

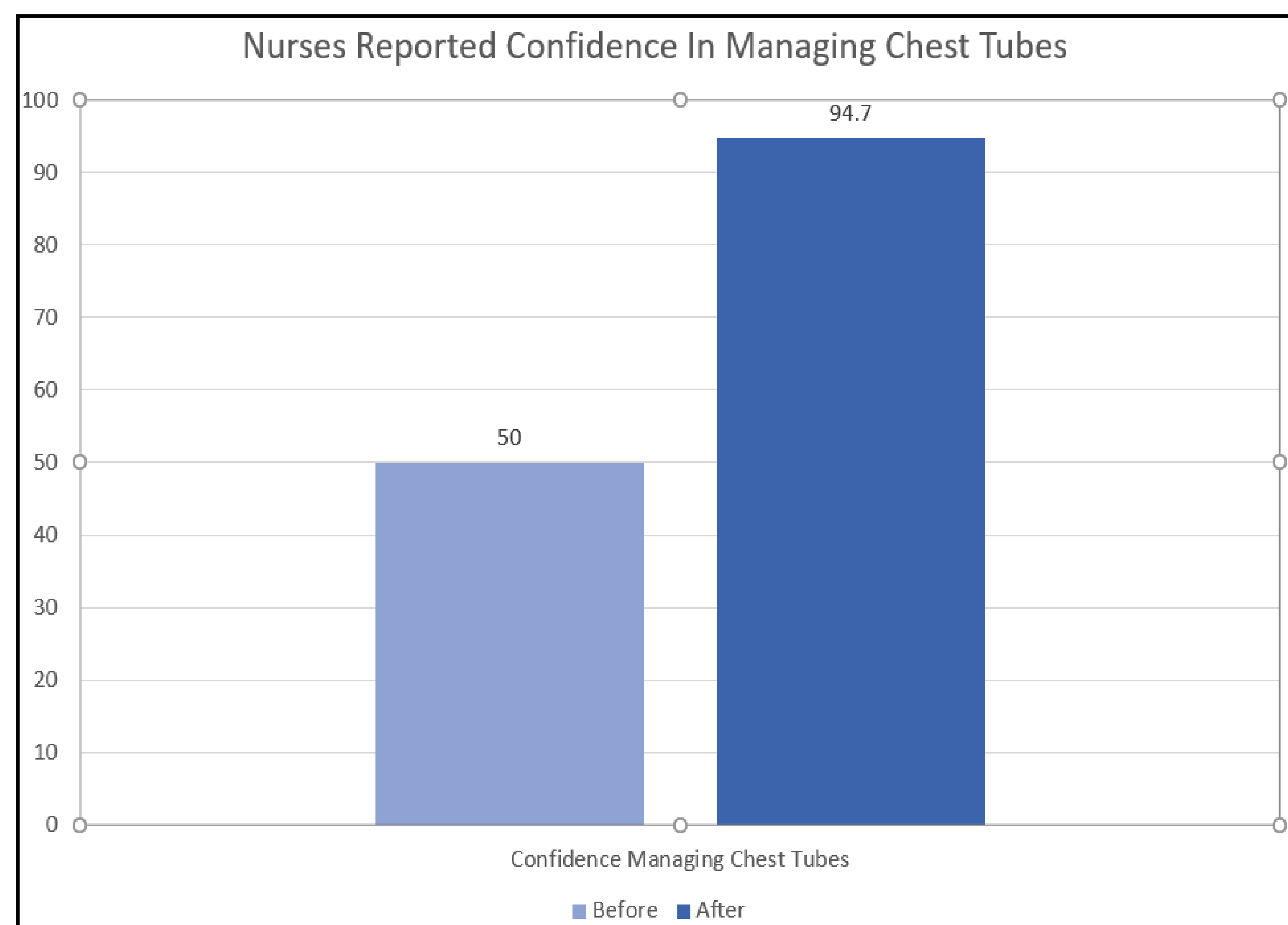
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## BACKGROUND

University Medical Center of Southern Nevada (UMC) is a level 1 Trauma center in Las Vegas, Nevada. While UMC, has had a Trauma ICU, it has never had a designated step down or Medical Surgical (Med Surg) unit to provide dedicated care for our trauma patients. At UMC, there are 16 different units on 8 floors that can accommodate medical surgical level patients creating challenges for the care team. Trauma providers have had to round on multiple nursing units, and there were also a variety of nurses providing care for our trauma patients who were often not familiar with their specific injuries and management protocols.

## PURPOSE

We wanted to create a designated Medical Surgical Trauma Floor with nurses, case managers, registered dietitians, and social workers with specific trauma education. We hypothesize that a designated trauma unit will provide better care for our patients by improving their outcomes, streamlining their care, and eventually leading to shorter length of stay and improved patient satisfaction.



## METHODS

We held a multidisciplinary team meeting to assess educational needs at the start of the project. Next we planned an 8 hour education day for the nurses that included the following topics:

1. Exploratory laparotomy post op care
2. Management of solid organ injuries
3. Management of rib fractures, chest tubes and multimodal pain control
4. Trauma program overview
5. Management of wounds and friction burns
6. Management of brain and spine injuries
7. Mobility education including, brace training, spine precautions and mobility demonstrations

This education was mandatory for all RNs on the unit, the CNAs received the last 2 hours of education which included mobility education.

We have also expanded bi-weekly multidisciplinary rounds. We created a trauma cart stocked with anticipated supplies and developed a buddy process for the floor nurses to get help from ICU staff if needed (i.e. procedures). Lastly, we developed a process for the nurses to float to Trauma Resuscitation and Trauma ICU for orientation and cross-training. Ultimately, we hope this will provide a steady stream of nursing staff for the various units.



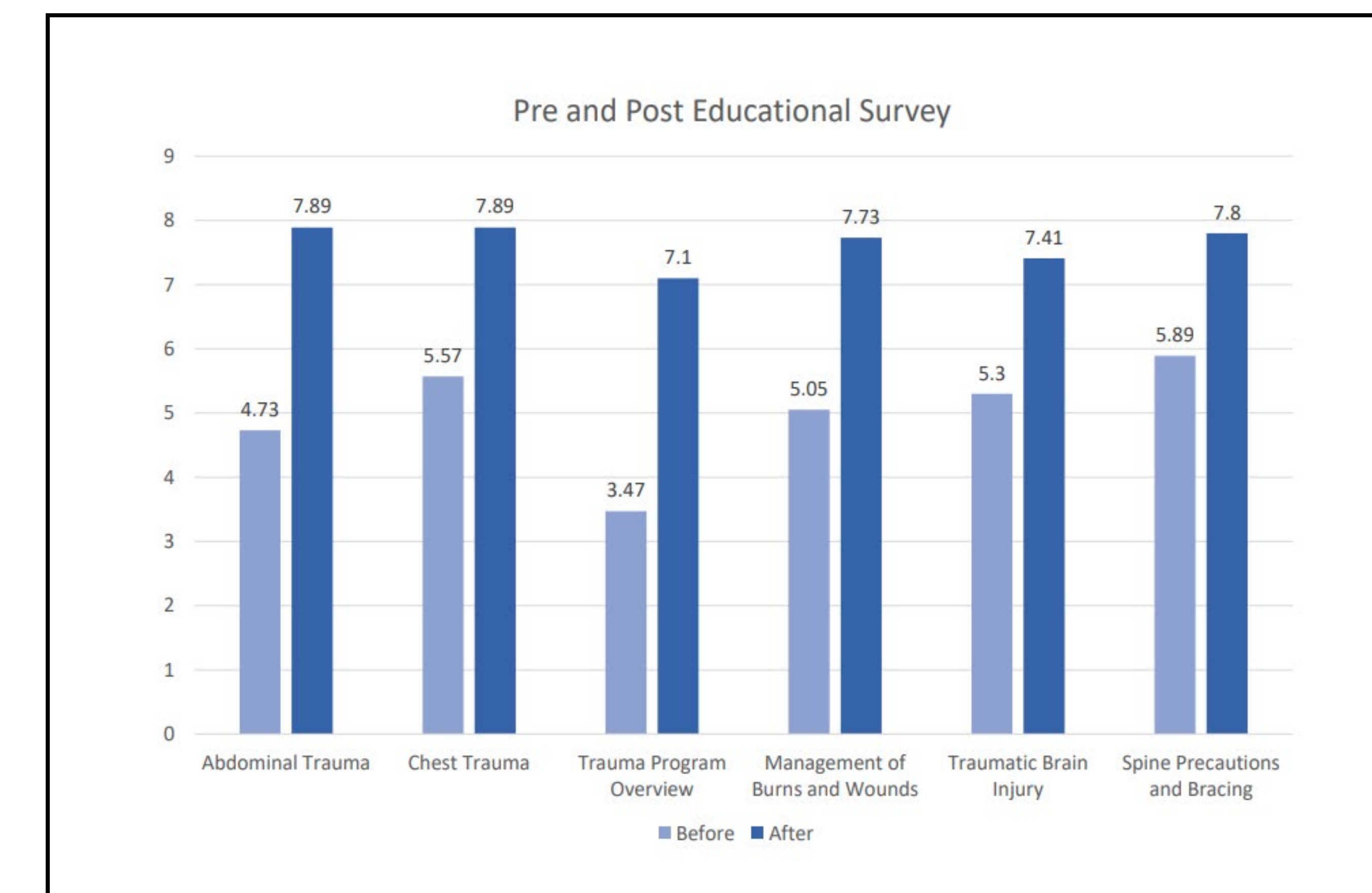
## ACKNOWLEDGEMENTS

UMC's Clinical Education Department for helping with education and training as well as Physical, Occupational and Speech Therapy staff for their expertise and education.

## RESULTS

We sent a staff survey out several months after the project's rollout. A total of 59% of the nurses completed the survey. The responses were overwhelmingly positive. Of the surveys received:

1. 94.7% of staff reported feeling comfortable managing chest tubes.
2. 100% of staff reported the class provided them with the skills, knowledge and ability to provide better care for our trauma patients.
3. The nurses reported increased confidence in each of the areas taught.



## CONCLUSIONS

Both the Trauma Surgery team and the staff on unit have reported increased satisfaction with the project. Staff nurses reported improved communication with the trauma team and the ability to have questions answered in a timely manner. The trauma team has noticed increased attendance from nursing at rounds and increased feedback from nursing staff regarding patients' needs. We will continue to survey the staff for educational needs on an ongoing basis. We will also start tracking data, anticipating a decreased length of stay.

### REFERENCES

