

Navigating Trauma Patients and Families through Unfamiliar Territory

Donna B. Lee, MSN, RN, TCRN, CEN



Northeast Georgia Health System

Role of Trauma Nurse Navigator

- Trauma is unexpected and can be scary for patients and their families.
- The injuries suffered can be accompanied by emotions of uncertainty, anger, loss, depression and other psychosocial symptoms.
- In addition to the complex medical needs, there is also a need to assist patients and their families as they navigate through the emotional journey of trauma. In order to address these psychosocial needs, the role of Trauma Nurse Navigator (TNN) was developed.
- The TNN, an integral part of the care team, serves as a patient/staff resource and utilizes creative problem solving to optimize care of the trauma patient.
- The TNN serves as a liaison on the interdisciplinary team, working with providers, nursing staff, rehabilitation staff, and case management to provide seamless care to trauma patients throughout the continuum of care.

Implementation of Role

- Trauma leadership evaluated the current positions on the trauma operations team and chose to repurpose one team member to become the TNN in late 2018.
- It was determined that the TNN would work a 40-hour week from Monday through Friday.
- It was determined that the TNN needed to be a masters prepared registered nurse with expertise in trauma care.
- The TNN's daily routine:
 - Review each trauma patient's chart
 - Round on trauma patients
 - Follow-up phone calls are placed to patients discharged home to ensure that prescriptions are filled, pain is managed, and no complications are developing. During the phone calls, approximately 30% of the patients have been requesting clarification on discharge instructions.
- The hospital's electronic health record (EHR) is utilized to track the TNN's caseload and provide a place for the TNN to chart progress notes.

Objectives Developed for the Role of TNN

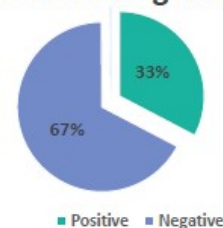
The following objectives were developed for the role of TNN:

- Improve patient/family satisfaction
 - Establish a meaningful connection with patients and families.
 - Work with individual trauma patients to overcome barriers to their recovery.
 - Provide patient education regarding diagnoses, treatment plan and post-acute plan.
- Improve patient care
 - Address the psychosocial impact of trauma with patients.
 - Serve as an expert trauma clinician, educator and mentor for staff.
 - Inform the Trauma Performance Improvement (PI) staff with unexpected changes in patient condition, in an effort to monitor unplanned admissions to the ICU, complications that may be developing, etc.
 - Use teamwork to decrease avoidable hospital days by recognizing and addressing barriers to discharge.

Lessons Learned (pros and cons)

- One challenging part of implementing this new role was for the team to learn how to help patients without taking away from other roles, such as Social Worker and Case Manager. There were bumps in the road, but the team learned how to work together and respect each individual role.
 - I met with the Case Managers and Social Workers that are involved with trauma patients.
 - We discussed each role and agreed upon delineation of roles.
 - Frequent communication is key to making this work.
- As this role developed, it became more aware that many of our trauma patients were struggling with acute stress, which could lead to Post Traumatic Stress Disorder (PTSD). This acute stress can result in:
 - Distressing memories of the traumatic event
 - Problems with concentration
 - Irritable mood
 - Difficulty falling asleep or staying asleep
- An opportunity was identified to have the TNN complete PTSD screenings on trauma patients.
 - A process was developed, and the PTSD screenings are currently being documented in our EHR.
 - Trauma patients with a positive PTSD screening are provided with a handout including information and resources.
 - This information is also included in their discharge paperwork.

PTSD Screening Results



Total Number PTSD Screenings Completed = 263

How was the Effectiveness of the Project Determined?

Within one year, changes in our daily processes resulted in a culture change where the multi-disciplinary trauma team is working together more effectively with a positive result on patient care and patient satisfaction. In comparing FY18 to FY19, the following changes were noted:

- 31% increase in the number of trauma admits
- 22% decrease in the average hospital length of stay
- 24% increase in the SBIRT screening compliance
- 15% decrease in total number of complications
- 25% decrease in unplanned ICU admits
- 14% decrease in average ICU days
- 8% decrease in average days on the ventilator

In fiscal year (FY) 2020:

- The TNN worked with 1,012 trauma patients
- Completed a total of 3,015 patient visits
- 329 avoidable hospital days were averted using multidisciplinary teamwork to recognize and address barriers to discharge.
- **These avoidable days averted represent a potential savings to the hospital of \$1,314,955.**

In FY 2021:

- The TNN worked with 1,280 trauma patients
- Completed a total of 4,258 patient visits
- The number of avoidable days averted dropped to 120, representing a positive change in the way the multidisciplinary trauma team worked together on discharges.
- **These avoidable days averted represent a potential hospital savings of \$355,348.**

Subjective data from patients, families and staff has been very positive. Patients/families state that they see so many multidisciplinary providers, nurses, and rehabilitation staff that it is comforting to have one person that can fill in the gaps and respond to their specific needs.

Contact Information

Donna B. Lee, MSN, RN, CEN, TCRN
Trauma Nurse Navigator
Northeast Georgia Medical Center
Donna.lee-trauma@nghs.com