Teaming up for Trauma Care

Communication at its Best

Objectives:

- Review of Trauma Communication
- To discuss the five dysfunctions of a team as it relates to trauma care
- Review principles of communication to build trauma teams

Communication

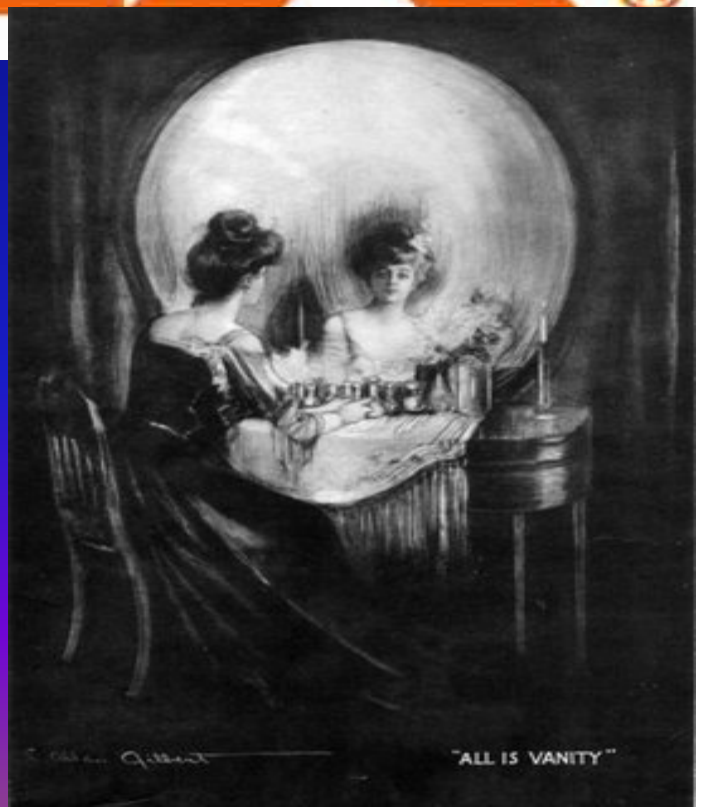
"… a process by which information is exchanged between individuals through a common system of symbols, signs or information."

- Webster's Dictionary

Communication

"To effectively communicate, we must realize that we are all different in the way we perceive the world and use this understanding as a guide to our communication with others."

FedEx®



Heath Care History

Institute of Medicine Report (1999)

- Medical errors are responsible for between 44,000 and 98,000 US deaths per year.
- The lower of these two estimates would make medical errors the nation's seventh leading cause of death, worse than the toll for motor vehicle accidents or breast cancer.

JCAHO

- Communication issues cause of 65% of 2,966 sentinel events reported between 1995-2004.
- 2006 – National Patient Safety Goals – related to standardizing hand-offs communication

Trauma:
Communication Pioneers

- Standardized
  - language
  - physical space
  - Procedures
  - LOS
- Education
  - ATLS
  - ATCN
- The Golden Hour
- Quality improvement
- Research

Zollinger, Archives of Surgery, 1955
Trunkey, D; Journal of American Medical Association, 1985

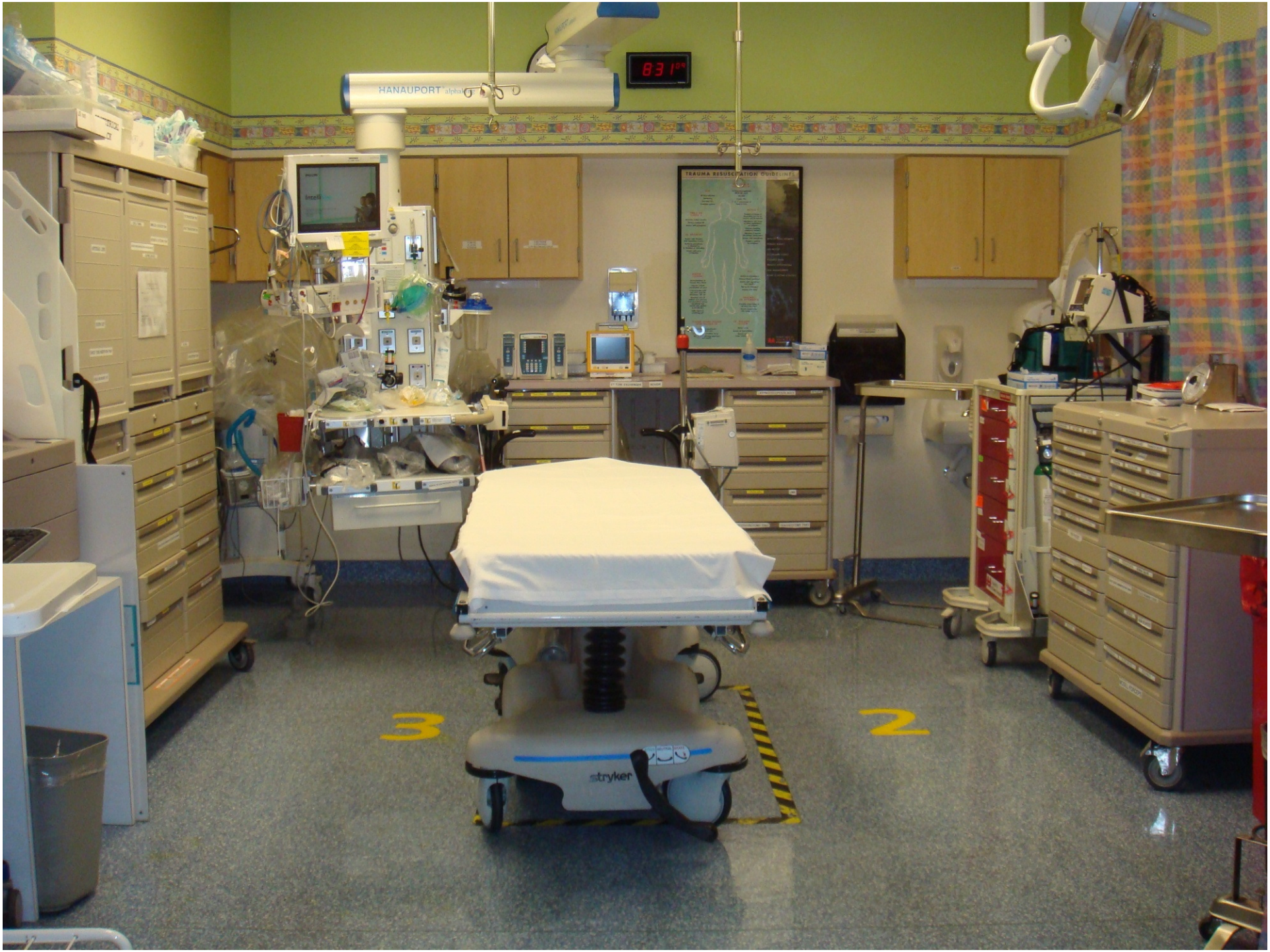
Tool: Trauma Communication

- Problem identification
- Analysis
- Action plan
- Implementation
- Evaluation / re-evaluation
- Loop closure

Communication of results

Patient Report

- 12 yo boy
- GSW to thigh
- Airway patent
- Lungs clear
- HR 180; RR 32; BP: 90/56; Sats 96% on O2
- Blood loss noted
- ETA 2 minutes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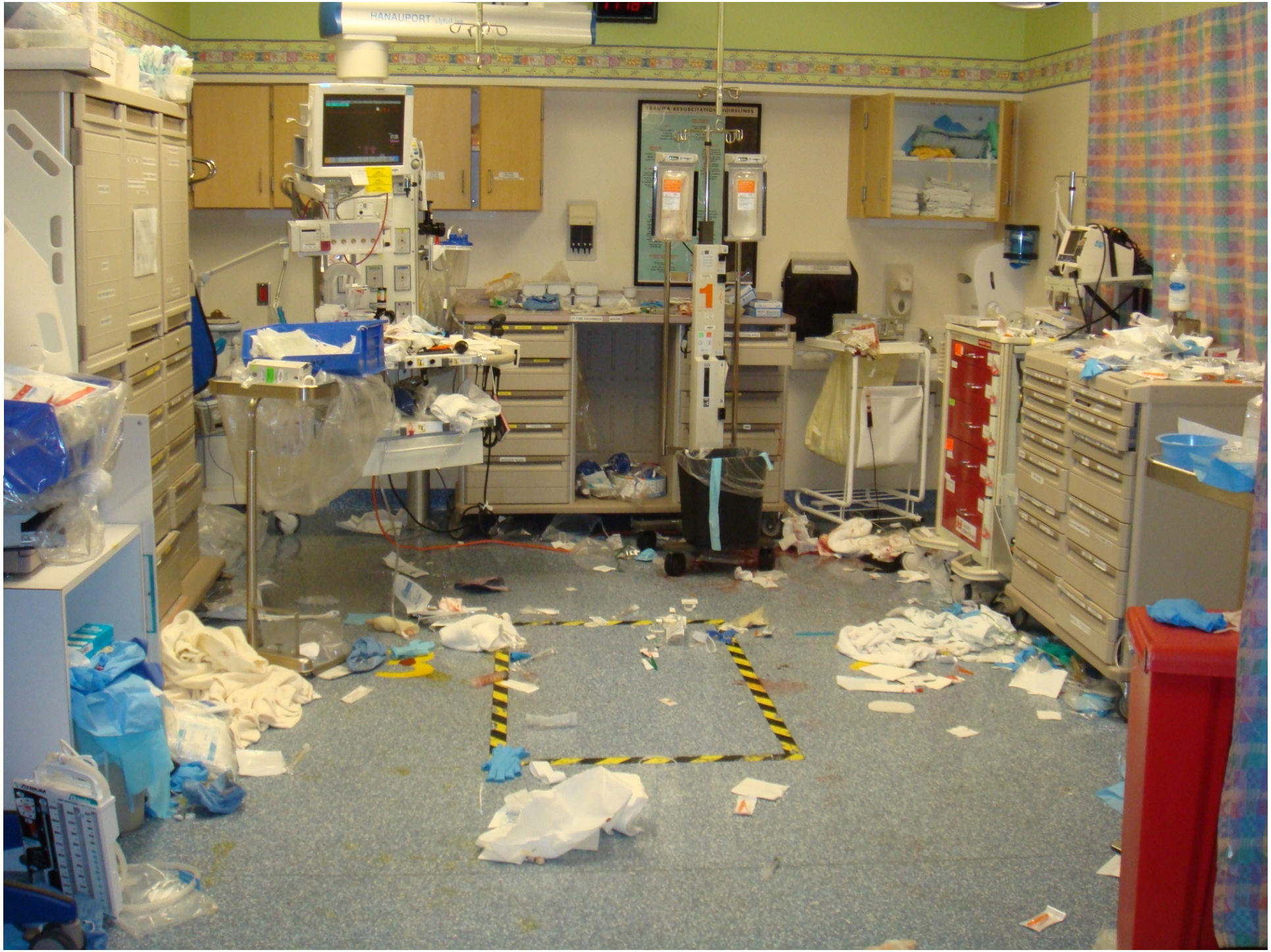
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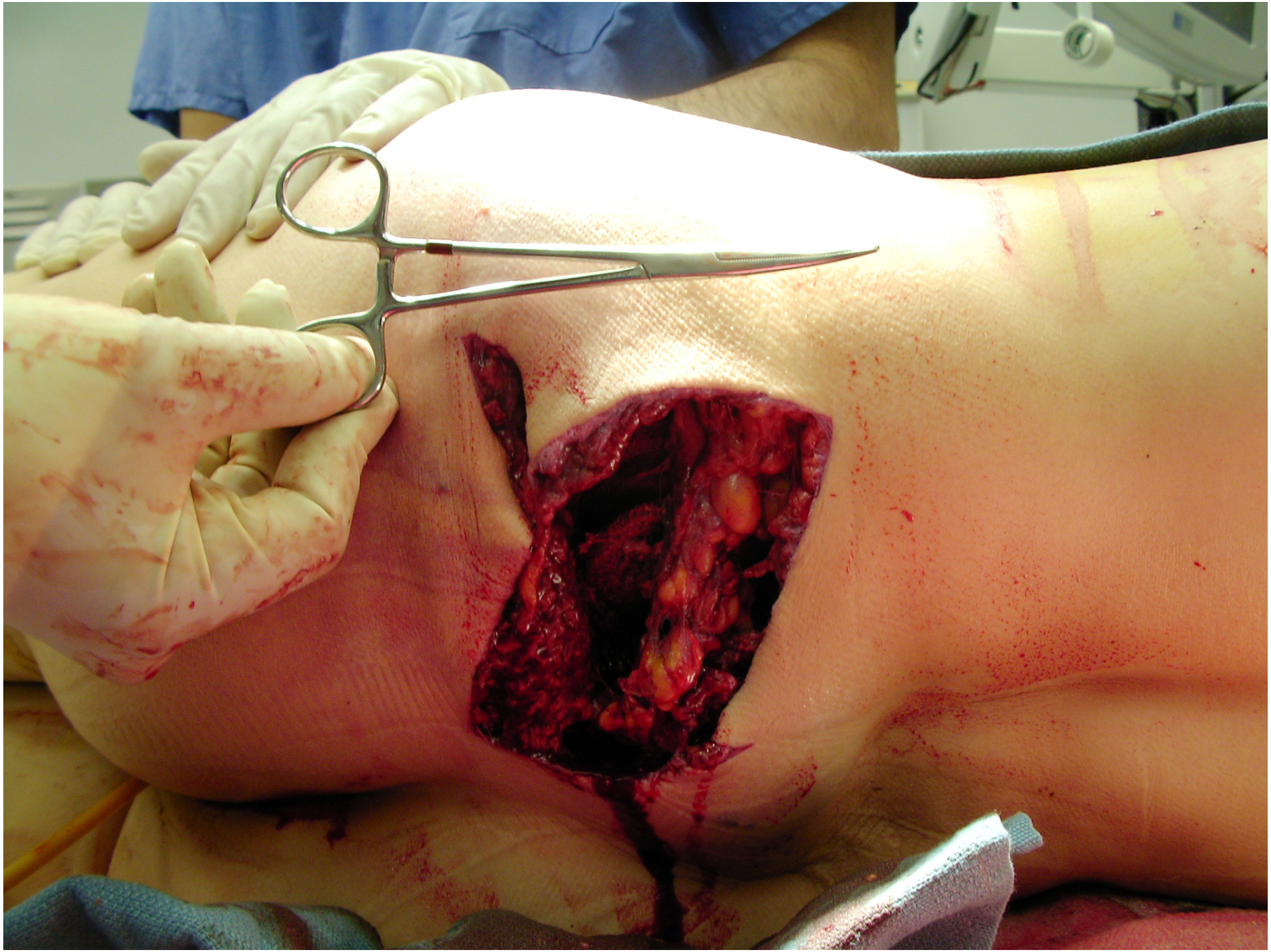


Challenges of Trauma Care

"Trauma care is a perfect storm for medical errors":

- Unstable patients
- Incomplete histories
- Time and critical decisions
- Concurrent tasks
- Multidisciplinary involvement
- Junior personnel working after hours

Patterns of Errors Contributing to Trauma Mortality: Lessons Learned from 2594 Deaths. Annuals of Surgery, Gruen et al, 2006

Communication Barriers:

- Inconsistent communication
- Varying levels of knowledge or experience
- Language barriers
- Unclear goals
- Unfamiliar team members
- High risk patients situations

Identify Errors with Video Recording

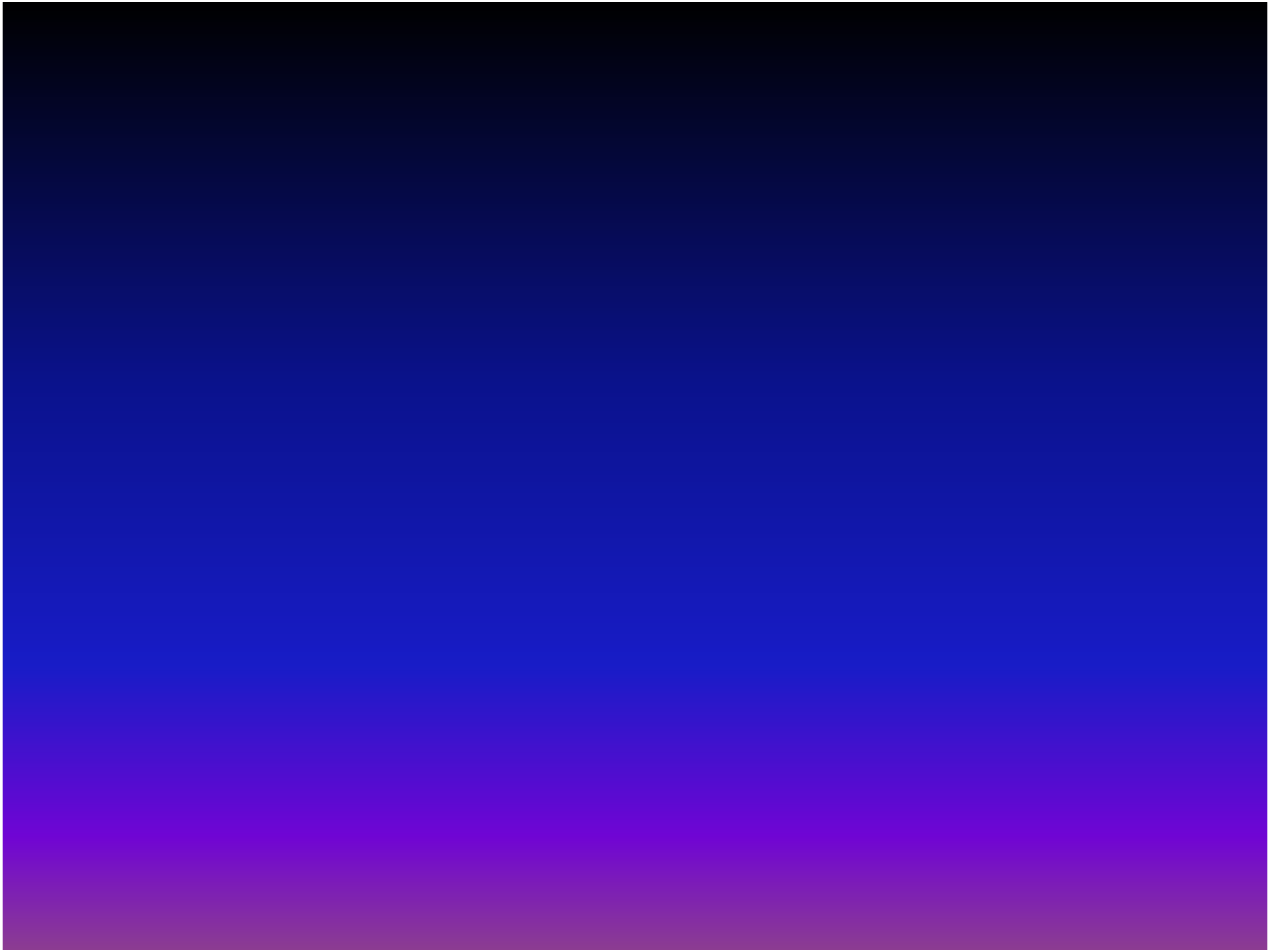
- Errors are seen 25% of the time
- Errors are basic resuscitations principles
- More severely injured children had less errors during resuscitations
  - Resuscitations 90
  - Reviewers 2
  - Errors per resuscitation 5.9
  - Error rate in patients with ISS > 11 25 (28%)
  - Errors / pt 2.6

Using Video Recording to Indentify Management Error in Pediatric Trauma Resuscitation: 90 Resuscitation Videos Recorded and Analyzed. Pediatrics. Vol. 117. No. 3. March 2006. pp 658 - 664

Success of Teams

- Knowledge
- Trust
- No fear of conflict
- Team commitment
- Accountability
- Attention to results

The Five Dysfunctions of a Team, Patrick Lencioni



5 Dysfunctions of a Team

The Five Dysfunctions of a Team, Patrick Lencioni

Absence of Trust

Team members not willing to talk about mistakes or weaknesses

- *"They never listen to us….."*
- *"They always leave them a mess…."*
- *"Those surgeons want to take control but when you need them, they are in the OR….."*
- *"The ED docs overcall everything….."*
- *"Don't they know not to give lasix?"*

Fear of Conflict

Everyone has their own agenda

Veiled discussions and guarded comments

- *"call me when the scan is done…what is that about?"*
- *"don't RSI them until ??? sees them, you know how Dr. XXX is!"*
- *"you know the ED won't clean the kids up, they will bring them up here and we will have to do all of the work!"*

Lack of Commitment

No chance to discuss opinions in an open, passionate debate

No "buy in" from team members

Lack of respect

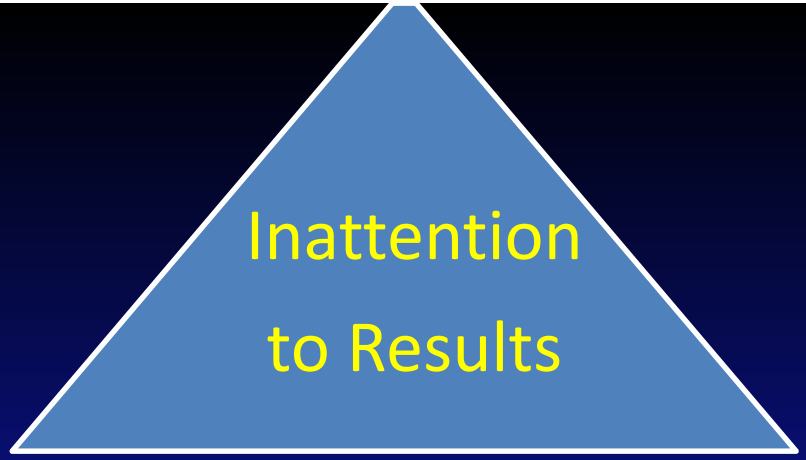
- *"how hard is it to take VS every 2 hours on trauma patients."*
- *"our VS are not completed as per trauma protocol, are you kidding me…..come down here and do VS on the 30 kids in the waiting room in January!"*
- *"I can't wait to get out of here!"*

Avoidance of Accountability

Won't call people out on actions

- ***"we are going to start rounding at 7 AM"….the team shows up at 7:15 AM***
- ***"She/he is so lazy"***

"I'm not telling them…that's not my job"



No clear goal or direction

Results are not communicated to the team.

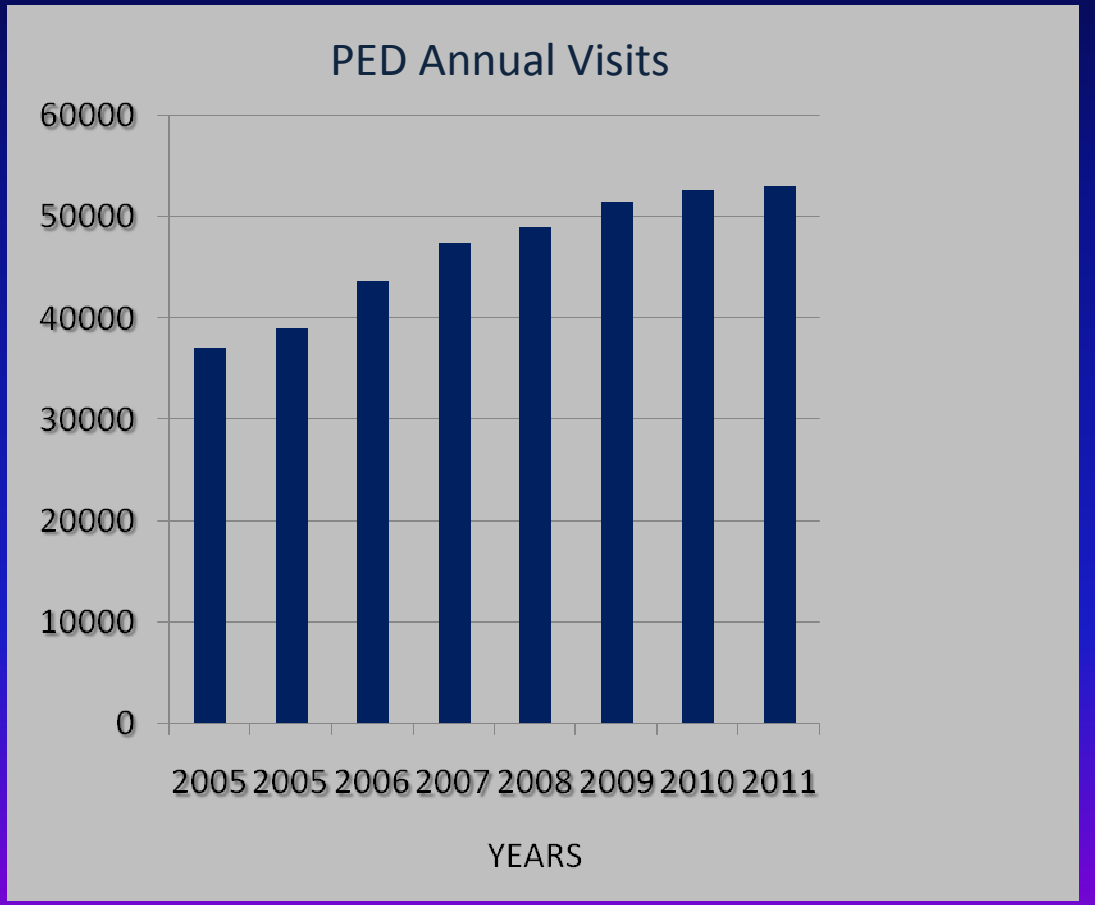
- ‘it took too long to get out of the trauma bay…”
- “it took to long to get the patient intubated…”

GOOD TO GREAT TEAMS

Communicate the Dangers

The First 3 Months:

- 25% staff vacancy
- 4 state visits
- JCAHO visit
- Magnet visit
- Patient safety issues
- Staffing concerns



“Bless your heart”

Communication Tools for Teams

Crew Resource Management

- Communication tools

LifeWINGS®
Saving Lives and Reducing Costs with Proven Aviation Safety Tools

Quint Studer Principles

- *"Hardwiring Excellence"*
- *"Elevate" Program*
- *Rounding for results*

Team Involvement

CREW training 2006:

- Leadership engagement
- ED & PCCU
- Perioperative & Procedural Areas
- Surgeons
- NICU
- Acute Care Units

All members of the team trained together!

Pediatric ED CREW Tools

EMS Arrival:

- Welcome medic 11
- You will be in trauma room 1
- Dr. Morrow will be the command physician
- The team will assess A – B – C
- Once they have done that, Dr. XX will ask you for report
- Following that, Dr. XX will finish the primary and secondary survey.
- Please stay and they can ask you any other questions.
- Once they have all of the information they need, they will let you know that you can go.

Pediatric ED CREW Tools

EMS Arrival:

- Escort to room
- Attention to report
- Eye contact must be made
- Quiet
- Expectations
- Request for EMS run sheet

EMS run sheet retrieval rate

- **30% - 70%**
- ***you won't get this treatment anywhere else in the city"***


Learning to play nice

Building Trust

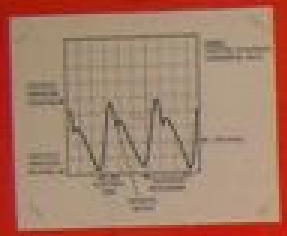
CREW days:

- Educational boards
- EMS style report in the PCCU
- **Reverse SBAR**
- "Milk crates" – standardize emergency equipment

- Development of DVD for hand offs
- Decrease in conflict


BURN KIT

Arterial Lines



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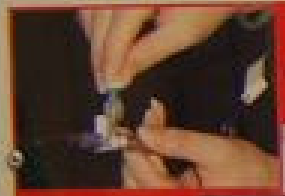

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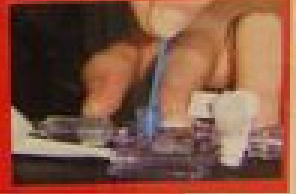

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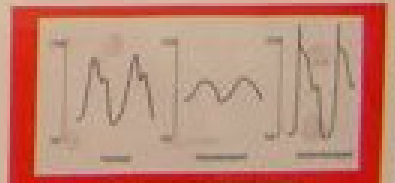
- Make Sure there is NO AIR in the line before hooking it up to the patient. Use blue pigtail to flush line & lap line to remove ALL air bubbles
- Zero transducer when line is placed, then PRN
- IV Fluid Rate:
  <10 kg: Set Alaris Pump at 1-3 ml/hour
  >10 kg: 2-3 ml/hour on Alaris Pump or pressure bag pumped up to 300 mmHg
- NEVER infuse any medications or fluids except Heparinized Saline w/ Paperverine
- Blood Draws:
  1. Use stopcock closest to insertion site (stopcock with the clave).
  2. Order of drawing labs:
  Red (Chemistries), Light Blue (Coagulation Studies) (withdraw 5-10 ml waste prior to obtaining coagulation studies from a heparinized line), Green, Lavender (Hematology), Grey, ABG (heparinized syringe)
  3. Reinfuse waste, then flush with NS.
- Assess extremity q hr: color, temperature, sensation, pulse & cap refill every hour



With a dampened waveform, be sure transducer is at the phlebostatic axis then re-zero at line

2 7:04PM

Commitment to each other:

- **"Walk in my shoes"** – CN to CN
- Monthly management meetings
- Weekly communications
- Combined education
- "Breakfast for Champions"
- PCCU/PED RN exchange program
- Kickball and bowling competitions

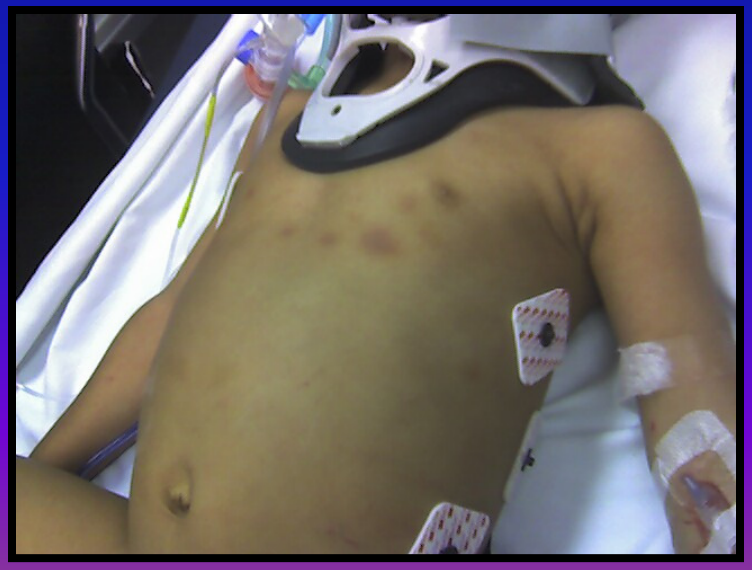
Accountability

?????


Accountability

Basic Principles:

- Rule # 1: do what is best for the patient
- Rule # 2: do what is best for those that take care of the patient.
- Rule # 3: never confuse rule # 1 with rule # 2



Sustaining Results:

Hardwiring Excellence: Quint Studer

- *Excellence*
- Leader visibility
- Standardized tools for communication
- Accountability
- Rewards and recognition

Vanderbilt Pillar Goals:

elevate

Communication Tools

AIDET Training

- A cknowledge
- I ntroduce
- D uration
- E xplain
- T hank you

“Elevate” Communication

- Rounding with staff and families
- Thank you notes
- Weekly newsletter

“Pay it forward in the PED”

- ***Julie Hooper is AMAZING. She rounded on the patients from tonight that were in the waiting room and in the hallways. She offered blankets and drinks. She was all over the place tonight.***
- ***Betsy did a great job giving me report on XXX trauma patient. We verified all of the line, medications, labs, and radiographic studies***
- ***Chris (PCCU CN) did a great job getting the bad trauma up to the PCCU last night. We really appreciate them getting a bed space ready so quickly when they were so busy.***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Challenges:

- Constant change in team members
- 24/7 operation
- Varying experience and educational levels
- $$$
- Repeat education – every 3 months
- **Tools by the staff are key!**
- **Hardwiring behaviors**
- **Need champions**

Teaming up for Trauma Care

Communication at its best

- The price of communication failure is high and unacceptable.
- Teams need to develop tools to standardize communication.
- Time, effort and money should be directed toward tools that develop **teams**.

Thank you