# Trauma Navigation: Putting the Broken Pieces Back Together is No Accident

Author: Luke Emerson, BSN, RN, CCCTM
Presenters: Dershi Bussey, BSN, RN | Jennifer Rennison, CHAA

## BACKGROUND

Care coordination begins the moment a patient is admitted and is an ongoing process. Transition management occurs every time a patient has a change in the level of services or location of health care providers as they move within the health care system. Whether transferring to areas within the hospital or beyond the facility and into the community, optimal patient outcomes are largely dependent upon effective coordination of care and management of transitions. Poor coordination and transitions of care have been linked to adverse effects, low satisfaction with care, extended hospital length of stay (LOS), and high readmission rates. Care coordination and transition management is especially important for the traumatically injured patient because these patients typically have numerous multi-system injuries requiring intervention from various specialties.

## INTERVENTIONS

Clinical Navigator for trauma services employed and clinical rounding initiated:

1. Facilitates the opportunity for the trauma services line to monitor the care being provided to the patients in the trauma program and then be able to deliver immediate response at the time of care

2. Allows for meaningful connection to be made with patient and family members for teach-back education, assistance with identifying needed resources or care in the home, and opportunities for injury prevention

3. Assists in streamlining the care coordination and transitions of complex trauma patients to improve multiple outcomes and decrease complications

4. Provides the ability to have continuity of care for traumatically injured patients and their family members

## METHODS

◗ **Rounding Tool** (Figure 1):
- Definition: Individual tracking tool for all trauma patients on the clinical navigator's caseload
- Purpose: To ensure trauma patients have a plan for their hospitalization and stay on track with their goals

### Figure 1. Rounding Tool



◗ **EHR Status Board** (Figure 2):
- Definition: Electronic Health Record (EHR) status board showing all the patients on the clinical navigator's caseload
- Purpose: Used to coordinate care and anticipate transitions while in the hospital by showing LOS, code status, transfer or discharge orders, therapies ordered, and new diagnostic results and reports

### Figure 2: EHR Status Board



◗ **Trauma Clinical Panel** (Figure 3):
- Definition: Panel in the EHR that shows all necessary information pertaining to the trauma patient in one location
- Purpose: Quick view in the EHR to show current status of the trauma patient to increase multidisciplinary care planning while determining treatment course

### Figure 3: Trauma Clinical Panel



## OUTCOMES

Reporting period 10/2014 - 09/2015 (one year prior to initiation of the clinical navigator for trauma services) and 10/2015 - 06/2016 (after initiation of clinical navigator for trauma services)

◗ **Critiques and Complications** (Figure 4):
- Case Total: Decrease in total amount of critiques and complications reported in the trauma registry
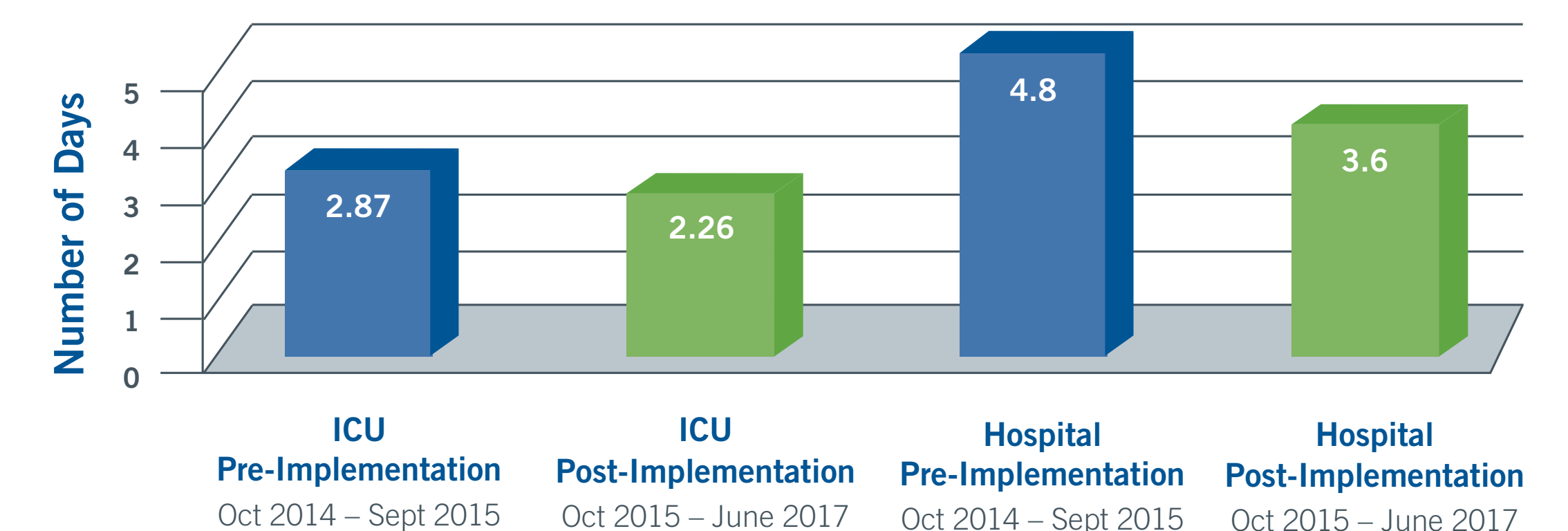
### Figure 4: Case Total - Critiques and Complications
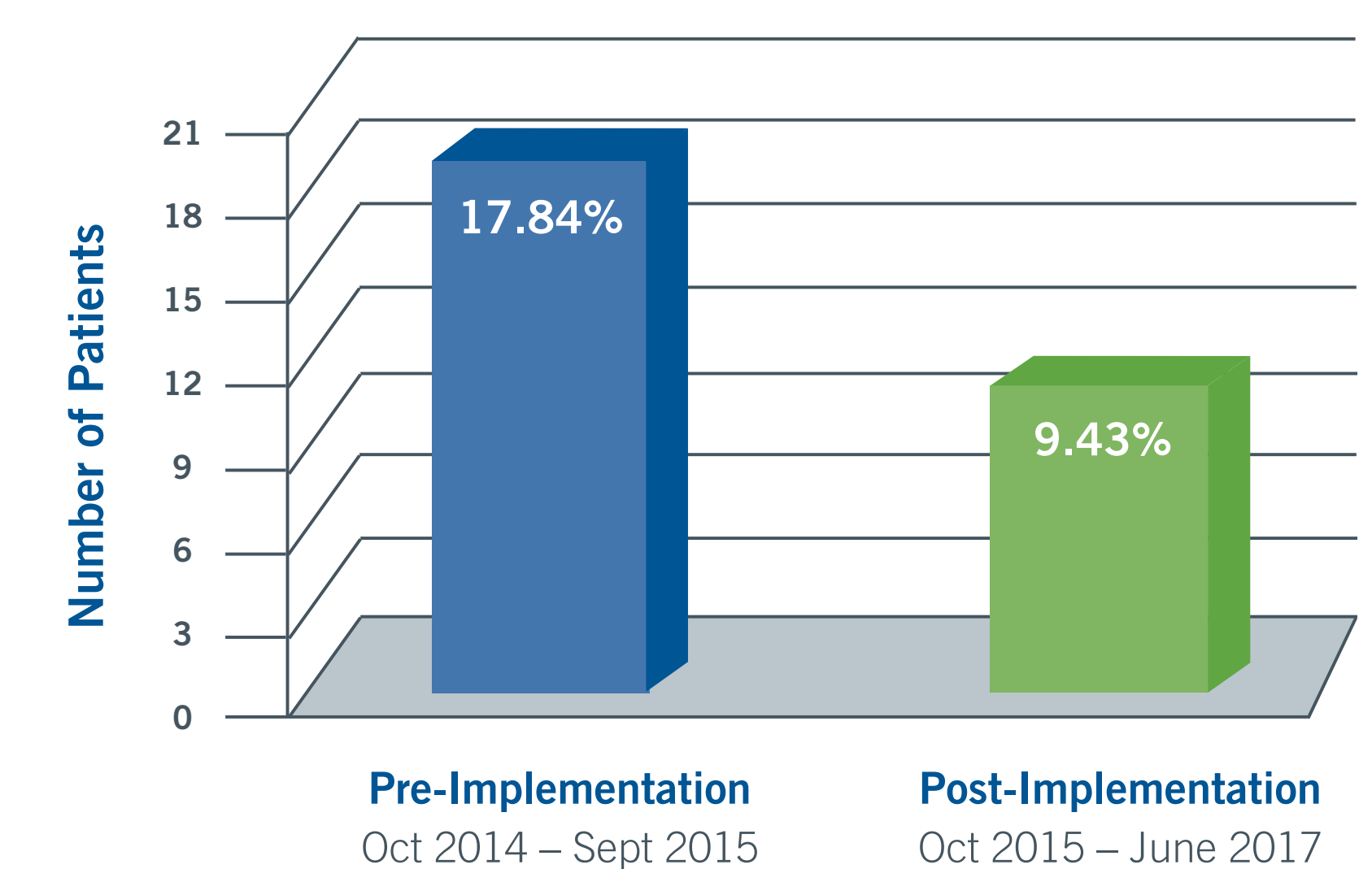


◗ **Length of Stay** (Figure 5):
- ICU LOS: Decrease in length of stay in the critical care units for trauma activated patients
- Hospital LOS: Decrease in length of stay in the medical or surgical units for trauma activated patients

### Figure 5: Length of Stay



◗ **Readmissions** (Figure 6):
- Readmission to the hospital in 72 hours: Decrease in trauma patients readmitted to the hospital within 72 hours of discharge
- Readmission to the hospital in 30 days: Decrease in trauma patients readmitted to the hospital within 30 days of discharge

### Figure 6: Readmissions
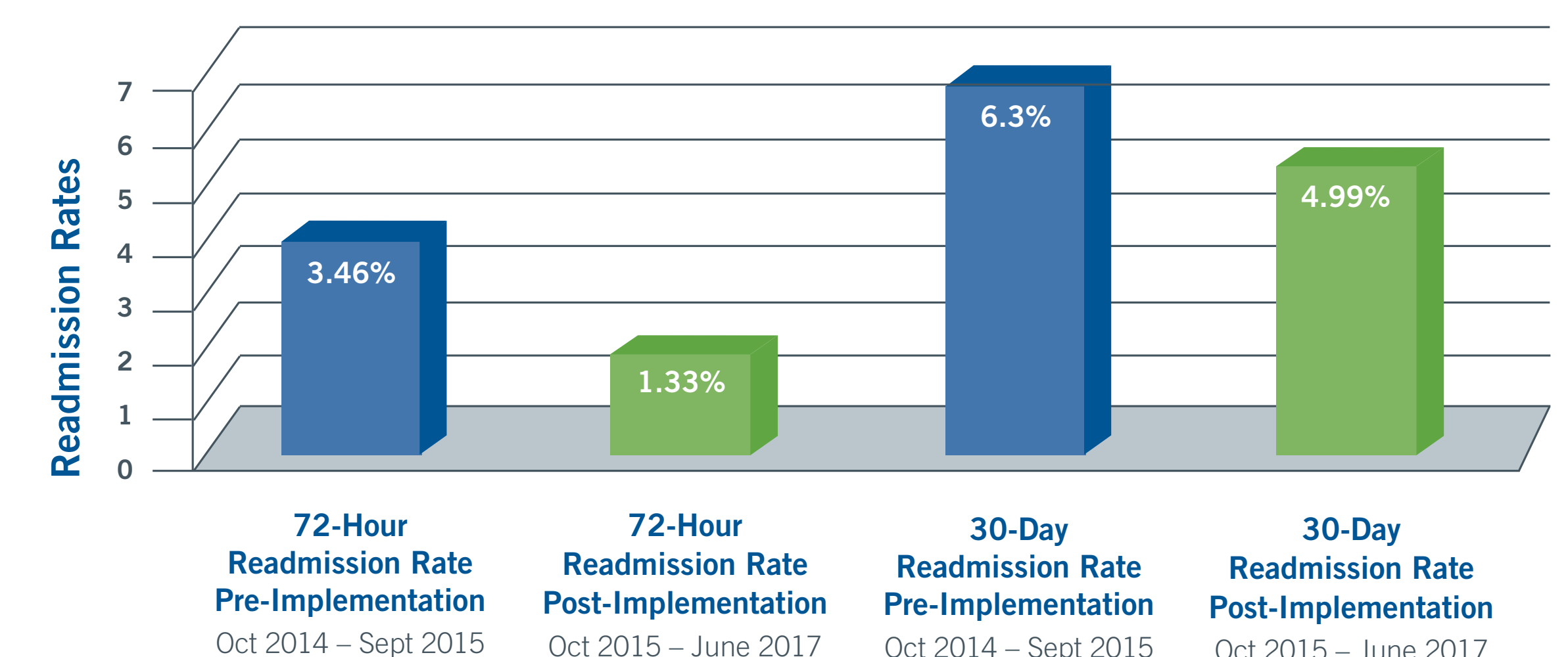


## CONTACT

For more information, please contact Luke Emerson at lemerson@kh.org