SOCIETY OF TRAUMA NURSES

25 YEARS
1998-2022

WELCOME

TRAUMACON

LAS VEGAS

March 30 - April 1

2022

PLANET HOLLYWOOD

Hip Fracture Performance Improvement: A Multidisciplinary Approach From Zero to Beyond Goal

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Disclosure

- No conflict disclosures

REGIONAL
MEDICAL CENTER
Part of Good Samaritan Health system

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The WHY…. a.k.a the EVIDENCE

- Lower length of stay
- Decreased complications
- Decreased mortality
- Increased and earlier mobility

JAMA The Journal of the American Medical Association

HCA Healthcare®

THE AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA

ADVANCING TRAUMA AND ACUTE CARE SURGERY THROUGH COMPASSION, DISCOVERY, AND DEDICATION

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What are some of the ‘common’ challenges?

- Buy-in from key stakeholders
  - Orthopedic providers
  - Cardiology turn-around-times
    - Diagnostics
    - Consults
- Communication
  - How do the teams get notified of the need for hip repair?
    - Time of arrival?
    - Is the patient cleared for surgery? Other than the EMR notations?
- Coordination of Care
  - OR availability
  - Diagnostics ‘overkill’
  - Fragile population

What did we know?

- The N was low
- There were 2 sets of reportable data
  - TQIP
  - Clinical Excellence
- 1 large orthopedic group
  - Provide 24/7 coverage for trauma
- 1 independent orthopedist
  - Maintains independent clinic hours
  - Preferred provider for one payor

What was assumed?

- 1 provider was the problem
- If Trauma took over, it would all be good!
- Anesthesia met the patient just before operative time
- Cardiology services were not prioritized
  - ECHO/EKG
  - ECHO/EKG reads
  - Consults
- Average age: 78- ‘they all need workup before surgery’- medically ‘fraile’

Breaking Down the Design Process

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Understand

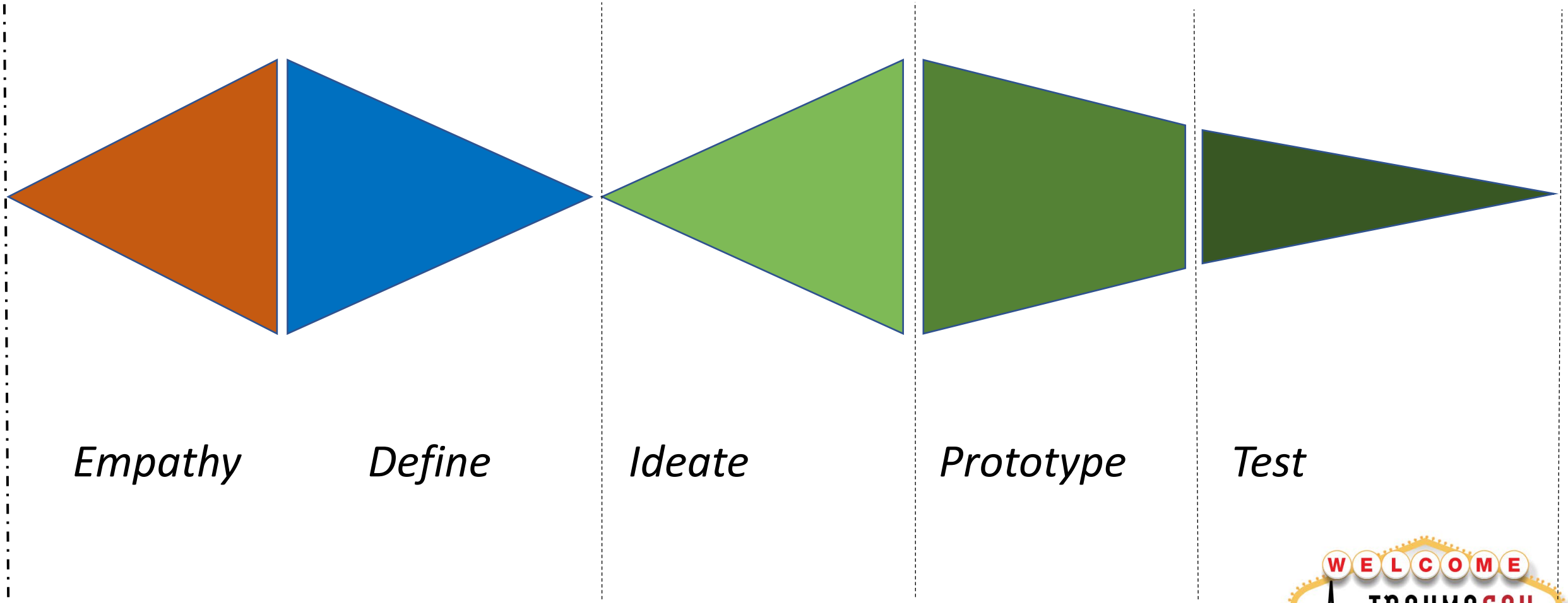
Understanding ends in **insight**

Create

Creation ends in **ideas**

Deliver

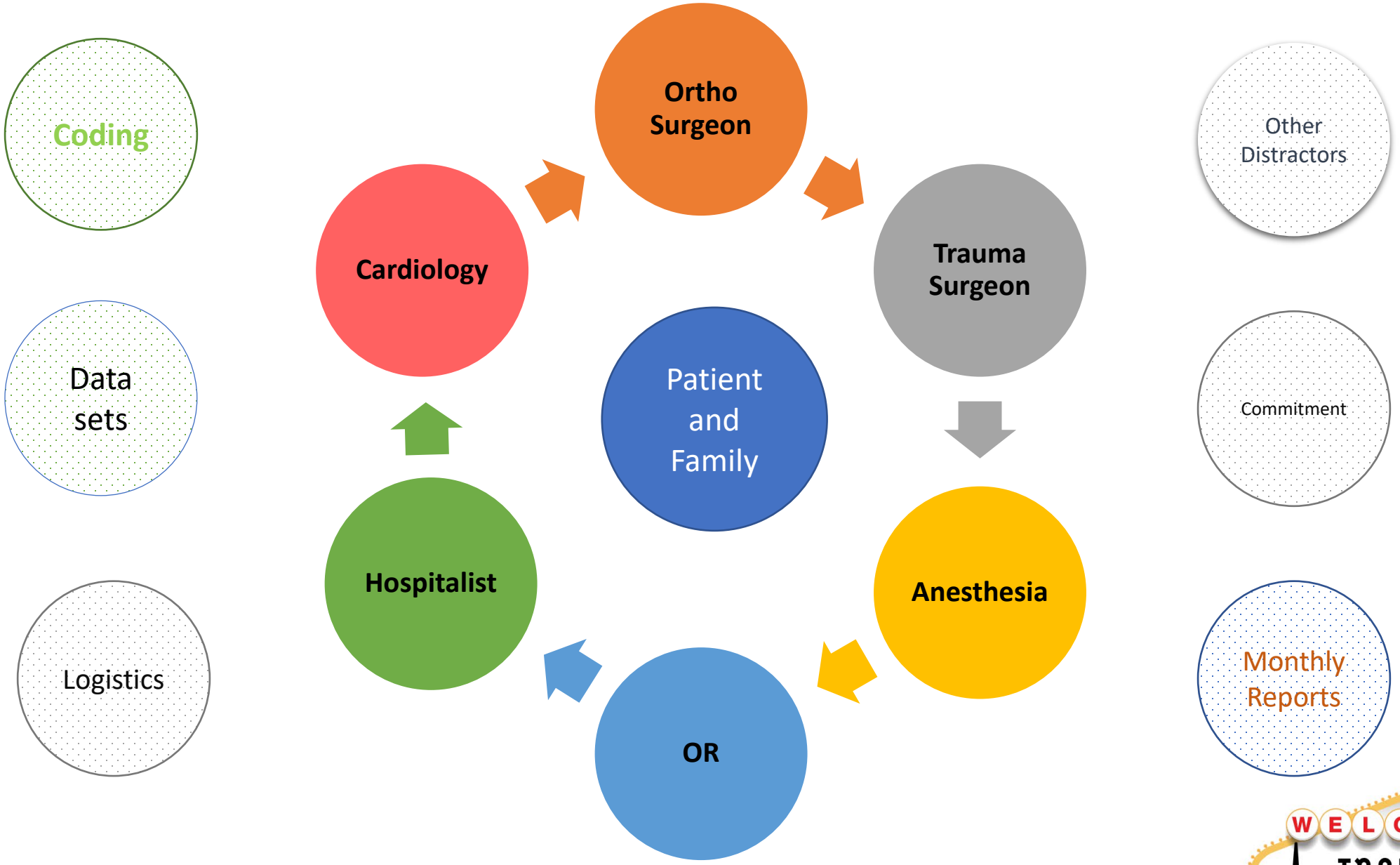
Delivery ends in **reality**



Empathy *Define* *Ideate* *Prototype* *Test*

Empathy

- Review each case to understand what the factors involved
- Was there a need to remove or redirect a barrier
- Walk in the ‘shoes’
- Gain the insight

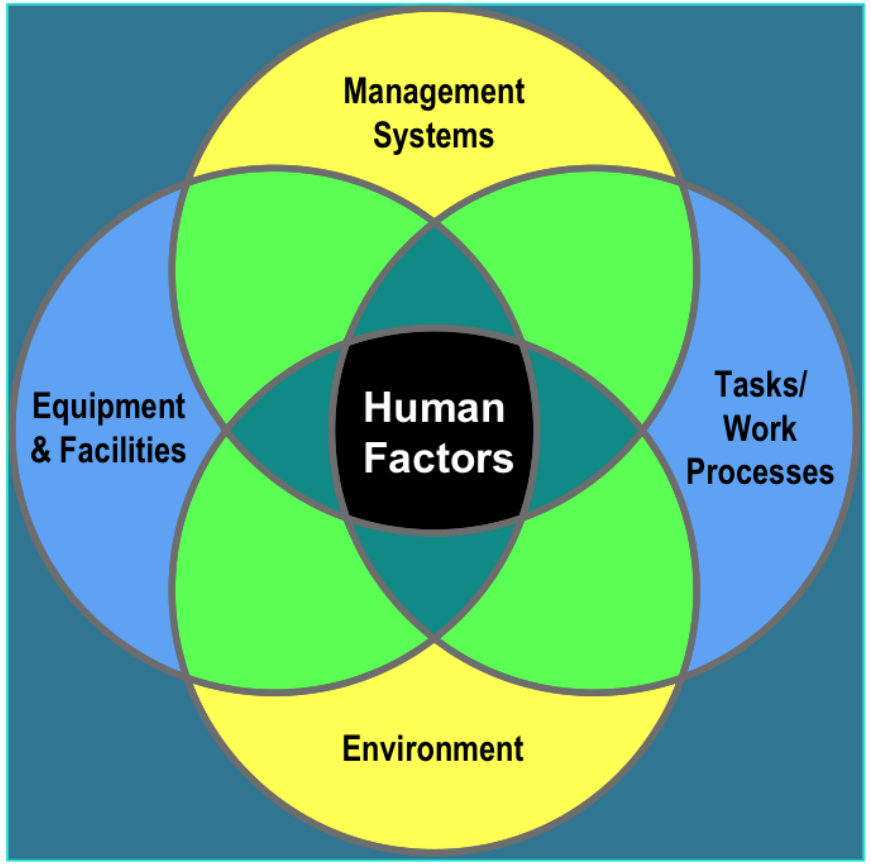


Separate out Human Factors

Definition of Human Factor

According to Federal Aviation Administration, **FAA:**

- **Human Factors is defined as a multidisciplinary effort to generate and compile information about human *capabilities and limitations* and apply that information to equipment, systems, facilities, procedures, jobs, environments, training, staffing and personnel management for safe, comfortable, effective human performance (FAA Order 9550.8 Human Factors Policy).**



Define

- What were the goals within the GOAL?
- What were the expectations internally and beyond?
- What would it take to get there?
- What were the best practices?

Ideate

- Get the group together
- Discuss all possibilities
- Determine resources
- Appreciate the limitations or presumed limitations
- Who can lead
- Who can monitor
- How do we manage 24/7

Prototype

- “Micro-team” identified
- Use available technology
- Engage others who had untapped knowledge
- Non-traditional approaches

Test

- 1 by 1
- Review every SINGLE one
- Report weekly at Safety Huddle
- Pivot when adjustments were needed

The Results

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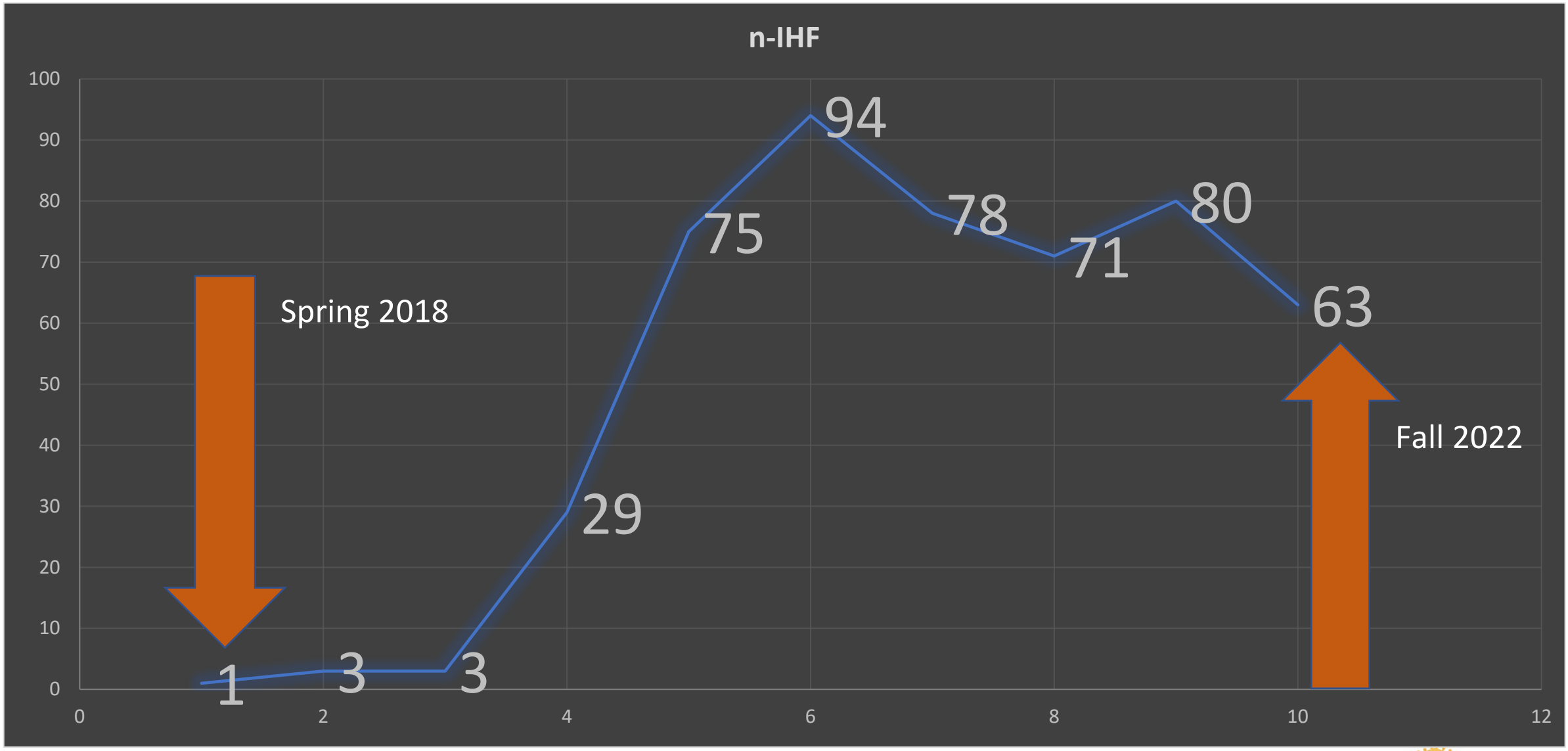
- Empathy
  - Remove assumptions
  - Track each patient
    - Arrival to incision
    - YES, all hours of the day/night!
  - Map out the algorithms to the patient….do they make sense?
    - Customize to your facility

- Define
  - Establish and maintain the goal
    - Simply: to OR <=24 hours
  - Know each and every stakeholder
    - EKG Techs and reads
    - ECHO availability
    - Imaging: CT and plane films
    - ED providers
      - Knowledge
      - Expectations

- Ideate
  - Put the group in the room together
  - Use the ‘drawing board’
  - Identify the resources
    - Lead
    - Hallway monitors
  - Mitigate the true limitations

- Prototype and Test
  - Engage end users
    - ED Clerk and listen to their feedback
  - Tweak as needed
    - Mass text didn’t have right information
  - Include anyone that has knowledge
    - Informatics
  - Use non-traditional approaches until the prototype is tested and sustainable



Volume of included patients

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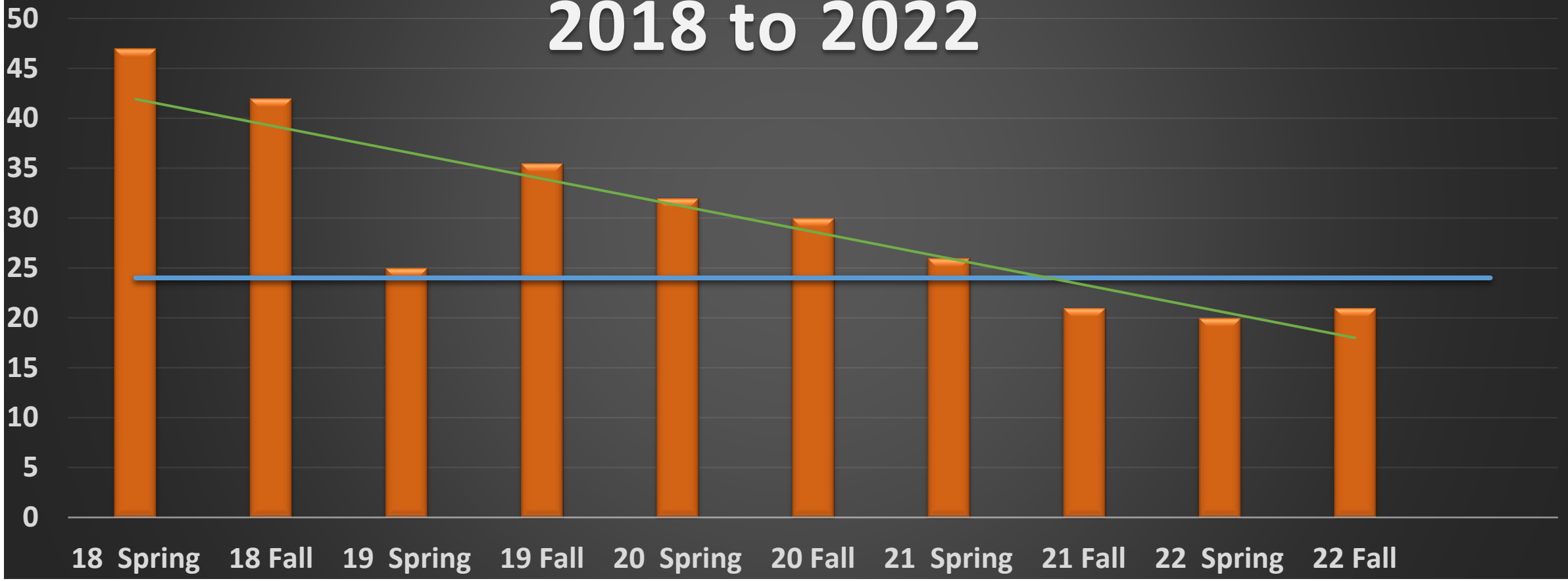
Time to OR
2018 to 2022



ACS tqip® TRAUMA QUALITY IMPROVEMENT PROGRAM

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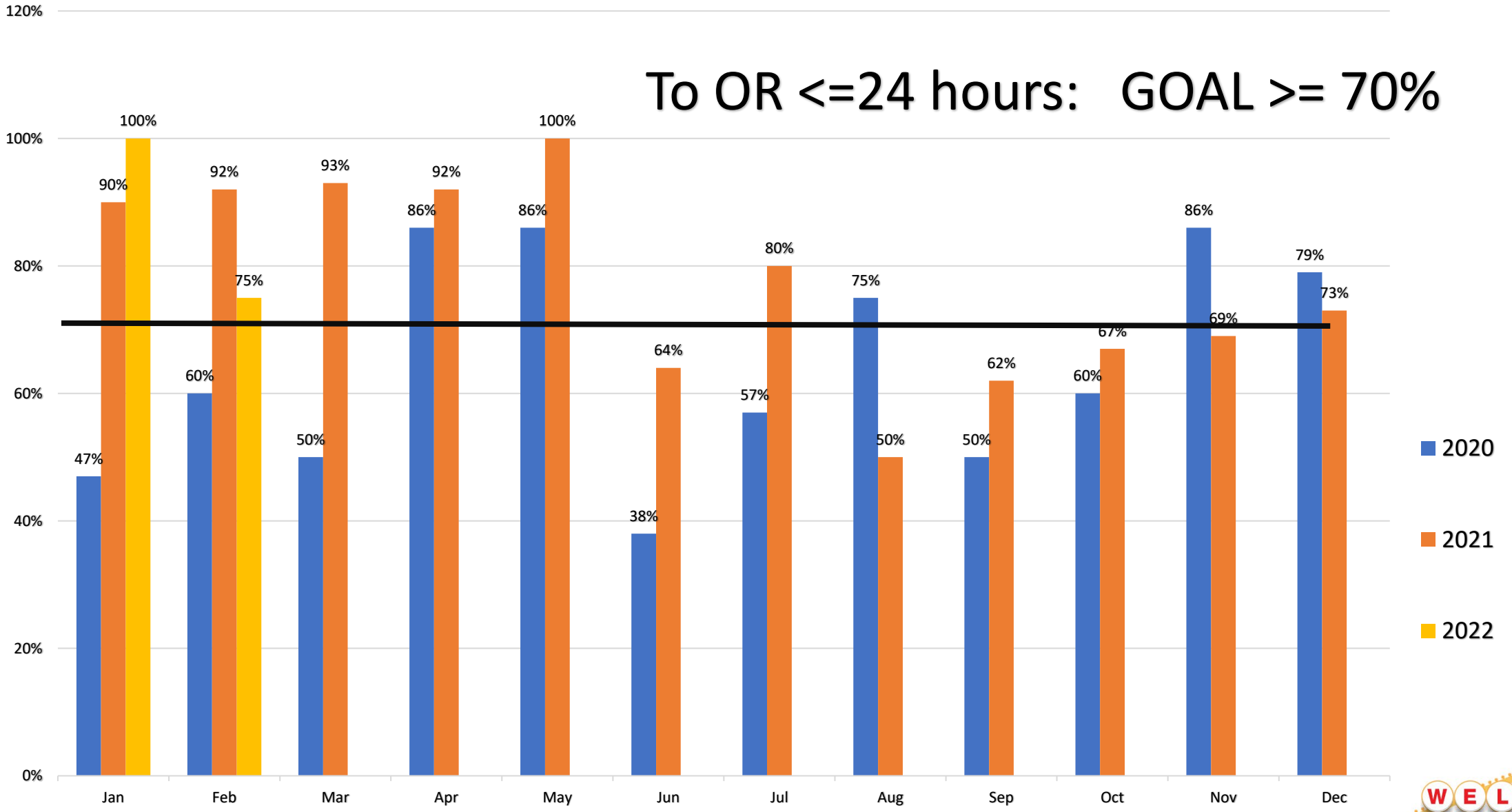
To OR <=24 hours: GOAL >= 70%



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Summary

- Blend the ‘science’ i.e. the DATA with the Human Factors and apply a design model
- Frailty needs to be a consideration, not just a blanket statement
- Lack of engagement does not equal lack of ‘caring’
- Variability in data sets creates confusion for stakeholders
- Designate a leader to drive the practices, processes, and reportables
- Micro-managing in the initial stages helps build muscle memory
- Migrate the successes to other initiatives (Geriatric Outcomes Committee)

Thank You

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