Trauma Program Staff

"Making it Happen"

This module is dedicated to all the hard-working people who helped build our state's trauma system

A Trauma Program is More than One Person!

Co-leaders of the Trauma Program are the TMD and the Trauma Nurse Coordinator (TNC), also known as Trauma Program Manager (TPM)

Studies have shown that development of a trauma program leads to improvements in care not only for the trauma patient, but for all patients in the hospital

Much of the credit for this goes to the Performance Improvement (PI) processes in trauma and the emphasis on a team approach to care

Building a program can only be accomplished by changing old processes and this takes collaboration and time

This picture is of Stuart "Stu" Reynolds, MD, FACS, past trauma director of Havre and also past MT Committee on Trauma chairman. Stu has been a leader in rural trauma care on an international level, was instrumental in trauma system development in Montana and continues to provide active leadership support. He co-authored the Montana rural preventable mortality studies conducted through the Critical Illness and Trauma Foundation. Stu helped to redirect the national focus of the American College of Surgeons from "Optimal Resources for the Care of the Injured Patient" to "Resources for Optimal Care of the Injured Patient", allowing for participation of smaller rural facilities with limited resources but with the commitment to provide optimal trauma care.

The TMD and TNC need to establish and maintain a system of care that is accepted and supported by all stakeholders

The system includes all entities involved in patient care, including dispatch, SAR and Ski Patrol, EMS/transport, staff at the initial treating facility if the patient is transported between facilities, and all who impact the patient outcome at your facility

This includes administration, physicians, nurses and advanced care practitioners, OR, ICU, floor and Rehabilitation staff as well as ancillary services such as RT, PT, Pharmacy, etc.

Caregivers should use evidence-based practices whenever possible

Without involvement of all stakeholders the local system is incomplete.

This picture is of Charles Rinker, MD, FACS, past trauma director in Bozeman and past chairman of the MT Committee of Trauma. Like Dr. Reynolds on the previous slide, Chuck has been involved in a leadership role in the development of Montana's trauma system since the beginning (in the 1980s). With Stu, Chuck helped to bring ATLS to Montana and was involved in the course on an international level. Chuck continues to participate as a national and state trauma site reviewer, speaks on trauma and has authored rural trauma care chapters in trauma texts.

Administrative Support

Hospital administration must provide defined lines of authority

The TMD must have written authority to manage the program, including evaluating the care rendered by other physicians

Evaluation of care will involve review of many departments and service lines – The Trauma Program must be empowered to address all issues pertinent to the care of the injured patient

Ideally, the Program will have adequate funding and, in facilities large enough, an independent budget The

TMD and TNC should be involved in disaster planning with administrative support of these efforts

TMD

The TMD is the leader of the program

S/he serves as liaison between all the different stakeholders

S/he is ultimately responsible for PI and peer review

TMD should actively take call at the facility s/he represents as TMD

In working with the TNC, the TMD needs to identify problems, do whatever is required to decrease the chances of the problem recurring, then track the efficacy of these efforts

This is the mission of the Trauma Service; the constant process of improving care, always trying to make it better for the next patient

**Please request access to the Trauma Listserv by calling the State Trauma System Manager at 406.444.0752

TMD and Clinical Care

Provides quality services to injured patients/families

Oversees clinical activities of medical providers giving trauma care

Actively participates in clinical performance improvement review of trauma cases

Presents cases at Trauma Peer Review, Multidisciplinary Trauma Committee, Regional Trauma Advisory Council &/or local EMS

Provides education and corrective action if required

Participates in protocol/guideline development to ensure quality care

The Trauma Medical Director delivers these services in the most cost effective manner, including;

- maximizing efficiencies where appropriate
- capitalizing on economies of scale, expertise, and effective use of resources

TNC

The TNC should be someone interested in trauma care and committed to its improvement

In most instances, this is an RN with extensive experience caring for trauma patients

This person must have good organizational skills and be able to work with all members of the trauma team in a collaborative, not adversarial fashion

This person must also be able to function as an educational resource for staff

If your TNC is new to the position, s/he should consider shadowing an experienced Trauma Coordinator in a busy facility to help broaden experience, especially in learning logistics of trauma program management.

There must be dedicated hours for this position. The hours required are related to the number of trauma patients seen at the facility and on how much help the TNC has available from other staff, such as a dedicated trauma registrar to manage the trauma registry or an identified injury prevention coordinator.

Trauma Registry

Some trauma programs have identified staff to specifically work with the trauma registry

- Data abstraction, data inputting, report generation, etc.
- Should report to the Trauma Coordinator

The trauma registry is provided to each facility by MT EMS & Trauma Systems Section

- Technical support is provided by MT EMS&TS, other MT trauma registrars, through the trauma registry listserve hhs_trauma_registry@lists.mt.gov and the software vendor
- Please request addition to this listserv to the Trauma Coordinator at the State of Montana 406.444.4459
- Biannual education is provided at MT Trauma System Conference and a winter trauma webinar

The trauma registry is provided to each facility by MT EMS & Trauma Systems Section. Collector and Report Writer software is provided to larger facilities with data submitted to the Central Trauma Registry at the State EMS & Trauma Systems office.
Technical support is provided by MT EMS & Trauma Systems Section, other trauma registrars through the trauma list serve (hhs_trauma_registry@lists.mt.gov) and the trauma registry software vendor (Digital Innovations).
Biannual education is provided at MT Trauma System Conference and winter trauma webinar.

Surgical Director of the ICU

In the Regional Trauma Centers

- Monitors and evaluates the quality of trauma patient care in the ICU
- Establishes and provides continuing trauma education for staff
- Participates in equipment/policy review and makes recommendations
- Participates in consults with nursing staff relating to physician issues for any trauma patient
- Recommends patient decisions as needed when the ICU is full

Regional Trauma Centers which are routinely also verified as Level II Trauma Centers by the American College of Surgeons must also have a surgeon in a leadership role in the ICU, usually designated as the surgical director of the ICU. This role is usually a co-director position held with another physician, often a critical care physician or pulmonologist (may be designated as the medical director of the ICU).

Advanced Care Providers

Some smaller facilities employ an ACP as the TMD

Some of the larger facilities employ ACPs to manage patient care in the hospital

They serve as the interface between the patient/family and all the physicians caring for the patient

The ACP will be involved with/coordinate care during the entire hospitalization, adding a level of continuity that is beneficial for patients and their families

Seamless integration with this role and the rest of the Trauma Service (particularly in regards to Performance Improvement) is crucial

In-House &/or Outreach Educator

Some larger facilities have a designated trauma educator, both for in-house and out of house training As with the ACPs, this person's role must be well integrated into overall mission of the Trauma Service Ideally, education serves as an extension of PI

- The program identifies areas of care with opportunities for improvement at any link in the chain…EMS, nursing, MD, RT, etc.
- A targeted education plan is then developed to address the identified need
- This can be a "lunch & learn" with staff, part of an annual skills day, a presentation at the RTAC or at a conference

Summary

Whatever the size of your team, it is imperative that all know their role and feel supported

Optimally, members understand everyone's role and work together for success

Everyone should be involved in PI!

Though trauma care is a team sport, the TMD is the leader and bears ultimate responsibility for the success or failure of the Trauma Program

Consider reaching out to experienced TMDs for guidance and support – though everyone is busy, some will be very willing to help