Trauma Nurse Navigator Impact on a Level 1 Trauma Center
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We are a community teaching hospital in the southeast. Over the past 5 years, we have seen a dramatic increase in the demand for our Trauma, Acute Care Surgery, and Surgical Critical Care service line. The trauma service has grown from ~1200 patients annually to nearly 1900, and continues to demonstrate growth at ~5-10% per year. The creation of the Acute Care Surgery (ACS) service in 2013 has added ~1000 operative cases per year to our practice.

To go along with this sheer increase in volume, we have seen the acuity of our patients increase dramatically over this time frame. 45% of the patients in our trauma registry are now age 65 or greater, meaning not only are our patients older and sicker, but that our patient population is now well over >50% funded, as opposed to our historical 30% rate.

Our current staff is at full capacity, producing 36,000 wRVU’s annually. However we are so busy that we fail to capture significant billable charges due to our sheer volume and the lack of time to adequately document allowing to appropriately code and bill for the services rendered. The addition of Nurse Practitioners would allow the capture of an additional 10-11,000 wRVU annually, at a significantly reduced cost compared to a physician FTE. Given our historic payer mix, this would add $450K of yearly revenue in direct billable charges alone, making this proposal revenue generating. Additionally, it would allow the continued functioning of the ACS model by allowing our surgeons to focus their time in the operating room; providing faster, more cost efficient care to the system, resulting in increased contribution to margin. Furthermore, by having dedicated providers focused on both admission and discharge processes, we will aggressively target our current hospital LOS, with a goal reduction of 6-12 hours across an annual census of > 2000 pts. Even a modest reduction in LOS given our service volume would result in significant increased opportunities for additional hospital revenue. At our current capacity rate and payer mix, a reduction in LOS of 6 hours would result in the opportunity to generate in excess of $1M in revenue for the hospital system. It would also address throughput and bed availability, both critical issues currently.

Employing additional Trauma/Critical Care/Acute Care Mid-Level providers and support staff would result in:
- $450K+ of additional revenue at a cost of < $300K, making the proposal budget positive annually.
- By targeting length of stay, with a modest reduction of 6-12 hours across our service line, we would allow the hospital the opportunity to generate an additional $2M in revenue annually while addressing the current critical need of bed availability and throughput
- An increase of work flow and patient through-put in the ER, inpatient and outpatient setting
- Unburden the resident workforce as we currently are at risk of creating a service to education imbalance, jeopardizing our standing with the ACGME
- Growth of the Acute Care Surgery Service Line, resulting in increased efficiency of care and increased revenue
- Allow the creation of a G60 modeled service, reducing Non-Surgical Service Admission Rates
- Continued generation of downstream revenue for Orthopedics, Neurosurgery, and other specialties
- Continue to provide our community with efficient, high quality, and compassionate care