

Evidence-Based Practice (EBP) - E205

Poster

Abstract Title:

Trauma Alert Response Project

Authors:

Darleen A. Williams MSN, CNS, CEN, CCNS, CNS - BC, EMT-P, Wendy Kimelman BSN, RN, Lillian Aguirre, MSN, CNS, CCRN, CCNS

Background & Purpose:

Trauma centers must adhere to standards of care based on the American College of Surgeons and established by the Department of Health. These guidelines require the prompt arrival of the trauma team members, rapid patient assessment, interventions and transfer to definitive treatment areas. Data clearly demonstrates that adherence to these guidelines truly makes the difference between life and death for critically injured patients. This project was initiated when concerns were expressed by ED staff regarding the Trauma team member's responses and responsibilities to alerts. In order to determine what if any issues actually existed observations were conducted.

Study/Project Design:

Using a collaboratively developed data sheet, trauma alerts were randomly observed 24/7 by the same 3 investigators.

Setting:

This ED and state certified level one trauma center is located in the Southeastern US and has 59 ED beds and 6 trauma bays.

Sample:

This was a convenience sample of a total of 99 patients meeting state trauma alert criteria that were identified and transported to the trauma center by local EMS agencies.

Procedures:

Trauma team responses to EMS activated trauma alerts were randomly observed over a 9 month time frame. Direct observations were conducted by the same 3 investigators. Observations included the following variables: Which team responded. Time of arrival to the first set of vital signs. Did team members identify themselves to the scribe on arrival? What was the noise level in the room, low moderate or high? Did the team listen to the EMS report? How many people were in the room during the alert? Was the room warm? Were team members in their assigned positions during the alert?

Findings/Results:

The results of these observations were as follows: The Red team responded 54% of the time and the Blue team 46%. Team members responded identified themselves to the ED scribe on arrival: Quarter 1: 73% Quarter 2: 95% Quarter 3: 61% of the time. Was the noise level in the room low, moderate or high: Low: Quarter 1: 44% Quarter 2: 45% Quarter 3: 15% Moderate: Quarter 1: 44%, Quarter 2: 47%, Quarter 3: 58% of the time. High: Quarter 1: 12%, Quarter 2: 8%, Quarter 3: 27% of the time. Did the team listen to the EMS report: yes: Quarter 1: 87%, Quarter 2: 94%, Quarter 3: 84% of the time. The time to obtaining the first set of vital signs, trauma room temperature and placement of team members in their assigned locations during the alert data also followed the data noted above decreasing in compliance in the third quarter when the staff were unaware of our continued observations. Our data clearly demonstrated there was merit to the ED staffs concerns.

Discussion/Conclusions/Implications:

The data clearly demonstrated that continued efforts by our Trauma Leadership team is required to ensure that the evidenced based processes in place are being followed, adherence to these established standards improves patients outcomes. The leadership team is committed to conducting intermittent observations to evaluate the teams responses to Trauma Alerts as an on-going part of our program and to make all team members aware of the science supporting these processes.