Disclosure Statement

• Presenter discloses no conflict of interest relative to this educational activity.
Successful Completion

• To successfully complete this course, participants must attend the entire event and complete/submit the evaluation at the end of the session.

• Society of Trauma Nurses is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
UTILIZATION OF ADVANCED PRACTICE PROVIDERS TO ENHANCE TRAUMA PROGRAM DEVELOPMENT & QUALITY IMPROVEMENT

UNTAPPED RESOURCES

Michelle Borzik Goreth,
MSN, RN-BC, CPNP-AC, CCRN-P, CTRN, CPEN, TCRN
OBJECTIVES

• Provide an overview of the unique and diverse role of the Advanced Practice Provider (APP) in the continuum of trauma care

• Discuss characteristics that support the APP’s role in Quality Improvement

• Identify barriers and limitations of the APP in trauma care

• Identify three methods to incorporate APPs in trauma program development

• Identify three methods to incorporate APPs in quality and performance improvement
QUALITY IMPROVEMENT IN HEALTHCARE

- Essential component of successful trauma programs

- Goal: To identify events that have potential to compromise patient care and prevent them from occurring before they reach the patient, regardless if they cause harm
INADEQUATE PERFORMANCE IMPROVEMENT IS #1 REASON CENTERS FAIL INSPECTION OR DESIGNATION
WHY IS QUALITY IMPROVEMENT SO CHALLENGING IN TRAUMA?

- The process or system is complex
- No one person in an organization knows all the dimensions of an issue
- The process involves more than one discipline or work area
- Solutions require creativity
- Staff commitment and buy-in are needed

(HRSA)

Trauma is a team sport
WHERE DO NURSE PRACTITIONERS FIT IN QUALITY IMPROVEMENT?
NURSE PRACTITIONERS IN QUALITY IMPROVEMENT

• Literature supports NPs as qualified practitioners that enhance quality care and outcomes

• Described in Trauma
  • Enhance patient satisfaction
  • Decrease LOS
  • Outcomes

• Institute of Medicine/HRSA
• Spisso et al. (1990)
• Fanta et al. (2006)

• Goal of NPs: To deliver quality care that enhances outcomes regardless of practice role

• Common characteristics of all APPs: Leadership and influence

• Often under recognized for contributions

• Coombset al. (2007)
The Trauma Nurse Practitioner has been proven to decrease patient length of stay, decrease outpatient waiting times as well as patient complaints, decrease residency workload, and increase quality documentation (Spisso et al. 1990). In addition to their clinical value, TNPs also participate in education of staff, research projects, protocol and programmatic development. (2008)
WHAT ALL THE RESOURCES DON’T DO...

Tell you the specifics of how to use Nurse Practitioners
HOW DO WE USE THE TRAUMA APP?

• Who do we hire?
  • Educational differences
    • FNP/CPNP-PC
    • ACNP/CPNP-AC
    • Physician Assistants
• Drastic organizational differences in use of NPs
  • Subspecialty practice
  • Limitations by state practice agreements
• No specific requirements for Nurse Practitioners as denoted by ACS except that they may be included in multi-disciplinary teams
WHY ARE NURSE PRACTITIONERS THE IDEAL PEOPLE TO ASSIST WITH QI?
NURSE PRACTITIONER EDUCATION

• Master of Science in Nursing- NP education
  • Basics: Assessment, physiology, role development, leadership
  • Clinical Expertise-Nursing background and experience
  • Health Policy
  • Research
  • Educational Projects
  • Clinical Projects

• DNP prepared NP
  • Ultimate preparation for translational research and change implementation
  • Terminal degree

Quality Improvement
CLINICAL EXPERTISE/BACKGROUND

- Practice experience
  - Years of nursing experience
  - Years of trauma care experience
  - May have additional trauma administrative background
  - Personal experiences

- Formal training courses/verification
  - TNCC, ATLS, ATCN, ENPC, TCAR/PCAR

- Nurse Practitioner certification - not required by all states
  - General/Family
  - Acute Care - population specific

- National nursing certifications
  - TCRN, CEN, CFRN, CPEN, CCRN
OTHER PROFESSIONAL ACTIVITIES

• Professional activities
  • Institutional, local, regional, national, international
  • STN, East, ENA, AACN, etc
  • Professional Trauma/Emergency Committees and Special interest groups
  • Other Nursing Committees

• Community Involvement
  • Injury prevention education
  • Career Days

• Research/Publication/Journal Review
INSTITUTIONAL ADVANTAGES

- A large majority of NPs stay within the same institution where they practiced as a RN
  - Understanding of organization structure and functions
  - Organizational politics
  - Leadership
    - Some have previous RN leadership roles
    - Non-titled previous RN leadership roles
    - Designated NP leadership roles
RELATIONSHIPS

• Know “who’s who” of the organization
• Already have established relationships
• Interpersonal and Communication skills
• Nursing background - therapeutic communication
THE EYES AND EARS OF TRAUMA: WHAT’S NOT ON THE PAGE

- Recognition of deviation from norms
- As providers, more free to ask “why?”
- Recognition of behavioral/educational/systems opportunities
  • Example
SUPPORT FOR PROBLEM SOLVING

- Inherent understanding of system processes from multiple perspectives to aid in root cause analysis and solution development

- First hand knowledge of patient care/event specifics/situation

- Identification of patterns of events

- Trauma care problems directly affect/effect NP practice which creates ownership of issues
BIGGEST ADVANTAGE OF THE TRAUMA NP

The most powerful force on earth is the human soul on fire.

Passion for Trauma
SO UNDS G REAT BUT....
HOW DO I EFFECTIVELY UTILIZE THE NP?

1. Recognize barriers and limitations
2. Obtain Institutional support
3. Engage Nurse Practitioners
4. Identify Opportunities for organizational involvement for Nurse Practitioners
5. Create environment for continued evolution
Recognition of NP Barriers and Limitations
SYSTEM BARRIERS

- Role of NP varies based on organizational structure and need

- Lack of general understanding of trauma program organization
  - State Trauma System
  - Roles and functions
  - Data collection Elements/Audit filters/Reports
  - Seeking guidance for issues
  - Trauma Politics

- Lack of institutional/trauma program support for NPs to participate in trauma activities
  - Thought never crossed anyone’s mind to include the NP
  - Do not desire to include NP in activities
  - NP in staffing to support resident/provider coverage
SYSTEM BARRIERS

- Lack of recognition of NP value
  - Trauma Program Directors
  - Trauma Medical Directors/Surgeons/Specialties
  - Nursing Administrators/Executives

- NPs not hired by trauma department/outsourced by physician group
  - “I don’t work for you” mentality

- Lack of perceived financial gain/financial loss
  - Additional provider coverage or overtime to support additional activities
  - Additional salary
  - No RVU generation
NP BARRIERS

• Lack of NPs on staff to support additional activities outside clinical duties

• Ineffective Role transition/Educational Deficits
  • Lack of formalized orientation
  • Lack of support (other NPs, physician staff, trauma leaders)
  • Lack of adjustment to NP role (unable to perform additional duties)
  • Lack of Trauma Knowledge

• Lack of non-clinical or dedicated administrative time for NPs to participate in non-clinical duties
  • No allotted time/restricted time is insufficient
NP BARRIERS

• Inconsistent responsibilities
  • Straddling Roles: Provider of Care vs Nursing or Clinical Nurse Specialist Duties
  • Data abstraction or data entry in registry

• NP motivation
  • Lack of personal gain for participation
  • Lack of financial incentive to participate in additional activities
  • Lack of recognition as a valued team member
  • Lack of recognition for contributions to team/processes

• Ineffective problem-solvers or communicators/Complainers/Negative Behaviors

• Job satisfaction
  • Work/Life Imbalance
LIMITATIONS

• Scope of practice
  • State practice limitations
  • Restriction of practice by institution (credentialing)
  • Restriction collaborative/supervisory physicians

• Lack of direction by ACS for utilization of NPs

• No formalized certification for Trauma Care specific to NPs
LIMITATIONS

• Limited Nurse Practitioner Educational Programs that provide Trauma-specific specialty/subspecialty training or focus

• Lack of recommendations for standardized/national trauma orientation for NPs

• Lack of financial support for ongoing trauma education
LIMITATIONS

• Trauma Program Managers and Trauma Medical Directors may not be involved in NP interview or hiring process

• TPM and TMD may not be involved in needs assessment for use of Trauma NP

• Defining expectations of the NP may be difficult

• NP coverage may not be 24/7 and thus impact policy consistency and expectations
ELIMINATE OR REDUCE BARRIERS AND LIMITATIONS
OBTAIN INSTITUTIONAL SUPPORT

• Trauma Program Managers/Trauma Medical Directors
  • Discussions with administrators to emphasize needs that APPs fill
    • May include requests for budget requests for additional personnel
    • Request for 1st NP (provide national literature that supports your request)
    • Provide examples of APP successes with financial impact, if available
      • Example

• Request to be involved in interview process if NP hired outside Trauma Services Department

• Ensure funding to support NP continuing trauma education/professional development budget
Obtain Institutional Support

- Include Nurse Practitioner requirements in institutional trauma policies
  - Inclusion of NP role in institutional trauma care
    - Level of trauma response
    - Time requirement for response time
    - Role in initial trauma resuscitation
    - Role in ongoing trauma care across the continuum
    - Establish expectations of levels of participation in institutional activities
- Exclusion of physician as general term and replace with provider, except where required
  - Holds all providers to same level of accountability
  - Standardized expectations
OBTA IN INSTI TUTIONAL SUPPORT

• Ensure appropriate utilization of the NP
  • First and Foremost, NPs are Providers of Care
  • Avoid substitution of trauma program personnel or other providers with NPs
    • Ex: Do not request the NP to review charts for data abstraction due to low staffing
  • Exception: At time of hire, APPs duties specifically designate the inclusion of administrative trauma functions.
    • May apply to smaller programs
    • Should include the percentage of time allotted for each activities in job description
      • Ex: 50% clinical; 10% APP administrative time; 40% trauma program assigned duties to include: data abstraction only
• Engagement at the Local/State/National level
  • Reduce restrictions of NP practice
  • Gain legislative support for NPs in trauma care
  • Establish national standards for Trauma NP practice
  • Develop NP educational training programs and certifications specific to Trauma
  • Volunteer/Support NP to serve on committees, advisory councils
ENGAGEMENT OF THE NP BY TRAUMA LEADERS

Provide all NPs with General Trauma Program Orientation

• Policies and Trauma Practice Management Guidelines

• Overview of roles and function of Trauma Program (electronic, on-line delivery systems, in-person)
  • General function of program/organization structures, etc.
  • Roles within the Trauma Program Office (Registrars/Outcomes Coordinators/Nurse Navigators)
  • Overview of coding/ISS-AIS/TRISS/reporting processes
  • Other program involvement NTDB, TQIP, etc.

• Explanation of Audit Filters/Practice Management Guidelines with Review Schedules

• Essentials of Trauma Documentation
  • Helpful to provide all list of data elements collected in registry

• Express Expectations of the APPs within Trauma Program

• Other institutional identified areas of importance
• Inclusion of NPs in QI Initiatives

• Examples:
  • Monthly Trauma Program and Trauma NP meetings to discuss:
    • System and behavioral opportunity identification
    • Audit Filter Evaluation
    • Compliance with established expectations
    • Upcoming trauma educational needs
  • Inclusion of NPs as required liaison of Trauma M&M/Trauma Committee
    • Create an APP liaison position to update on APP-trauma specific issues
    • Hold to same standard of attendance as other liaisons
    • Have NP present cases or important details within case
ENGAGEMENT (CONT.)

• **Formalize Trauma NP Orientation**
  • Hospital-based orientation (ensure receive provider-specific orientation)
  • Provide Support structure/Resources/Mentor
  • Didactic and Psychomotor learning/Simulation Training
  • Monitor process of role transition for NPs to the role of the Trauma NP (both new and experienced NP)

• **KEY POINTS:**
  • Development may be time consuming
  • Will require multidisciplinary involvement

**Formal Orientation Leads to successful role transition and employee retention**
NP BUY-IN: EASIER SAID THAN DONE

• Building Trust
  • Respect-acknowledgement of the expertise that the NP brings
  • Active Listening
  • Open Communication
  • Support
  • Provide ongoing feedback

• Model the Service Line/Branding
  • Lapel Pins
  • Trinkets
  • Coffee Mugs/Cups

• Public display of NP as trauma provider
  • Departmental/institutional websites
  • Injury Prevention Marketing

• Recognition of NP Involvement
  • Ensure each NP’s credentials are correctly displayed on meeting agendas, emails, etc.
  • Presentation of New NPs at meetings or recognition of NP accomplishments in public forums (trauma and non-trauma related)

• Designated physical office space
• RVU for non-clinical activities
• Same support resources as other providers
• Mutually select NP-specific monitoring parameters/goals
OPPORTUNITIES FOR ORGANIZATIONAL INVOLVEMENT

• Opportunities are endless and assessment of them ongoing

• Each Trauma Program’s needs differ
  • 1. Identified/Known needs
  • 2. Ask!

• Loosen the reigns
OPPORTUNITIES FOR ORGANIZATIONAL INVOLVEMENT

• 3. Find the individual NP’s passion within trauma care
  • Rural Trauma Care
  • Geriatrics
  • Pediatrics
  • Obstetrical Trauma
  • Telemedicine
  • Bariatric
  • Diagnosis-specific: TBI
OPPORTUNITIES FOR INVOLVEMENT

• Formal Team Training
  • TPM/TMD, Trauma Staff and include NPs
  • Trauma Outcomes and Performance Improvement Course (TOPIC)
  • Rural Trauma Team Development Course
TRAUMA PROGRAM DEVELOPMENT

• Patient Care

• Efficiency
  • most valuable application for use of the NP

• Cost-Effective Utilization of Resources
NP led Multi-Disciplinary Rounds

**Patient Care** – direct patient care discussions, recognition of potential complications, trauma documentation

**Efficiency** – potential for reduction of errors due to multiple conversations with specialties; discharge planning; decreases variation in care/outcomes

**Resource Utilization** – keeps surgeons in the OR; minimizes need for other disciplines to seek out trauma team and vice versa; planning

**Quality** – addresses patient and other disciplines’ needs, expedites discharge care, decreases LOS

**Research** – opportunity to follow specific aspects of how NP led teams effect patient care/outcomes/Team work/communication
OPPORTUNITY FOR INVOLVEMENT

Trauma Inspection

- Preparatory support
- Presentation of NP specific highlights
- Poster Development/QI Presentations
- Site inspection leaders/tour guides
OPPORTUNITY FOR INVOLVEMENT

- Routine discussion between NP and Trauma program leaders to address opportunities for improvement
- Assist in design of QI initiatives
- Assist in change implementation
- Data analysis
- Role modeling behaviors
- Support for Staff/Resource to reinforce/remind of change
CATEGORIES OF OPPORTUNITY FOR INVOLVEMENT

• Education and Injury Prevention/Outreach
  • Institutional/Local
  • Regional
  • National
• Examples:
  • TNCC/ATCN
  • Grand Rounds
  • Lectures/Presentations
  • Health Fairs/Safety Councils
  • Allow NP to direct own opportunities
CATEGORIES OF OPPORTUNITY FOR INVOLVEMENT

- Research
  - Poster presentations
  - Publication
  - Journal Reviewer

Endless Opportunities
EVEN SMALL CHANGES HAVE IMPACT

- EXAMPLE
BUT I ALREADY DO ALL THAT!
SUMMARY

- Nurse Practitioners are valuable, often, under utilized resources to support Trauma Quality Improvement and Program Development

- Utilization of NPs outside of direct patient care requires Administrative and Trauma Leadership Support

- Each trauma program defines the utilization of the NP in their institution but should include expectations for level of participation in all trauma program activities

- Engaged NPs
  - Model best practices
  - Enhance documentation
  - Assist in all aspects of quality trauma care across the continuum
  - Provide a unique perspective of trauma processes
  - Develop a sense of ownership over issues affecting direct patient care/NP practice

- Acknowledgement of barriers/limitations helps identify approaches to reduce and eliminate them
Successful trauma programs create an environment that fosters opportunities for ongoing quality improvement from all team members.
QUESTIONS?
REFERENCES


REFERENCES


