


The background of the slide is a light gray gradient. It is decorated with numerous realistic water droplets and bubbles of various sizes. Some are large and prominent, while others are small and scattered. The droplets have highlights and shadows, giving them a three-dimensional appearance. They are distributed across the entire slide, with a higher concentration in the top and bottom areas.

MENTORING AND COACHING THE TRAUMA PROGRAM MANAGER (TPM) THROUGH THE 7 REALMS

KATHLEEN MARTIN, MSN, RN
TRAUMA SYSTEM CONSULTANT




OBJECTIVES

1. IDENTIFY THE 7 REALMS OF THE TRAUMA PROGRAM MANAGER ROLE
 2. UNDERSTAND THE ELEMENT OF MENTORING BY AN EXPERIENCED GUIDE
 3. RECOGNIZE THE STEPS IN COACHING A TRAUMA PROGRAM MANAGER TO IMPROVE PRESENT PERFORMANCE.
- 



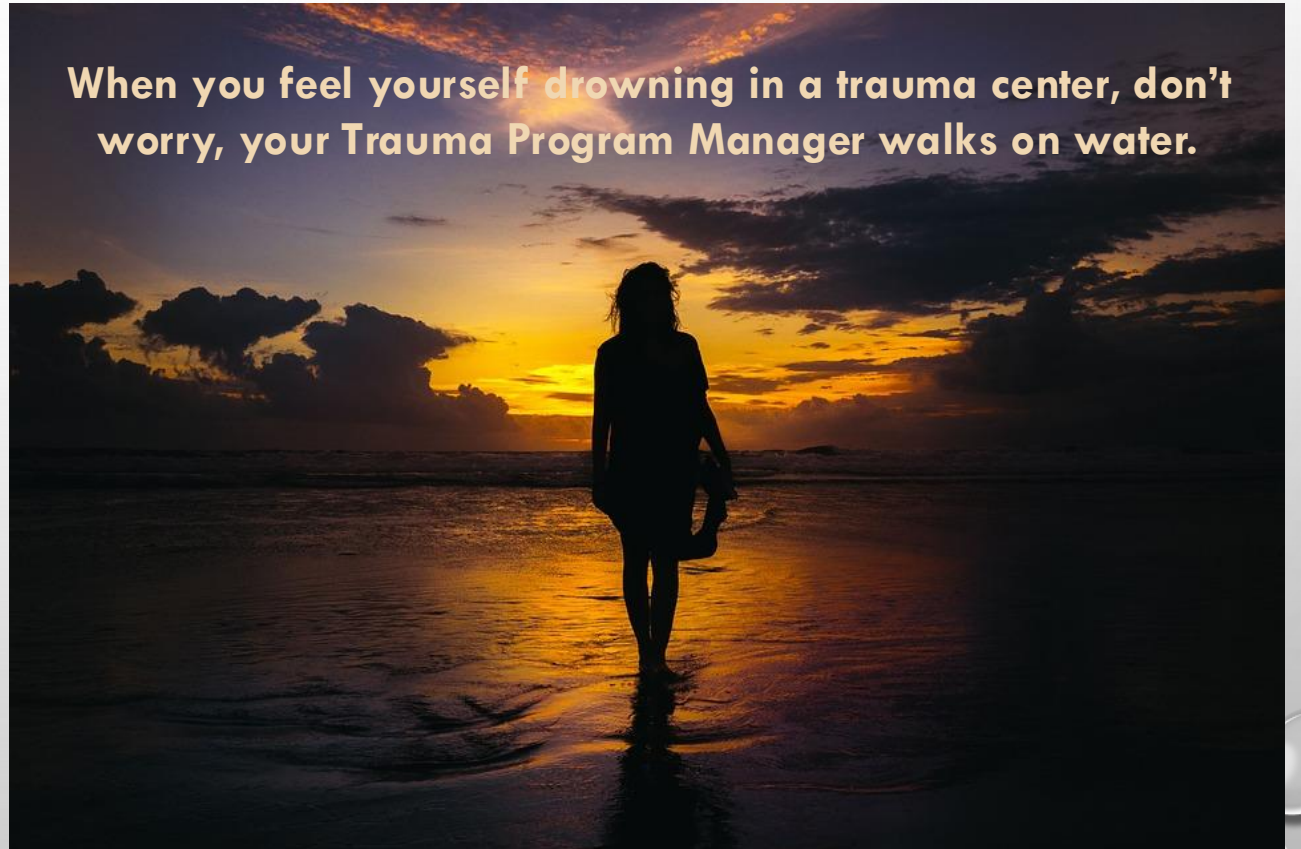
KEY CONTENT POINTS

1. KEY CONTENT WILL INCLUDE A REVIEW OF THE ACS ORANGE BOOK KEY CHARACTERISTICS AND THE 7 KEY REALMS OF THE TRAUMA PROGRAM MANAGER ROLE.
 2. KEY CONTENT WILL INCLUDE THE STEPS IN IDENTIFYING A MENTOR WITH EXPERIENCE AND EXPERTISE TO GUIDE THE TPM THROUGH THE FUTURE WHILE UNDERSTANDING THE PAST.
 3. KEY CONTENT WILL INCLUDE THE CHARACTERISTICS OF A MENTOR WHO GUIDES THE TPM THROUGH THEIR PRESENT TPM ROLE.
- 

REALM

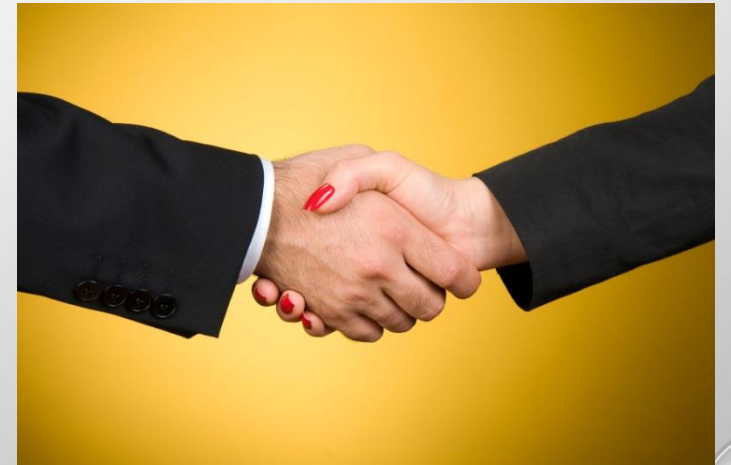
- *THE SPECIAL PROVINCE OR FIELD OF SOMETHING OR SOMEONE*
- *A FIELD OR DOMAIN OF ACTIVITY OR INTEREST*

When you feel yourself drowning in a trauma center, don't worry, your Trauma Program Manager walks on water.



BACKGROUND

- TPMS FUNCTION AS CO-MANAGERS OF TRAUMA PROGRAMS WITH THE TMD
- THEY OFTEN START WITH LITTLE ORIENTATION TO THE 7 REALMS THEY MUST MANAGE
- COURSES EXIST TO ASSIST IN BRIDGING THE GAP, BUT MENTORING AND COACHING ARE INVALUABLE
- A MENTOR IS AN EXPERIENCED GUIDE WHO ASSISTS A TPM TO LEARN THEIR ROLE WHILE FOCUSING ON THEIR FUTURE CAREER
- A COACH FOCUSES ON MOLDING PERFORMANCE IN THE PRESENT



THE ORIGINS OF MENTORING



- MENTOR WAS THE SON OF ALCUMUS IN GREEK MYTHOLOGY AND FRIEND TO ODYSSEUS (1250 BC)
- WHEN ODYSSEUS LEFT FOR THE TROJAN WAR HE PLACED MENTOR IN CHARGE OF HIS SON, TELEMACHUS
- MENTOR WAS A TRUSTED FRIEND, MORE EXPERIENCED, A COUNSELOR AND TEACHER
- MENTEES ARE ALSO CALLED “PROTÉGÉS”

UNDERSTANDING MENTORING

- MENTORING REFERS TO A PERSONAL DEVELOPMENTAL RELATIONSHIP
- MENTORING ENABLES SYNERGETIC PURPOSEFUL CONVERSATION
- INTENT IS TO REFLECT ON EXPERIENCES, MAKE INFORMED DECISIONS AND ACT UPON IDEAS GENERATED
- “SEE ONE, DO ONE, TEACH ONE”

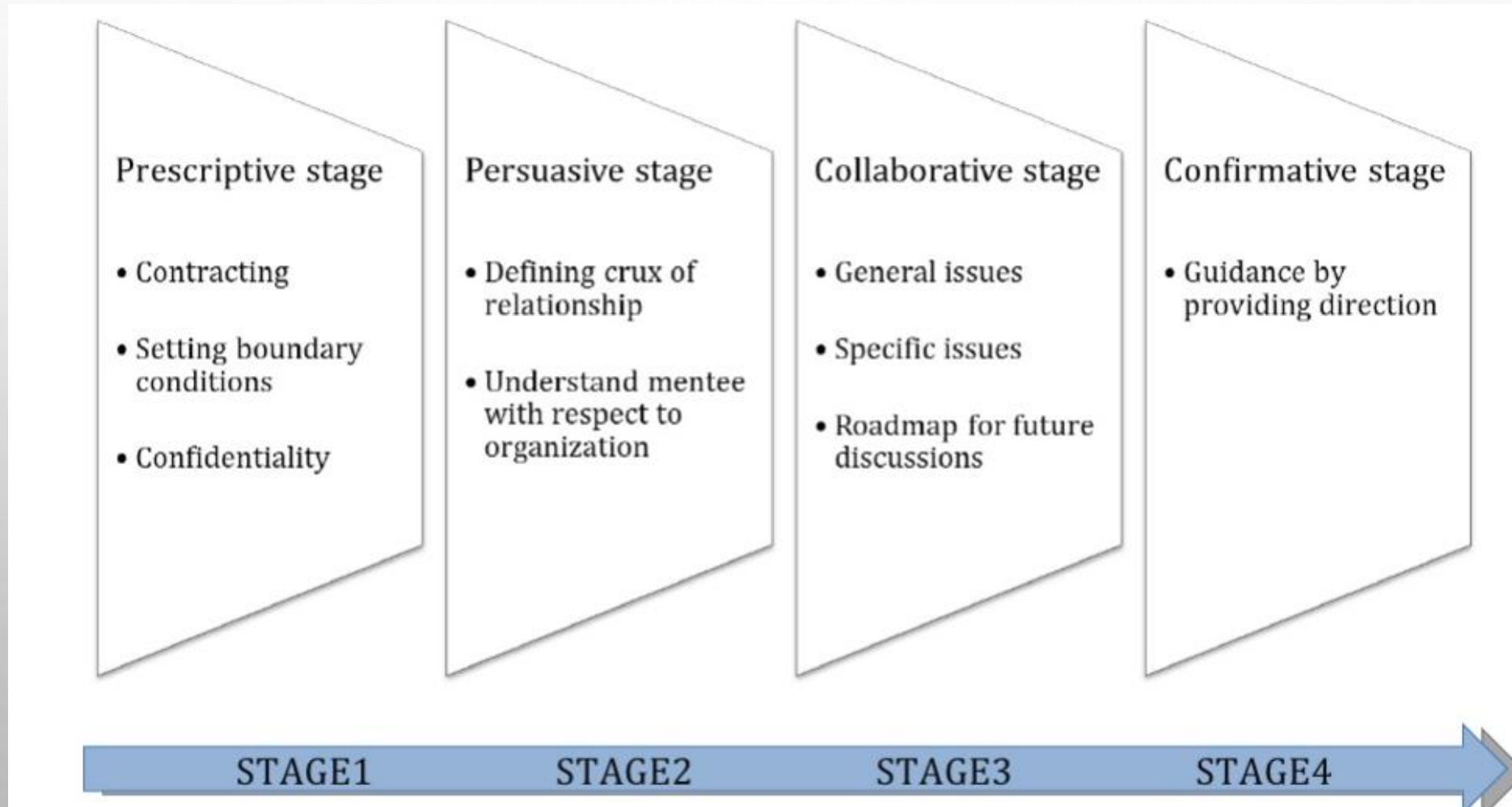


UNDERSTANDING MENTORING

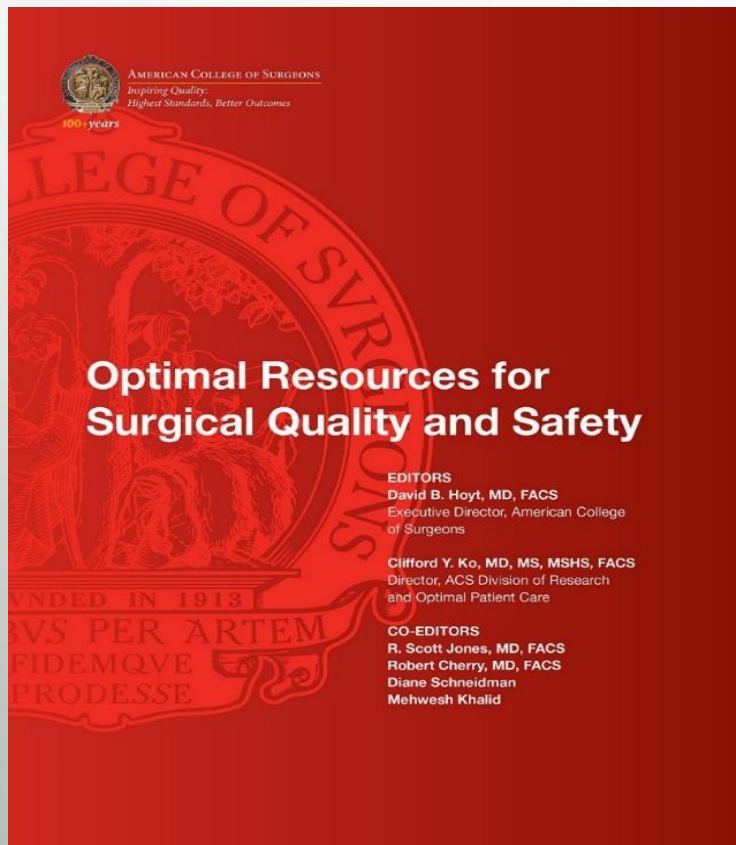
- **M** MANAGES THE RELATIONSHIP
- **E** ENCOURAGES
- **N** NURTURES
- **T** TEACHES
- **O** OFFERS MUTUAL RESPECT
- **R** RESPONDS TO THE MENTEE'S NEEDS



STAGES OF MENTORING



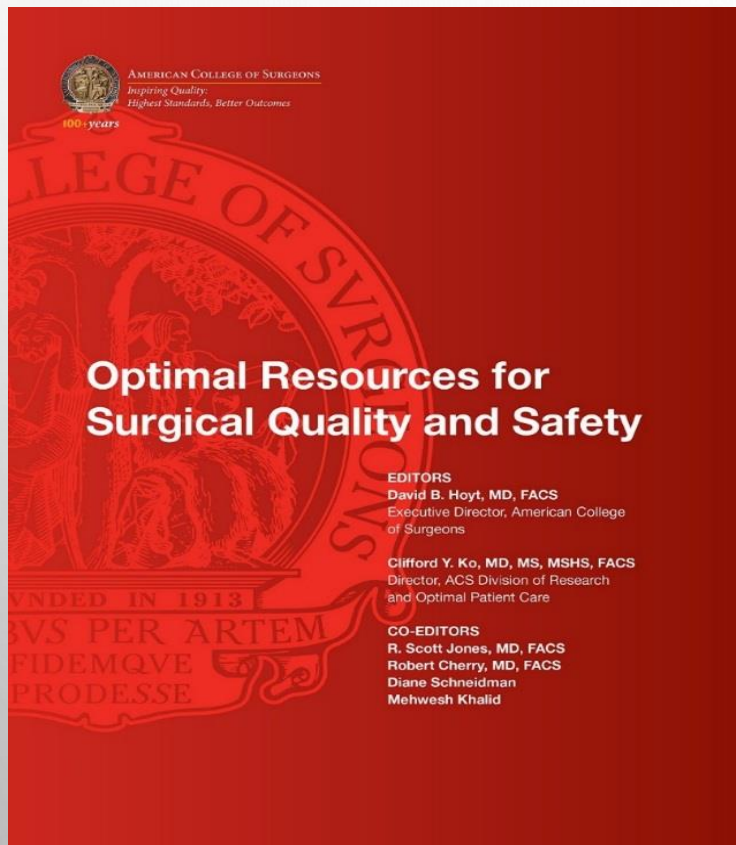
AMERICAN COLLEGE OF SURGEONS: OPTIMAL RESOURCES FOR SURGICAL QUALITY



SUCCESSFUL RELATIONSHIPS

- RECIPROCITY (2 WAY STREET)
- MUTUAL RESPECT
- CLEAR EXPECTATIONS
- PERSONAL CONNECTION
 - CHEMISTRY WITH ONE ANOTHER
- SHARED VALUES
- SEASONED PROFESSIONAL

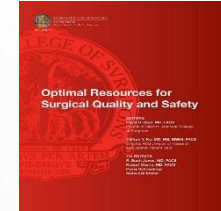
AMERICAN COLLEGE OF SURGEONS: OPTIMAL RESOURCES FOR SURGICAL QUALITY



THE MENTEE

- CLEAR UNDERSTANDING OF THEIR NEEDS
- ESTABLISH CLEAR GOALS
- MANAGING TIME, RESOURCES AND SKILLS
- UNDERSTAND THE CULTURE OF THE PROGRAM
- IDENTIFY VALUABLE PROJECTS, METHODS, PUBLISH
- ACHIEVING WORK LIFE BALANCE
- ONE MENTOR CANNOT PROVIDE EVERYTHING

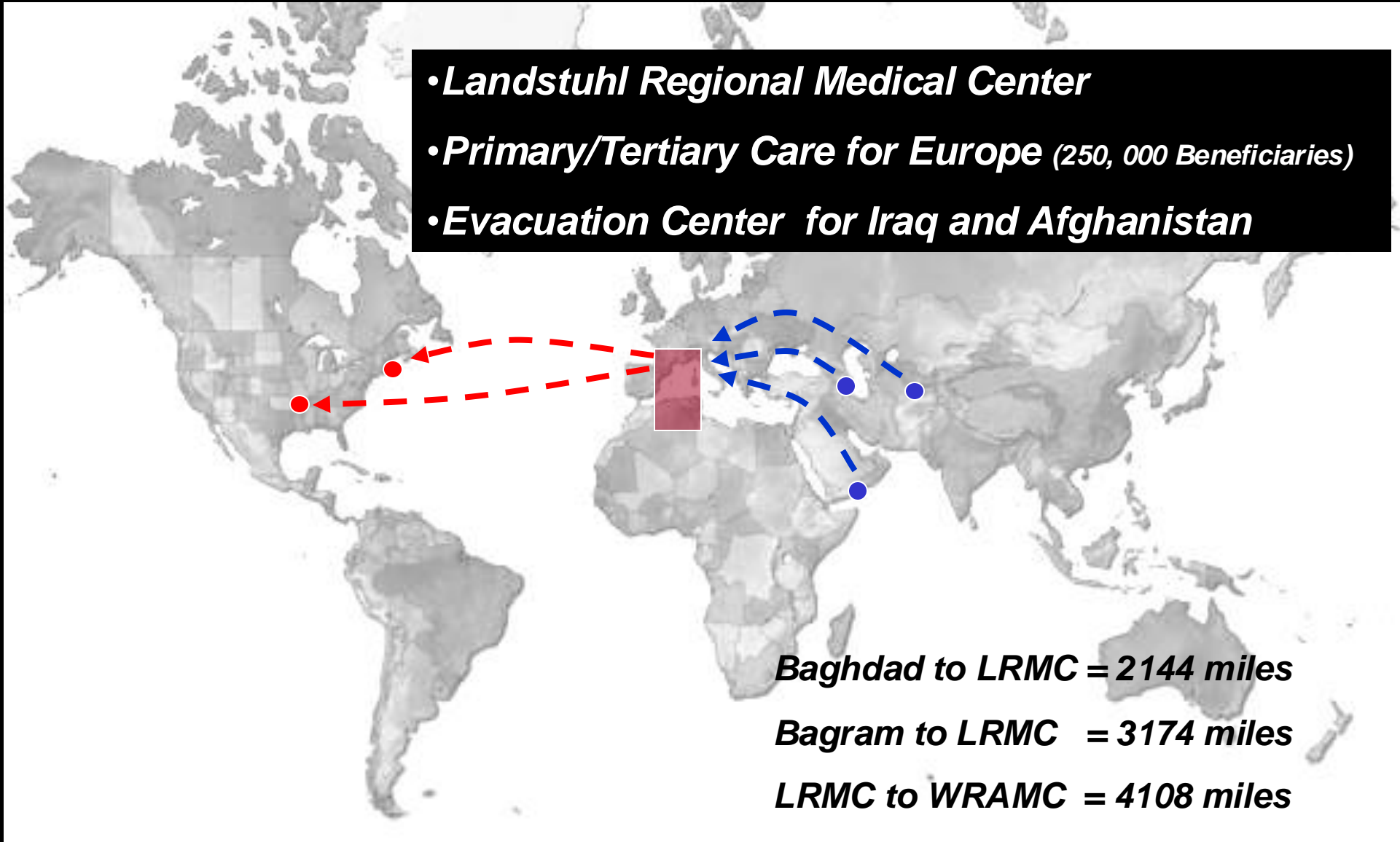
COACHING VERSUS MENTORING



	Coaching	Mentoring
Focus	Task oriented	Relationship oriented
Goal	Performance driven with transfer of skills	Development driven with transfer of knowledge
Duration	Short term and well defined	Long-term, often lifelong
Strategic assessment	Unnecessary	Necessary
Financial compensation	Yes	No
Expertise	May not have expertise with the particular skill but has expertise with coaching	Significant expertise; often is a role model
Age	Any age	Older
Location with respect to the organization	Outside of the organization	Within the organization

Example of Premiere Mentoring Program

ACS AAST Senior Visiting Surgeon Program



Visiting Professors

- **C. William Schwab**
 - University of Pennsylvania
 - Philadelphia, PA
 - 2006
- **Ernest Moore**
 - Denver Health Medical Center
 - Denver, CO
 - 2006
- **Donald D. Trunkey**
 - Oregon Health & Science University
 - Portland, OR
 - 2006, 2008, 2010
- **Lawrence Roberts**
 - West Virginia University
 - Morgantown, WV
 - 2006



Visiting Professors

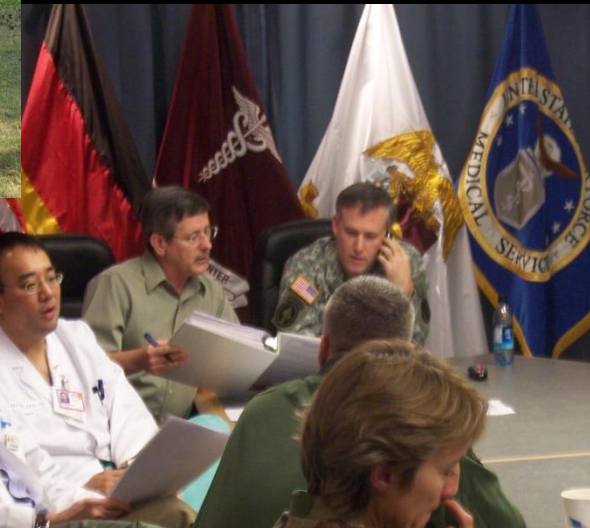
- **Margaret (Peggy) Knudson**
- San Francisco General Medical Center
- San Francisco, CA
- **2006, 2008, 2009**



- **Kimball Maull**
- Carraway Methodist Medical Center
- Birmingham, AL
- **2007**



- **John B. Fortune**
- State University of New York
- Syracuse, NY
- **2007**



- **Joseph Solomkin**
- University of Cincinnati
- Cincinnati, OH
- **2007**

Visiting Professors

- **R. Stephen Smith**
- University of Kansas
- Wichita, KS
- **2007**



- **Frederick Moore**
- The Methodist Hospital
- Houston, TX
- **2007**



- **Jeffrey Hammond**
- Robert Wood Johnson Medical School
- New Brunswick, NJ
- **2007**

- **Ronald V Maier**
- University of Washington
- Seattle, WA
- **2007**



Visiting Professors

- **Norman McSwain**

- Tulane University
- New Orleans, LA
- **2007**

- **David V. Feliciano**

- Emory University
- Atlanta, GA
- **2007**

- **Erik Frykberg**

- Shands Jacksonville Medical Center
- Jacksonville, FL
- **2007**

- **Michael Sise**

- Scripps Mercy Hospital
- San Diego, CA
- **2007**



"THEN I (NEW TPM) TRAVELED THROUGH THE SEVEN LEVELS (CHAPTER 5 ORANGE BOOK) OF THE CANDY CANE FOREST (TRAUMA CENTER), PAST THE SEA OF SWIRLY AND TWIRLY GUMDROPS (ORANGE BOOK CHAPTER 15 REGISTRY, 16 PIPS, VERIFICATION PROCESS), AND THEN I WALKED THROUGH THE LINCOLN TUNNEL (SUCCESS)."



HISTORICAL PERSPECTIVE DEFINING TPM ROLE

- SEPTEMBER 1996 STN WAS ASKED BY THE ACS TO REVIEW THE "TRAUMA COORDINATOR" SECTION OF THE OPTIMAL RESOURCE DOCUMENT AND REVISE IT
- STN RECOMMENDED THAT THE TITLE BE CHANGED TO "TRAUMA PROGRAM MANAGER"

10-16-1996 10:51AM FROM NURSECOM INC. TO 1 619 293 0920 P.04
See Cox 4 295-8525 OCT 29 1996

COMMITTEE ON TRAUMA, AMERICAN COLLEGE OF SURGEONS
 RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT

manager
 DEFINITION OF TRAUMA COORDINATOR

HOSPITAL CRITERIA	Level 1	Level 2	Level 3	Level 4
The Trauma Program Manager is a full time registered nurse who is fundamental to the development, implementation, and evaluation of the trauma program. Working as collaborative partners with the Trauma Medical Director, the Trauma Program Manager is responsible for the organization of services and systems necessary for a multidisciplinary approach through the continuum of trauma care. The TPM may have varying levels of accountability with individual program components, recognizing the wide range of responsibilities required to coordinate the program. A part of this role is to define and access other resource personnel within the hospital. The TPM may participate in various aspects of the trauma program depending upon hospital structure, personnel support, available resources and evolving needs of a developing trauma program.	E	E	E	D
Qualifications: The Trauma Program Manager must show evidence of educational preparation, certification, and clinical experience. A selection process defined by the institution's personnel policy must be delineated.				
Clinical activities: planning and implementing clinical protocols, monitoring care on in-hospital patients, serving as a resource for clinical practice and assist staff in problem solving.	E	E	E	D
Education: planning and providing for professional staff development, participating in case reviews, standardization of practice guidelines and required continuing education. Active involvement in community trauma education and prevention programs. The TPM must have a minimum of 18 hours of trauma related continuing education per year.	E	E	E	D

Education responsibilities:
 Roth - I think this is looking good. The Educ clinical, PI, Adm Sup, TR, Consult/Liaison/ Research Comm/ Nat Involvement are all components so may be should add a sentence like what I did above.
Req

Quality

Performance Improvement: shares responsibility for oversight of monitoring clinical system quality of care delivery. Activities also include development of quality filters, audits, and case reviews in all phases of trauma care. After identification of trends and sentinel events, the Trauma Program Manager encourages and facilitates interdisciplinary collaboration for remedial actions and re-evaluation plans. All documentation of the Performance Improvement activity is confidentially maintained by the coordinator for reporting to the hospital Performance Improvement program. The Coordinator also monitors the trauma system for effectiveness of the established protocols and ensures adherence to national and local standards of care.	E	E	E	E
Administration: responsible for organization of the Trauma Office personnel and budget. The Trauma Program Manager is responsible for the organization of the Trauma Program Manager as Chair or Co-chair. Depending upon hospital organizational structure, the TPM may function as a liaison to administration and ensure routine pathways for information sharing. The TPM represents the service on various hospital committees to enhance collaborative relationships. This relationship will foster hospital support for the trauma program and provide an update regarding service activities.	E	D	-	-
Supervision of the Trauma Registry: responsible for accurate data collection, coding and scoring and developing processes for validation of data. The coordinator is involved in the design of the Registry to facilitate Performance Improvement activities, trend reports, ensure confidentiality and research and monitoring.	E	E	D	-
Consultant/Liaison: The TPM position is a stabilizing factor in complex network of multiple disciplines who must work in concert to provide high quality care. The TPM serves as an internal resource for staff in all departments and acts as a liaison for the program with Emergency Medical Service agencies and the community at large.	E	E	D	-
Research: involved in research selection, analysis, and distribution of findings. The Trauma Program Manager is involved in facilitating protocol design and ensuring accurate data collection.	E	D	D	-
Community/National Involvement in Trauma Care Systems: participation of the TPM in the development of trauma care systems at community, state, provincial, or national levels is expected.	E	E	D	D

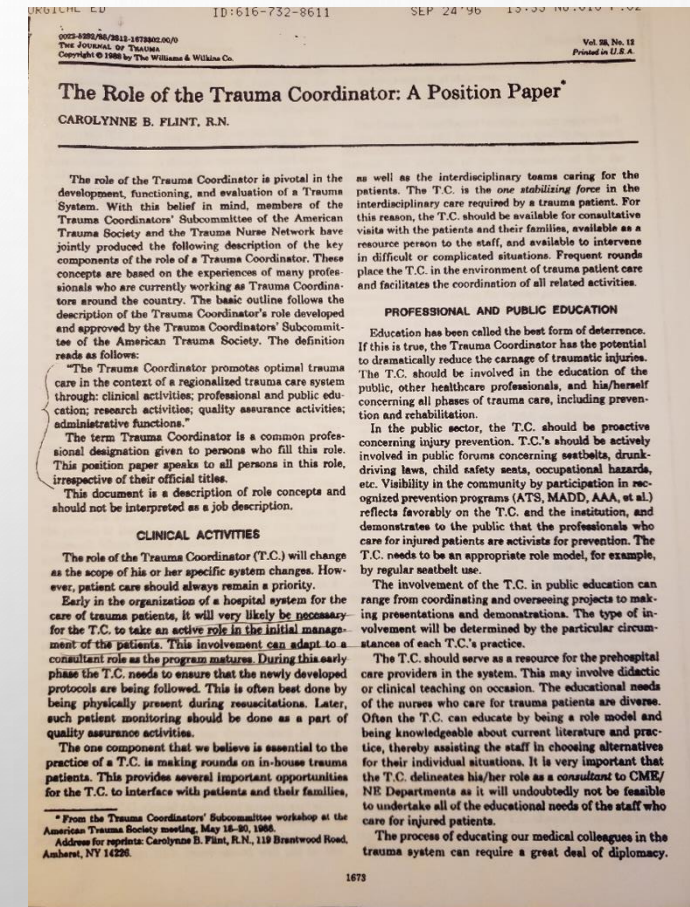
the TPM function as the TR. Prog representative for various committees in the Acute Care faculty and the Community to enhance foster optimal TR. Care management.

OCT-21-1996 13:38 97% TOTAL P.05 P.04

HISTORICAL PERSPECTIVE DEFINING TPM ROLE

- SEPTEMBER 1996 STN WAS ASKED BY THE ACS TO REVIEW THE "TRAUMA COORDINATOR" SECTION OF THE OPTIMAL RESOURCE DOCUMENT AND REVISE IT
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AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA RESOURCES FOR OPTIMAL CARE OF THE INJURED PATIENT DEFINITION OF TRAUMA PROGRAM MANAGER				
HOSPITAL CRITERIA	Level I	Level II	Level III	Level IV
Definition: The Trauma Program Manager (TPM) is a full time registered nurse who is fundamental to the development, implementation, and evaluation of the trauma program. The TPM must have full time accountability in a Level I or II Trauma Center and in a Level III or IV Trauma Center may be a shared position commensurate with patient volume. Working as a collaborative partner with the Trauma Medical Director, the TPM is responsible for the organization of services and systems necessary for multidisciplinary approach to care of the injured throughout the continuum of trauma care. The TPM may have varying levels of accountability for individual program components, recognizing the wide range of responsibilities required to coordinate the program. A portion of this role is to define, access and empower other resources/personnel within the hospital. The TPM may participate in various aspects of the trauma program depending upon hospital structure, personnel support, available resources and evolving needs of a developing trauma program. The TPM has overall authority, accountability, and responsibility for both the clinical and administrative components of the program as noted below.	E	E	E	E
Qualifications: The Trauma Program Manager is a registered nurse who must show evidence of educational preparation, certification, and clinical experience. Qualifications and a selection process defined by the institution's personnel policy must be delineated.	E	E	E	E
Clinical Activities: Responsible for coordinating trauma care management across the continuum of trauma care. This includes the <u>planning and implementing of clinical protocols/practice management guidelines</u> , monitoring care on in-hospital patients, serving as a resource for clinical practice and decision making.	E	E	E	E
Education Responsibilities: Planning and providing for interfacility and regional professional staff development, participating in case reviews, standardization of practice guidelines and required continuing education. Active involvement in community trauma education and prevention programs. The TPM must maintain a minimum of 18 hours of trauma related continuing education per year.	E	E	E	E



OPTIMAL RESOURCES FOR CARE OF THE INJURED

CHAPTER 5: TRAUMA PROGRAM MANAGER

- THE TPM MUST SHOW EVIDENCE OF EDUCATIONAL PREPARATION, WITH A MINIMUM OF 16 HOURS (INTERNAL OR EXTERNAL) OF TRAUMA-RELATED CONTINUING EDUCATION PER YEAR AND CLINICAL EXPERIENCE IN THE CARE OF INJURED PATIENTS (CD 5–24).
- THERE SHOULD BE A WRITTEN JOB DESCRIPTION THAT DEFINES SUFFICIENT AUTHORITY TO DO THE JOB AND CLEARLY OUTLINES THE RESPONSIBILITIES OF THE INDIVIDUAL.

OPTIMAL RESOURCES FOR CARE OF THE INJURED

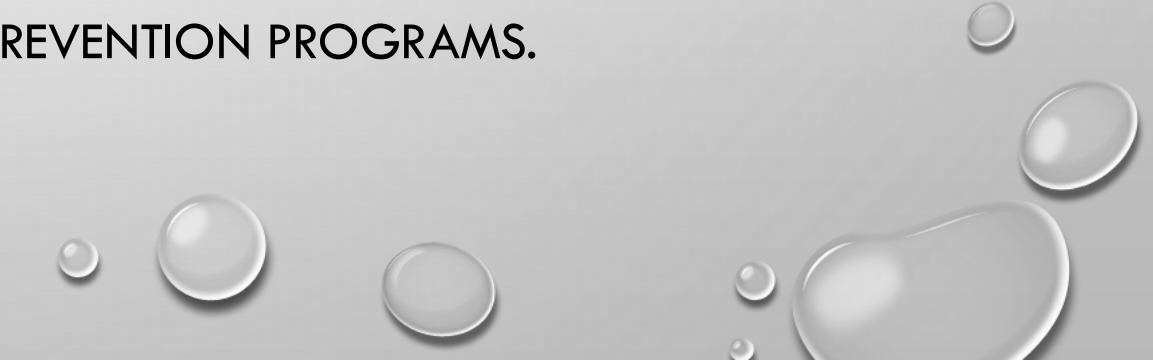
CHAPTER 5: TRAUMA PROGRAM MANAGER

- THE **7 REALMS** THE TRAUMA PROGRAM MANAGER MUST NAVIGATE:
 - CLINICAL ACTIVITIES
 - EDUCATIONAL AND INJURY PREVENTION RESPONSIBILITIES
 - PERFORMANCE IMPROVEMENT
 - ADMINISTRATION
 - SUPERVISION OF THE TRAUMA REGISTRY AND RESEARCH
 - CONSULTANT AND LIAISON
 - COMMUNITY AND NATIONAL INVOLVEMENT IN TRAUMA CARE SYSTEM



OPTIMAL RESOURCES FOR CARE OF THE INJURED

CHAPTER 5: TRAUMA PROGRAM MANAGER

1. CLINICAL ACTIVITIES: COORDINATE MANAGEMENT ACROSS THE CONTINUUM OF TRAUMA CARE, WHICH INCLUDES THE PLANNING AND IMPLEMENTATION OF CLINICAL PROTOCOLS AND PRACTICE MANAGEMENT GUIDELINES, MONITORING CARE OF IN-HOSPITAL PATIENTS, AND SERVING AS A RESOURCE FOR CLINICAL PRACTICE.
 2. EDUCATION RESPONSIBILITIES: PROVIDE FOR INTRAFACILITY AND REGIONAL PROFESSIONAL STAFF DEVELOPMENT, PARTICIPATE IN CASE REVIEW, IMPLEMENT PRACTICE GUIDELINES, AND DIRECT COMMUNITY TRAUMA EDUCATION AND PREVENTION PROGRAMS.
- 

OPTIMAL RESOURCES FOR CARE OF THE INJURED

CHAPTER 5: TRAUMA PROGRAM MANAGER

3. PERFORMANCE IMPROVEMENT: MONITOR CLINICAL PROCESSES AND OUTCOMES AND SYSTEM ISSUES RELATED TO THE QUALITY OF CARE PROVIDED; DEVELOP QUALITY FILTERS, AUDITS, AND CASE REVIEWS; IDENTIFY TRENDS AND SENTINEL EVENTS; AND HELP OUTLINE REMEDIAL ACTIONS WHILE MAINTAINING CONFIDENTIALITY.
4. ADMINISTRATION: MANAGE, AS APPROPRIATE, THE OPERATIONAL, PERSONNEL, AND FINANCIAL ASPECTS OF THE TRAUMA PROGRAM. SERVE AS A LIAISON TO ADMINISTRATION, AND REPRESENT THE TRAUMA PROGRAM ON VARIOUS HOSPITAL AND COMMUNITY COMMITTEES TO ENHANCE AND FOSTER OPTIMAL TRAUMA CARE.

OPTIMAL RESOURCES FOR CARE OF THE INJURED

CHAPTER 5: TRAUMA PROGRAM MANAGER

5. SUPERVISION OF THE TRAUMA REGISTRY: SUPERVISE COLLECTION, CODING, SCORING, AND DEVELOPING PROCESSES FOR VALIDATION OF DATA. DESIGN THE REGISTRY TO FACILITATE PERFORMANCE IMPROVEMENT ACTIVITIES, TREND REPORTS, AND RESEARCH WHILE PROTECTING CONFIDENTIALITY.
6. CONSULTANT AND LIAISON: STABILIZE THE COMPLEX NETWORK OF THE MANY DISCIPLINES THAT WORK IN CONCERT TO PROVIDE HIGH-QUALITY CARE. SERVE AS AN INTERNAL RESOURCE FOR STAFF IN ALL DEPARTMENTS, AND ACT AS A LIAISON FOR EMS AGENCIES.
7. COMMUNITY AND NATIONAL INVOLVEMENT IN TRAUMA CARE SYSTEMS: PARTICIPATE IN THE DEVELOPMENT OF TRAUMA CARE SYSTEMS AT THE COMMUNITY, STATE, PROVINCIAL, OR NATIONAL LEVELS.

WHAT DOES HISTORY SAY ABOUT THE 7 REALMS?

TRAUMA CONTINUUM OF CARE: INJURY PREVENTION THROUGH REHABILITATION



EMS

Emergency

Operating Room

Acute Care

Rehabilitation

Return to Society

TRAUMA PROGRAM MANAGER: CLINICAL



- MENTORING
- ENSURE INVOLVEMENT WITH CLINICAL PRACTICE GUIDELINE DEVELOPMENT (CPG/PMG)
 - PART OF THE CPG DEVELOPMENT SHOULD INCLUDE THE METRICS TO MEASURE COMPLIANCE WITH THE CPG
 - CUSTOMIZE THE TRAUMA REGISTRY TO COLLECT METRICS AND REPORT OUT ON QUARTERLY/PERIODIC BASIS
- IMPLEMENT A LEADER ROUNDING SCHEDULE TO ENSURE YOUR FACE IS KNOWN, YOU COMMUNICATE WITH CAREGIVERS
- ATTEND MORNING REPORT/HANDOFF SO YOU ARE KEENLY AWARE OF CONCURRENT ISSUES. BE KNOWN AS A PROBLEMS SOLVER

Florence Nightingale, English Nurse is a photograph by Science Source which was uploaded on May 30th, 2013.

TRAUMA PROGRAM MANAGER: EDUCATION



1907, London photo: M Adelaide Nutting et al.

- EMS EDUCATION ON UNDER-TRIAGE, CHANGES IN PRACTICE DURING COVID, DIFFICULT REVIEWS
- ONGOING EDUCATION WITH ED WITH TRAUMA ACTIVATION SIMULATION
- ICU AND STEPDOWN 10 MINUTES OF EACH STAFF MEETING OR LUNCH/LEARN AND SUPPLY PIZZA. NEW TOPIC EVERY WEEK.
- DIFFICULT AIRWAY CLASSES VIRTUALLY, THEN THEY PRACTICE WITH SKILLED PROVIDER LOCALLY
- HYBRID ATLS AND ATCN COURSES
- STATE OR RTAC FUNDED TOPIC OR ATS TPM COURSES

TRAUMA PROGRAM MANAGER: INJURY PREVENTION



- VIRTUAL REALITY INJURY PREVENTION WITH IMMERSIVE, INTERACTIVE VIRTUAL PEDESTRIAN ENVIRONMENT IS JUST AS EFFECTIVE AS ON-SITE (SCHWEBAL ET AL)
- BALANCE TRAINING USING A VIRTUAL-REALITY SYSTEM IN OLDER FALLERS IS AN EFFECTIVE METHOD
- NEW TRAINING FOCUSED ON PHYSIOLOGICAL CHANGES DUE TO COVID-19 HOME CONFINEMENT ON ATHLETES (SARTO ET AL)
- BEST PRACTICES GUIDELINES FOR TRAUMA CENTER RECOGNITION OF CHILD, ELDER AND INTIMATE PARTNER VIOLENCE. DO YOU HAVE A SCREENING PROCESS IN ED?
- FUNDING FROM FOUNDATIONS OR/WOMEN'S BOARD FOR PATIENT AND FAMILY EDUCATION MATERIALS
- ATS INJURY PREVENTION COORDINATOR TRAINING (VIRTUAL)
- ATS TRAUMA SURVIVOR COORDINATOR TRAINING (VIRTUAL)

Venus preventing her son Aeneas from killing Helen of Troy. Lucca Ferrari

TRAUMA PROGRAM MANAGER: PERFORMANCE IMPROVEMENT



- IT'S ALL LAID OUT IN CHAPTER 16, RIGHT?
- THOSE WHO KNOW, FIND A MENTEE
- THOSE WHO DON'T KNOW, FIND A MENTOR
- TIMELINESS OF CARE
 - ARRIVAL OF SURGEONS, NEUROSURGERY, ORTHOPEDICS, INTERVENTIONAL RADIOLOGY, TRANSFERS OUT, HEMORRHAGE CONTROL, FEMUR FIXATION, ANTIBIOTIC ADMINISTRATION, OR AVAILABILITY, MTP, VTE PROPHYLAXIS
- APPROPRIATENESS OF CARE
 - ADHERENCE TO CPGS AND PROTOCOLS
 - PREVENTABLE COMPLICATIONS
 - OVER-UNDERTRIAGE, NFTI SCORE
 - ADMITS NON SURGICAL SERVICES: NELSON SCORE
- DOCUMENTATION OF CARE

Raphael, ST. MICHAEL SLAYING THE DRAGON

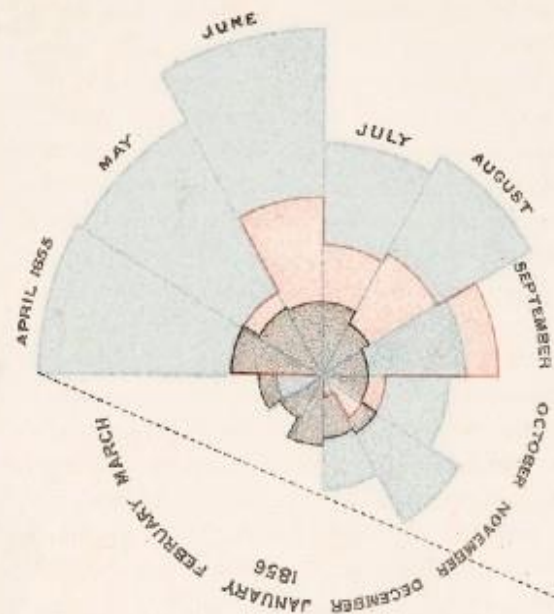
TRAUMA PROGRAM MANAGER: PERFORMANCE IMPROVEMENT



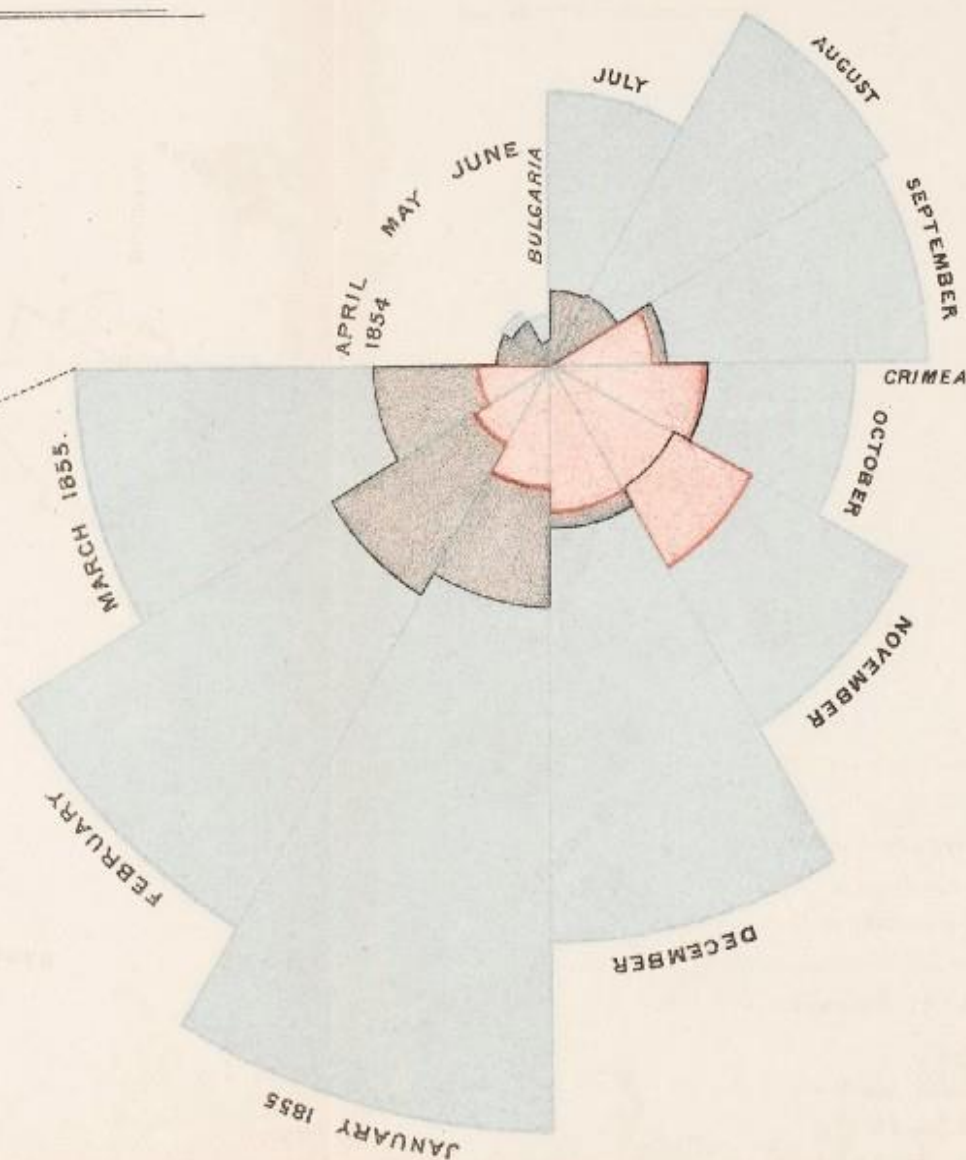
- FLORENCE NIGHTINGALE FOCUSED ON IMPROVING CARE IN CRIMEA FOCUSED ON INFECTION, NUTRITION
- KNOW YOUR TQIP DATA, MAKE SURE IT IS RELIABLE BEFORE IT IS SUBMITTED. DRILL DOWN ON THE CASES IN THE DRILLER, ESTABLISH YOUR CORRECTIVE ACTIONS AND FOLLOW THROUGH TO ENSURE CORRECTIVE ACTIONS ARE IMPLEMENTED
- DEVELOP DASHBOARDS THAT KEEP YOU INFORMED AND AWARE OF YOUR RATES/COMPLIANCE AT ALL TIMES
- TAKE AN EXCEL CLASS, POWER BI CLASS

DIAGRAM OF THE CAUSES OF MORTALITY IN THE ARMY IN THE EAST.

2.
APRIL 1855 TO MARCH 1856.



1.
APRIL 1854 TO MARCH 1855.



The Areas of the blue, red, & black wedges are each measured from the centre as the common vertex.
The blue wedges measured from the centre of the circle represent area for area the deaths from Preventable or Mitigable Zymotic diseases, the red wedges measured from the centre the deaths from wounds, & the black wedges measured from the centre the deaths from all other causes.
The black line across the red triangle in Nov^r 1854 marks the boundary of the deaths from all other causes during the month.
In October 1854, & April 1855, the black area coincides with the red;
in January & February 1855, the blue coincides with the black.
The entire areas may be compared by following the blue, the red & the black lines enclosing them.

The Area
the cen
The blue is
for area
red wed
black u
The black
of the d
In October
in Jan
The entire
black li



TRAUMA PROGRAM MANAGER: ADMINISTRATIVE



Joan of Arc answering the questions of the prelates

- COMMUNICATION TO SENIOR LEADERSHIP
- INTERACTIVE DASHBOARDS WITH C-SUITE ACCESS
- OPTIMAL REPORTING STATUS: CEO, COO, CNO
- INTERFACE WITH VARIOUS HOSPITAL COMMITTEES
 - ENSURE INCLUSION IN COMMITTEES IMPACTING TRAUMA CARE
- TPM IS THE AMBASSADOR FOR TRAUMA
- THE FACE OF TRAUMA IS ALWAYS POSITIVE

TRAUMA PROGRAM MANAGER: SUPERVISION OF THE TRAUMA REGISTRY

• INPUT

- DATA ABSTRACTION DASHBOARD: PROVIDES REGISTRY STAFF AND LEADERSHIP WITH AT A GLANCE VISUALIZATION OF REGISTRY PRODUCTIVITY, ACS REQUIRED METRICS AND DATA ACCURACY SUCH AS VALIDITY AND RELIABILITY
- TQIP ABSTRACTION, VALIDATION BEFORE SUBMISSION
- REGISTRY INPUT OF PERFORMANCE IMPROVEMENT
 - LEVELS OF REVIEW
 - ROBUST MINUTES/DISCUSSION
 - FOLLOW UP WITH EMS, REFERRING FACILITIES, LEADER ROUNDING

• REGISTRY DASHBOARD

- TOTAL CHARTS FINALIZED
- AVERAGE DAYS TO FINALIZE
- CHARTS FINALIZED <30 DAY & >60 DAYS
- CHART ABSTRACTION BY FTE
- AGGREGATE IRR ACCURACY
- AVERAGE DAYS TO FINALIZE
- ACCURACY BY REGISTRAR
- ISS BY REGISTRAR
- LOS BY REGISTRAR

TRAUMA PROGRAM MANAGER: SUPERVISION OF THE TRAUMA REGISTRY

OUTPUT



- DATA VISUALIZATION
 - DASHBOARDS/POWER BI
 - COMPLIANCE DATA
 - PRACTICE GUIDELINES
 - OPPE
- CONTINUOUS SURVEY READINESS
 - ALL PRQ REQUIRED DATA AVAILABLE
 - RISK ADJUSTED BENCHMARKING

TRAUMA PROGRAM MANAGER: COMMUNITY AND NATIONAL INVOLVEMENT TRAUMA SYSTEM



Jean-Auguste-Dominique Ingres: painting of Joan of Arc

- DEVELOPMENT AND AWAKENING OF CONSCIOUSNESS
- IMPACT ON YOUR COMMUNITY OR REGION
- INVOLVED IN DEVELOPING NATIONAL STANDARDS
 - TRAUMA SYSTEMS PERFORMANCE IMPROVEMENT METRICS
 - PRACTICE GUIDELINES' METRICS
 - EVIDENCE BASED PRACTICE CHANGES
 - CHALLENGE THE STATUS QUO

TRAUMA PROGRAM MANAGER: COMMUNITY AND NATIONAL INVOLVEMENT TRAUMA SYSTEM



- THE PURPOSE OF TRAUMA SYSTEMS DEVELOPMENT IS TO IMPROVE THE DELIVERY OF CARE
- INSERT YOURSELF! DON'T WAIT TO BE ASKED
- TAKE ADVANTAGE OF YOUR EXPERTISE AND POSITION
 - LEARN HOW TO ADVOCATE
 - WORK WITH AND NOT AGAINST DECISION/POLICY MAKERS
 - AIM FOR CONSTANT, GENTLE PRESSURE AND SLOW, INCREMENTAL CHANGE

SUMMARY: COMMUNICATION AND INSERTING YOURSELF APPROPRIATELY

- HISTORY'S GREATEST MOTIVATIONAL LESSON
- MESSAGE TO GARCIA:
SGT. ANDREW SUMMERS ROWAN
- THE MAN WHO WHEN GIVEN A LETTER FOR GARCIA, QUIETLY TAKES THE MISSIVE, WITHOUT ASKING QUESTIONS....
- CIVILIZATION IS ONE LONG ANXIOUS SEARCH FOR SUCH INDIVIDUALS WHO CAN "CARRY A MESSAGE TO GARCIA"

A message to Garcia, Elbert Hubbard, 1899

A Message To Garcia



A Message to Garcia

by
ELBERT HUBBARD



N all this Cuban business there is one man stands out on the horizon of my memory like Mars at perihelion.

When war broke out between Spain and the United States, it was very necessary to communicate quickly with the leader of the Insurgents. Garcia was somewhere in the mountain fastnesses of Cuba—no one knew where. No mail or telegraph message could reach him. The President must secure his co-operation, and quickly.

What to do!

Some one said to the President,



THANK YOU FOR THE PRIVILEGE TO PRESENT TODAY

- BE A MENTOR, SEEK OUT A MENTEE
- BE A MENTEE, SEEK OUT A MENTOR



**TAKE A
MESSAGE
TO GARCIA!**

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THANK YOU!

KATHLEEN MARTIN

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2/24/21 1600

MENTORING AND COACHING THE TRAUMA PROGRAM MANAGER (TPM) THROUGH THE 7 REALMS

REFERENCE NUMBER: 0491_0707_000076

TITLE: MENTORING AND COACHING THE TRAUMA PROGRAM MANAGER (TPM) THROUGH THE 7 REALMS

DEAR KATHLEEN MARTIN,

CONGRATULATIONS! YOUR PRESENTATION, "**MENTORING AND COACHING THE TRAUMA PROGRAM MANAGER (TPM) THROUGH THE 7 REALMS**" HAS BEEN SELECTED AS A SESSION FOR THE VIRTUAL TRAUMACON 2021, MARCH 26-27, 2021. YOUR SESSION WILL BE AVAILABLE ON-DEMAND; YOU WILL NEED TO PLAN TO SPEND TIME IN THE VIRTUAL ATTENDEE LOUNGE TO ANSWER ANY QUESTIONS POSTED BY ATTENDEES.

IF YOU WOULD LIKE TO PARTICIPATE AS AN ON-DEMAND PRESENTATION, PLEASE CLICK ON [THIS LINK](#) TO SCHEDULE YOUR RECORDING TIME. PLEASE RESPOND AND MAKE YOUR SELECTION BY **FRIDAY, JANUARY 15**. IF YOU HAVE NOT SELECTED A TIME BY THEN, IT WILL BE ASSUMED THAT YOU DO NOT WISH TO PARTICIPATE WITH AN ON-DEMAND PRESENTATION. ONCE YOU HAVE SELECTED A RECORDING TIME, YOU WILL RECEIVE A CONFIRMATION EMAIL THAT INCLUDES A PRESENTATION GUIDELINES DOCUMENT FOR YOUR REFERENCE. AN STN STAFF MEMBER WILL BE IN TOUCH SHORTLY FOLLOWING YOUR CONFIRMATION TO ARRANGE THE RECORDING TIME AND PROVIDE THE PLATFORM LINK. AS FACULTY YOU WILL RECEIVE A SPECIAL CONFERENCE RATE. YOU CAN [CLICK HERE](#) TO REGISTER FOR THE CONFERENCE.

PLEASE CONTACT ME IF YOU HAVE ANY QUESTIONS.