

Research - R154

Poster

Abstract Title:

Transitioning the Complex Trauma Patient from the ICU: Acute Care Nurses' Perceptions of Readiness

Authors:

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Background & Purpose:

Trauma centers improve patient health care outcomes through the provision of expert care by trauma surgeons and trauma nurses. While the American College of Surgeons stipulates that trauma centers must have qualified nurses, there is no clear definition of qualified, nor is there a prescription for trauma nurse readiness beyond emergency or intensive care. In a newly designated level II trauma center, it was recognized that nurse preparedness was lacking. The purpose of this study was to explore nurses' perceptions of their knowledge, skills and confidence in complex trauma care.

Study/Project Design:

The study is a triphasic longitudinal design with quantitative and qualitative measurements.

Setting:

New suburban Level II trauma center multiple, cross-sectional patient care units were included.

Sample:

The sample included 24 RNs from IMCU and acute care units and 4 trauma surgeons. Rapid response team data was reviewed for the preceding 12 months.

Procedures:

Data were collected through focus group interviews which followed a specific interview schedule. Focus groups were moderated by one of the researchers with experience in qualitative data collection. Additionally, participants completed a demographic questionnaire. Following data collection, data were organized for analysis. Qualitative data were transcribed and checked for accuracy. Analysis was accomplished by basic qualitative analysis for content and identification of themes. Demographic data were reduced through descriptive and frequency statistics. Trauma surgeons were surveyed for level of satisfaction with nurse preparedness. Data were analyzed in a similar fashion. The preceding 12 months of safety data from rapid response teams was also included to establish a baseline.

Findings/Results:

The nursing sample was comprised of 24 female trauma registered nurses, from intermediate and acute care. Mean age was 39.46 years, with years of nursing experience ranging from 6 months to 33 years. Four participants reported associate degrees as their highest level of education, 17 reported bachelor's degrees, and 3 reported masters' degrees. Three major themes were revealed through basic qualitative analysis of the focus group transcripts: Inadequate Time to conduct thorough transfer handovers, Insufficient Handover Information at the point of transfer, and Fearfulness in initial assessment and ongoing monitoring and care of the patients. Nurses voiced a strong desire to provide knowledgeable, competent trauma nursing care, and to overcome identified barriers. Data from the trauma surgeons indicated a general satisfaction with nursing care, and an expectation of communication as the key to effective care.

Discussion/Conclusions/Implications:

The findings describe the first phase in a longitudinal study of the perceptions and abilities of knowledge and skills of nurses receiving complex trauma patients from ICUs. Findings support continued implementation of a model for transfer procedures to improve patient care outcomes. The final study phase will occur after 12-18 months of training and education for nurses receiving trauma patients. Concurrent with education and training, the model for handover procedures will be implemented. The final research will also include qualitative analysis of data collected through focus groups.