

Research - R200

Poster

Abstract Title:

Enhanced Trauma Center Productivity through use of the P-DOC Model: One Trauma Centers Experience

Authors:

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Background & Purpose:

Trauma centers in our state have been designated since the mid-1980s. The standards utilized to designate centers mirrors that of the American College of Surgeons' (ACS) Verification Process. According to the ACS a Level I Trauma Center has the major responsibility of providing leadership in education, research and system planning. By implementing the P-DOC model within our existing Level I trauma center we set out to increase our research productivity, enhance our educational offerings and establish a leadership role in system planning and development.

Study/Project Design:

Pretest/posttest design

Setting:

Urban, Level I academic medical center

Sample:

Research, education and system planning activities

Procedures:

According to the American Association of Colleges of Nursing the Doctor of Nursing Practice (DNP) role was developed in part to partner with Doctor of Philosophy (PhD) nurse researchers to inform and implement new discoveries in nursing science. Our Level I Trauma Center, building on that idea, developed and implemented the P-DOC model: The PhD/DNP Operational Collaborative Model and tested its impact on three outcomes: research, education and system planning leadership. We first measured productivity in those areas pre implementation of the model and then again post. Research productivity was measured by the number of abstracts, publications, and investigator initiated research. Education was measured by the number of ACNP students participating in clinicals with the trauma team. System planning/development was measured by the key leadership appointments to state-wide system development committees.

Findings/Results:

P-DOC was implemented in 2008 at that time there were very few abstracts, publications and research being produced by the trauma center. During that same time frame there were no nurse practitioner students seeking clinical opportunities with the service and very little involvement in system planning and development. As of 2012 those numbers and productivity have changed dramatically. Research productivity alone has shown a 400% increase with 26 abstracts, nine publications and seven investigator initiated research projects. The Trauma Department has had four ACNP students complete their clinicals and has partnered with the Emergency Department to provide an advanced practice residency program which will include rotations on the trauma and critical care services. As for State-wide planning and leadership members of the team have been appointed to key leadership roles throughout the state which have influenced system planning and development.

Discussion/Conclusions/Implications:

Maintaining the high standards of Trauma Center Designation/Verification is an ongoing challenge with limited resources and increasing demands. By bringing experts together with independent but related goals we found a way to increase our efficiency and productivity without the need for additional resources.