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Project #42: Improving Documentation for Trauma Patients in the Emergency Department

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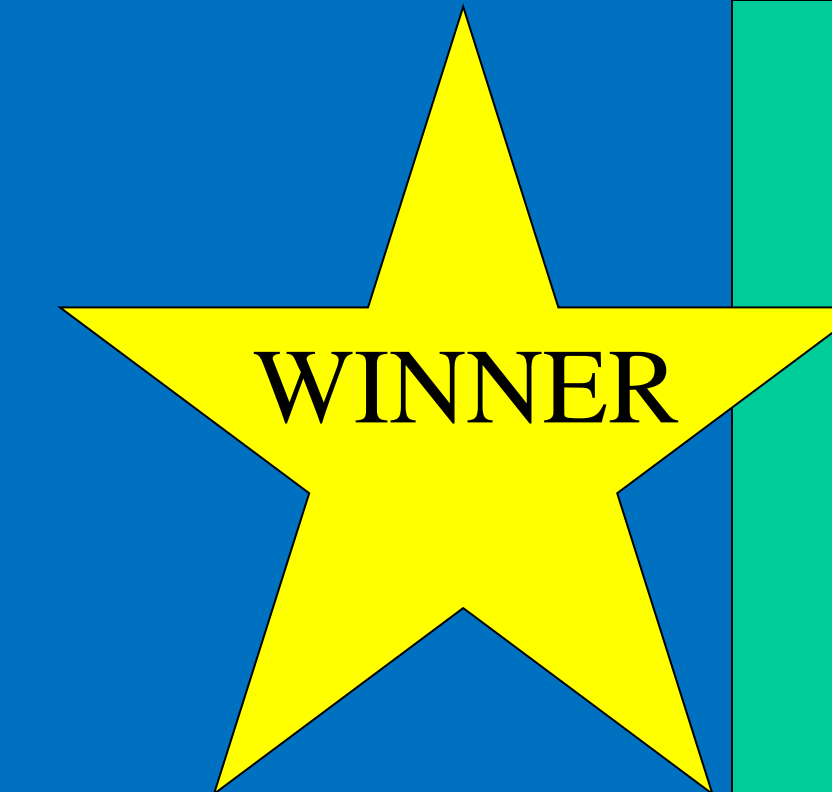
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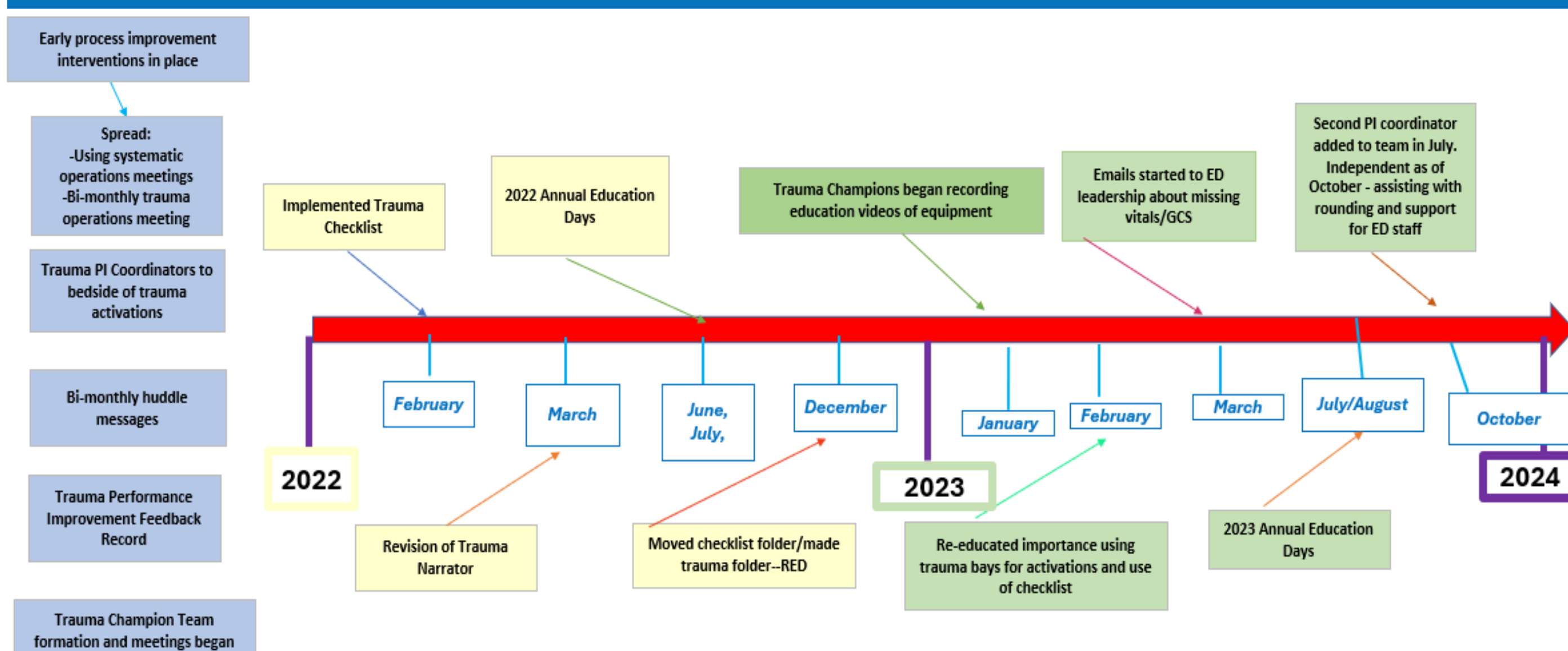
AIM

Problem Statement: Staff turnover and lack of standardized processes led to missing documentation and inefficient management of trauma patients. The RNs in the ED at HFWH need education, support, consistency, and prompt feedback to ensure high quality trauma care that meets American College of Surgeons (ACS) national benchmarking standards. In previous years, overall trauma documentation for vital signs and GCS were below the national trauma standard of 90% and trauma processes were not hard wired into everyday practices.

Goals: To establish high reliability and improve trauma patient care by developing a structured approach to improve trauma documentation and the overall management of injured patients of all ages in the downriver community. This is an ongoing project which was revised in collaboration with Trauma and ED Nursing Leadership.

- Continue to require all new ED RNs to participate in a Trauma orientation session with the Trauma PI Coordinators.
- Provide ongoing education through education days, bimonthly huddles, feedback letters, bedside support, and the involvement of the ED Trauma Champions team.
- Improve the documentation compliance for vital signs and GCS to $\geq 90\%$ by the end of 2023.
- Continue to require the use of the trauma activation checklist to help improve required documentation and standardize trauma care in the ED.

PLAN: CURRENT STATE



DO: CORRECTIVE ACTIONS / INTERVENTIONS

- Design a plan for annual and ongoing education for RNs in 2022 and 2023
- Trauma Coordinators at patient bedside when in-house during red/blue level activations to assist primary RN with documentation, expedite transportation, answer questions, and assist with patient care needs
- Weekly emails sent to ED Nursing leadership (see Figure 1) to coach team members regarding missing required documentation or deviations from established trauma processes
- Introduce the Trauma Performance Improvement Feedback Record (see Figure 2) to provide the ED RN with timely constructive feedback regarding documentation and process errors. Loop closure is obtained by receiving follow-up from ED Nursing Leadership (see Figure 3)
- Continue the use of the Trauma Activation Checklist (see Figure 9) to assist primary RNs to meet key trauma expectations
- Continue bimonthly Trauma Champion meetings to discuss ways to improve trauma care and identify areas of need (see Figure 10)
- Reinforce and educate the importance of activated traumas being placed in trauma bays to provide consistent trauma care such as expedited transport to imaging.

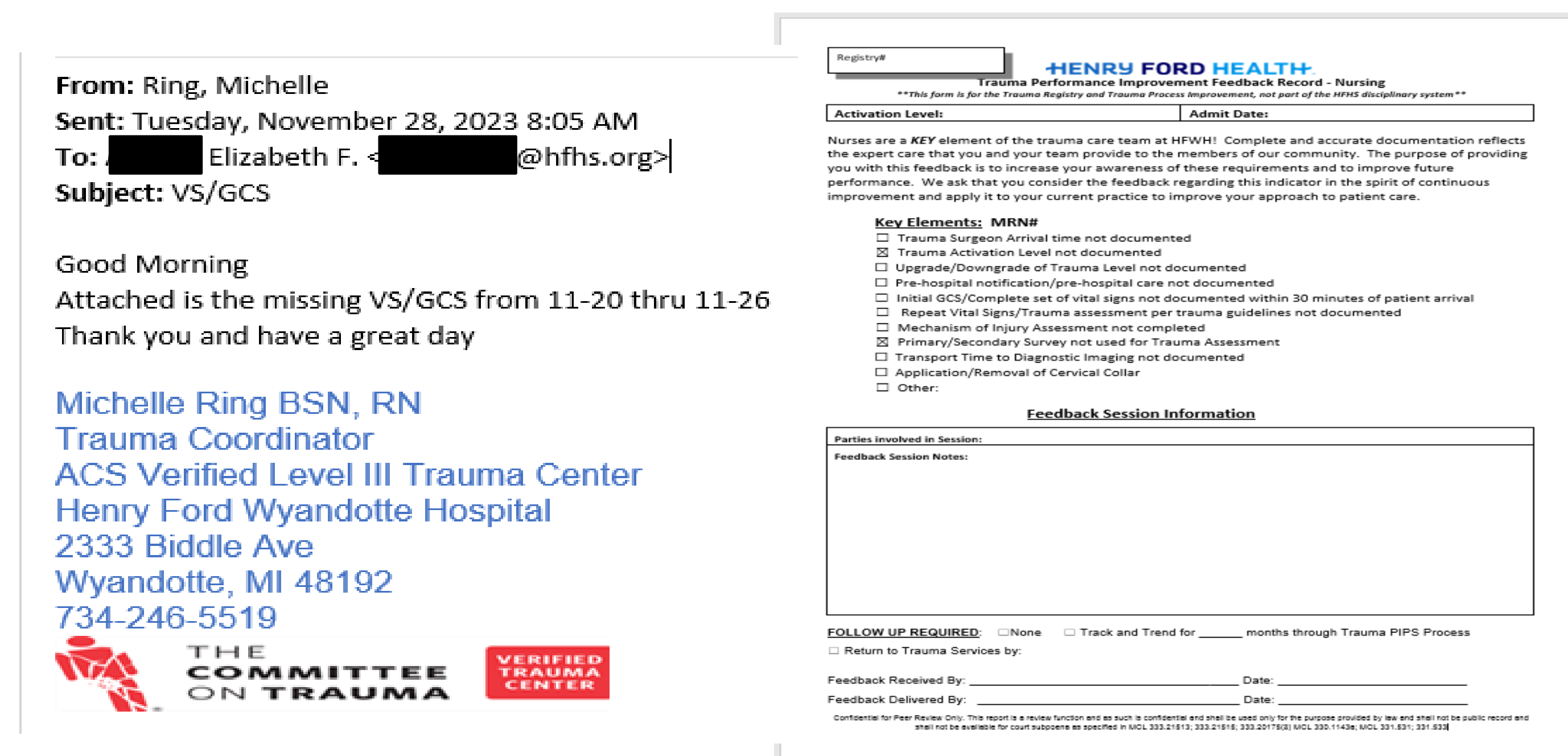


Figure 1: Example of email sent to ED leadership regarding missing required vitals signs

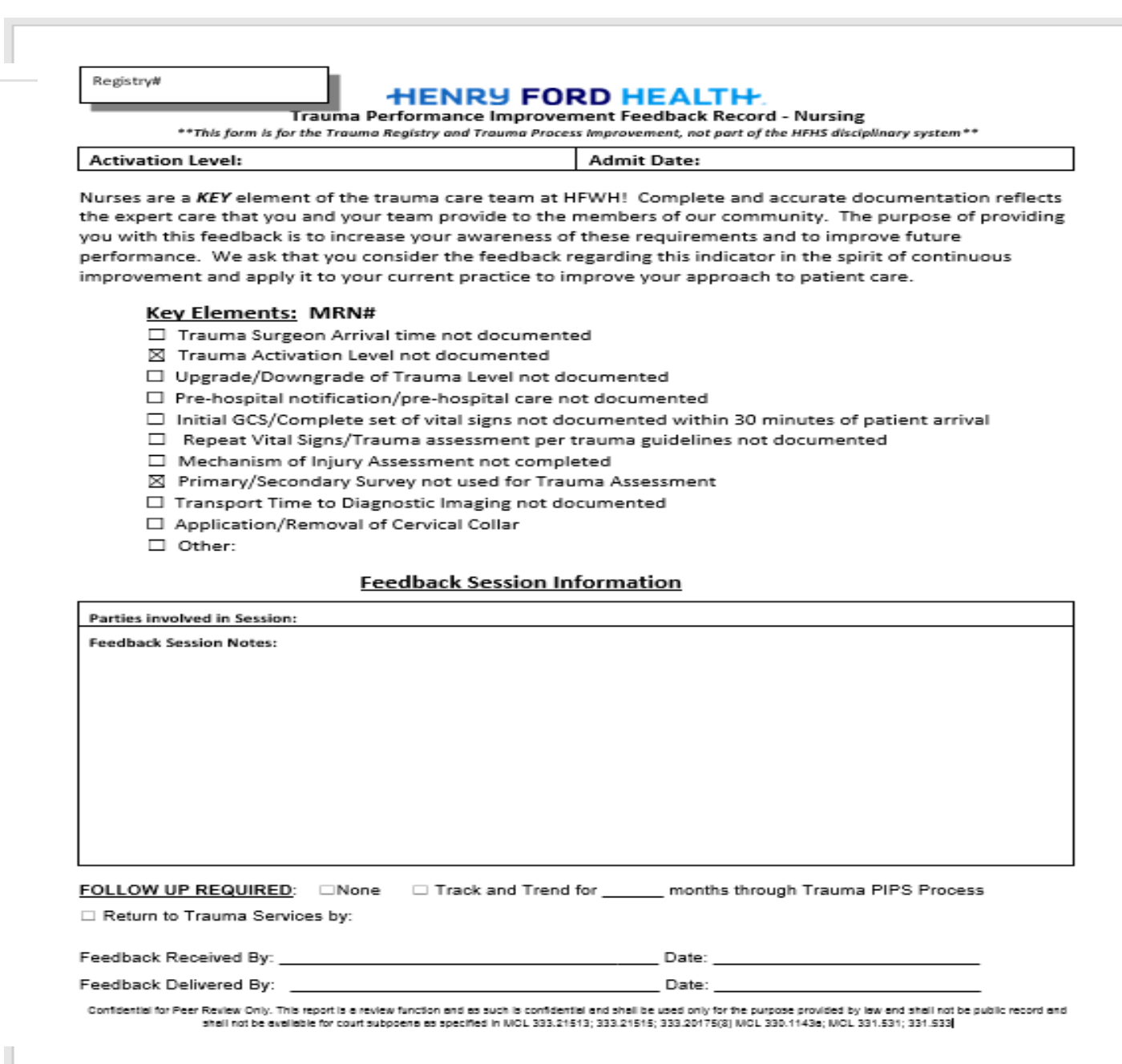


Figure 2: Trauma Performance Improvement Feedback Record (aka. PIPs Form)

| Patient | Arrived | MRN | Activation | Location | Pulse | Resp Rate | Sys BP | GCS | Temp | Oximetry | Nurse | Follow Up Date |
|----------|------------|-----|------------|----------|-------|-----------|--------|-----|------|----------|----------|---|
| 8788*HFV | 12/04/2023 | | N | ED | 89 | 18 | 133 | NOT | 36.4 | 99 | Sydney | 12/13/2023 |
| 8790*HFV | 12/04/2023 | | N | ED | 61 | 18 | 183 | NOT | 36.7 | 95 | Jennifer | 12/13/2023 *if she has another she will get CA. |
| 8804*HFV | 12/08/2023 | | Y | ED | 139 | 19 | NOT | 15 | 36.5 | | | 12/13/2023 |
| 8808*HFV | 12/09/2023 | | N | ED | 91 | 18 | 128 | NOT | 36.8 | 99 | Jennifer | 12/13/2023 |

| Patient | Arrived | MRN | Activation | Location | Pulse | Resp Rate | Sys BP | GCS | Temp | Oximetry | Nurse | Follow Up Date |
|----------|------------|-----|------------|----------|-------|-----------|--------|-----|------|----------|---------|----------------|
| 1747*HFV | 11/20/2023 | | N | ED | 48 | 18 | 160 | NOT | 36.7 | | Krystal | 11/28/2023 |
| 1760*HFV | 11/25/2023 | | N | ED | 70 | 18 | 141 | NOT | | 100 | Andrea | 11/28/2023 |

Figure 3: Example of ED Leadership response email showing feedback in real time of missed data

CHECK (EVALUATION OF CHANGES)

- Trauma PI Coordinators review all trauma activations and evaluations daily to ensure documentation is complete and trauma processes have been followed
- Prompt feedback is provided, and staff feedback is always encouraged.
- Continuous review of trauma workflows which include use of the trauma narrator in EPIC
- Dashboards and trauma metrics are shared at hospital Trauma Operations meetings and with ED staff through use of bi-monthly huddle messages (see Figure 8)

MEASURES

- Data was obtained through manual abstraction of the EPIC chart and recorded in our trauma database.
- Creating customized reports with our Trauma database and Excel to analyze and present data

| 90% Benchmarking standards per ACS/Henry Ford Wyandotte | Jan | Feb | March | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | YTD |
|---|-----|-----|-------|-----|-----|------|------|-----|------|-----|-----|-----|-----|
| VS/GCS 2022 | 83% | 89% | 79% | 78% | 89% | 87% | 92% | 90% | 96% | 88% | 79% | 79% | 85% |

Figure 4: 2022 Monthly Compliance for Vitals Signs/GCS

| 90% Benchmarking standards per ACS/Henry Ford Wyandotte | Jan | Feb | March | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec | YTD |
|---|-----|-----|-------|-----|-----|------|------|-----|------|-----|-----|-----|-----|
| VS/GCS 2023 | 91% | 88% | 90% | 87% | 90% | 90% | 91% | 90% | 90% | 88% | 88% | 90% | 90% |

Figure 5: 2023 Monthly Compliance for Vital Signs/GCS

5.5% INCREASE!

Door to CT times for Blue Level Activations 2023

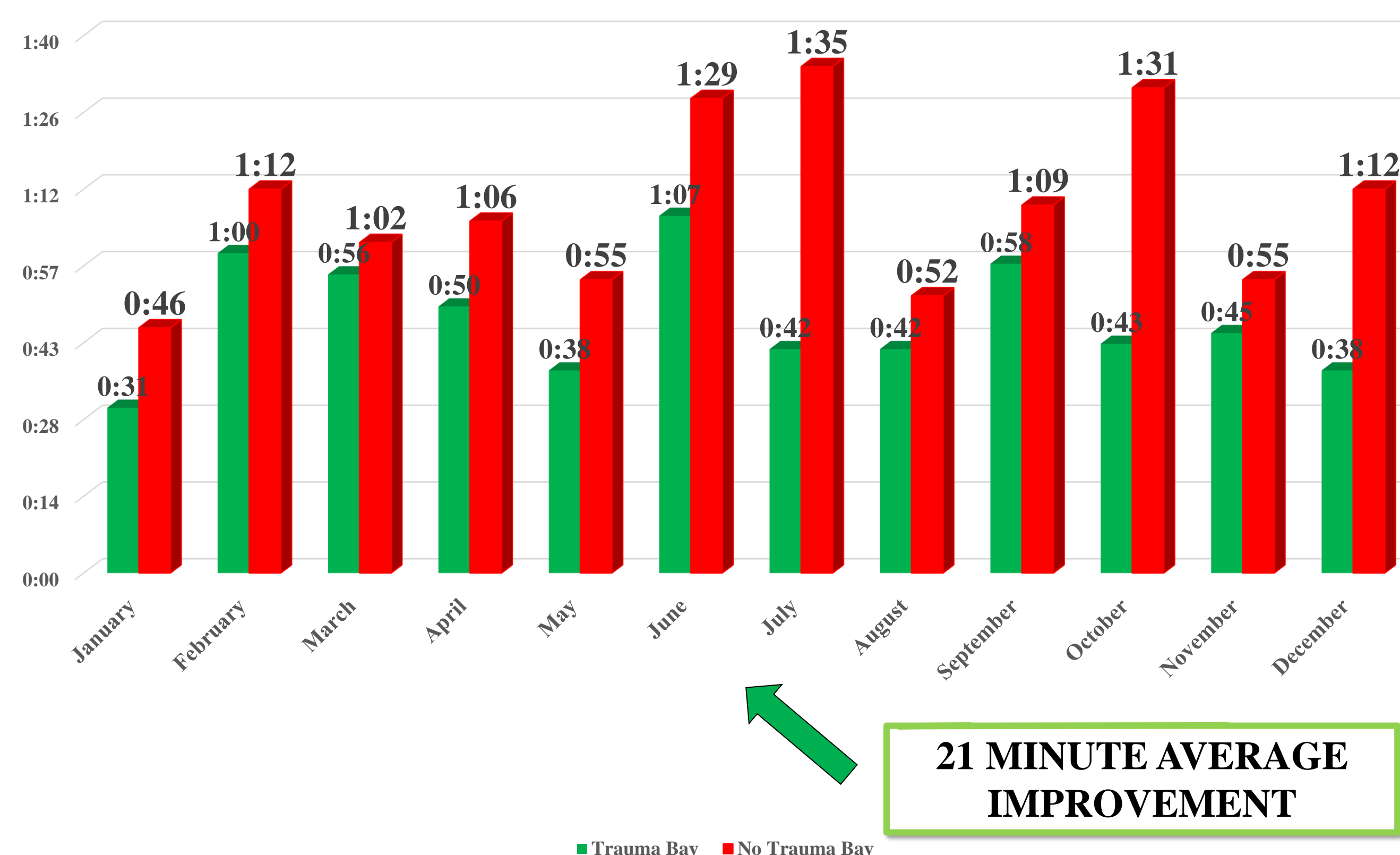


Figure 6: 2023 monthly door to CT times for blue level activations in trauma bays vs. not in bays

ACT: SUSTAIN AND SPREAD

- **SUSTAIN**
 - Daily monitoring of trauma data to identify opportunities for improvement
 - Continuous data tracking and analysis with the use of trauma dashboards
- **SPREAD**
 - Continue to educate crucial trauma points in-person and through educational events such as annual education days or in-services.
 - ED Trauma huddle updates bi-monthly which are displayed on electronic huddle board 24/7 and throughout the emergency department
 - With the support of Trauma and ED Leadership, monitor trauma workflows and address any concerns promptly
 - Changed color of trauma folder to “Red” to stand out (see Figure 7). Trauma folder is located in a central location in the trauma bays and contain the Trauma Activation Checklist tool



Figure 7: Red folder and location in trauma bay containing checklist tool

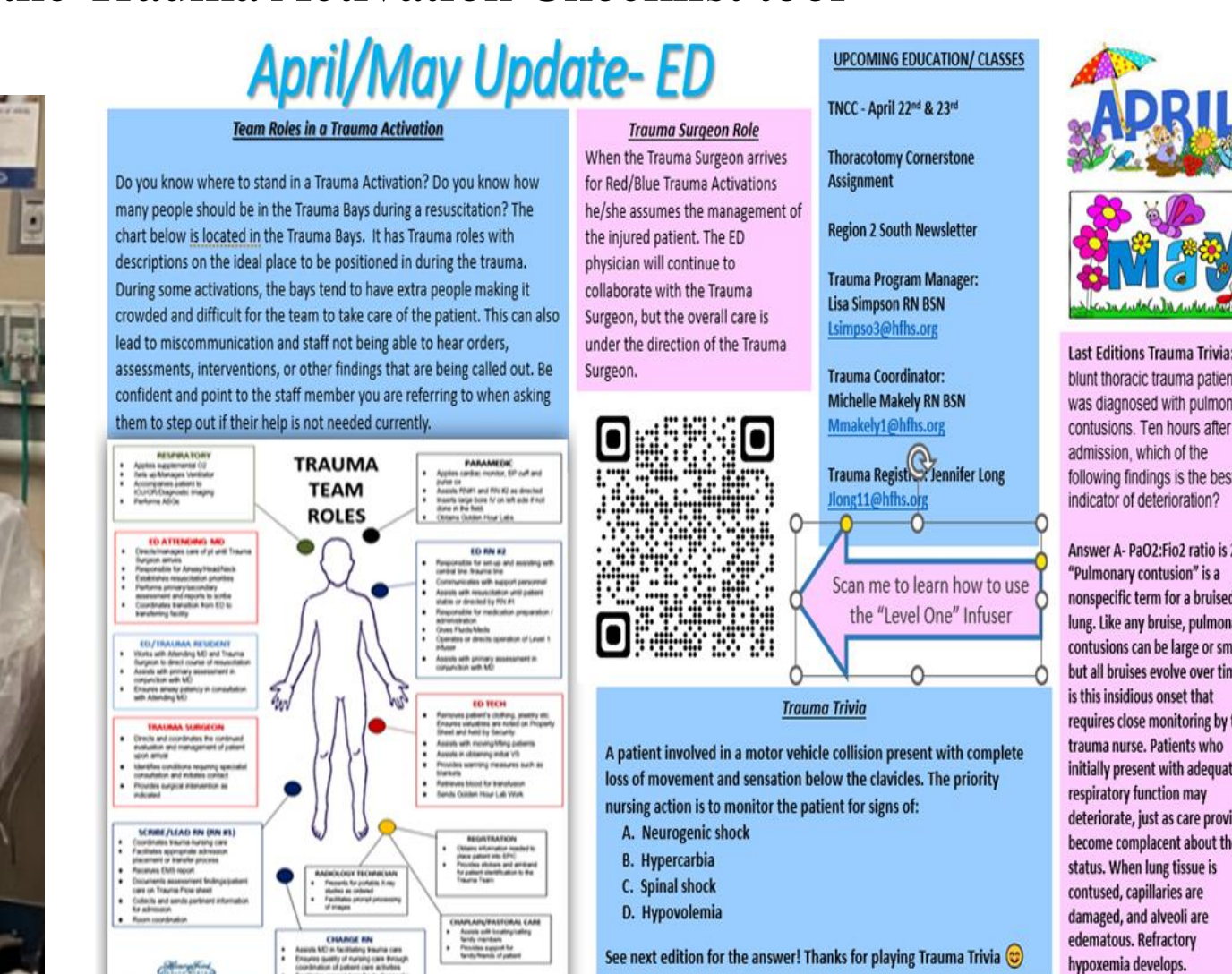


Figure 8: Bi-monthly huddle message

ADDITIONAL PHOTOS OR VIDEOS

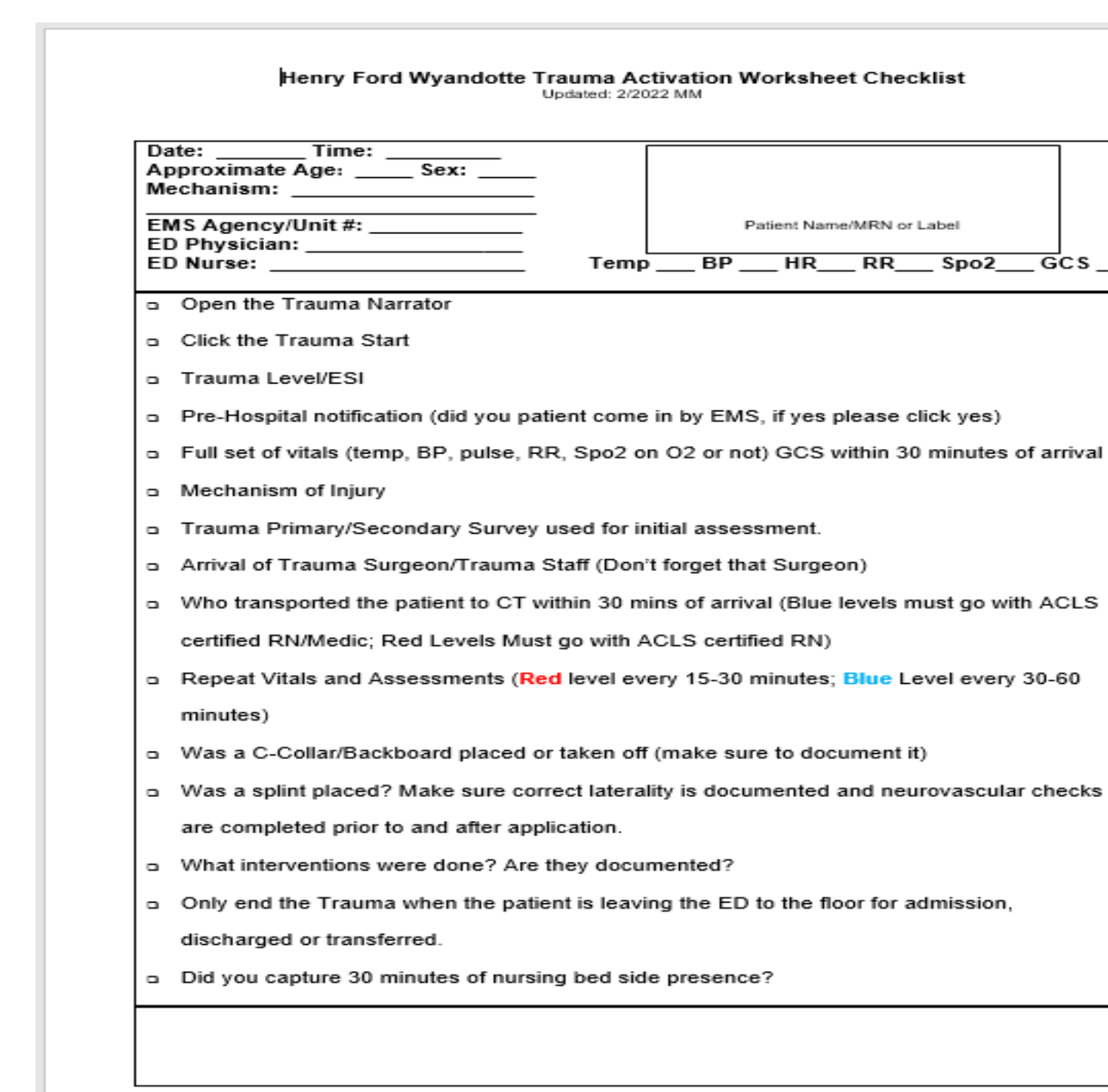


Figure 9: Trauma Activation Checklist

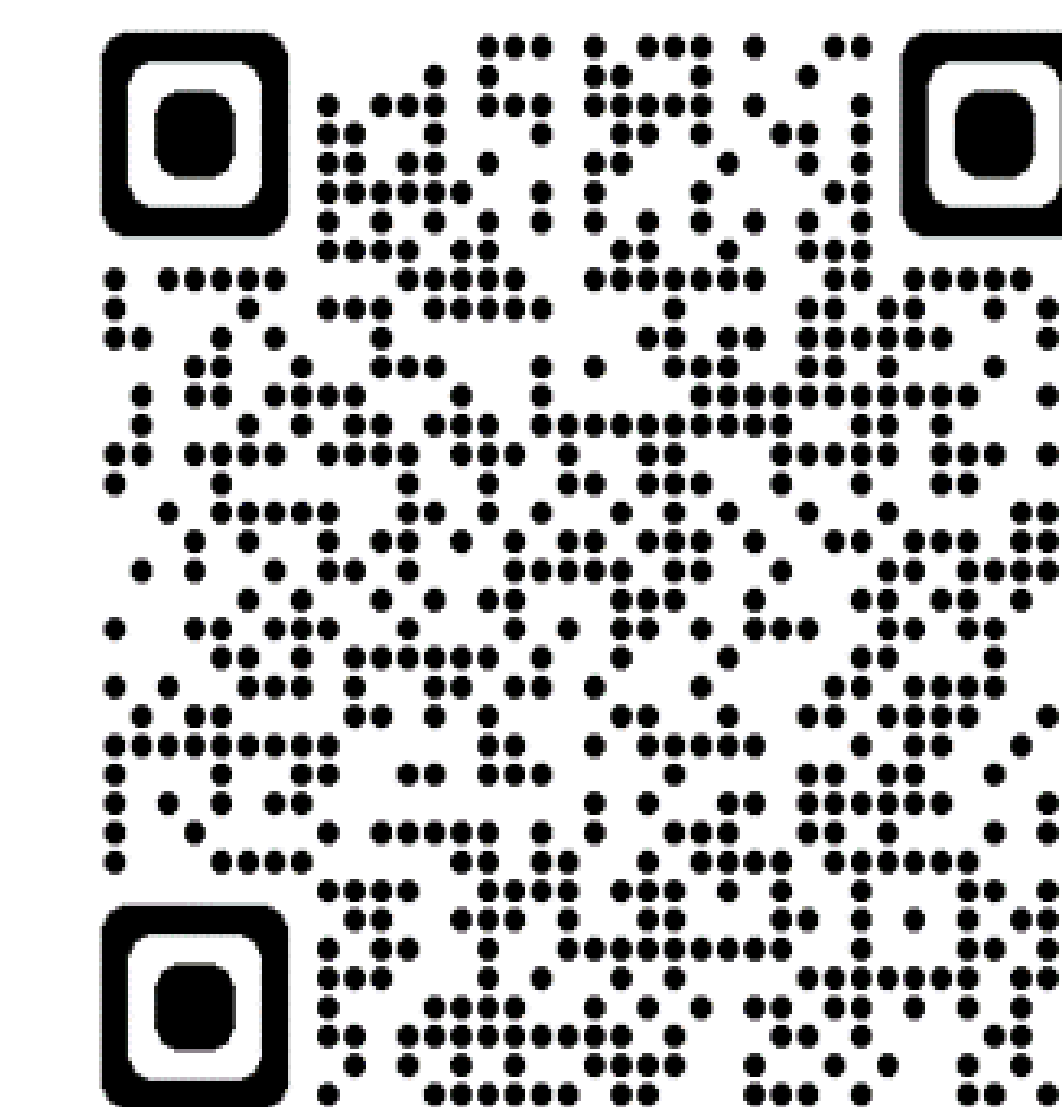


Figure 10: QR code video developed by the Trauma Champions on how to use the Level One Rapid Infuser

KEYS TO SUCCESS / LESSONS LEARNED

- Trauma PI staff being available to the ED RN at bedside has been crucial to staff success in completing documentation and fully understanding trauma processes
- Supplies are critical to staff success/compliance and should be readily accessible to ED staff (i.e. checklists printed and stocked, additional copies of surgeon arrival logs)
- Holding staff accountable for repeated documentation errors to identify opportunities for improvement and potential barriers (i.e. PIPs forms, 1:1 training with trauma champion/Trauma PI staff)
- Culture change is not obtained overnight, and it will require persistence and follow-up education
- Nursing turnover can lead to increased orientation costs and perpetual introduction of processes. Staff satisfaction and feeling of belonging can directly impact the turnover rate of RNs in the Emergency Department.
- Non-adherence to Trauma Activation Checklist may directly affect trauma patient outcomes.

REFERENCES

American College of Surgeons (2022). *Resources for Optimal Care of the Injured Patient*. American College of Surgeons, Committee on Trauma.
 American College of Surgeons (1996-2024). *Trauma Quality Improvement Program*. American College of Surgeons, Committee on Trauma. <https://www.facs.org/quality-programs/trauma/quality/trauma-quality-improvement-program/>
 American College of Surgeons (2023). *National Trauma Data Standard Data Dictionary Term* (2024th ed.). (2023). American College of Surgeons (ACS).