

Development of a Multiple Trauma Activation Protocol for Surgical Services

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Key Take Away: MTA training increases the emergency preparedness competency of surgical services employees in their response to a mass casualty incident (MCI).

Problem

Intermountain Medical Center in SLC, UT, needs a Multiple Trauma Activation (MTA) protocol and MTA training material for surgical services. The lack of an MTA-specific protocol has the potential to impact patient care.

Background

MCIs create a large influx of patients, are becoming more prevalent, and require adequate training for healthcare personnel.

MTA-specific protocols promote awareness, promote effective responses, and increase access to healthcare.

Aim

This project aims to develop an MTA protocol and training materials for surgical services employees to increase their preparedness competency in response to a large influx of critical surgical patients during an MCI.

Methods

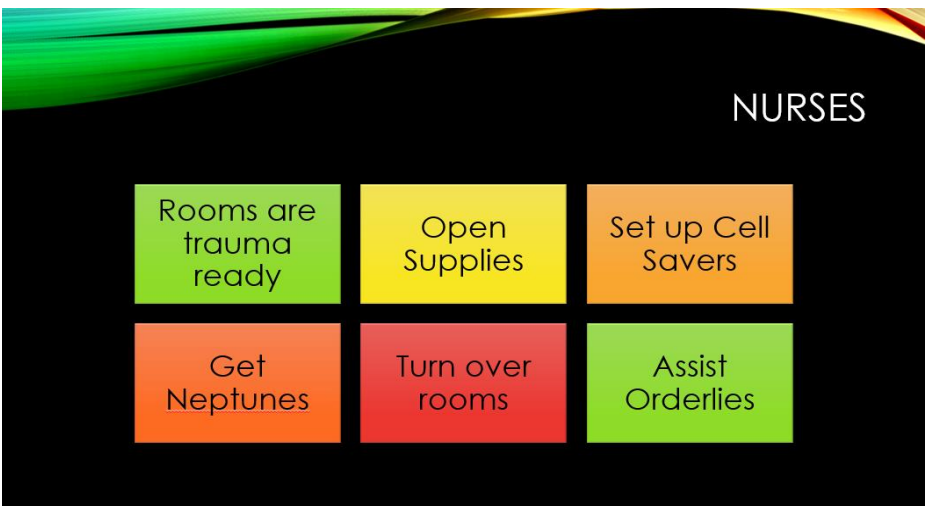
Quality improvement project to increase emergency preparedness of surgical services during an MCI. The Emergency Preparedness Information Questionnaire (EPIQ) is a validated tool to measure the emergency preparedness of nurses. We created an adapted EPIQ tailored toward surgical services.

The pre-MTA training online survey included an adapted EPIQ, General Self-Efficacy Score (GSE), and participant demographics.

MTA protocol and training material were developed with 23 content experts. This pilot training was presented to 70 surgical services employees.

Post-MTA training online survey given to staff included the adapted EPIQ and training feedback of pilot MTA training.

Training Sample



Demographics

	Total (N = 61)	AMT (n = 1)	Orderly (n = 9)	RN (n = 36)	Scrub (n = 15)	p
Gender						0.421
Female	41	0	6	26	9	
Male	20	1	3	10	6	
Ethnicity						0.764
Non-Hispanic or Latino/a	49	1	8	28	12	
Hispanic or Latino/a	7	0	1	3	3	
Race						0.987
White	51	1	9	28	13	
Asian	3	0	0	2	1	
African American	1	0	0	1	0	
Other	3	0	0	2	1	
Years of Experience in Surgical Services						0.122
<1	14	0	5	9	0	
1-2	19	0	3	10	6	
3-5	10	0	0	7	3	
>5	18	1	1	10	6	
Age						0.063
Mean (SD)	30.8 (10.1)	44	23.6 (4.0)	32.1 (8.3)	32 (14.3)	
Range	18-65	44-44	23-30	22-59	18-65	
GSE Score						0.922
Mean (SD)			32 (2.8)	32.6 (3.8)	32.3 (4.9)	
Range			29-38	27-40	23-38	

Results

Participants' competency level was increased after MTA training ($p = <.001$).

70 employees attended the MTA pilot training; 61 provided demographic information, 60 completed the GSE, and 50 completed the pre-and post-EPIQ.

GSE demonstrated a high self-efficacy score across all roles measured.

Most participants identified time commitment for future training as a weekday workshop or a 2-hour lecture. The most preferred training modalities identified were face-to-face and simulation.

Conclusion

MTA pilot training increased emergency preparedness competency for participants.

More specific MTA role training is needed to ensure an efficient MCI response by surgical services.