

# Evidence-Based Practice (EBP) - E167

Poster

## **Abstract Title:**

The Trauma Room - A Chaotic Place That Calls For Order!

## **Authors:**

Desiree Thomas, RN, MSN, CCRN

Rebecca Ferris, RN, BSN

Lupe Gallo, RN, BSN

## **Background & Purpose:**

The purpose of this abstract is to explain the chaos that existed in the trauma resuscitation room. There were many people in the room without a clear understanding of team member roles. There was a lack of role delineation between the ED RN and the ICU RN, and only 31% of them strongly agreed that they understood their role. Task duplication and lack of systematic approach created delays in patient care and disposition. Role delineation and closed loop communication are essential in a resuscitation. The project aimed to create an environment in which the patient received excellent care by the right team of people, performing an evaluation and coordinating a resuscitation while using a systematic approach.

## **Study/Project Design:**

Data collected prior to workshop implementation and subsequently at 30, 60, and 90 days post implementation.

## **Setting:**

The Trauma Resuscitation Room within the Emergency Department of an Adult and Pediatric Level II Trauma Center.

## **Sample:**

14 people participated on the project workteam. The survey was sent to all ICU and ED RNs that participate in the trauma resuscitations, which is approximately 80 people.

## **Procedures:**

Utilizing Lean methodology, a workteam was formed to identify and solve the issues. The current process steps for each team member were analyzed in a time sequence, and duplication of steps were eliminated. A standardized approach utilizing ATLS principles was developed to create a systematic process for evaluation and treatment of the patient. Phases of care were identified, and all the tasks within each phase were clearly delineated by the responsible team member. The recommendations were presented to executive and physician leadership, and approval was obtained. Extensive education was done to all team members that respond to trauma resuscitations. The three primary data elements evaluated were the amount of time between patient return from CT scan to a disposition decision from the Trauma Surgeon, completeness of trauma documentation, and staff understanding of their role in a trauma resuscitation.

## **Findings/Results:**

Baseline data indicated that the median time from patient return from CT scan to disposition decision made by Trauma Surgeon was 30 minutes. At the 90 day review, the median time from patient return from CT scan to disposition decision from Trauma Surgeon was 5 minutes. The workteam target was a median of 20 minutes, and this target was exceeded by 15 minutes. Baseline data on completeness of trauma documentation was 35%. At the 90 day review, the completeness of trauma documentation was 75%, which was the workteam target. Baseline data on ED and ICU RNs indicated that 31% strongly agreed that they understood their role in a trauma resuscitation. On the post-implementation survey, the ED and ICU RNs indicated that 61% strongly agreed and 34% agreed that they understood their role in a trauma resuscitation. The workteam target on this metric was 75% strongly agreed, which was not quite met with the 61%. However, the combined percentage of both responses is 95% strongly agree and agree, which is a significant improvement in the baseline data. The three metrics that were evaluated all showed a statistically significant improvement at the 90 day audit.

## **Discussion/Conclusions/Implications:**

The workteam primarily consisted of people from the ED, ICU, and Trauma Service. All three groups felt as if this project provided an opportunity to break down the silos that often exist within the individual departments. The positive impact is that these groups work better together as a team now, in addition to having more respect and understanding of each other's roles. The Trauma Surgeons were engaged in the process and the outcome, taking more ownership and responsibility for acting as the Team Leader during the resuscitation. These lessons learned will have an impact on bedside practice and patient outcomes, as the team members are more cognizant of how to work together during the resuscitation.