

## Prep the OR: Enhancing Knowledge in the Care of the Surgical Trauma Patient

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### Background

- The operating room is a complex, fast-paced environment, especially during trauma cases
- Unpredictable/infrequent trauma volume limits real-world training opportunities for OR staff
- The post-pandemic workforce made up of a high volume of novice OR nurses creates reduced trauma readiness and challenges in managing acute situations
- A lack of alignment between emergency department (ED) and OR staff, often leads to communication failures which jeopardize patient safety

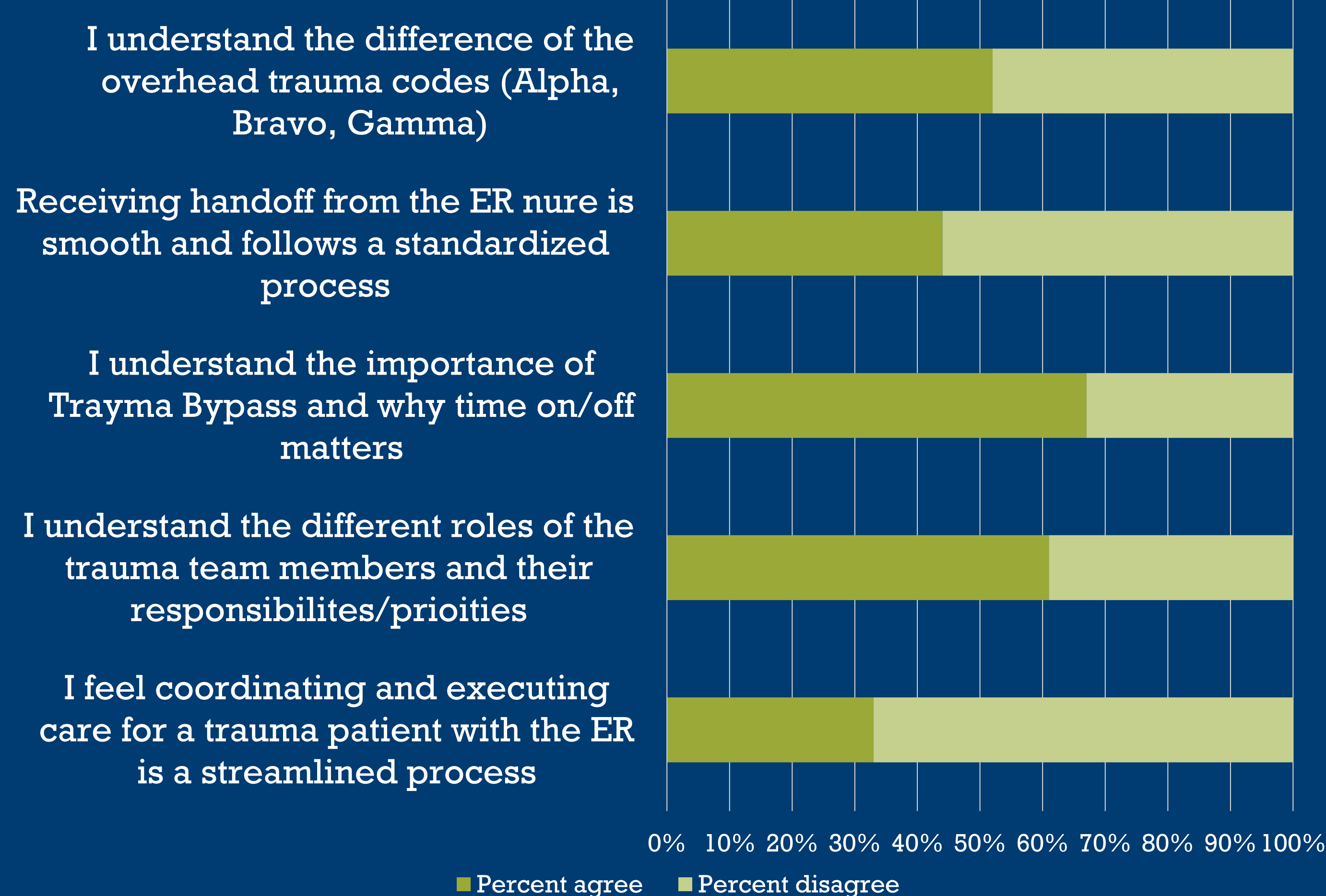
### Objectives

- Identify knowledge gaps in OR trauma care
- Enhance ER-OR collaboration and mutual understanding of roles
- Develop educational interventions to address these gaps
- Identify opportunities for standardized trauma workflows
- Identify and engage key stakeholders—including OR, ED, trauma team, and anesthesia providers—to implement these improvements effectively

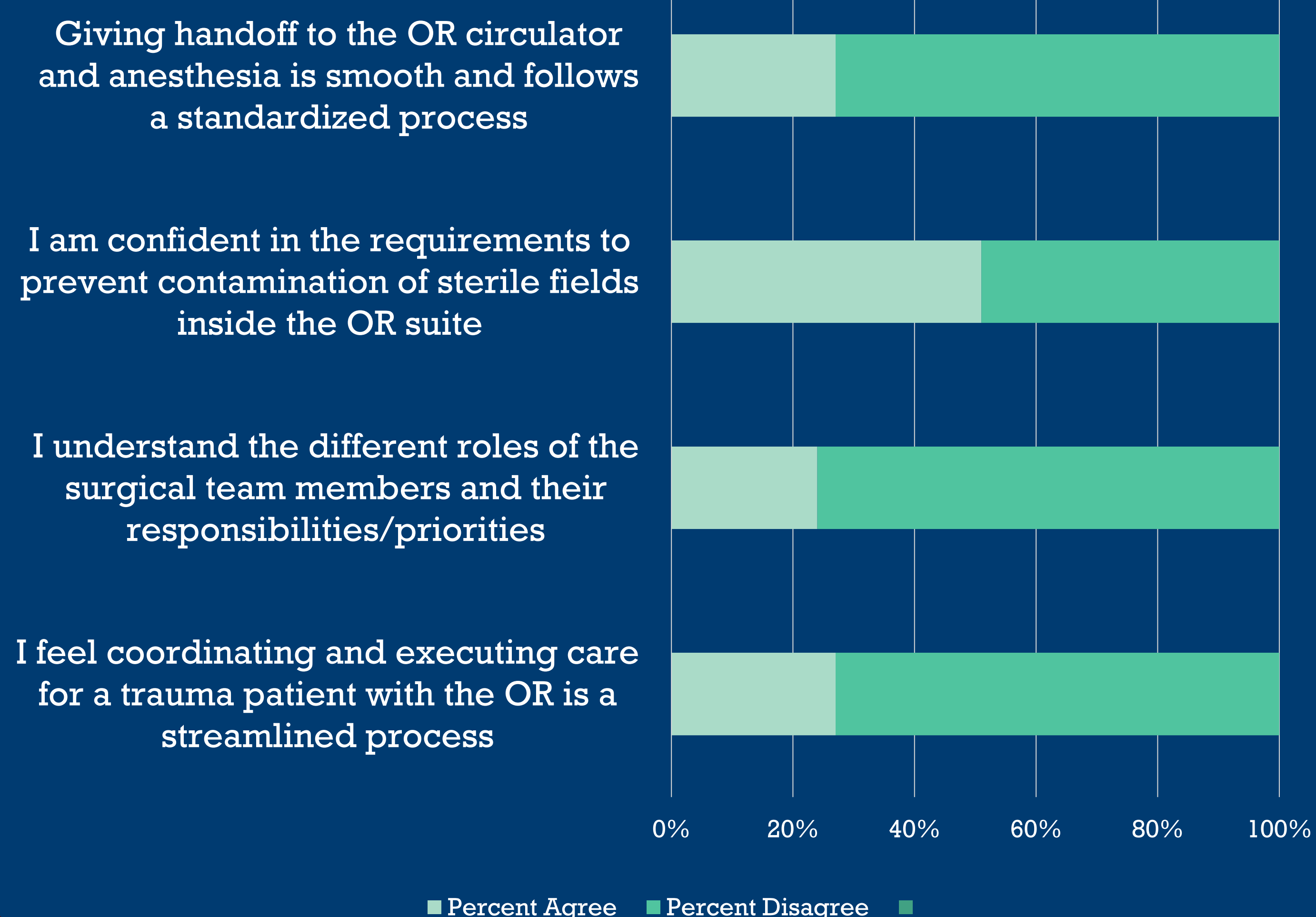
### Methodology

A quality improvement project was initiated using the Plan-Do-Study-Act (PDSA) cycle to identify and address gaps in both departments knowledge. A multi-disciplinary team representing both departments collaborated to create pre-education surveys to assess staff's baseline confidence and knowledge in ED-OR trauma workflows. Staff then received a targeted introductory in-service. A post-education survey was then conducted to measure changes in staff confidence and perceived readiness for trauma patient care.

OR Pre-Survey Results



ER Pre-Survey Results



### Findings

- Key opportunities for further improvement were identified:
  - Expanding trauma-focused education for OR staff
  - Introducing trauma-specific education for emergency department (ED) and trauma team staff to improve their understanding of OR processes
  - Developing a standardized handoff process between the trauma team and OR staff, in collaboration with anesthesia providers
- OR post-education surveys demonstrated a 48% improvement in OR personnel self-assessment

### Conclusion

This project identified critical knowledge gaps and areas for improvement in trauma patient care. Post-education surveys demonstrated an increase in staff confidence in the areas addressed by the initial education, though additional education and support are needed to achieve an increased ability of staff in management of the trauma surgical patient. The project fostered interdisciplinary collaboration, highlighting the need for stronger communication and standardized processes between the ED, trauma team, OR staff, and anesthesia providers.

### Resources

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