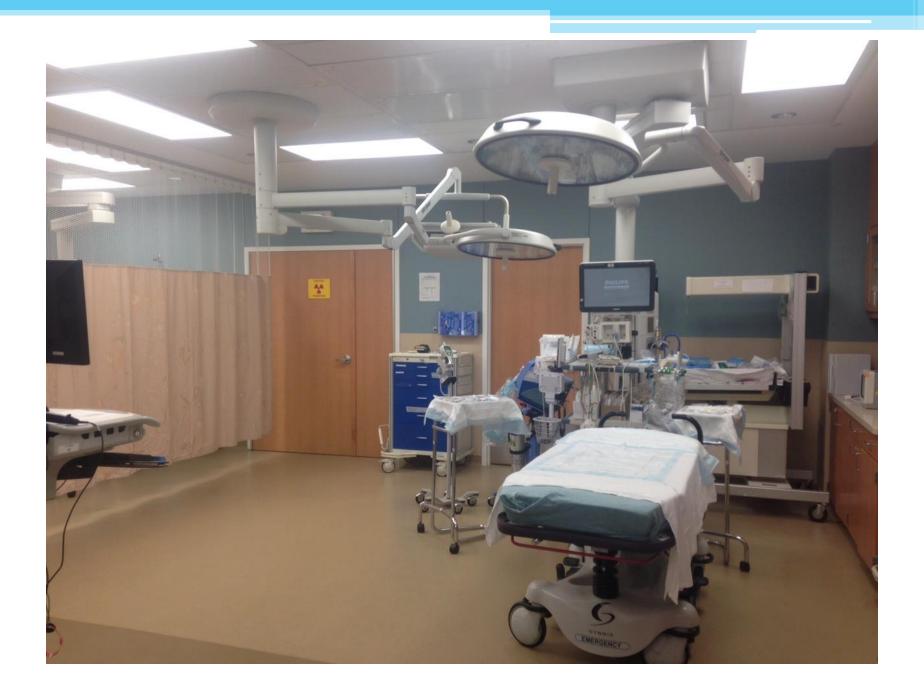


Farouck Obeid Trauma Bay

- 4 beds with ability to flex up to 6
- CT scanner directly adjacent to trauma bay









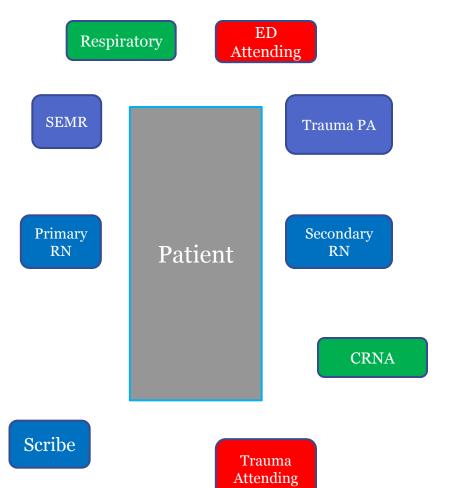
Problem

- Trauma resuscitation was disorganized
 - Lack of role clarity
 - Tasks were being duplicated
 - Other tasks being missed
 - Lack of consistency



Intervention

- Defined roles
 - Trauma surgeon
 - ED physician
 - Primary nurse
 - Secondary nurse





Intervention

- Developed a Trauma Class
 - Trauma resuscitation protocols/guidelines
 - Vitals
 - Monitoring
 - Activation criteria
 - Team roles and responsibilities
 - General rules of conduct during trauma resuscitation
 - Traffic Control
 - Chain of command



Trauma Class

- Documentation in medical record
- Hands-on skills assessment
 - Chest tube management
 - Rapid infuser
 - Assistance with invasive line placement
- Presentation from Trauma Services
- Mock Trauma
- Written Exam



Nurse Requirements

- 2 years experience in the ED or Critical Care Unit
- ACLS and PALS
- TNCC or ATCN
- Attend Trauma Class and pass Trauma Exam
- Must display appropriate competency during mock trauma
- Preferred: CEN/CCRN certification



Evaluation

- 1 year later
 - Lack of consistency
 - Documentation issues persisted
 - Over-crowding during resuscitations



Proposal

- Dedicated trauma nurse group
 - Push-back from nursing leadership
 - Scheduling concerns
 - Nurse recruitment and retention
 - Given 6 months to improve quality or move forward with dedicated group



Dedicated Trauma Nurse Group

- Must have met previously set requirements
- Must have passed trauma class
- Testing began for interested nurses
 - Basic knowledge assessment tool (BKAT)
 - ECG rhythm strip interpretation
 - Mock trauma



Mock Trauma Scenarios

- Conducted by TMD and TPM
- 30 minutes per nurse
- Scenarios were complex
- Used as evaluation tool and teaching tool





Dedicated Trauma Nurse Group

- 30 nurses were selected to be in the dedicated group
- Monthly lectures
 - Minimum attendance at lectures of 70%
 - Topics
 - Initially selected from deficiencies identified during mock traumas



Topics

- Resuscitation
 - Use of TEG
 - TXA
 - Permissive hypotension
 - Hemostatic resuscitation
 - Massive Transfusion Protocol
- Pelvic fracture management
- TBI management
- ED thoracotomy
- Burn resuscitation
- Pediatrics and Geriatrics
- Case presentations
- Anticoagulation reversal



ED Efficiency Measures

- ED efficiency measures were chosen
 - ED dwell time
 - Time to OR
 - Time to CT
 - Time to vitals
 - Time to IV



ED Efficiency Measures

- Calculated using median times per month
- Presented monthly
 - Trauma M & M
 - Trauma Systems Meeting
 - Posted in trauma nurse work-room
 - Discussed with trauma nurses at monthly lecture



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	ED Dwell	Time to	Time to	Time to	Time to
	Time	OR	CT	Vitals	IV
Class I					
Class II					



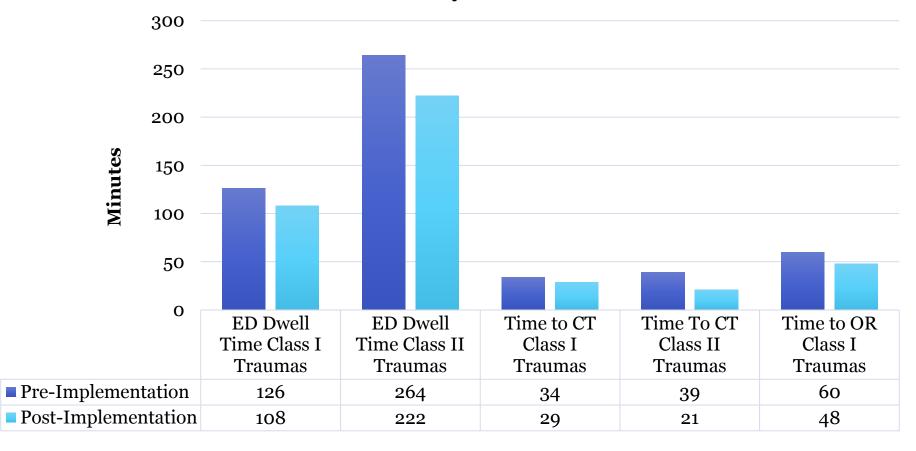
ED Efficiency Measures

- During implementation timeframe
 - 254 Class I trauma activations
 - 454 Class II trauma activations
- Pre and Post implementation data were compared for evaluation



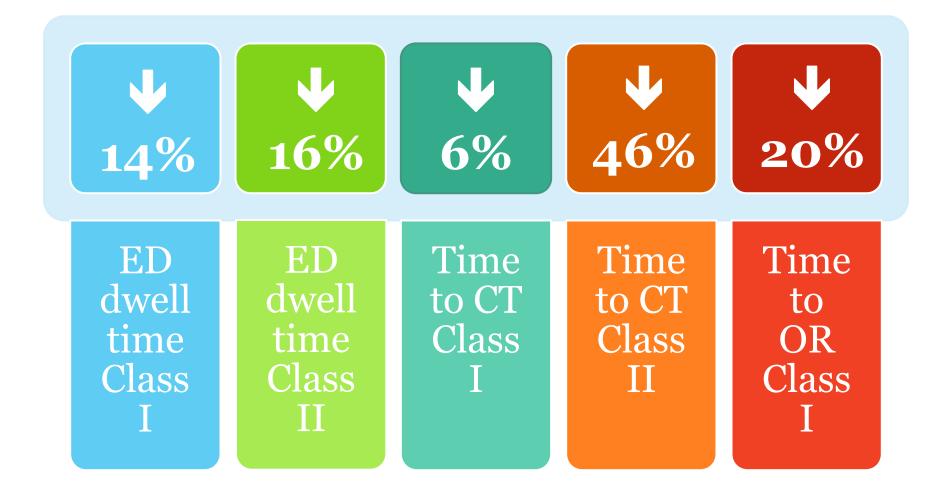
Results

ED Efficiency Measures





Results





Outcomes

- Decrease in ED efficiency measures
- Knowledge level of nursing has improved
- Nurses have taken ownership of trauma bay





Sustainability

- Nursing turnover
 - Conducted more scenarios to add more nurses to the group
 - Elected to keep group around 30 nurses to maintain consistency
- Nursing performance
 - Perform individual evaluations with each trauma nurse to identify areas of strength and weakness



Sustainability

- Nursing knowledge
 - Periodic quizzes to evaluate knowledge
- Trauma Nurse Lectures
 - Continue to have monthly lectures
- ED efficiency measures
 - Continue to present measures at Trauma M & M and Trauma Systems meeting monthly



Summary

• In our experience, a reduction in ED efficiency measures were found with use of dedicated trauma nurses

