

Crisis In The Country: Addressing The Challenges of Rural Trauma Care

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Rural trauma cases aren't any less traumatic simply because no neurosurgery residency program is available. Car crashes, industrial and recreational accidents and even "gun and knife club" incidents can and do happen in rural areas. As cost containment practices infiltrate small community hospitals, their ability to deal with these situations has been seriously impacted.

Dealing with trauma, especially in facilities where the surgery program is limited or nonexistent, is challenging at best and fatal at worst. The "Golden Hour" from accident to operating room is not possible in these hospitals. Networks with tertiary facilities and good triage procedures by EMS and ER personnel can improve patient survival rates, but some rural facilities are more than two hours by air from the tertiary back-up facility.

This situation means that keeping staff members informed of trauma protocols as well as keeping their skills current to handle trauma cases is difficult. Rural facilities frequently have a limited number of trauma patients to provide opportunities to maintain skills. This lack of exposure to trauma cases is true for all emergency personnel including the nursing, EMS and medical staffs.

Creative solutions have been developed by rural practitioners and the consultants they work with to deal with these challenging issues. Understanding the limited resources and special needs of rural areas has led to the following potential solutions:

Bring a speaker to the hospital rather than send staff to seminars

Educational dollars can produce a greater benefit-to-cost ratio by bringing in a speaker. Sending staff members to seminars is good for the people who get to go, but may not benefit the rest of the staff. Even though most facilities now require employees to report on the information they receive at seminars, only one copy of the handouts is usually available and notes taken by one person seldom have value to another. The ability of some staff members to come back to the facility and share the information in a meaningful way is not consistent among all staff members.

Select a topic that is needed for the type of trauma seen in the area and contract a knowledgeable, respected speaker who is either nationally known or from a regional tertiary center. The cost of the program and the speaker's expenses will probably be only slightly more than the cost of sending an employee to a seminar.

This option enables all emergency providers to have access to the same information. It also helps build teams and define roles and expectations for actual trauma cases. Videotape the presentation and keep clean copies of the handouts so that staff members who were unable to attend the live presentation can view it on tape. In this way, new staff members can be oriented using the same information.

Subscribe to select journals

The Journal of Emergency Medicine, The Journal of Emergency Nursing, and The Journal of Emergency Medical Services are nationally known publications that offer a variety of articles relating to trauma subjects including up-to-date protocols and changes in legislation and treatment.

Most of these journals also offer continuing education courses. These seminars can be used as in-house education for the entire EMS team. They also provide inexpensive continuing education credits for license renewal. A different employee can be assigned responsibility for facilitation of the educational program each month.

Interesting articles can be reviewed as a group by creating a Journal Club. Employees can read assigned articles and write a short synopsis to present to the entire department. Staff members can then decide which articles they feel would be of interest to read in their entirety.

Create in-house protocols for different types of trauma

Using EMS, nursing and physician staff members to develop these protocols will increase team effectiveness and build a better understanding of the roles, responsibilities and expectations of each practitioner. The inclusion of ancillary departments such as a radiology department or laboratory, for example, will further enhance the process.

Practice Practice Practice

To maintain competency, staff members must be exposed to appropriate situations. Set up regular exercises, top-practice skills and protocols. Competency

checklists should be used and placed in the employees' educational files to prove competence if requested by regulatory agencies or in the event of poor outcome.

Identify traditionally "slow" periods for patient activity and plan drills for those times. It is not totally unreasonable to have an impromptu drill when a department is slow. Staff members will instinctively perform what they have practiced repeatedly.

Develop resident experts

Large hospitals have teams that provide care for select patient groups. This situation is not possible in the small community hospital, but an alternative means of achieving a similar outcome can be used.

Assign different staff members a particular problem or protocol. Have those individuals learn all they can about the subject. They will keep up with changes as they occur in the field and keep all other staff members abreast of these changes. Recognize these individuals for their accomplishments and use them as in-house consultants for any issue concerning their area of expertise.

Create alliances

Team with other rural facilities to conduct trauma

rounds whenever a major trauma situation has occurred. This practice will keep the skills of the staff from becoming stagnant and will encourage sharing and participation.

Use debriefing sessions and grand rounds

When an interesting case is seen in the field or department, conduct grand rounds. This method helps everyone to learn and grow. This practice should be guided in a non-judgmental fashion from an educational perspective.

In the event of a poor outcome, hold a debriefing session with all involved staff members. Emergency staff members need to talk about what happened and how it affected them. By giving staff members a safe environment to share, "burnout" can be decreased and productivity enhanced. Debriefing sessions also build team unity and loyalty. Debriefing should be conducted by trained counseling personnel such as psychologists, social workers, or clergy members.

The challenges and rewards of rural health care are magnified in emergency care. By spending a little money and some dedicated time, an excellent emergency system can be developed and maintained.

