The Role of the Trauma Nurse Practitioner

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OBJECTIVES:
By the end of the presentation, participants will be able to:
• Identify the role and utilization of nurse practitioners within a trauma services department.
The Role of Trauma NP
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Topics
- Brief History
- Utilization of Trauma NPs
- Our specific role at Cox Health
- Research and Data since implementation into practice

Introduction of NPs in Trauma
- 1960s NPs and PAs used to remedy shortages of healthcare providers in primary care
- 1998 vs 2012
- Multifactorial health care changes
  - 2003 Accreditation Council for Graduate Medical Education resident work restriction
  - 2011 Similar work hour reduction for resident physicians
  - 26-35% of American physicians are nearing the age of retirement
  - Projected 124k fewer physicians by 2025

(Wainwright, et al, 2013)
Utilization of Trauma NPs

- Functions as a part of the critical care team
- Pre-hospital setting
- Follows patient throughout hospitalization
  - e.g. Trauma bay -> NTICU -> Medical-surgical floor -> Outpatient clinic
- Independently works with stable patients on the medical-surgical floor
- Facilitates patient’s needs, discharges and transfers

NP Core Competencies

Roles in Trauma Bay for Level 1 & 2 Activations

- At bedside within 10 minutes of activation
- Ensure ATLS protocol carried out
- Ensure prompt transfer to CT scan
- Facilitate hospital admission to ICU/OR
- Preform history and physical, orders, etc.
Roles in Inpatient Setting

- Review all diagnostic studies, order additional testing as necessary
- Appropriate consultations
- Plan ahead
- Round frequently and early
- Act as liaison with surgeon and nurses
- Perform any of your privileges
- Facilitate shorter length of stays -> discharge patients
- Arrange follow-up

Follow-up Clinic Roles and Responsibilities

- Established patients
  - Patient education
  - Simple procedures
  - Additional therapies
  - ER follow-ups
  - Review films
  - Referrals

Supporting Evidence of Trauma NP

- Multifactorial evidence based research
- Cost-efficient
- Improved outcomes

[Resler et al., 2014]
Patient Satisfaction

- Patient education
- Wound management
- Medication refills
- Ancillary testing
- Treatment
- Continuity of care
- Decreased outpatient wait times

Caregiver Satisfaction

- Improved documentation
- Surgeon satisfaction
- Multi-disciplinary approach
  - Collaborating with therapies and social work daily
- Cost-effective care
- Continuity of care
- Staff education

Improved Patient Outcomes

- Decreased incidence of UTIs
- Reduced complication rates
- Increased identification of missed injuries
- Decreased incidence of DVTs
- Decreased length of stay
- Improved resource utilization
- Preventing pre-existing conditions from contributing to hospital-acquired complications
Decreased LOS

Missed Injuries

- Missed Injuries: diagnosed with a tertiary survey or after discharge

Endorsements from Society of Trauma Nurses

- Endorses the utilization of NPs as clinicians for trauma services.
- Believes that NPs provide comprehensive, evidence based care to trauma patients and work with all members of the health care team to promote continuity.
- Understands that NPs continue to respond to the changing health care arena and respond accordingly to function as clinician, educator, researcher and administrator.
- Recommends that all NPs working within trauma settings have a collaborative practice agreement with a trauma surgeon. 5. Support that NPs are cost effective practitioners.
Conclusion

- 94% expected growth by 2025
- Trauma directors want NPs in their practice
- Trauma NP role continues to evolve
- Everyone benefits

References

- Lafferty, B. L., MSN, RN, CRNP. (2011). Trauma Nurse Practitioners. Journal of Trauma Nursing, 18(2), 115-120. doi:10.1097/JTN.0b013e31821f647f