Doing More with Less: One TPM Struggle to Keep a Trauma Program Running
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Purpose: DOING MORE WITH LESS: ONE TPM STRUGGLE TO KEEP A TRAUMA PROGRAM RUNNING, EMPLOYEE MORAL UP IN TIMES OF BUDGET CUTS/RESTRAINTS Background: Working at a busy Level I Adult Trauma Center in East Tennessee, state designated and American College of Surgeons (ACS) verified with an annual volume over 5500 and admissions close to 4000, there are many challenges. Trauma Program Managers (TPM’s) across the nation struggle to meet the daily requirements for their state designations and/or ACS verification respectively. The nationwide decline in healthcare cost reimbursements directly impacts individual hospital budgets, leading to budget restraints or cuts and thus an overall drop in hospital profit margins. Within our trauma program at the University of Tennessee Medical Center, we have seen a steady increase in our patient volumes and admissions in the last 5 years, leading to increased program needs during a time of downsizing and doing more with less. Increased volume led to increased staffing needs in order to meet both state and ACS requirements. Due to our sharp increase in volume, the impact of new ICD-10 coding and the new NTRACS V5, we found our program in a backlog of data entry. There were also newly added ACS requirements for Screening, Brief Intervention Referral and Treatment (SBIRT) and a screening for Post-Traumatic Stress Disorder (PTSD) to consider.  Despite the above challenges of keeping a growing program afloat at UT Medical Center, without adding further costs of full time employees (FTEs), we also added within the last two years a Stop the Bleed outreach program, a Trauma Survivors Network program, a Geriatric Trauma Service, and screening processes for SBIRT and PTSD with follow up interventions. The impact of all the listed challenges and required changes has had a direct adverse effect on all the trauma program staff making a work-life balance difficult and moral at an all-time low. As a manager for over 23 years, I have struggled more over the last 2 years to make our program productive and keep staff retention and motivation high.

Resources: Resources: State and ACS rules did enable our program to go from a registry staff of 4 FTEs to 8 FTEs, but making up the data backlog was still a daunting task without being able to use registry staff or add any further FTEs due to budget restrictions. The impact of the process to catch up the backlog fell on the RNs of the trauma program who put on hold all non-essential tasks, and did chart abstractions. Additional resources included applying for grants and gift fund monies to utilize non-hospital staffing. I also tapped into our hospital development office for generous donor monies from patients and families. The staff morale also had to be addressed creatively through some recognition tactics I have learned from my years in management.

Description: Methods: 1. Staff Morale – Boosting staff morale during difficult times is a challenge when you are limited on time and resources. Morale boosting techniques included (a) staff retreats, (b) recognition of “job well done” including nominations of staff for awards (national, local, and in-house), (c) inspiring staff to apply for national conference poster sessions in order to display projects as encouragement, and (d) writing letters and kudos for meeting daily, weekly, or monthly program goals. Involvement of administration was key, and my program Director, Trauma Medical Director, and Vice President were often enlisted to give kudos as well.  2. Program & Staff Funding – Finding alternatives for FTE funding is an ongoing, everyday challenge. We are fortunate to have an employee in our program with a Master’s Degree in grant writing. Utilization of her skills and experience to apply for multiple grants has helped fund FTEs as well as projects. This same employee also had prior connections with the local university department of social work and had been able to serve as a field officer for the students in the past that ended in a symbiotic relationship with the university. We currently have interns from both the Bachelor and Master level Department of Social Work program helping with various programs with trauma services. Another wonderful funding resource we have is an annual golf tournament. It is chaired by a former trauma patient survivor and funds raised from this annual event have been designated to perpetually fund the TSN program.

Effectiveness: Results: With funding and student utilization as discussed during my five year tenure as the TPM, I have been able to fund two part-time positions, one full-time position, and utilize five student interns equaling a total of 352 hours of free labor as of 2017 with cost savings of an average $91,000. Multiple staff members have been recognized at national conferences for their achievements and two employees have been recognized on a state level for excellence in the work environment. We have had 100% employee retention and have “weathered the storm” as a team. Our TSN program has flourished and excelled our expectations over just 2 years and has already been recognized on a national level as well. Looking at the numbers:  • SBIRT – 2016 zero contacts; 2017 125 contacts  • TSN program – initiated in Jan 2016 with 1075 initial contacts, established peer mentor visitation process and monthly support group process; 2017 had 1395 initial contacts, established weekly Snack & Chat groups with family members, and held 1st annual Trauma Survivors Celebration  • PTSD screening – began late 2017 partnering with University General Surgeons clinic to perform screens with zero screens performed before this time.  • Geriatric Trauma Service- Since December 2016
we have seen over 1600 patients with a significant impact on our outcomes including decrease in overall hospital length of stay, ventilator days and decrease in complications with DVT’s, MI, ARDS, PE’s and AKI. • Stop the bleed: 26 classes to over 500 individuals have been taught throughout the region with the partnerships with EMS and law enforcement as instructors in our program. We have trained 21

**Lessons Learned:** Lessons Learned/Pros-Cons: There have been many lessons learned over the past several years and it has not been an easy road. 1. Pros: a. All the ACS requirements for both SBIRT and PTSD screening using grant funds and students. b. Multiple small grants have been secured to cover support group and patient-family related project expenses, sparing added expenses to the trauma program budget. c. Staff retention and satisfaction speaks for itself 2. Cons: a. Grants funds can run out and not be renewed for the next time period at any given time. While you may be able to hire an amazing employee, you may also have to lay them off if funding is lost. b. Donor and gift funds can also run out, leading to the same problems with projects and supplies. c. Not all centers have someone that can write grants effectively and it can be very difficult to navigate the grant world. One downfall with utilization of grant funding is that when your administration see that you can operate programs and projects with less, it reinforces that you can do more with less.

**Conclusions:** Conclusions: In the end, we have been able to successfully run the trauma program during a time period when healthcare is at its worst at a national level. Against the odds of dwindling funds for FTEs, I have managed to utilize alternative resources to make up the difference for the increasing program requirements and goals. Our trauma program is about to embark on our ACS reverification visit this year with the program fully functional and meeting ACS expectations. The staff is ready, motivated and inspired to work.

**Benefits to Others:** Any and all trauma centers can benefit from our current process and can implement all or parts of these ideas by involving their development or marketing department for grant writers or funding options that are available. Also for those centers that have an agreement with a social work university I highly recommend looking into different internships that could be utilized within the trauma program.

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