EXEMPT DETERMINATION

DATE: 4 Jan 2019

TO: Lisa Wolf, PhD, RN, CEN, FAEN
Emergency Nurses Association

PROJECT: Emergency Nurses Association - Pro00031444, Describing the impact of a trauma education program: nursing and patient outcomes (Pro00031444)

DOCUMENTATION REVIEWED:

- Consent Form: Study Cover Letter and Consent (Protocol Version: 12/18/2018)

Using the Department of Health and Human Services regulations found at 45 CFR 46.101(b)(2), the IRB determined that your research project is exempt from IRB oversight. All study related documents will be removed from our active files and archived.

Note: You will still be able to access this study via the Advarra CIRBI Platform under the "Archived" tab on your Dashboard for three years. After three years, the study will be removed from the system in accordance with IRB regulations.

The IRB granted this exemption with an understanding of the following:

1. The research project will only be conducted as submitted and presented to the IRB, without additional change in design or scope.

2. Should the nature of the research project change, or any aspect of the study change such that the nature of the study no longer meets the criteria found in 45 CFR 46.101(b), you will resubmit revised materials for IRB review.

3. It is the responsibility of the investigator to ensure that the project meets the ethical standards of the institution. Specifically, the research involves no more than minimal risk to participants, the selection
of subject is equitable, there are adequate provisions to maintain the confidentiality of any identifiable data collected, and when there are interactions with research subjects, they will be informed that the activity involves research, a description of the procedures, participation is voluntary, and the contact information for the researcher.

The IRB will evaluate the new information and make a determination at that time regarding the research project’s status.

This project is not subject to requirements for continuing review.

If you have any questions or concerns, please use the Contact IRB activity on your Advarra CIRBI Platform.

Thank you for selecting Advarra IRB to review your research project.
8/9/2019

Emergency Nurses Association
Dr. Lisa Wolf
930 East Woodfield Rd
Schaumburg, IL 60173

Dear Dr. Wolf,

Enclosed is the Confidentiality Certificate, protecting the identity of research subjects in your single-site/single-protocol project entitled “Describing the impact of a trauma education program: nursing and patient outcomes”.

Please note that the Certificate expires on 12/31/2020.

NIH expects investigators to inform research participants of the protections and the limits to protections provided by a Certificate of Confidentiality issued under the NIH Policy. NIH has provided sample language for informed consent forms that researchers are free to use or adapt as needed and appropriate for their participants.

If you determine that the research project will not be completed by the expiration date, 12/31/2020, you must submit a written request for an extension of the Certificate three (3) months prior to the expiration date. If you make significant changes to the protocol for this study (e.g., change of principal investigator or institution), you should contact the COC Coordinator regarding modification of this Certificate. Any requests for modifications of this Certificate must include the reason for the request, documentation of the most recent IRB approval, and the expected date for completion of the research project.

Please contact the NIH CoC Coordinator if you have any questions about the Certificate of Confidentiality at NIH-CoC-Coordinator@mail.nih.gov.

Correspondence should be sent to: NIH COC Coordinator
BG RKL1 RM 3524
6705 ROCKLEDGE DR
Bethesda, MD 20817

Sincerely,

[Signature]

NIH Certificates of Confidentiality Coordinator
Office of Extramural Research
National Institutes of Health

Approved Date: 08/09/2019
CERTIFICATE OF CONFIDENTIALITY

Number:
CC-OD-19-428

Issued to

Emergency Nurses Association

conducting research known as

Describing the impact of a trauma education program: nursing and patient outcomes

In accordance with the provisions of section 301(d) of the Public Health Service Act, 42 U.S.C. 241(d), this Certificate is issued to the Principal Investigator, Dr. Lisa Wolf and Emergency Nurses Association to protect the privacy of subjects in the above named single-site/single-protocol research study, which is collecting or using identifiable, sensitive information. If there is a discrepancy between the terms used in this Certificate and section 301(d), the statutory language will control.

Research data containing identifiable, sensitive information collected during this study initiated on 08/09/2019 (and concluding on 12/31/2020) is covered by the Certificate. Identifiable, sensitive information protected by the Certificate and all copies thereof are protected for perpetuity.

The recipient of this Certificate shall comply with all requirements of subsection 301(d) of the Public Health Service Act.

This Certificate does not represent an endorsement of the research project by the Department of Health and Human Services. Information collected during the term of the Certificate is protected in perpetuity. However, this Certificate does not protect information collected from participants enrolled after the term of the Certificate.

8/09/2019
Date

NIH Certificates of Confidentiality Coordinator
Office of Extramural Research
National Institutes of Health
Describing the impact of a trauma education program: nursing and patient outcomes

SPECIFIC AIMS

A recent literature review conducted on the effectiveness of trauma nursing education yielded scant information on the effects on nurse and patient outcomes. The objective of the study proposed below is to understand the effect of the Trauma Nursing Core Course (TNCC) verification on nurse-sensitive patient outcomes, and the environments in which TNCC verification may have the greatest impact.

Specific Aims of the study:

Aim 1: Conduct a preliminary evaluation of nurse-sensitive patient outcomes such as triage acuity accuracy, assessment process, and recognition of the trauma patient related to verification in the Trauma Nursing Core Curriculum (TNCC), within a population of trauma patients in the New England region. The purpose is to develop an evaluative process of patient outcomes that can be linked to nurses’ assessment and actions taken.

Aim 2: Explore the elements of the practice environment and assessment process both by type of ED (academic vs community vs critical access) and percentage of TNCC verified nursing staff. The purpose is to compare the frequency of particular practices across nursing demographics, ED type and work environment.

Background:
Several specific studies may be useful as we approach the problem of evaluating the effects of an educational modality:

1. Zendejas et al (2012) found that simulation-based education was associated with small-moderate patient benefits in comparison with no intervention and non-simulation instruction, although the latter did not reach statistical significance. Unit of analysis errors were common, and validity evidence was infrequently reported. In short, it’s difficult to draw a line from provider education to patient outcomes beyond nurse-sensitive interventions.

2. Petroze et al (2015) reported the effects of a focused trauma course in Rwanda: A total of 798 and 575 patients were prospectively studied during the pre-intervention and post-intervention periods, respectively. Overall mortality of injured patients decreased after education implementation from 8.8 to 6.3 % but was not statistically significant (p = 0.09). Patients with an initial Glasgow Coma Score (GCS) of 3–8 had the highest injury-related mortality, which significantly decreased from 58.5 % (n = 55) to 37.1 % (n = 23), (p = 0.009, OR 0.42, 95 % CI 0.22–0.81). There was no statistical difference in the rates of early intubation, cervical collar use, imaging studies, or transfusion in the overall cohort or the head injury subset. When further stratified by GCS, patients with an initial GCS of 3–5 in the post-intervention period had higher utilization of head CT scans and chest X-rays.
The Trauma Nursing Core Course (TNCC) is taught as a cornerstone of emergency nursing practice, both in content and approach. It has been taught both in the US and abroad. Ding (2015) reported that education in this specialty is mainly led by continuing professional development courses, and reports that the shortage of evaluation studies on trauma nursing courses reflects the similar status in continuing professional development course evaluation.

The use of formalized trauma education is reported to be beneficial in terms of communication (Baker, et al, 2015), improving the mean percentage of appropriately completed tasks such as initial assessment, airway management, management of pelvic fractures, and cervical spine care (Falcone et al, 2008) and in reducing mortality of trauma patients (Petroze et al, 2015) in rural areas; with very few studies currently existing in the literature reporting the benefits of formalized trauma education, and because of the complex and multifactorial nature of understanding these benefits, further research is warranted.

There are some studies that are able to link simulation training courses to specific patient outcomes; however, these studies center around discrete procedures, and translating the effects of clinical education to general patient outcomes is difficult; a systematic review (Zendejas et al 2012) classified patient effects as those that happen to the patient but may not affect morbidity or mortality (e.g., procedural success or delay in diagnosis), and those that arise within the patient (e.g., mortality or complications) which may not be significantly affected by nursing assessments and actions. Zendejas and colleagues (2012) also point out the prevalence of unit analysis errors in the studies they reviewed, which further complicates evaluation of this phenomena. It is possible that patient effects that happen to the patient are more useful measures, as they are more nurse-sensitive.

A trauma nursing course evaluation study may partially address the gap in this under researched area; thus, outcome studies are necessary to determine both the relationships between emergency nursing practice using TNCC and nurse-sensitive patient effects, and to identify changes in approach or content that may improve the course, especially before regularly exporting it to other countries.

**Purpose:** The purpose of this pilot study is to explore the effect of TNCC training in a sample of emergency nurses to evaluate assessment accuracy and trauma education effects on nurse-sensitive patient outcomes. A pilot study is proposed using one geographic area (New England) to gauge study feasibility and identify initial outcomes.

**Research Questions/Hypotheses:**

Q1: Does the percentage of TNCC-prepared nurses in an emergency department (ED) have an effect on the ED triage *accuracy* and *length of stay* of trauma patients?

Q2: Is there a difference in assessment technique for patients including both general and trauma patients between EDs with differing percentages of TNCC-verified nurses?

Q3: Is there a difference in *practice environment* in EDs with varying percentages of TNCC verified nurses?
**Methods:** Mixed methods design using quantitative correlational and quantitative observational data as well as an ethnographic exploration of unit culture in a cross section of emergency departments in New England.

1. **Sample:** Emergency departments in Massachusetts, Connecticut, Vermont, New Hampshire, Rhode Island, and Maine. The desired sampling includes level 1, 2 and 3 trauma centers, community hospitals, and Critical Access Hospitals.

2. **Recruitment strategy:** The research team will contact hospital emergency departments using a combination of telephone, email, and social media strategies to recruit the sample required for the data pull necessary to answer Q1. From that sample, a representative subsample will be recruited to obtain the observational data needed to answer Q2 and Q3.

3. **Demographic Survey (Q1):** Demographics of nurses (age, education, years in practice, TNCC verification, ATLS, ATCN, ATNS, other certifications/trauma education), demographics of hospitals (trauma center status [urban, suburban, rural, CAH], number of annual ED visits, number of registered nurses in the ED, retention rates overall, retention of TNCC-verified nurses), patient disposition. % preceptors with TNCC verification. Process of TNCC support (time off, instructors in department, eligible for tuition reimbursement, mandatory or not).

4. **Data collection (Table 1):**
   a. Qualtrics survey software will be used to collect demographic data about hospital characteristics (e.g., hospital type, size, annual patient visits), nursing staff (e.g., years of experience, position, education), as well as elements of the practice environment (e.g., nurse-provider communication, autonomy of practice, staffing).
   b. (Q1) Retrospective de-identified data will be submitted by participating sites for trauma patients who meet eligibility criteria during the data collection period of March 1, 2018 to February 28, 2019. Patient eligibility is based on specified ICD-10-CM codes that comply with the American College of Surgeon’s National Trauma Data Bank (NTDB) requirements for data submission by hospitals participating in the national trauma registry.
   c. (Q2 and Q3) Observational data to be collected by PI or designee at a cross section of sites (Trauma center, urban, suburban, rural/critical access, non-designated trauma center), by using the Trauma Nursing Process (TNP) rubric (used by TNCC instructors) to score a sample of trauma cases treated at 6-8 study sites. Ethnographic data to be collected from the same cross section of sites using observation and interview techniques. The ethnographic data set will consist of field notes as created and maintained by the PI and co-investigator.
   d. (Q3) Additional data on facilitators and barriers in the practice environment will be collected from emergency nursing staff in each observed facility using the Revised Professional Practice Environment (RPPE) scale in a Qualtrics survey software platform.
5. **Data analysis:** correlation using Pearson’s product-moment correlation and t-test analysis to determine relationship strength and direction. Observational data analyzed using correlational and descriptive statistics to describe actual behaviors of both TNCC-verified and non-verified nursing staff. Ethnographic data to be analyzed using methods as described by van Maanen (1995) for realist reporting.

**Protection of Human Subjects**

ENA’s IRB approval will be obtained prior to the recruitment of ED sites and before any data collection begins (i.e., patient-level data, focus group data, and ED demographics). Sites will be asked to obtain IRB approval from their respective institutions before data collection begins at their hospital facility. All data will be kept in a password-protected computer accessible only to the principal investigator and the research team.

**Quantitative:**

All electronic health record (EHR) data obtained from participating sites will be de-identified before being sent to the research team and presented as aggregate data.

**Dissemination:** Study results will be disseminated at ENA and academic conferences and published in peer-reviewed journals.
Table 1. Data Collection Plan and Methods

<table>
<thead>
<tr>
<th>Research question</th>
<th>Sample (a priori power analysis will be performed to confirm)</th>
<th>Data collection Instruments</th>
<th>Data analysis (ED is the unit of measurement)</th>
</tr>
</thead>
</table>
| Q1: Does the percentage of TNCC-prepared nurses in an emergency department (ED) have an effect on the ED triage accuracy and length of stay (LOS) of trauma patients? | Goal: 25-30% of hospitals from each state in each of 3 categories: Level 1 trauma Level 2 trauma Level 3 trauma Main outcomes 1. Triage accuracy 2. Time to disposition | APPENDIX 1 Demographic Survey  
Hospital Demographics: TYPE, SIZE, LOCATION ANNUAL PATIENT VISITS ANNUAL TRAUMA VISITS  
Nurse Demographics: PERCENTAGE TNCC-VERIFIED RNS AVERAGE TIME SINCE LAST VERIFICATION MANDATORY OR VOLUNTARY TNCC VERIFICATION STAFF EDUCATION YEARS of EXPERIENCE | Descriptive and correlational statistics Triage accuracy will be determined using the ESI algorithm |
|                                                                                  | Non-trauma hospitals  
Community hospital  
Critical access hospital  
Main outcomes 1. LOS in ED prior to decision to transfer to trauma center 2. Triage accuracy | APPENDIX 2 Retrospective Trauma Patient Data: Based on NTDB criteria and patient variables collected by hospitals submitting data to the national trauma registry |                                                      |
| Q2: Is there a difference in assessment technique for patients including both general and trauma patients between EDs with differing percentages of TNCC-verified nurses? | Comparison of EDs by percentage of nurses TNCC verified in each of the hospital categories | APPENDIX 3 TNP Rubric  
APPENDIX 4 Observation, using TNP score sheet (in real time)*  
Field notes that include observations about nursing assessment completeness, recommendations for patient care, etc. | T-test comparing the average TNP assessment scores of the two groups, including time to action.  
Ethnographic analysis of data from field notes using van Maanen’s techniques of realist reporting. |
**Q3:** Is there a difference in practice environment in EDs with varying percentages of TNCC verified nurses?

<table>
<thead>
<tr>
<th>Same EDs as used for Q2</th>
<th><strong>APPENDIX 4</strong> Informal Interviews</th>
<th>Ethnographic interviews with a focus on processes of assessment, support for assessments, communication between RNs and between RN-MD groups, sense of nursing practice authority, TNCC support (time off, reimbursement, % preceptors with TNCC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>APPENDIX 5</strong> RPPE Instrument</td>
<td>Comparative scores on RPPE stratified by percentage of TNCC verified nurses. Could also stratify by assessment scores on TNP and by nurse-sensitive outcomes</td>
</tr>
</tbody>
</table>

**Timeline:**

<table>
<thead>
<tr>
<th></th>
<th>Start</th>
<th>Finish</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposal agreement between ENA and sites</td>
<td>June 2019</td>
<td>December 2019</td>
<td>Facility Letter of Agreement</td>
</tr>
</tbody>
</table>
Protocol Title: Describing the impact of a trauma education program: nursing and patient outcomes  
Protocol Number: Pro00031444  
Protocol Version: 06/10/2019  
Document: Research Protocol

<table>
<thead>
<tr>
<th>IRB documents approved</th>
<th>June 2019</th>
<th>December 2019</th>
<th>IRB application and approval letter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recruitment of sites</td>
<td>April 2019</td>
<td>September 2019</td>
<td>Web, Internet Social Media, Print</td>
</tr>
<tr>
<td>Site Coordinator Training</td>
<td>Ongoing</td>
<td></td>
<td>Conference calls; Web applications</td>
</tr>
<tr>
<td>Data Collection</td>
<td>Summer 2019 (quantitative)</td>
<td>Fall 2019 Winter 2019-2020</td>
<td>Survey instruments; data collection forms TNP rubric and scoring form; field notes</td>
</tr>
<tr>
<td></td>
<td>Fall 2019 (observational/ethnographic)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data analysis</td>
<td>Spring/Summer 2020 (quantitative)</td>
<td>Fall 2020 Winter 2020</td>
<td>Statistician’s report</td>
</tr>
<tr>
<td></td>
<td>Spring/Summer 2020 (qualitative)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissemination of Findings</td>
<td>Winter 2020</td>
<td>N/A</td>
<td>Journal submission; conferences</td>
</tr>
</tbody>
</table>

References


Appendix 1
Demographic Survey

Hospital/Emergency Department Demographics

1. Is this a:

- [ ] General ED
- [ ] Adult only ED

2. What is your hospital’s facility type?

- [ ] Non-government, not-for-profit
- [ ] Investor-owned, for-profit
- [ ] State or local government
- [ ] Federal government, military, or VA

3. Which of the following characteristics apply to your hospital/ED?

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic medical center (hospital aligned with a university)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Affiliated with a women’s hospital or childbirth center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community hospital in/near a metropolitan area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Critical access hospital (rural or community hospital designated as a CAH)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free-standing emergency department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public or private hospital in/near a metropolitan area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching hospital, non-academic affiliated (hospital where students of various disciplines come for their clinical experience)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Which of the following best describes the geographic location of your ED?
Protocol Title: Describing the impact of a trauma education program: nursing and patient outcomes
Protocol Number: Pro00031444
Protocol Version: 06/10/2019
Document: Research Protocol

5. How many total licensed beds does your ED have? __________ total licensed ED beds

6. Select the state or country where your ED/hospital is located.
   - Connecticut
   - Massachusetts
   - Maine
   - New Hampshire
   - Rhode Island
   - Vermont

Participant Demographics

1. What is your age?
   - 18-24
   - 25-34
   - 35-44
   - 45-54
   - 55-64
   - 65+

2. What is your sex?
   - Male
   - Female
   - Nonbinary
   - Other ____________

3. What is your highest educational degree completed in nursing
   - LPN/LVN certificate
   - Nursing diploma
   - Associate
   - Bachelor
   - Master's
   - Doctorate
4. What is your primary role in the ED?

- Staff nurse
- Charge nurse
- Case manager
- Clinical coordinator
- Clinical/nurse educator
- Clinical nurse specialist
- Director
- Manager
- Nurse Practitioner
- Trauma Coordinator
- Consultant, not based in a specific hospital
- Other (specify) ________________

5. How many total years of experience do you have in each of the following categories?

- As a nurse, in all areas of nursing, including the ED
- As a nurse, in emergency nursing only
- As a nurse, in your current ED
- All other roles in emergency care, excluding nursing (e.g., LVN, ED tech, EMS, etc.)

6. Are you an ENA member? (ENA membership status does not affect your participation in this study)

- No
- Yes

7. When did you last take ENA’s Trauma Nursing Core Course (TNCC)?
   - I have never taken the TNCC course (Skip to end of survey)
   - I took TNCC within the past year
   - I took TNCC 1-2 years ago
   - I took TNCC 2-4 years ago
   - I took TNCC 5 or more years ago

8. Please indicate your current TNCC status.
   - I currently have TNCC-verification
   - I took the TNCC course in the past, but my TNCC verification expired
   - I took the TNCC course in the past, but never received my TNCC verification

9. Are you currently a TNCC Instructor?
   - Yes
   - No
Appendix 2

Retrospective Data Collection

I. Sample Description:
Retrospective data will be collected from emergency departments (ED) located in the New England states of Massachusetts, Connecticut, Vermont, New Hampshire, Rhode Island, and Maine. Study sites will be dispersed geographically with the aim of enrolling a total of 50-60 hospitals (3-12 per state). The desired sampling includes level 1, 2 and 3 trauma centers, community hospitals, and Critical Access Hospitals.

II. Data Collection Parameters
Retrospective Data Collection Period: March 1, 2018 to February 28, 2019

De-identified records for the data collection period will be provided via a retrospective data pull for all patients who meet the criteria as defined by The American College of Surgeons National Trauma Data Bank (NTDB).

- Trauma centers in CT, MA, NH, and ME who already submit to the trauma registry, can submit the same specified data for trauma cases included in their hospital’s registry report.
- Hospitals in VT, RI, NH, and ME, with variable reporting requirements or no trauma registry, will use specified ICD-10-CM codes to identify cases that are eligible for inclusion.
- Non-trauma centers in all 6 states should also use ICD-10-CM codes to identify cases that are eligible for inclusion in this study.

IRB approval: A copy of ENA’s Institutional Review Board (IRB) approval will be provided to assist with your site’s IRB application. Data collection will begin after your site has received IRB approval from your hospital review board and submitted a copy of the approval to ENA.

III. Inclusion Criteria
Specified ICD-10-CM Codes (mechanism that caused injury event)

- S00-S99 with 7th character modifiers of A, B, or C ONLY. (Injuries to specific body parts – initial encounter)
- T07 (unspecified multiple injuries)
- T14 (injury of unspecified body region)
- T20-T28 with 7th character modifier of A ONLY (burns by specific body parts – initial encounter)
- T30-T32 (burn by TBSA percentages)
- T79.A1-T79.A19 (upper extremity) with 7th character modifier of A ONLY (Traumatic Compartment Syndrome (extremity only) – initial encounter)
The patient MUST ALSO:

- Be admitted to a hospital; AND/OR
- Had an observation stay admission (e.g., had orders of admission but was discharged from the emergency department after an ED LOS of >24 hours); OR
- Be transferred via EMS transport (including air ambulance) from one hospital to another hospital (includes inpatient or observation or emergency department); OR
- Have an outcome of death resulting from the trauma (independent of hospital admission source or hospital transfer status)

IV. Data Description

The following patient variables are defined by the NTDB document “National Trauma Data Standard Data Dictionary: 2019 Admissions” and comprise the dataset that will be collected retrospectively from all participating sites.

*Note: When coding out all the variable fields, use the best code to describe the direct injury or the information surrounding how the injury occurred. Avoid using non-specified codes unless there is no other code that is better suited for the field after reviewing all the necessary documentation about the injury.

Patient Variables

- ED Arrival Date (AD) [YYYY-MM-DD]
- ED Arrival Time (AT) [HH:MM military time]
- Patient Age
- Patient Gender
- Patient Race
- Patient Presenting Complaint(s)
- ED Triage Vital Signs
  - Temperature ______°C
  - Blood Pressure ______systolic ______diastolic
  - Pulse rate ______/minute (beats/minute)
  - Oxygen Saturation ______%
  - Height ______cm
  - Weight ______kg
Pain _____ (0-10 scale)
Respiratory Rate _____/minute (breaths/minute)

- Initial Triage acuity assignment (1, 2, 3, 4, or 5)
- ICD-10-CM Primary External Cause Code*
- ICD-10-CM Location External Cause Code*
- ICD-10-CM Diagnosis Code*
- Initial Glasgow Coma Score in the ED (eye, verbal, motor, total)
- Initial Field GCS – Eye
- Initial Field GCS - Verbal
- Initial Field GCS - Motor
- Initial Field GCS - Total
- Initial Respiratory Assistance
- Initial Supplemental Oxygen
- Alcohol Screen (BAC)
- Alcohol Screen Results
- Drug Screen 1-5
- Transport mode: ambulance/private vehicle
- ED Discharge Date (DD) [YYYY-MM-DD]
- ED Discharge Time (DT) [HH:MM military time]
- ED Discharge Disposition (EDD) with time stamp
  - Admitted to hospital (general admission, non-specialty unit)
    - Observation unit
    - Med/Surg
    - Telemetry/step-down unit (less acuity than ICU)
    - Intensive Care Unit (ICU)
    - Other
  - Deceased/expired
  - Home with or without services
  - Left against medical advice
  - Transferred to a trauma hospital
  - Other (jail, institutional care, mental health, etc.)

- ED Length of Stay [Total ED Time: calculated from ED arrival time to ED discharge time]
## Appendix 3

### TNP Rubric

<table>
<thead>
<tr>
<th>Skill Steps</th>
<th>Instructor Responses</th>
<th>Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation and Triage</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>1. States the need to activate the trauma team</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>2. States the need to prepare the trauma room</strong></td>
<td>These may include but are not limited to the following:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Fluid warmer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Pediatric equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Bariatric equipment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Difficult airway or IV equipment</td>
<td></td>
</tr>
<tr>
<td><strong>3. States the need to don PPE</strong></td>
<td>Consider potential need for decontamination or other safety threats to trauma team</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Across-the-Room Observation</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Assesses for obvious uncontrolled external hemorrhage</strong></td>
<td>If uncontrolled hemorrhage is identified, start with “C” of the primary survey. This includes controlling uncontrolled bleeding and assessing circulation. If circulation is compromised, initiate IV fluid and blood replacement as indicated before returning to “A.” With multiple team members available, airway and breathing may be assessed at this time but do NOT take priority over circulation interventions.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Airway and Alertness with Simultaneous Cervical Spinal Stabilization</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5. Assesses the patient’s level of consciousness using AVPU</strong></td>
<td></td>
<td>**</td>
</tr>
<tr>
<td>Skill Steps</td>
<td>Instructor Responses</td>
<td>Demonstrated</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>--------------</td>
</tr>
<tr>
<td>6. IF cervical spinal injury is suspected, states the need for a second</td>
<td>These may include but are not limited to the following:</td>
<td>**</td>
</tr>
<tr>
<td>person to provide manual cervical spinal stabilization AND demonstrates</td>
<td>• Suction the airway</td>
<td></td>
</tr>
<tr>
<td>manual opening of the airway using the jaw-thrust maneuver</td>
<td>• Remove any loose teeth or foreign objects</td>
<td></td>
</tr>
<tr>
<td>If the patient is alert, it is acceptable to ask the patient to open their</td>
<td>• Insert an oral or nasopharyngeal airway</td>
<td></td>
</tr>
<tr>
<td>mouth to assess the airway.</td>
<td>• Indicate the need for intubation</td>
<td></td>
</tr>
<tr>
<td>7. Demonstrates and describes techniques to determine the patency and</td>
<td>** NOTE: Clear speech in an alert patient may indicate an open and maintainable</td>
<td></td>
</tr>
<tr>
<td>protection of the airway, using inspection, auscultation, and palpation</td>
<td>airway. For learning purposes, all the assessment criteria are listed throughout the</td>
<td></td>
</tr>
<tr>
<td>(identifies at least FOUR):</td>
<td>course.</td>
<td></td>
</tr>
<tr>
<td>• Is the tongue obstructing?</td>
<td>• Are there any loose or missing teeth?</td>
<td></td>
</tr>
<tr>
<td>• Are there any foreign objects?</td>
<td>• Are there any blood, vomit, or secretions?</td>
<td></td>
</tr>
<tr>
<td>• Is there any blood, vomit, or secretions?</td>
<td>• Is there any edema?</td>
<td></td>
</tr>
<tr>
<td>• Is there any edema?</td>
<td>• Is there any snoring, gurgling, or stridor?</td>
<td></td>
</tr>
<tr>
<td>• Is there any snoring, gurgling, or stridor?</td>
<td>• Is there any bony deformity?</td>
<td></td>
</tr>
<tr>
<td>• Is there any edema?</td>
<td>• Suction the airway</td>
<td></td>
</tr>
<tr>
<td>• Is there any blood, vomit, or secretions?</td>
<td>• Remove any loose teeth or foreign objects</td>
<td></td>
</tr>
<tr>
<td>• Is there any snoring, gurgling, or stridor?</td>
<td>• Insert an oral or nasopharyngeal airway</td>
<td></td>
</tr>
<tr>
<td>• Is there any bony deformity?</td>
<td>• Indicate the need for intubation</td>
<td></td>
</tr>
</tbody>
</table>
## Breathing and Ventilation

### Skill Steps

8. Demonstrates and describes techniques for determining breathing effectiveness, using components of inspection, auscultation, and palpation (identifies at least **FOUR**):
   - Is there spontaneous breathing?
   - Is there symmetrical chest rise and fall?
   - What are the depth, pattern, and general rate of respirations?
   - Is there increased work of breathing?
   - What is the skin color?
   - Are there open wounds or deformities?
   - Are breath sounds present and equal?
   - Is there subcutaneous emphysema?
   - Is there any tracheal deviation or jugular venous distention?

These may include but are not limited to the following:

- Apply oxygen
- Provide ventilations with a bag-mask device
- Indicate the need for intubation
- Indicate the need for a needle decompression
- Indicate the need for a chest tube

Patient response to any intervention is reassessed.

Examples include but are not limited to the following:

- Is work of breathing improved after the intervention?
- Is there chest rise and fall with bag-mask ventilation?
- Assessment of endotracheal tube (ETT) placement (see # 9 for required steps to confirm tube placement)

9. **IF** intubated, assesses endotracheal tube placement (must identify **ALL THREE**):
   - Attaches a CO₂ detector device; after 5 to 6 breaths, assesses for evidence of exhaled CO₂
   - Observes for rise and fall of the chest with assisted ventilations
   - Auscultates over the epigastrium for gurgling **AND** lungs for bilateral breath sounds

   **
10. **IF** intubated, states the need to assess ETT position by noting the number at the teeth or gums **AND** secures the ETT

<table>
<thead>
<tr>
<th>Skill Steps</th>
<th>Instructor Responses</th>
<th>Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. <strong>IF</strong> intubated, states the need to begin mechanical ventilation or continue assisted ventilation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Circulation and Control of Hemorrhage**

12. Demonstrates and describes techniques for determining the adequacy of circulation, using components of inspection, auscultation, and palpation (must identify **ALL THREE**):
   - Inspects for any uncontrolled external hemorrhage
   - Palpates a central pulse
   - Inspects **AND** palpates the skin for color, temperature, and moisture

   These may include but are not limited to the following:
   - Control uncontrolled hemorrhage
   - Initiate chest compressions and advanced life support
   - Assess patency of prehospital IV line
   - Obtain IV or IO access (2 access sites)
   - Labs may be drawn at this time – credit is also given in #20.
   - Administer a bolus of warmed isotonic crystalloid
   - Consider need for blood products and balanced resuscitation
   - Apply a pelvic binder

   Patient response to any intervention is reassessed.

   **

13. States the need for administration of warmed, isotonic crystalloid with blood tubing **AND** at a controlled (or bolus) rate

   Indicates the need to continue with balanced resuscitation and identify a source of shock if circulation remains inadequate after bolus.

   **

**Disability (Neurologic Status)**
### 14. Describes the assessment of neurologic status using the GCS:
- What is the best eye opening?
- What is the best verbal response?
- What is the best motor response?

These may include but are not limited to the following:
- Indicate the need for intubation
- Indicate the need for a head CT*
- Assess bedside blood glucose

---

### 15. Assesses pupils

<table>
<thead>
<tr>
<th>Skill Steps</th>
<th>Instructor Responses</th>
<th>Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Exposure and Environmental Control**

### 16. States the need to remove all clothing AND inspect for uncontrolled hemorrhage or obvious injuries

Interventions for uncontrolled bleeding and life-threatening injuries are implemented as indicated.

**

### 17. States need to provide warmth (identifies at least ONE):
- Blankets
- Warming lights
- Increase room temperature
- Warmed fluids
- Warmed oxygen

---

**NOTE:** If the learner did not intervene to correct life-threatening findings in the primary survey and/or did not complete all double-starred criteria, the instructor may stop the station, review the purpose of the primary survey, and notify the course director.

**Full Set of Vital Signs**

### 18. Obtains a full set of vital signs
- BP: / mm Hg
- HR: beats/minute
- RR: breaths/minute
- T: °F ( °C)
- SpO₂: %

---

**Facilitate Family Presence**

### 19. States the need to facilitate family presence
### Get Monitoring Devices and Give Comfort (LMNOP)

<table>
<thead>
<tr>
<th>Skill Steps</th>
<th>Instructor Responses</th>
<th>Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>20. States the need for <strong>laboratory analysis</strong> (blood typing, blood gases, and lactate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Attaches patient to a cardiac <strong>monitor</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. States need to consider insertion of <strong>naso- or orogastric</strong> tube</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Weans <strong>oxygen</strong> based on pulse <strong>oximetry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Attaches the patient to capnography (for patients receiving manual ventilation or sedation)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. States the need to assess <strong>pain</strong> using an appropriate pain scale</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>26. Gives appropriate nonpharmacologic comfort measure (identifies at least ONE):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Applies ice to swollen areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Repositioning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Places padding over bony prominences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Other, as appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27. States the need to consider obtaining order for analgesic medication</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Reevaluation for Transfer to Trauma Center or Definitive Treatment

### Secondary Survey

### History

<table>
<thead>
<tr>
<th>28. Obtains pertinent history (identifies at least ONE):</th>
<th></th>
</tr>
</thead>
</table>
**Head-to-Toe Assessment**

<table>
<thead>
<tr>
<th>Skill Steps</th>
<th>Instructor Responses</th>
<th>Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>29. Inspects <strong>AND</strong> palpates head for injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30. Inspects <strong>AND</strong> palpates face for injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31. Inspects <strong>AND</strong> palpates neck for injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Inspects <strong>AND</strong> palpates chest for injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33. Auscultates breath sounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Auscultates heart sounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Inspects the abdomen for injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Auscultates bowel sounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Palpates all four quadrants of the abdomen for injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Inspects <strong>AND</strong> palpates the flanks for injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. Inspects the pelvis for injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40. Applies gentle pressure over iliac crests downward and medially</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Applies gentle pressure on the symphysis pubis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Inspects the perineum for injuries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. States need to assess for indications and contraindications for placement of a urinary catheter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
44. Inspects **AND** palpates all four extremities for neurovascular status and injuries

**Inspects Posterior Surfaces**

**NOTE:** If the patient has a suspected spinal or pelvic injury, imaging is obtained PRIOR to turning the patient. The log roll maneuver may cause secondary injuries including spinal injury or hemorrhage. In these patients, the preferred method for removing a patient from the spine board is the 6+ person lift technique.

<table>
<thead>
<tr>
<th>Skill Steps</th>
<th>Instructor Responses</th>
<th>Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>45. Inspects <strong>AND</strong> palpates posterior surfaces (not required if suspected spinal or pelvic injury)</td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>46. States the need to consider removal of transport device</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Identifies all simulated injuries</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
48. Identifies at least **THREE** interventions or diagnostics.

These may include but are not limited to the following:

- Imaging (radiographs, CT, US, interventional radiology)
- Consults
- Psychosocial support
- Antibiotics
- Revised trauma score
- Pain medication and sedation
- Social services
- Law enforcement
- Laboratory studies
- Wound care
- Splinting
- Tetanus immunization

<table>
<thead>
<tr>
<th>Skill Steps</th>
<th>Instructor Responses</th>
<th>Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Just Keep Reevaluating</td>
<td></td>
<td></td>
</tr>
<tr>
<td>49. States the need to reevaluate vital signs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50. States the need to reevaluate all identified injuries and effectiveness of interventions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51. States the need to reevaluate primary survey</td>
<td></td>
<td></td>
</tr>
<tr>
<td>52. States the need to reevaluate pain</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Skill Steps</th>
<th>Instructor Responses</th>
<th>Demonstrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitive Care or Transport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>53. States consideration of transfer to a trauma center or admission to hospital</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Double starred (**) criteria to be done in order – assessments and interventions must be completed prior to moving to the next step:

**Airway and Alertness
**Breathing and Ventilation
**Circulation
**Disability
**Exposure

Single starred (*) criteria to be done, sequence not critical:

*Reassessment of primary survey interventions
*Head CT if any alterations noted in Disability
*Pain assessment using an appropriate scale
*Inspects Posterior Surfaces (unless contraindicated by suspected spine or pelvic injury)

Skills Performance Results Evaluation Form

☐ Station successfully completed
  • All ** critical steps demonstrated in order
  • All * demonstrated
  • Demonstrated at least X of X points (70%)
☐ Incomplete; needs minimal instruction before re-evaluation
☐ Incomplete; needs considerable instruction before re-evaluation

Potential Instructor (Must achieve 90%) ☐ Yes ☐ No

Demonstrated all ** steps in order ☐ Yes ☐ No
Demonstrated all * items ☐ Yes ☐ No

Demonstrated points
  • Total possible =
  • Learner demonstrated = 100%

<table>
<thead>
<tr>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 4

Ethnographic and Observational Data

Ethnography is a study of culture, and organizational ethnography looks at the culture of organizations. According to Singh and Dickson (2002), organizational culture exists within the minds of the people who make up that organization, while organizational ethnography is concerned with settings within which social relations take place between actors who are set on specific goals. The way in which people tell us about how and what they do is important information and can be best gathered via ethnographic methods. Most ethnographic research makes considerable use of participant observation, usually triangulated with interviews, with "key informants" in particular. Triangulation is particularly important, but as one method on its own is not usually reliable. The way in which we will collect data during the observation period includes participant observation along with interviews and more informal conversation with ED nursing and physician staff, which are captured in field notes maintained by the researcher.

Observational Field Notes include observations about nursing assessment completeness and recommendations for patient care.

Ethnographic Interviews with a focus on processes of assessment, support for assessments, communication between RNs and between RN-MD groups, sense of nursing practice authority, and administrative support regarding TNCC education and verification (e.g., time off, reimbursement, % preceptors with TNCC).

Observation of Specific Cases Within the Emergency Care Setting: examines the trauma patient case, rather than individual nurses, as the unit of measurement. The observation centers around the patient assessment process and actions by a group of providers, not separated out individually.

When study results are disseminated in presentations or publications, they will be presented in aggregate by overall theme in a de-identified manner which does not tie findings to specific hospitals, patients, or providers.
Appendix 5

REVISED PROFESSIONAL PRACTICE ENVIRONMENT (RPPE) SCALE

Yvonne L. Munn Center for Nursing Research
Professional Office Building, 4th Floor
Massachusetts General Hospital
©The General Hospital Corporation, 1999

Directions:
Please read each of the items on the following pages and circle the number that best reflects the extent to which you agree or disagree with the statement. There are no right or wrong answers. At the end of the scale, there is a section to add any comments you may have.
Please circle the ONE response that best reflects your level of agreement.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>26.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>27.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>28.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Please circle the ONE response that best reflects your level of agreement.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>29.</td>
<td>My opinion of myself goes up when I work in this unit/department.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>30.</td>
<td>I feel bad and unhappy when I discover that I have performed less well than I should.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>31.</td>
<td>I feel a high degree of personal responsibility for the work I do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>32.</td>
<td>I feel a great sense of personal satisfaction when I do my work well.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>33.</td>
<td>I have challenging work that motivates me to do the best job I can.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>34.</td>
<td>Working in this unit/department gives me the opportunity to gain new knowledge and skills.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>35.</td>
<td>I am motivated to do well because I am empowered by my work environment.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>36.</td>
<td>Working in this environment increases my sense of professional growth.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>37.</td>
<td>Staff have access to the necessary resources to provide culturally competent care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>38.</td>
<td>Staff are sensitive to the diverse patient population for whom they care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>39.</td>
<td>Staff respect the diversity of their healthcare team.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Protocol Title: Describing the impact of a trauma education program: nursing and patient outcomes
Protocol Number: Pro00031444
Protocol Version: 12/18/2018
Document: Study Cover Letter and Consent

Study Information

You are being asked to participate in a research study. The purpose of this study is to evaluate the impact of a trauma education program on nursing and patient outcomes. The findings from this research study will help guide the Emergency Nurses Association to further advance the specialty of emergency nursing in the continual effort to promote safe practice and safe care. To participate in the study, your emergency department must be located in one of the following US New England states: Massachusetts, Connecticut, Vermont, New Hampshire, Rhode Island, and Maine.

There are two methods of data collection for this study: quantitative and qualitative. The quantitative data will include retrospective data extraction and prospective survey data. The extraction of de-identified retrospective (patient) data from the trauma registries of several EDs, including the one where you are employed, will be conducted by your institution prior to collecting observational data. The prospective survey data will consist of an online survey on the practice environment and will be administered by the ENA research team. ENA will supply the link to the survey to be distributed to the emergency nurses at each site. The qualitative will consist of ethnographic observations in which one or two members of the research team will collect observational data by observing nursing practices in your emergency department for a minimum of 4 hours but no more than 12 hours over a 2- to 3-day period. If there are instructors of the Trauma Nursing Core Curriculum on your ED team, they could have the opportunity to participate in the collection of observational data.

If you/your site agree to take part in the study, you will be asked to provide de-identified patient-level data from a designated time period in trauma registry. You will also be asked to complete a short, facility demographics survey prior to the start of the study. Nurses in your facility will be asked to complete an online survey. You or your site will receive no direct benefit or incentive from this study.

Your/your site’s participation or non-participation or refusal to answer a specific question is voluntary. You may leave the study at any time and end your participation. Information that could identify your emergency department will not be included in any reports or publications. Researchers will report study data in the aggregate.

Certificate of Confidentiality

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the National Institutes of Health. The researchers can use this Certificate to legally refuse to disclose information that may identify you in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings, for example, if there is a court subpoena. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States federal or state government agency sponsoring the project and that will be used for auditing or program evaluation of agency funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an
insurer, medical care provider, or other person obtains your written consent to receive research information, then the researchers may not use the Certificate to withhold that information.

Thank you in advance for your participation in this important study. Your site’s consent is implied by delivery of the retroactive data to the ENA research team, by allowing the PI access to conduct the observational portion in your ED, and nurses’ consent is implied by completion of the online survey.

Additional Information

Questions about this study can be directed to the principal investigator at:
Lisa Wolf, PhD, RN, CEN, FAEN, Director of Emergency Nursing Research
Emergency Nurses Association
930 Woodfield Road
Des Plaines, IL 60173
Phone: 800-900-9659, ext. 4119
E-mail: ENR@ena.org