DEVELOPMENT OF A STANDARDIZED TRAUMA RESPONSE TOOL
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PROBLEM IDENTIFICATION AND BACKGROUND

LOW VOLUME ED IN A RURAL CRITICAL ACCESS HOSPITAL
LESS STAFF EXPERIENCE WITH TRAUMA PATIENT CARE
SPIKE IN TRAUMA VOLUME IN A RAPIDLY GROWING COMMUNITY
NO FORMAlIZED TRAUMA TEAM ACTIVATION
NO FORMAlIZED POLICIES FOR TRAUMA TRANSFER OF PATIENTS OUTSIDE OF THE STATE TRAUMA SYSTEM
VARIABILITY OF CARE IN TIME TO PROCEDURES AND TIME TO TRANSFER

TRAUMA IS HIGH STRESS AND COMPLEX: MULTIPLE INTERVENTIONS MULTIPLE TEAM ROLES TO FILL DISTRACTING INJURIES

REFERENCES

PROMOTES A SYSTEMATIc AND STANDARDIZED PROCESS FOR COMPLEX PATIENT CARE
PROMPTS ACTIVATION OF TRAUMA TEAM TO PREVENT UNDERTRIAGE
PROMPTS ATTENTION TO EXTREMES OF AGE
PROMPTS EVIDENCE BASED TRAUMA CARE STANDARDS
PROVIDES TIMELINES TO CARE TO REDUCE FLOW DELAYS SETS UP QA AND PI
REDUCES VARIABILITY OF CARE
COORDINATES TRANSFER OF CARE WITH EMS
COORDINATES TRANSFER OF CARE WITHIN THE STATE TRAUMA SYSTEM

HOW THE TOOL FILLED THE GAPS

MEETS CRITERIA FOR TRAUMA TEAM ACTIVATION?

NO

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30 minutes MAX TO TRANSFER

120 minutes MAX TO TRANSFER

MODE OF TRANSPORT SEE TRANSPORT CHOICES ON BACK

DEFINITIONS

CHMC Level III: All Trauma activations except Level I, II, or "Hemorrhage"

DMHC Level II: All Trauma activations except Level I, II, or "Hemorrhage"

Seattle Children’s: Some pediatric trauma (phased consult model)

Discharged: Anticipated discharge

