

“Not sure? Ask the staff!” – an Interdisciplinary Trauma Staff Committee Improves Collaboration and Performance in a Level I Trauma Center

Amber Lorman, BSN, RN, TCRN; Eve Meriash Lindemann, BSN, RN, CCRN; Regina Krell, BSN, RN, CEN, TCRN; Robin Scott, ND, RN, CEN

INTRODUCTION

- Our level I trauma center has a multidisciplinary operational process performance improvement (TPOPPS) group that targets physician, surgeon and hospital leadership issues
- We were lacking a collaborative group that involved other hospital staff involved in the care of trauma patients
- 2013 Trauma Staff Committee (TSC) was formed to involve bedside staff throughout the continuum of care; this group mirrored the TPOPPS meeting but the topics covered were not always applicable to the bedside caregivers
- 2016 TCS focused on process/performance improvement, education and staff collaboration between hospital departments
- TSC membership was ED clinician-heavy; we sought to increase involvement of staff hospital-wide

OBJECTIVES

- Develop a collaborative team of professionals to act as trauma champions and resources for their departments
- Trauma champions educate staff and act as liaisons to relay information shared in the committee
- Non-punitive learning environment and safe space to share experiences
- Process and performance improvement

DISCUSSION/ NEXT STEPS

- The committee saw an opportunity for growth and change in 2013. Becoming a more integrative, interdisciplinary group that focused on education and performance improvement; the committee saw 207% growth from 2014-2018.
- Successful implementation of performance improvement projects, dissemination of quality initiatives and policy updates relies heavily on the commitment of engaged members who communicate to the staff on their units.
- Floor and ICU staff requested the committee bring more attention to the care of trauma patients beyond the emergency department (ED). The ED has a large representation in this committee, thusly a large focus has been placed on ED and trauma bay care. We have integrated more staff throughout the continuum of care and have begun focusing more heavily on offering education that reflects the care of the patient beyond the trauma bay.
- Bedside staff can often be overlooked when trying to impact changes to patient care. Communication with these key bedside stakeholders is critical in providing optimal care to patients and their families (Hughes, 2008). The TSC allows bedside staff to identify gaps in knowledge and barriers to process improvements and share them with the committee so that we may continue to improve and provide excellent care to our trauma patients.
- We strive to demonstrate to hospital leadership that the involvement of clinical staff is integral in providing optimal care to our trauma patients by reporting quarterly to the hospital's TPOPPS committee. Leadership support has been integral for staff involvement.
- References: Hughes, R., & United States Agency for Healthcare Research and Quality (2008). Patient safety and quality: An evidence-based handbook for nurses (AHRQ publication, 08-0043. Rockville, MD: Agency for Healthcare Research and Quality (2008). Retrieved October 8, 2018 from <https://archive.ahrq.gov/professionals/clinicians-providers/resources/nursing/resources/nurseshdbk/nurseshdbk.pdf>

INTERVENTIONS

- Co-chairs of TSC sought out bedside staff representation by posting flyers in areas of the hospital that care for trauma patients and sending email invitations to unit managers
- Hosted guest speakers to present in their areas of expertise with continuing education credits offered
- Stop the Bleed train-the-trainer course
- Journal clubs and continuing education for those who attended
- Attendance increased after we began advertising more heavily and offering continuing education credits for some of the meetings
- Members were surveyed regarding their involvement in the committee; all respondents replied in the same manner:
 - Being a member kept them apprised of changes to trauma policies and protocols
 - Staff on their units saw them as a resource for issues and questions related to the care of trauma patients
 - Confidence in caring for trauma patients increased

