

The Role of the Trauma Nurse Practitioner

Presented By:

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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

BY: AMANDA BUZARD, FNP-C & TIA PHILLIPS, DNP, FNP-C

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
 - ▶ 26.3% of American physicians are nearing the age of retirement
 - ▶ Projected 124k fewer physicians by 2025

(Wainwright, et al, 2013)

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 our 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

(Kestler, et. al, 2014)

Patient Satisfaction

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

(Wainwright et al., 2013)

Caregiver Satisfaction

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

(Wainwright et al., 2013)

Improved Patient Outcomes

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

(Noffinger, 2014; Meidoren, et al. 2011)

Decreased LOS

Article	Population	Design and Sample Size	Setting	Intervention	Comparison	Outcomes	Appraised for bias and quality
10	Emergency department patients with orthopedic injuries	Randomized controlled trial, n=100	Emergency department	NP management	Physician management	LOS, patient satisfaction	High
11	Emergency department patients with orthopedic injuries	Randomized controlled trial, n=100	Emergency department	NP management	Physician management	LOS, patient satisfaction	High
12	Emergency department patients with orthopedic injuries	Randomized controlled trial, n=100	Emergency department	NP management	Physician management	LOS, patient satisfaction	High

Missed Injuries

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

Category of Missed Injuries	No. of Missed Injuries Before Nurse Practitioners (2010-June 2012)	No. of Missed Injuries After Nurse Practitioners (July 2012-December 2013)
Fracture missed at initial triage	2	2
Inadequate imaging/evaluation	2	4
Orthopedic injury	1	6
Identified after discharge	1	0
Documentation missing/injury not addressed	1	3
Medical issues not related to trauma	0	3
Total number of missed injuries identified	8	21
Total number of emergency-department visits	2062	697
Percentage of missed injuries identified	0.39%	3.01%
Percent difference between 2 groups	164.1% increase P < .00001 and is statistically significant at P < .05	

(Resler, et al. 2014)

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

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