

## **Appendix H**

### **Action Plan Examples**

Developing an action plan (corrective actions) enables the quality improvement process and serves as the intervention which results in improvement. The action plan should be developed with consideration to the SMART acronym (Specific, Measurable, Achievable, Realistic, and Timely). Common action plan items are guideline and protocol development, education, enhancing resources, counseling, peer review, external consultation, practice evaluation, or change in provider privileges. Below are examples of SMART action plan items.

#### **Education**

The trauma program manager (TPM) will provide massive transfusion protocol training to Nurse Smith on January 2, 2021.

Dr. James and John Smith will attend the advance trauma life support (ATLS) course on March 1-2, 2021.

Emergency department (ED) nursing education on the new Atrium chest tube container will take place at the March 2, 2021 staff meeting; ED nursing education on the new Atrium chest tube container will be recorded and available to all staff as initial and just-in-time training on March 3, 2021.

The TPM will meet with John Smith, RN on April 10, 2020 to provide education on the trauma flow sheet. Education will include the importance of timely and accurate documentation, areas to focus on, and the arrival times of physicians and other critical staff members.

The ED Nurse Manager will include the trauma activation policy in the new ED nurse orientation checklist by March 1, 2021.

#### **Mentorship and Counseling**

The trauma medical director (TMD) will provide education and training to Dr. John Smith on the importance of timely response to full activations to include the 30-minute response requirement.

All newly hired ED nurses will be mentored with an experience trauma nurse in five full trauma team activations prior to being assigned the role of trauma nurse during shift staffing assignments.

#### **Policy/Guideline Development**

The TPM will update the modified trauma team activation criteria by June 1, 2021 to reflect all falls in patients with a known anticoagulation history.

The TPM will revise the cervical spine clearance policy to include the NEXUS criteria by March 1, 2021; the QI committee will review and make recommendations at the March 22, 2021 meeting.

#### **Resources and Equipment**

A change to the new Atrium chest tube collection system will take place by April 1, 2021.

Lab personnel will respond to full trauma activations with blood cooler starting on June 1, 2021.

#### **Miscellaneous**

The trauma team will conduct a “time out” during patient exchange from prehospital providers starting on June 1, 2021; the “time out” process will be defined in the trauma resuscitation policy updated by the TPM by May 1, 2021; the TPM will conduct ED nursing education on “time out” to all ED trauma nurses by May 29, 2021.

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The TPM will report the undertriage rate at every trauma QI meeting starting June 2, 2021.