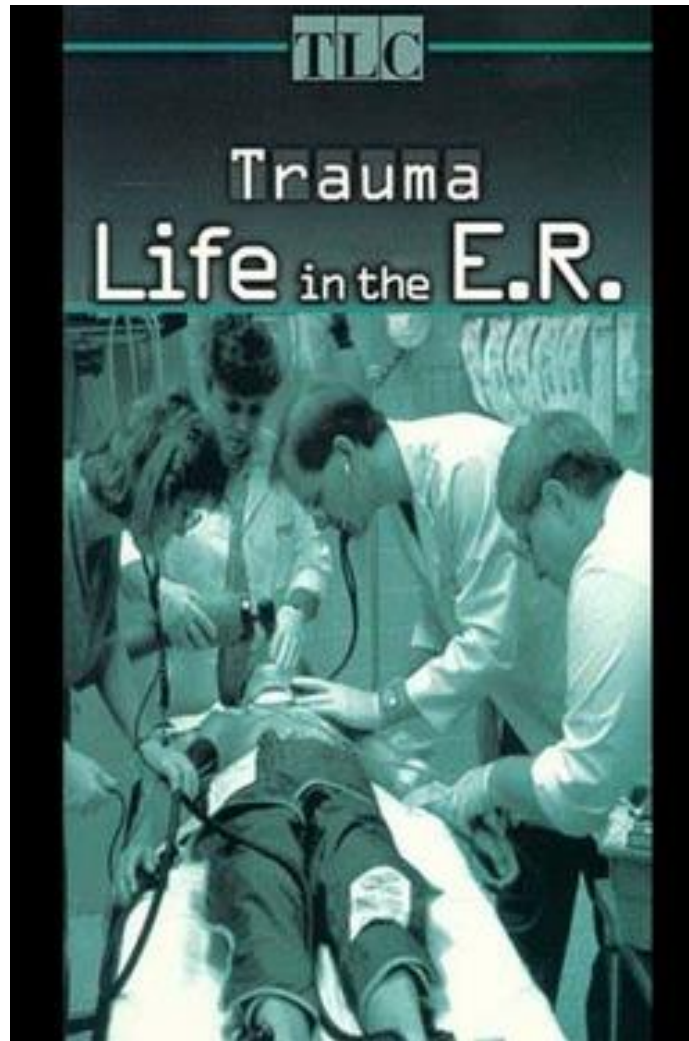


# Trauma Quality: Challenging the Status Quo

**Patricia Irwin, RN, BSN**  
Trauma Program Manager  
Trauma Services  
May 18, 2023



# Trauma: Life in the ER



# Objectives

- Increase awareness of Surgical Dogma in an effort to challenge the status quo.
- Discussion Trauma Quality Presentations for Survey as it relates to performance improvement projects.

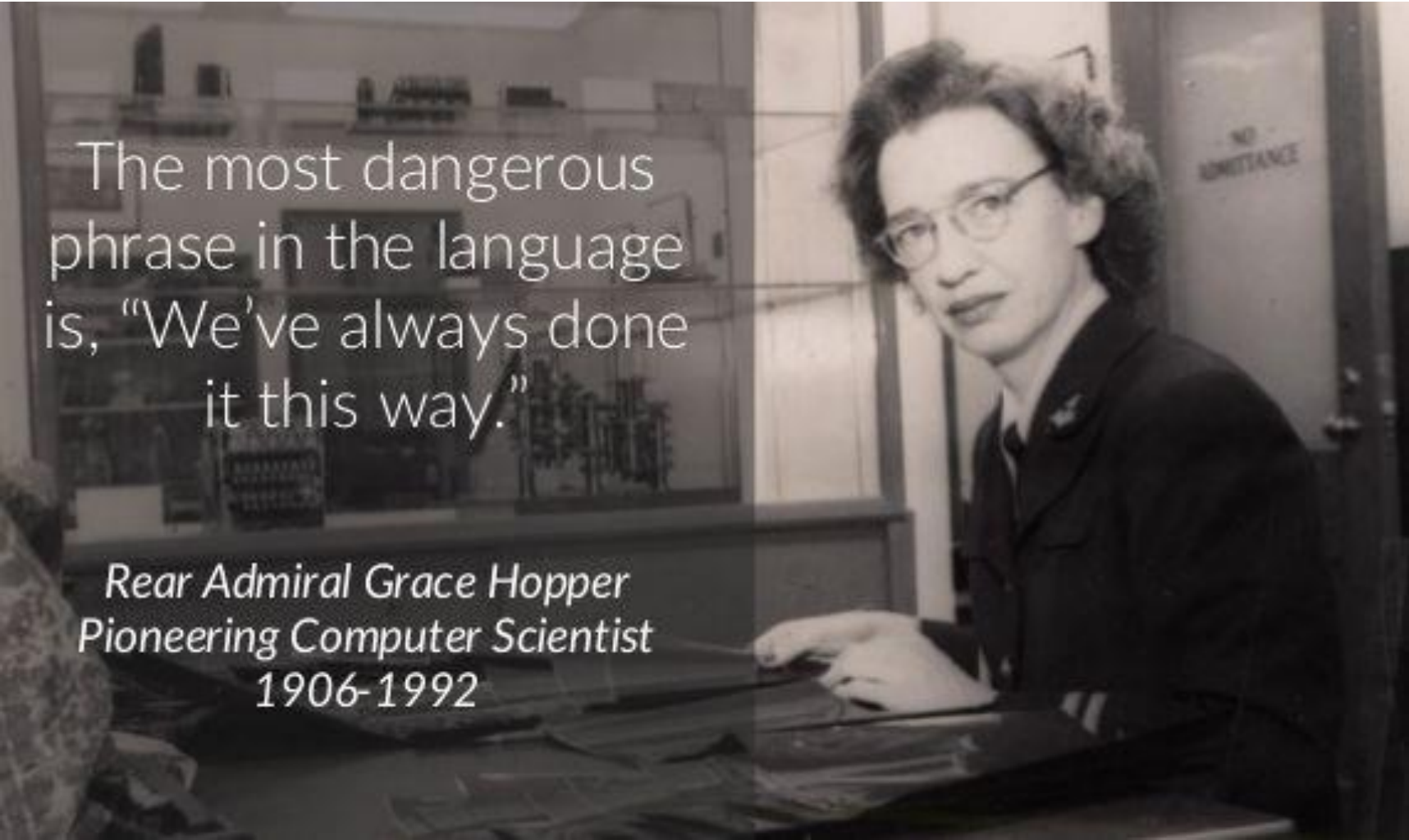
# Table of Contents

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- Performance Improvement Presentation Tips

# Trauma Program Pillars

- Performance Improvement
- Education
- Injury Prevention
- Community Outreach
- Regional Involvement





The most dangerous  
phrase in the language  
is, "We've always done  
it this way."

*Rear Admiral Grace Hopper  
Pioneering Computer Scientist  
1906-1992*

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# Trauma Program Pillars

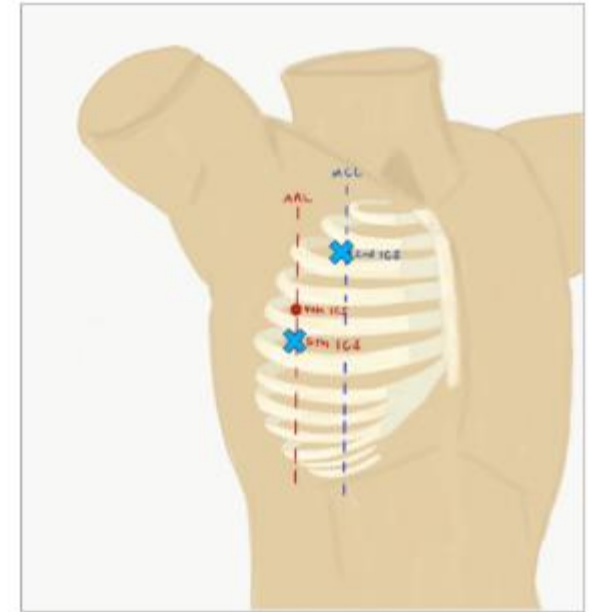
## Performance Improvement

- Nearly every activity should be rooted in performance improvement initiatives.
- Inquire about process
- Ask about patient care barriers from all specialties involved in trauma care.



# Trauma Program Pillars

## Education



**X Marks  
the Spot**



# Trauma Program Pillars

## Injury Prevention



McLaren

DOING WHAT'S BEST.®

# Trauma Program Pillars

## Community Outreach





# Trauma Program Pillars

## Regional Involvement

- Regional involvement ensures that the focus is on the trauma system and not just the trauma center.
- We are not alone in our program concerns and chances are if we are experiencing the issue other centers probably are as well.



# Intangible Strategies

- Identify the pieces needed to fit together to make change.
- Build Relationships and Rapport
- Focus on Team Dynamics

Identifying  
pieces in  
the quality  
puzzle.



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Who is  
seated at  
your table?



# Pay Attention to Team Dynamics



Effective  
Communication  
is your key to  
change.



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Aligning your team will help everyone to focus on the common goal.



# Trauma Program Pillars



**Vested Individuals, Team Dynamics, Effective Communication**

Arizona Trauma Association Presents

# **SOUTHWEST TRAUMA & ACUTE CARE SYMPOSIUM 2022**

13TH ANNUAL SOUTHWEST TRAUMA  
AND ACUTE CARE SYMPOSIUM



**PROGRAM**



**NOVEMBER 17-18, 2022**

Omni Resort & Spa at Montelucia  
Phoenix, Arizona

# 2022 Southwest Trauma and Acute Care Symposium

## Sharing Pearls of Knowledge

- Equity, Diversity, and Inclusion in Trauma
- Surgical Dogma: Don't Challenge It
- ACS Loop Closure Presentation Tips

# Understanding the Why: Equity, Diversity, and Inclusion in Trauma

Presented by: Bellal Joseph, MD

- Discussions regarding his personal experiences with cultural bias and overcoming perceptions post 9-11 attacks.
- Discussion of generic case study presentation
  - The introductions of any GSW is always a black male in his late teens to early 20s.
  - This is not always the case and recommended that academic material reflect a broader cultural view.
- MBR Considerations:
  - During Drills and Testing Scenarios, active inclusion of multiple backgrounds.

# Surgical Dogma: Don't Challenge It

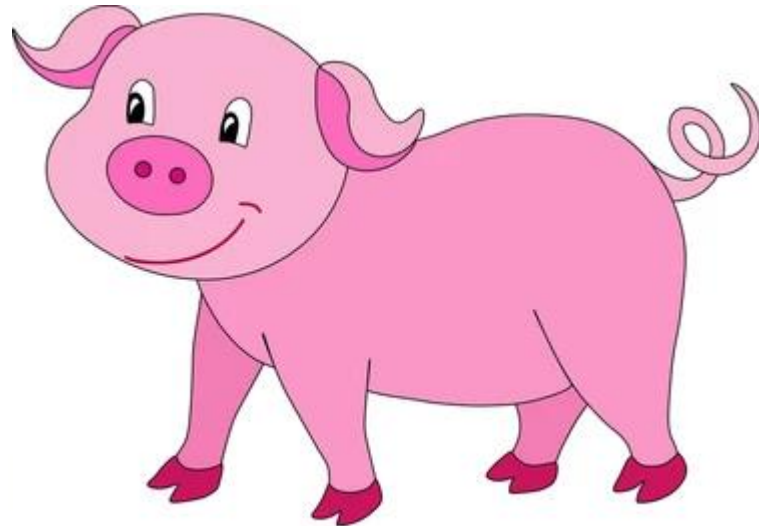
Keynote Speaker: Peter Rhee, MD

- Discussion of a variety of previous and current challenges in caring for the trauma patient.
- Take home message:

**‘Just because that’s what we are taught...  
doesn’t mean it shouldn’t be questioned’.**

# Surgical Dogma: Don't Challenge It

Keynote Speaker: Peter Rhee, MD



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# Surgical Dogma: Don't Challenge It

Keynote Speaker: Peter Rhee, MD



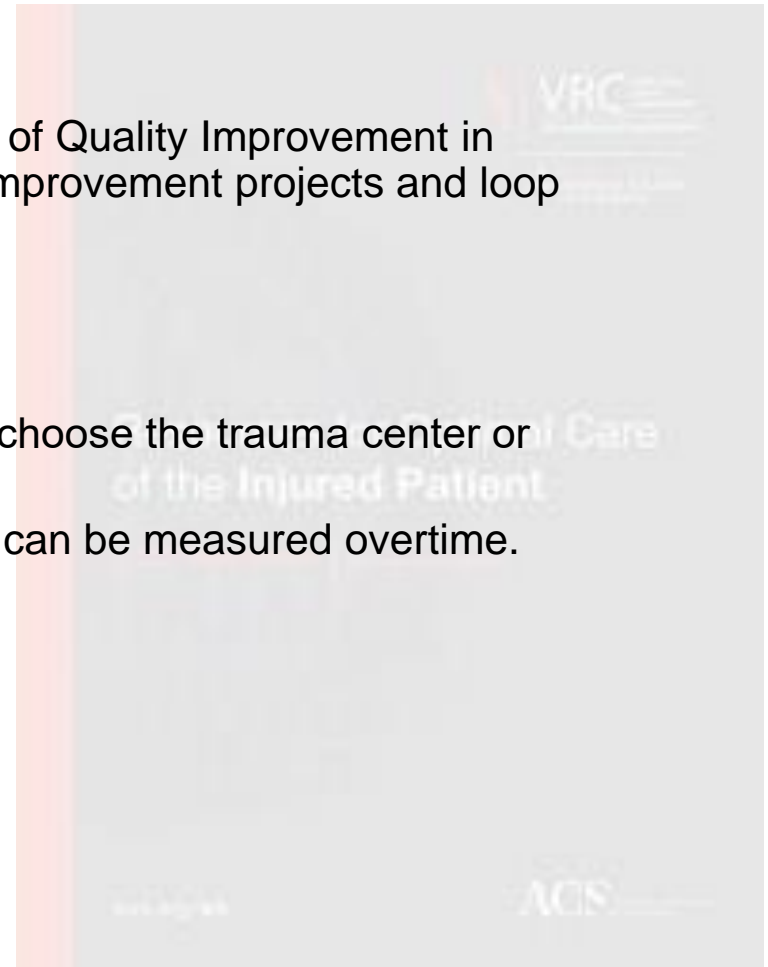
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# Improving Quality Improvement: Results from ACS Quality Programs

Presented By: Avery Nathens, MD

- Discussion was focused on the importance of Quality Improvement in Trauma and how to better present quality improvement projects and loop closures.
- QI in trauma is important
  - Trauma is not planned; patients don't choose the trauma center or providers participating in their care.
  - Strategies for sustained improvement can be measured overtime.



# Improving Quality Improvement: Results from ACS Quality Programs

Presented By: Avery Nathens, MD

- QI Projects should include any barriers met, and modifications made to the original plan.
- Concerns with Quality Reporting
  - Tend to not include details related to process implementation and/or modifications made to original roll out
  - Outcome evaluations: include parameters and inclusion/exclusion criteria

CLOSE THE LOOP

# Improving Quality Improvement: Results from ACS Quality Programs

Presented By: Avery Nathens, MD



- Questions from the STACS Audience
  - What if the outcomes are not achieved?
    - Its about the process, not necessarily the outcome.
  - What should be focused on?
    - Recurrent and Consistent Issues

# Surgical Admission Rate

We could only go up from there.

- Remember to use the pillars
  - Different individuals are vested in different pillars
  - Pulling more people to help the cause can promote a more rapid change.
- Intangibles
  - Vested individuals were those that had a higher surgical admit rate.
  - Building a rapport
  - Effective Communication
  - Common Goal!

# Surgical Admission Rate

- **Concern:** High Rate of Non-Surgical Trauma Admissions
- **Plan:** Isolated Injuries to be admitted to corresponding surgical specialty.
- **Interventions:**
  - Regular Reporting at Trauma Committee Meetings, ED Operations Meeting, Orthopedic Department Meeting
    - Trauma was added as a standing agenda item at Orthopedic Department Meeting
      - Initially, reported as specialty, then further details to show provider specific trends.
  - Education to Trauma and Subspecialists regarding survey findings and recommendations.
  - *Noted Barriers to Admissions – Medicine Reconciliation*
    - Intervention: If Admitting provider not comfortable with Home Medication Reconciliation – Consult Hospitalist.
      - Hospitalist will manage Home Medication Reconciliation and manage any active medical concerns.
      - Development of Trauma Admission Orders (to ease admission burden)
  - Additional Provider Support to Trauma Services – 2 additional APPs.
  - 2021 - OPPE added to Orthopedic Surgery Department regarding deferred surgical service admissions.

# Surgical Admission Rate

## Summary

- Frequent Education
- Frequent Data Reporting
- Persistent Inquiries
- Flexible/Adjusted Date Reporting
- OPPE

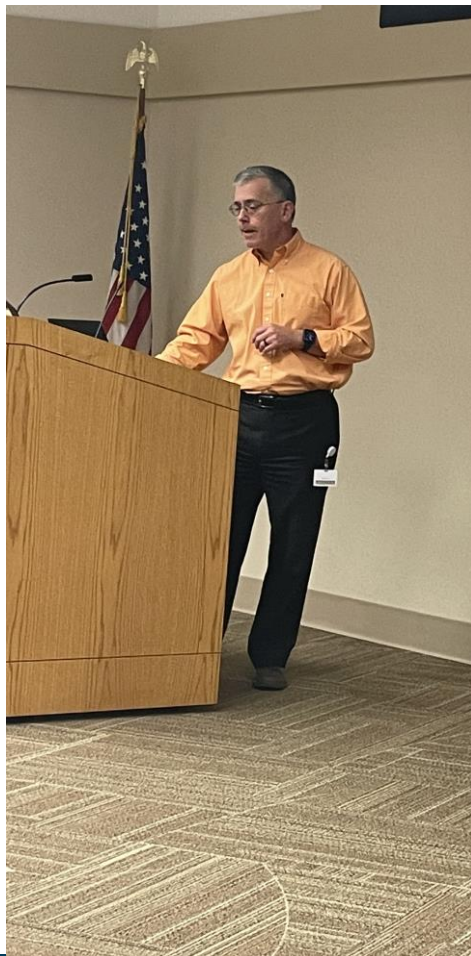
# Neuro/Trauma Stepdown

## Floor Development

- **Concern:** Trauma patients did not have an identified inpatient unit/floor for admissions. Challenges met with targeted education and performance improvement initiatives.
- **Interventions:** Development of Neuro/Trauma Stepdown
  - Discussions/Planning - July 2020
  - Job Description Change: Additional education requirements (Sept 2020)
  - Increased education requirements
    - ACLS (Start – Jan 2021) 100% completed as of April 2021
    - TNCC (Start - June 2021)
      - 77% completed as of April 2022 (100% by Oct 2022)
  - New Telemetry Pack Installation (Oct 2020)
  - Neuro/Trauma Symposium (Dec 2020)
    - Full day dedicated to Neuro/Trauma Care – CME offered.
    - 26 of 31 RNs in attendance
  - Officially Open – April 5, 2021
- **Outcome:** Non-critical care trauma admissions go to 6East.

# Annual Neuro/Trauma Symposium

ED, Critical Care, Neuro/Trauma Stepdown







**McLaren Bay Region**  
**Trauma Service Department**





If we can do better, then we should strive for better.



# Trauma Program Pillars



**Vested Individuals, Team Dynamics, Effective Communication**

THANK YOU!! #TraumaTeamBuild

