What is the problem or challenge you identified?
In 2013, Southside Hospital in Bay Shore, NY was a New York State designated Level II Trauma center whose mission was to become an American College of Surgeons (ACS) verified Level II Trauma center. In preparation for verification we identified issues in nursing documentation during the resuscitative phase of care in the Emergency Department (ED). These issues made it difficult to interpret critical aspects of patient care during the resuscitative phase of care and in the transition of care outside of the emergency department. As a result we could not correctly interpret or analyze important clinical events in developing our Performance Improvement and Patient Safety (PIPS) program.

Describe the intervention you developed/change you implemented to address the problem:
Our ED had long used a fully integrated electronic medical record (EMR). Based upon nursing feedback it was determined that the EMR was difficult to navigate, resulting in missing documentation. A paper flow sheet, "Trauma Nursing Flow Form" (TFF), was initiated October 1, 2013 to ensure better capture of data. This form was prepared by the collaboration of the trauma program manager, emergency nurses and management.

The form consists of a tri-fold document in which data collection order proceeds in the order of an organized Advanced Trauma Life Support® (ATLS®)-based resuscitation phase. The form begins with arrival of the trauma patient, clinical team, and clinical processes including primary and secondary survey, interventions, and clinical response. A concurrent audit form was developed as well to aid in completion of the “Trauma Nursing Flow Form”.

Despite these changes consistent documentation was not being completed. Our completion rate was 52 percent in March 2014. We utilized administrative oversight to empower the charge nurse to act as the change agent, concurrently reviewing the form prior to the patient leaving the trauma bay. Over the time period between 10/13 and 3/15 we sequentially implemented the following steps:

1) Implementation of paper TFF

2) Concurrent review form via registry measuring completion rate and completion of key elements (Glasgow Coma Scale (GCS), interventions, timed vitals outside of ED)

3) Weekly tracked and trended current registry review with feedback of data to ED

4) Concurrent audit form in ED – specific data points as above; completed within the nursing shift.

5) Shared drive created to house audit results available for review by ED

6) Trauma report structure – ED Committee, ED leadership monthly, nursing administration all served to enhance accountability and transparency (linkage between trauma / hospital performance improvement)

7) Updated revised action plan developed by the ED- retrospective audit tool developed that captures 15 specific variables.
How did you measure the effects of the change?
Because of our desire to improve both quantity (number of patients with any TFF) and quality (number of variables captured per TFF) form completion compliance was measured differently in different time periods. The data displayed are an attempt to depict this data in a uniform fashion. Ultimately we have developed a pass/fail score for form completion based upon number of variables captured. The data was aggregated and reported on the monthly Departmental dashboard. (Figure 1)

How did you sustain the change?
We established a threshold of 90 percent for passing grade on the TFF and have not yet accomplished this goal but we are much closer to it on a consistent basis. The most important factors in establishing change have been the administrative support for our PIPS program and the successful verification visit by the ACS. There is more staff support for the process given the supporting factors described above

Figure 1

Flow Form Completion Compliance

ACS verification
pre-ACS verification phase

Compliance