Introduction

Purpose: Injured patients admitted to non-surgical services are at significant risk for missed and/or underappreciated injuries during hospitalization. They require specialized trauma surgical teams to provide optimal care and outcomes. As an American College of Surgeons (ACS) verified Level II Trauma facility, Penrose Hospital strives to meet all ACS standards and actively participates in the ACS Trauma Quality Improvement Program (TQIP).

Our performance improvement initiative was to review all trauma patient admissions to non-surgical services and assure compliance with ACS standards.

Significance:

ACS Benchmark: Programs that admit more than 10% of injured patients must review all non-surgical admissions through the performance improvement process.

In 2014, 25% of monthly trauma admissions were to non-surgical services.

Purpose/Aims/Objective: The purpose of our trauma quality initiative was to decrease the percentage of trauma admissions to non-surgical services to below 10%.

This would ensure that the patient was treated with evidence-based trauma protocols in order to improve outcomes and prevent complications.

Objectives

At the conclusion, the participant will be able to:

1. Describe processes initiated by Penrose Hospital to decrease non-surgical trauma patient admission rates
2. Recognize that compliance with ACS criteria leads to improved patient outcomes.

Methods

Methods/Design/Approach:

January – February 2015

- Gain collaborative support and provided education to primary service lines to include emergency department, hospitalists and trauma physicians.
- Obtained administrative support
- Education consisted of:
  - ACS requirements for trauma verification and associated admission requirements
  - Trauma admission policy and hospital expectations.
- Collaborative support attained from all specialties to admit all trauma patients meeting inclusion criteria to the trauma service and/or ensure that patients admitted to the non-surgical service received a surgical consult.

March 1, 2015 – the initiative for Trauma surgeons to admit all trauma patients was implemented.

Processes implemented to ensure effectiveness:

- May 2015 Trauma surgeons began attending multidisciplinary trauma rounds Monday through Friday.
- The Trauma Quality Specialists (TQS) also attended rounds daily and identified those trauma patients admitted to non-surgical providers.
- If inappropriately admitted to the Medicine Service, a trauma consult would be obtained or admitting service would be changed to the Trauma Service.
- Initiative was tracked, trended and presented monthly at Trauma Peer Review and Multidisciplinary Performance Improvement committee.
- Individual education and reminders as needed.

Outcomes and Discussion

Outcomes: Trauma admissions to non-surgical services decreased from 25% in 2014 to 7% in 2017 bringing us into compliance with the ACS requirements as a verified Level II trauma center.

Implications for Practice:

The increased compliance with admitting to the Trauma services has shown a decrease in our pneumonia and sepsis complication in this population, potentially due to compliance with trauma system specific protocols.

References


Contact Information

ValerieBrockman@Centura.Org