Development of a Trauma Video Review Education Program

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Objectives: How-to-Guide

1. Establish or expand your TVR educational program
2. Development of an assessment tool
3. Debriefing strategies
Starting a TVR program

2 considerations

1. Process Improvement: tracking of cases

2. Education: teaching sessions
   • Create NEW program (TVR lecture series)
   • Incorporate into pre-established teaching sessions (grand rounds, didactic sessions etc.)
Create a TVR team

1. Recruit
   • video access should remain limited
   • consider nurse champions, liaisons etc.
   • include TPM and trauma PI coordinator
   • in the beginning .... it may only be YOU!

2. Schedule Review days

3. Decide on cases that would be educationally beneficial
Starting a TVR program

Understand your audience

• Multidisciplinary sessions

• Directed sessions (nursing, residents, PEM)
Starting a TVR program

1. Objectives specific to the audience
   - Communication
   - Management
   - Procedures

2. Offer CME/CNE
Starting a TVR program

Frequency of sessions

• multidisciplinary settings
  • lecture series (monthly, quarterly)

• nursing sessions
  • mobile, brought directly to ED staff

• residents/trainees
  • frequent, brief sessions
Starting a TVR program

Which case do you choose?

• limitation of saved videos
• team may bring case to your attention
• routine review
• PI issue
Assessment tool

Create a tracking tool with specific metrics:

1. Team performance (T-NOTECHS)
2. ATLS protocols adherence
3. Collaborative:
   nursing metrics can add separate section
4. Objective metrics:
   - time to intubation
   - time to disposition
   - time to IV access
4. Database
## Trauma Video Review Assessment Tool

### Circle One: Level 1 Level 2
- Patient’s Name: [Redacted]
- Activation Time: [Redacted]
- PT Arrival Time: [Redacted]
- Trauma Team Leader Arrival Time: [Redacted]

### Clinical Summary
- EMS notification prior to arrival: Yes No N/A Time Comments

### Preparation
- Equipment setup
- Rules assigned/team
- PPE donned
- Lead
- EMS winners (MVIT)
- Blood cooler in bed side
- Burner verbalized blood upon arrival

### Primary Survey
- Airway (maintaining open airway status)
- Breathing
- Circulation
- Access
- Disability (GCS Verbalized)
- Exposure
- Vital signs called out
- Warning measures provided
- Team leader reassessment of VS positive findings and next steps (Trauma Team Timeout)

### Intubation
<table>
<thead>
<tr>
<th>Airway Physician</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Time</th>
<th>Comments</th>
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<tbody>
<tr>
<td>GfM</td>
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<td>Adenotonsillectomy</td>
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<td>Oxygen available and used</td>
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<tr>
<td>Time to intubation</td>
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<tr>
<td>ETT placement confirmed</td>
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<tr>
<td>Vital signs taken at time and position set up</td>
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<tr>
<td>Time to disconnect</td>
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### Secondary Survey
- Start Time
- Completion Time

### Leadership
- Team Leader
- EM Fellow
- Surgery Resident
- Surgery Fellow
- Surgery Standing

### Nursing
- Blood cooler in bed side
- Burner verbalized blood upon arrival
- Patient placed on monitor
- Time to full set of vital signs
- Time to PPE access
- Patience donned
- Warning measures provided
- EPIs administered
- Epi hand applied

### Trauma Nurses

### Comments

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**Donald and Barbara Zucker School of Medicine at Hofstra/Northwell**

Cohen Children’s Medical Center
Northwell Health
# Level One Trauma Activation Feedback Scorecard

You participated in the trauma response for a Level 1 trauma patient in the past 30 Days.

<table>
<thead>
<tr>
<th>Clinical Summary:</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS notification prior to arrival</td>
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</table>

## Pre-arrival preparation

- PPE donned pre-arrival
- Equipment prepared pre-arrival
- Roles assigned pre-arrival

## Primary / Secondary Survey

- Airway (maintaining C spine immobilization)
- Breathing
- Circulation
- Disability
- Team leader huddles with team providing review of VS, positive findings and outline of next steps
- Secondary Survey initiated within 5 minutes of completion of primary survey
- IV patency assessed and called out to team

## Intubations

- RSI meds available on arrival
- RSI meds available within 3 minutes of request
- ETT confirmed in place within 10 minutes of determination of need for definitive airway

## Leadership

- Trauma Team members using PPE
- Team leader hand off if team leader performs procedures
- Roles assigned / monitored
- Team leader huddles with team providing review of VS, positive findings and outline of next steps

Time patient left trauma bay: ________  Total time in trauma bay: ________
Top 10 Strategies
TVR debrief session

1. Set and meet your **objectives**

2. Understand **knowledge gaps**

3. Assess behavioral, cognitive, technical **content**
   (communication, management, procedural)

4. **Length** of time

5. Be the “**FACILITATOR**”
Top 10 Strategies
TVR debrief session

6. Use **team roles** (not specific names) to identify issues

7. Create a **supportive** environment

8. Be **objective**

9. Use a structured **format**

10. **Summarize** take home points
Debriefing Techniques

1. **Pluses and Delta**
   what is being done well (plus), what could be done differently (delta)

2. **Advocacy and Inquiry**
   advocacy- “what do you noticed....”
   inquiry- “I’m curious as to what you all think at that point...”

3. **Combination**

   Debriefing with good judgment: combining rigorous feedback with genuine inquiry.
At the end of your TVR session, everyone should be feeling positive about the discussion even though the outcome may have been less than optimal!
KEEP CALM AND MAKE IT HAPPEN