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Standard of care of patients with rib fracture is still largely misunderstood and lacking in consensus. Texas Health Harris Methodist Hospital Fort Worth recently implemented a new rib fracture protocol that included the PIC score. The objective was a feasibility study to determine if there was a potential difference in the Intensive Care Unit length of stay, hospital length of stay, and incidence of negative respiratory outcomes between the patients who were exposed to the protocol and patients who were not. A retrospective chart review was performed and descriptive and statistical analyses were conducted using the data collected. Results showed a potential difference in the length of stay and incidence of negative respiratory outcomes once the alpha was adjusted. To show statistical significance without an adjustment in alpha would need a larger sample size. This demonstrates the need for a future study with a larger sample size.

Keywords: Pain, incentive spirometry, cough, PIC, rib fracture

FEASIBILITY OF PAIN, INCENTIVE SPIROMETRY, COUGH (PIC) SCORE

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FEASBILITY OF PAIN, INCENTIVE SPIROMTERY, COUGH (PIC) SCORE

INTERNSHIP PRACTICUM REPORT

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BY

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LIST OF ABBREVIATIONS

Abbreviations	Unabbreviated Term
CPB	Continuous Paracostal Block
COPD	Chronic Obstructive Pulmonary Disease
EA	Epidural Analgesia
H&P	History and Physical
ICD	International Classification of Diseases
ICOUGH	Incentive spirometry, Cough and deep breathing, Oral care, Understanding patient education, Get out of bed, and Head of bed elevation
ICU	Intensive Care Unit
IRB	Institutional Review Board
ISS	Injury Severity Score
IT	Information Technology
LOS	Length of Stay
LTAC	Long Term Acute Care
PIC	Pain, Incentive spirometry, Cough
SD	Standard Deviation
SNF	Skilled Nursing Facility
THFW	Texas Health Harris Methodist Hospital Fort Worth

CHAPTER I

INTRODUCTION

Texas Health Harris Methodist Hospital Fort Worth (THFW) implemented the use of a rib fracture protocol that included the use of the Pain, Incentive Spirometry, Cough (PIC) Score on April 15th, 2016 for patients with multiple rib fractures that was later adjusted to better suit the needs of the patients and healthcare providers. This patient cohort often suffers from pulmonary complications due to the pain and the lack of respiratory effort. Complications from multiple rib fractures can include pneumonia and respiratory failure. Pain control is necessary in patients with multiple rib fractures in order to quickly reach the goal of ambulation and taking deep breaths to avoid pulmonary complications. Pain management continues to be a challenge due to the subjectiveness of pain. The PIC score was designed to objectively measure pain by considering the measureable factors of cough and incentive spirometry in addition to the patient's self-evaluated pain so that healthcare providers can establish a standard of care. THFW implemented the PIC score in hopes to use the score to improve the management of the patients' pain so that they would be more willing to be a partner in their care in order to avoid unplanned intubation and readmission to the intensive care unit (ICU).

This practicum project explored the use of the PIC score with a focus on the difference in ICU length of stay, hospital length of stay, and negative respiratory outcome between patients with and without the PIC score. Information from previously published literature is presented to establish a background and understanding of rib fractures and its treatment. Retrospective data for patients with multiple rib fractures between January 15,

2016 and July 15, 2016, four months before and after the implementation of the PIC score, were collected.

CHAPTER II

BACKGROUND AND LITERATURE REVIEW

THFW treats approximately three thousand patients an year, and an estimated 10% of these patients are found to have rib fractures. Patients are said to have multiple rib fractures when diagnosed with two or more rib fractures or a fracture of two or more segments on one rib for the purposes of this thesis. Most rib fractures are caused by direct trauma to the chest wall, both blunt and penetrating, with blunt traumas being the most common (2,7).

The ribs are essential in pulmonary inspiration and expiration. The motion of the ribs in addition to the actions of the diaphragm and intercostal muscles enables inspiration and expiration, so rib fracture patients often experience pain when taking deep breaths (7). To avoid pain caused by the rib fracture, patients are reluctant to take deep breaths, cough, or perform any respiratory muscle training. This can lead to complications such as pneumonia, retained hemothorax, empyema, fracture nonunion, chronic pain and long-term disability, and respiratory failure (2). A retrospective study had shown patients with a vital capacity of less than 30% have a higher likelihood of pulmonary complications (3). Studies have shown that every 10% increase in vital capacity was associated with a 36% decrease in the likelihood of pulmonary complications (2). Most clinicians are taught that rib fracture pain will resolve in six to eight weeks, but literature suggests that pain associated with rib fractures actually last longer than traditionally expected (5). Pain control is the main goal of rib fracture treatment along with the support of respiratory function.

At THFW, patients with multiple rib fractures are initially treated for pain with narcotics. If the pain is still not controlled, narcotics can be used in combination with epidural analgesia (EA) or continuous paracostal block (CPB). EAs are considered the "gold standard" for pain control in patients with multiple rib fractures, but the practice at THFW has been the use of CPBs. Of the many available CPBs, THFW uses the ON-Q pump. ON-Q is a pain relief system that delivers anesthetics to the site of insertion through special soaker catheters much like the soaker hose used in gardens. When asked, the trauma surgeons seem to favor ON-Qs due to two main reasons. The first reason is cost and time. An anesthesiologist must be contacted to administer an epidural, which often can take a while depending on the anesthesiologist's workload. Once the epidural is placed, maintenance of the epidural is difficult for the trauma staff due to the high volume of patients. There is no room in the budget to hire someone to lighten the workload. The second reason is because recent literature suggests ON-Qs showed better improvement and fewer complications than epidurals in patients. Although more studies are needed to back up these findings, the few studies conducted on ON-Qs "showed a significant improvement of sustained maximal inspiration and numeric pain scores and reported no complications of its use (1)." Studies comparing ON-Qs to epidurals "showed a significant improvement in pulmonary function, pain control, and length of hospital stay (1)." On occasion, the trauma surgeons will elect to perform surgery on patients whose ribs are not healing well on their own.

As mentioned before, rib fracture treatment focuses on pain control and respiratory function support. Deep breathing and coughing improves lung volume and clears the lungs, thereby decreasing the risk of pulmonary complications. Tools, such as

the incentive spirometer, are a noninvasive way to expand the patient's lung volume. A study was done at Boston Medical Center involving all the general and vascular patients that underwent surgery over a year timeframe. The patients were enrolled in a postoperative pulmonary care program called "I COUGH" which stands for "Incentive spirometry, Cough and deep breathing, Oral care, Understanding patient education, Get out of bed, and Head of bed elevation". I COUGH was implemented August 2010 and the study compared data collected a year before and after the implementation of the program. The study showed a reduction in the incidence of postoperative pneumonia and unplanned intubation (4).

A rib fracture protocol with the use of a PIC score similar to the I COUGH program was implemented at THFW on April 15, 2016. Much like the I COUGH program, the PIC score engages the patients in their own care. Emerging evidence indicates that the patient's role in the management of their own care can contribute to improved outcomes (6). The idea of incorporating the PIC score in the rib fracture protocol came from a poster by Kimberly Schoff BSN, RN, CCRN, et al. from York Hospital titled PIC Score: An Innovative Approach to Improve Outcome in Patients with Traumatic Chest Wall Injury that was presented at a Trauma Quality Improvement Program in 2015 (Appendix A). Patients are asked to rate their pain, breath into an incentive spirometer and cough. Incentive spirometry is already being used in patients that underwent coronary artery bypass graft, upper abdominal surgery, thoracotomy and lung resections, cardiac and thoracic surgery, etc. Although it is still uncertain whether incentive spirometry actually decreases the chances of postoperative pulmonary complications, the use of the incentive spirometer emphasizes to the patients the

importance of practicing slow, deep breathing that will inflate the lungs if done properly (4). Incentive spirometry also is an indication of pain level as it indicates the patient's willingness to expand their lungs, which they would be less likely to do if the pain is unbearable rather than uncomfortable. Pain level can also be deduced from the strength of a patient's cough. Proper coughing is also important as it helps clears the lungs of secretions. Nurses then score the three factors and add the three scores to get a total score, which will be between 3 and 10 with 10 being the highest (Table 1).

Table 1: PIC Score Designations

Pain	Controlled	3
	Moderate	2
	Severe	1
Incentive Spirometry	Greater than goal	4
	Goal to alert	3
	Less than alert	2
	Unable to do	1
Cough	Strong	3
	Weak	2
	Absent	1
- PIC Score on a scale of 3-10 - Goal score of 10 with target of achieving highest score in each category		

At the time of implementation, the PIC score was to be evaluated every two hours while the patient was in Trauma ICU and every four hours when the patient went to the floor. A meeting was conducted on June 6, 2016 between the trauma surgeons, the Trauma ICU nurses, and the staff at trauma administration to discuss observations and concerns regarding the PIC score and the new rib fracture protocol. Nurses in attendance raised concerns on the frequency in which the PIC score was taken. Everyone was in agreement to adjust the frequency in accordance with the patient's PIC score trends. At a Trauma Administration staff meeting held on July 11, 2016, the new guidelines for the PIC score were announced. The PIC score was to be taken every two hours on admission. If the patient scores greater than a score of 7 then they will be reevaluated every shift. If the patient scores between a score of 5 and 7, the PIC score will be taken every four hours. If the patient scores below a score of 5 then the PIC score will be done every two hours and a physician will be contacted. THFW hopes that with the new rib fracture protocol that includes the PIC score there will be a reduction in unplanned intubation and readmission to ICU.

SPECIFIC AIM

There is a lack of consensus among healthcare providers across the world in how multiple rib fractures should be treated and a scarcity in literature on the effectiveness of the PIC Score with patients with multiple rib fractures. This practicum report examines the hypothesis that the use of the PIC score will decrease complications in patients with multiple rib fractures thereby lowering the number of unplanned intubation and readmission to ICU and lowering the number of days spent in the hospital and ICU. The

aim of this study was to determine whether use of the PIC score leads to an improvement in the care of patients with rib fractures, decrease in the hospital length of study and intensive care unit length of stay, and a decrease in negative respiratory outcome.

SIGNIFICANCE

Pain is subjective, but pain control is fundamental in the management of multiple rib fractures in order to avoid potential pulmonary complications. Without a proper handle on pain, the patient is at risk of increased morbidity and mortality. Demonstrating an improvement in complications using the PIC score as part of the rib fracture protocol will lead to a recommendation that the PIC score be used as a standard of care treatment for patients with traumatic multiple rib fractures. The use of the PIC score is an opportunity to involve patients in their own care. There is a growing body of evidence that shows the more engaged a patient is in their own care the better the outcome is for the patient (6).

This practicum report contributes to the body of knowledge about the treatment of rib fractures and the effect of the PIC score. THFW wants to know whether the rib fracture protocol with the use of the PIC score actually decreases the number of unplanned intubation and readmission to ICU and if the PIC program can be suggested as standard of care. In the future, the Trauma Administration would like to conduct a randomized, prospective study on treatment for pain control with patients with multiple rib fractures. Patients are initially treated for pain with opioids alone based on the rib fracture protocol. Patients whose pain is not controlled are offered either thoracic epidural analgesia (EA) or continuous paracostal block (CPB). Another potential study

Dr. Rush, a trauma surgeon and co-investigator of this study, suggested was a Pain, Incentive spirometry, cough, ambulatory (PICA) score. The results of this current feasibility study conducted during the practicum will be used to estimate a sample size needed to prove significance as well as provide direction for future studies.

MATERIALS AND METHODS

This practicum project was a retrospective chart review spanning from January 15, 2016 to July 15, 2016. The inclusion criterion was all patients with an International Classification Code (ICD) 10 code for multiple rib fractures that came in during this time. Patients that were intubated the entire hospital stay or had an injury, such as a high spinal cord injury, or disability that prevented them from performing or being able to perform the PIC procedure were excluded. THFW IRB approved the study August 15, 2016. Data was collected from Care Connect, THFW's electronic medical record, and Trauma One, the trauma registry. Registrars compiled a list of patients that met the criterion and included data such as demographics, account number, admission information, discharge disposition, Injury Severity Score (ISS), etc. This information was organized and transferred to an IRB approved master list and enrollment sheet. Subjects were assigned a number (PIC-1, PIC-2). All information remained anonymous and password protected, only accessible to study staff. Patient chart review was conducted after approval from IRB. Respiratory outcome and pain management was determined after reviewing the history and physical (H&P), discharge note, surgical notes, and other notes in the patient's chart. PIC score was collected for patients that came in after April 15, 2016 from documentation in the flowsheet of the patient's chart.

Complete list of data generated by Trauma Registrars from Trauma One:

1. First and last name
2. Date of birth and age
3. Gender
4. Race and ethnicity
5. Account number
6. Admission and discharge date
7. Hospital and ICU length of stay (LOS)
8. Discharge disposition (death, hospice/palliative care, skilled nursing facility (SNF), long term acute care (LTAC), rehabilitation, home with home health, home)
9. Injury severity score (ISS)
10. ICD 10 codes

Data collected from patient chart review:

1. Pain management (narcotics, epidural, ON-Q)
2. PIC score (first and last)
3. Type of rib fracture (right, left, bilateral)
4. Respiratory outcome (whether patient was readmitted or re-intubated and if oxygen was increased or pulmonary care procedure was performed)

Data Analysis

Linear regression analysis (ANOVA): ISS and negative respiratory outcome to predict length of stay in hospital and ICU

Logistic regression analysis: Hospital length of stay and age to predict discharge disposition

Independent Samples T-Test: Differences in length of stay in hospital and ICU

RESULTS AND DISCUSSION

There were 140 patients identified from Trauma One with multiple rib fractures between January 15, 2016 and July 15, 2016. Out of the 140 patients, five patients expired, care was withdrawn for one patient, one patient had no patient chart, one had no rib fractures, and five were never admitted, thus, only 127 of the 140 initial patients met the inclusion criteria for this practicum report. Exactly 74 patients with rib fractures were admitted to THFW before the implementation of the PIC score. A total of 53 patients were admitted after the implementation of the PIC score; however, for unknown reasons, five of these patients did not have a documented PIC score. Only 48 patients actually followed the rib fracture protocol. It is important to point out that those subjects who were admitted after the implementation of the PIC score but did not have a documented PIC score were considered a part of the group who were admitted before the

implementation of the PIC score. Analyses were done between patients with a PIC score and patients without a PIC score and not by the admission date. It is assumed that if the patient has a PIC score, they did follow the rib fracture protocol. Table 2 presents a summary description of the subjects included in this practicum study.

Table 2: Description of the Subjects

Number of subjects	
Total	127
Male	85 (66.9%)
Female	42 (33.1)
Age, years (mean +/- SD)	59.87 +/- 18.94
Number of Subjects with PIC Scores	48 (37.8%)
Number of subjects with Negative Respiratory Outcomes	21 (16.5%)
With PIC scores	7 (14.6%)
Without PIC scores	14 (17.7%)
Mean ICU Length of Stay (days)	
With PIC scores (mean +/- SD)	2.13 +/- 2.44
Without PIC scores (mean +/- SD)	3.43 +/- 5.41
Mean Hospital Length of Stay (days)	
With PIC scores (mean +/- SD)	5.15 +/- 5.52
Without PIC scores (mean +/- SD)	6.94 +/- 5.99

The average age of this patient cohort was 60 years with a range of 16 years to 93 years (standard deviation, SD 18.941). The figures below reflect a greater number of patients above the age of fifty. This is likely because falls and motor vehicle accidents are the most common methods of injury for multiple rib fractures. Falls are generally seen in older patients and the slower reaction time can result in motor vehicle accidents. There were 42 females (33.1% of the subjects) compared to 85 males (66.9% of the subjects). These data are shown in Figure 1. The ratio of female to male subjects without a PIC score was 25 to 54, with females making up about 31.6% (Figure 2). The ratio of females to males with a PIC score was 17 to 31, with females making up 35.4% (Figure 3).

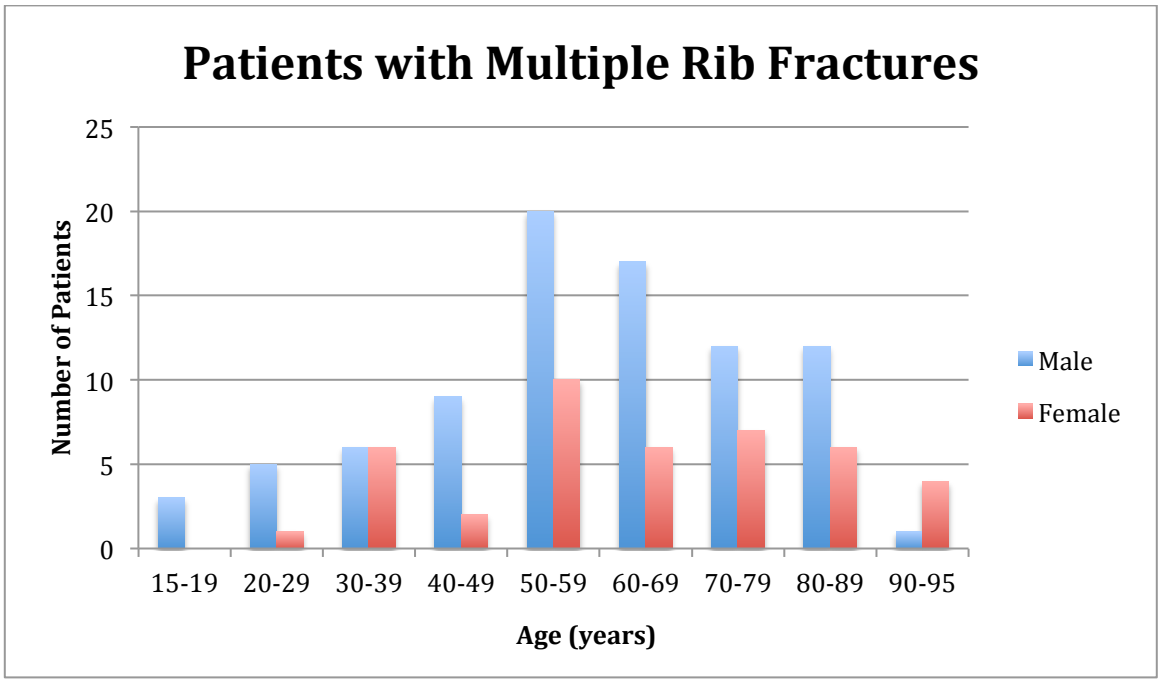


Figure 1: Age ranges of total patients with multiple rib fractures by gender

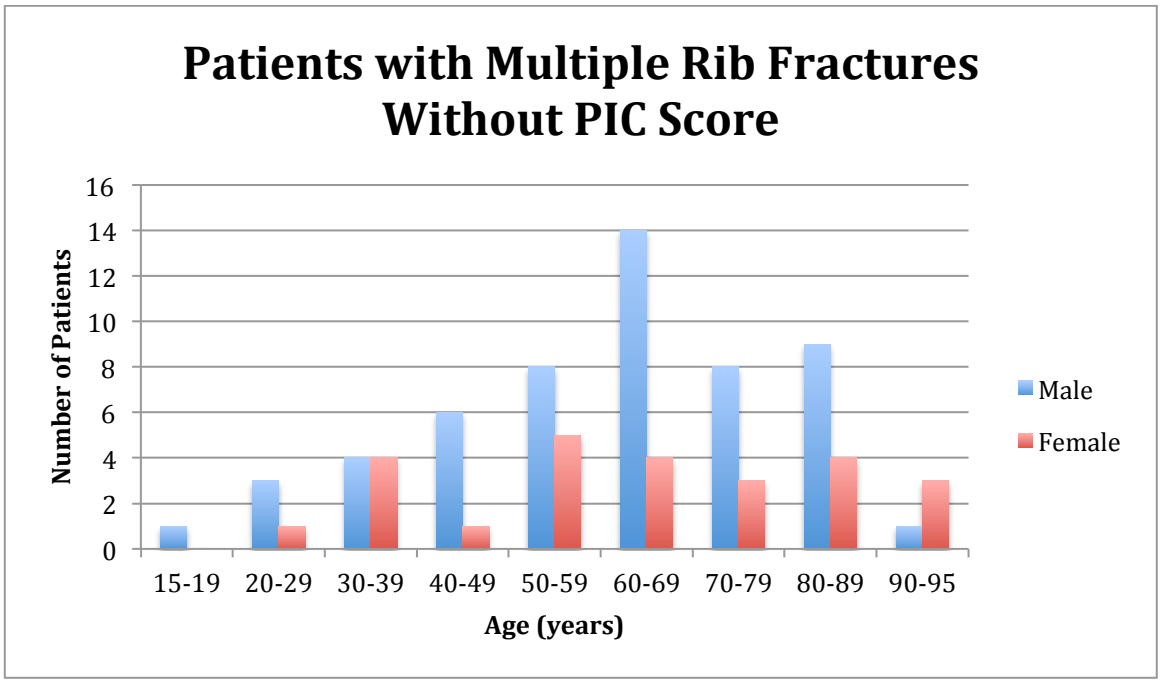


Figure 2: Age range of total patients with multiple rib fractures and no PIC score by gender

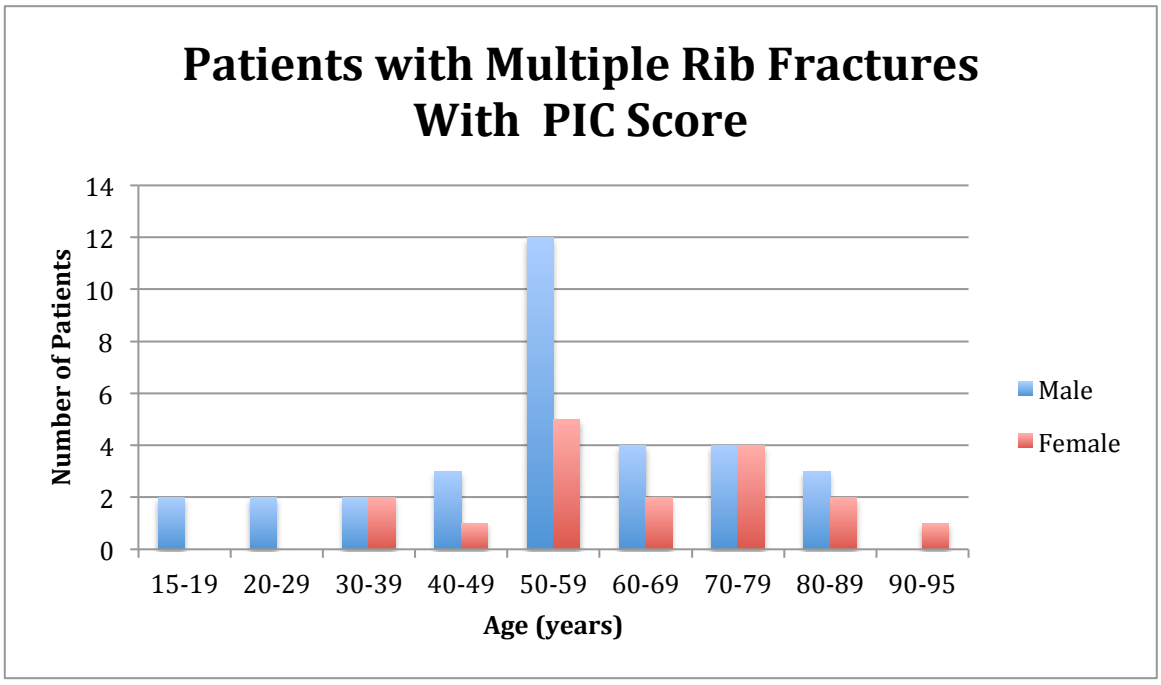


Figure 3: Age range of total patients with multiple rib fractures and a PIC score by gender

Figure 1 suggests that twice as many males are admitted with rib fractures than females. A plausible explanation for this finding is that perhaps men are greater risk takers and, therefore, more likely to suffer injury associated with rib fractures. This study examined whether or not male subjects would, therefore, also present with a higher Injury Severity Score (ISS) to assess the severity of a trauma. The ISS ranges from 1 to 75, with 75 being the most severe. Surprisingly, there were no gender differences found in the ISS score. Both genders display a similar distribution when comparing ISS scores with the average ISS scores for males at 13.5 and females at 12.7 (both with a significance of 0.5 and a variance of 0.5).

This study also examined the association between subject age and ISS score (Figure 4). Although the graph might seem as if there was an association between age and ISS score, analytically, there is no relationship between age and ISS scores.

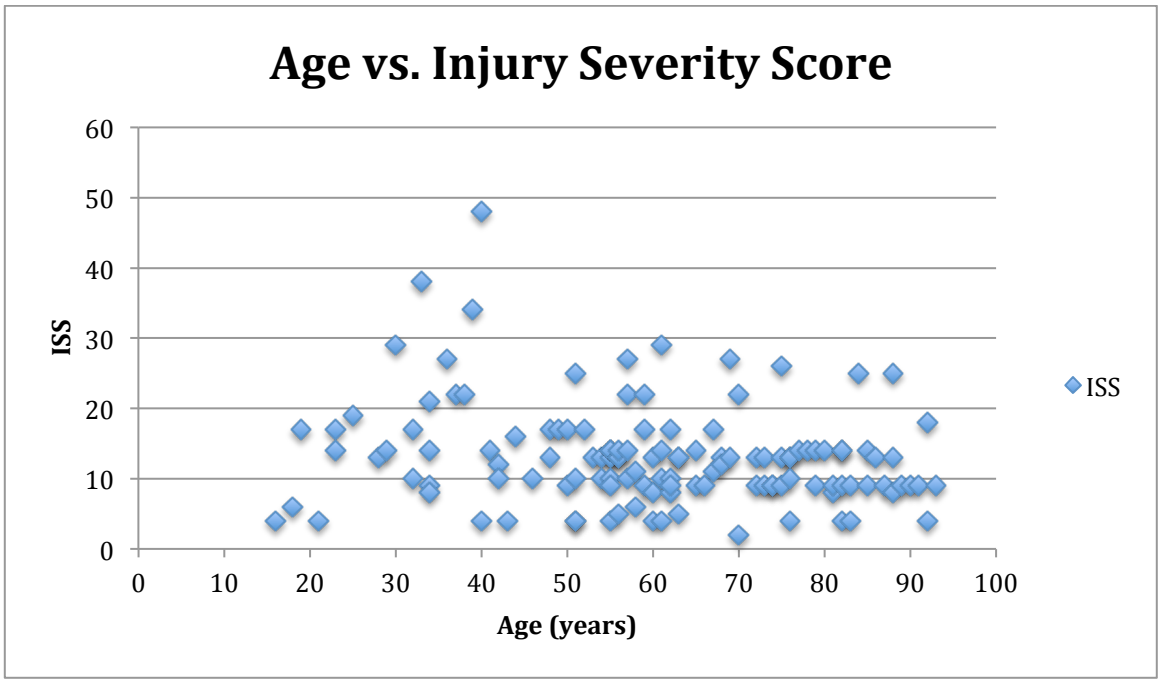


Figure 4: Age in years versus the injury severity score

When examining the factors that predict length of stay in the ICU and hospital, this study found an association between ISS and negative respiratory outcomes versus the length of stay in the hospital and ICU. These data were analyzed using a linear regression to analyze, which factors influenced the length of stay. There is a moderate to strong, positive relationship between ISS and negative respiratory outcome to the hospital length of stay with an R-value of 0.608. The adjusted R-square value of 0.359 is low, but that is to be expected for this study, as there are so many confounding variables. The standard deviation of 4.687 is high, but this is high variance is to be expected with such a small sample size. Figure 5 just shows the association between ISS and hospital length of stay. A positive relationship can be seen with a lot of variance. Similar results can be seen when analyzing the ISS and negative respiratory outcome to the ICU length of stay. The

R- value is 0.502 with an adjusted R-squared value of 0.240 and a standard error of 3.968. Figure 6 just shows the association between ISS and ICU length of stay. Again, a positive relationship can be seen with a high variance. Overall, this data can be interpreted to mean that when predicting the length of stay in both the hospital and the ICU, the two factors that influence the most are ISS and negative respiratory outcome. However, with a low adjust R-squared value and a high standard error, there are several confounding factors, and a larger sample size would be needed to make a better prediction on the length of stay.

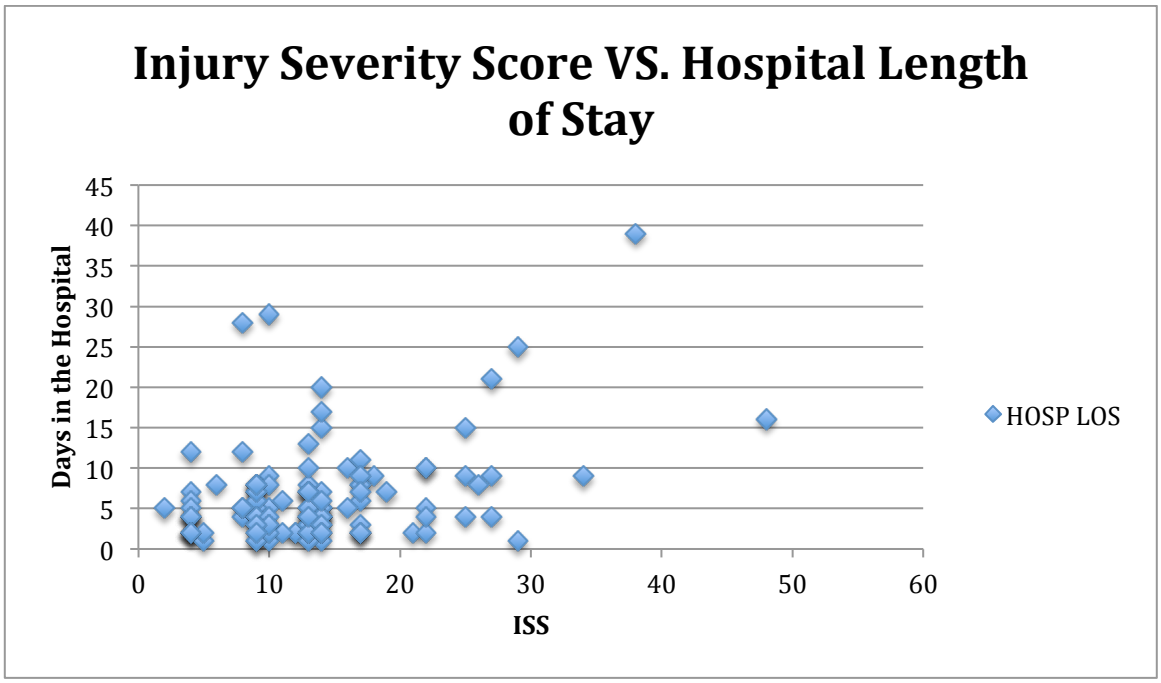


Figure 5: Injury severity score versus the hospital length of stay in days

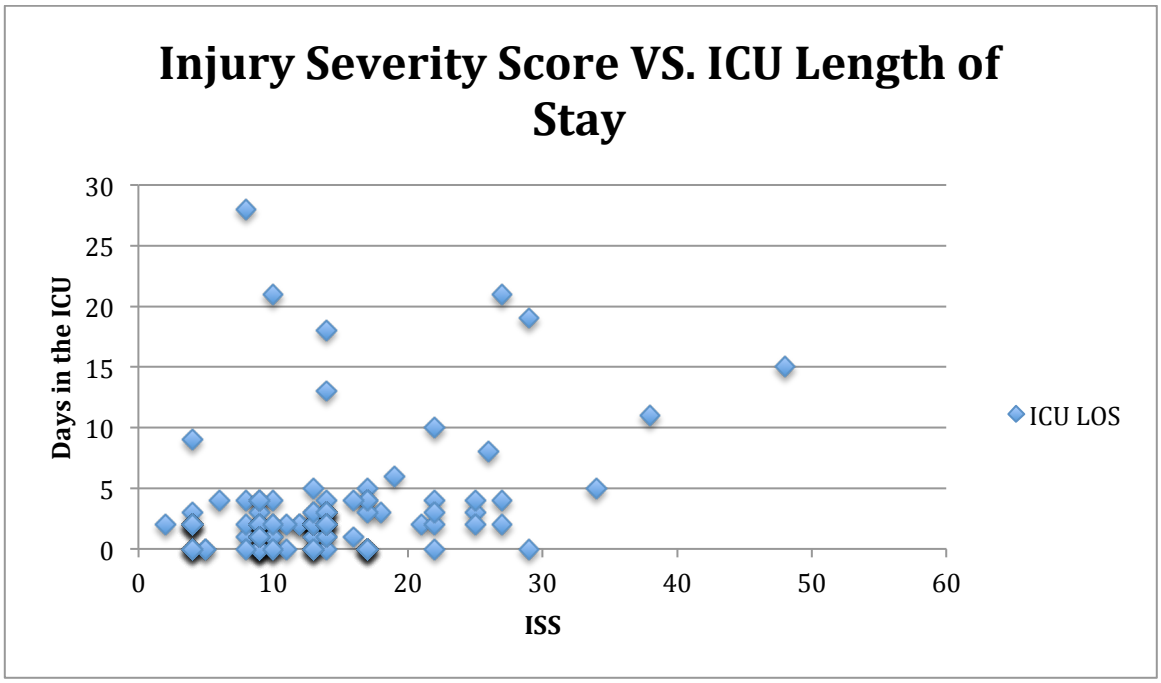


Figure 6: Injury severity score versus the ICU length of stay in days

The study was not powered enough so the alpha was reduced for the following calculations. When the alpha was relaxed from 0.05 to 0.10, PIC showed up as the next largest factor in predicting length of stay with an adjusted R-square of 0.11 (data not shown). Statistically, there is a difference in the length of stay in the hospital and ICU between patients who have a PIC score and patients who do not when the alpha was relaxed to 0.10. Patients without a PIC score had an average hospital length of stay of 6.94 days with a standard deviation of 5.99 days. Compared to the patients without a PIC score, patients with a PIC score had an average hospital length of stay of 5.15 days with a standard deviation of 5.52 days. Equal variance was assumed and the P was 0.095. The average ICU length of stay for patients without a PIC score was 3.43 days with a standard deviation of 5.41 day. Patients with a PIC score had a mean ICU length of stay of 2.13

days with a standard deviation of 2.44 days. However, equal variance was not assumed and the P value was 0.06.

When examining the negative respiratory outcomes, the frequency of negative respiratory outcomes was 17.7% in patients without a PIC score. Compared to the patients with a PIC score, the incidence of negative respiratory outcomes was 14.58% (Figure 7). Relative risk of having a PIC score measured and having a negative respiratory outcome was calculated to be 0.82. Patients who followed the rib fracture protocol with the PIC score had a smaller risk of negative respiratory outcome. The attributable risk was 0.22, which means for every 100 patients, 22 patients are expected to develop a negative respiratory outcome without intervention (Table 3). Without the PIC score, it can be expected that out of 127 patients 28 of them will develop a negative respiratory outcome.

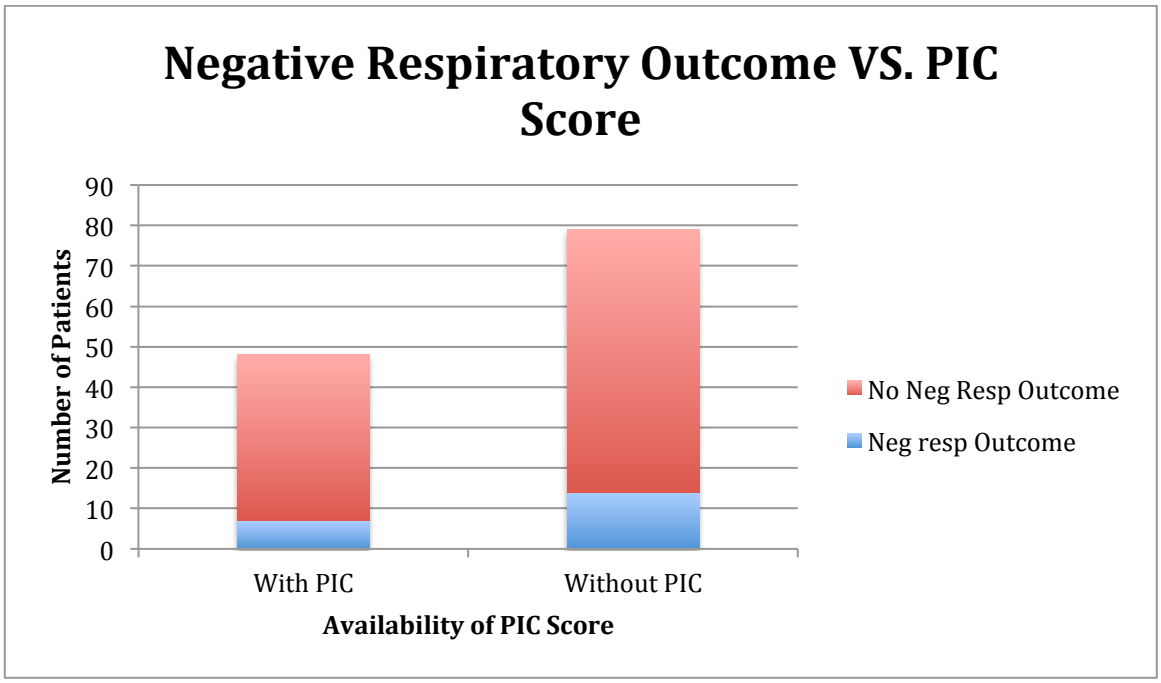


Figure 7: Breakdown of patients who experienced a negative respiratory outcome by whether they had a PIC score

Table 3: Relative Risk

Intervention	Negative Respiratory Outcome	No Negative Respiratory Outcome	Total	Cumulative Incidence
With PIC	7	41	48	7/48= 14.58%
Without PIC	14	65	79	14/79= 17.72%
Total	21	106	127	
Risk Ratio = 14.58/17.72 = 0.82 Attributable Risk Fraction = (14.58-17.72)/14.58 = 0.22				

This study identified two factors that predicted whether a patient was discharged to go home without services; these were age and hospital length of stay (data not shown). Given these two factors, data suggested that the discharge disposition could be accurately predicted 76.4% of the time. The remaining 23.6% can possibly be attributed to insurance. For example, Dr. Bixler, the Physical Medicine and Rehabilitation physician assessed patient PIC-20 and suggested that this patient receive acute inpatient rehabilitation. Unfortunately, PIC-20 did not have medical insurance; thus, the patient was discharged home instead.

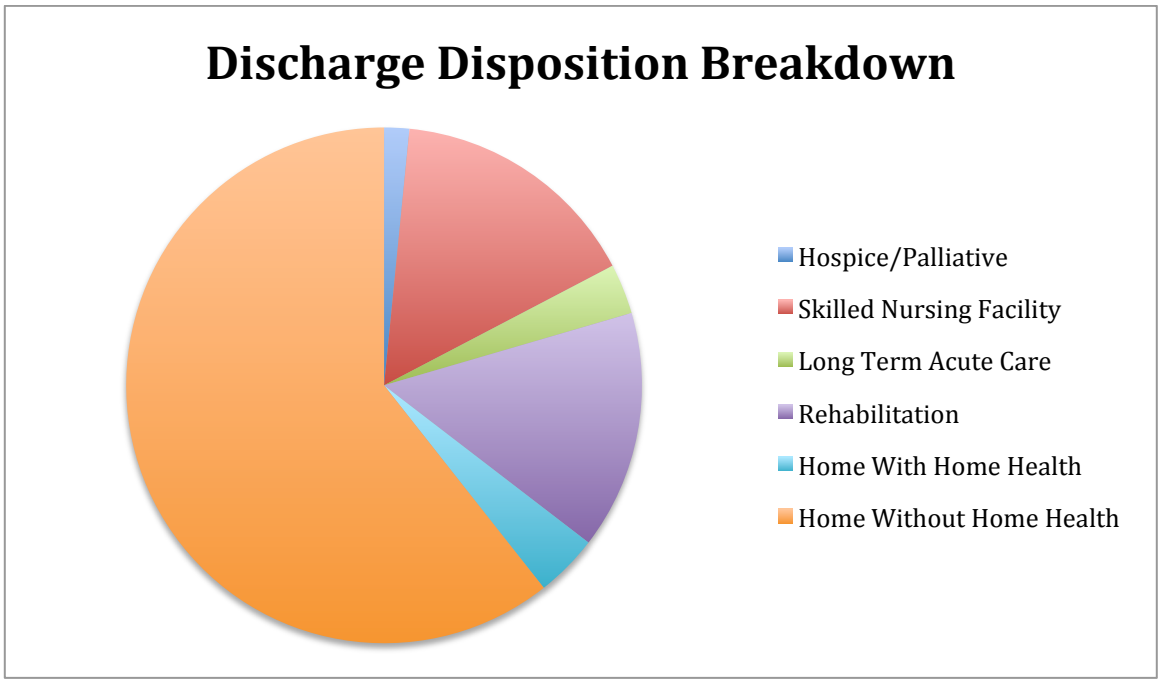


Figure 8: Pie chart representing the discharge disposition by percentage

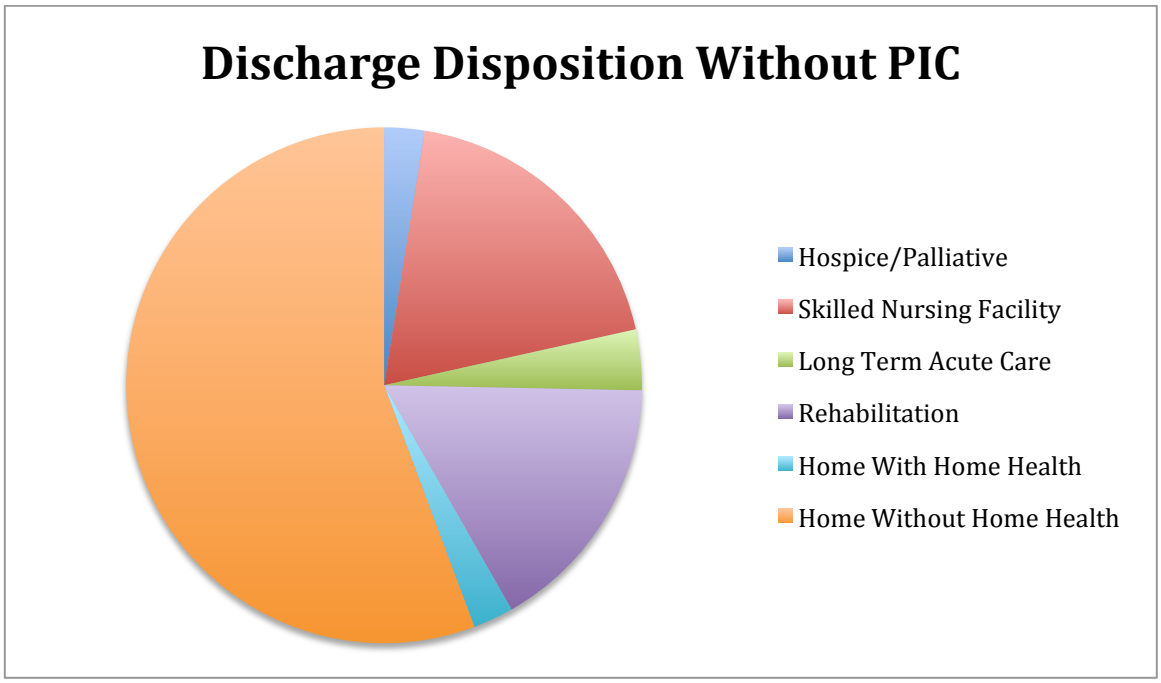


Figure 9: Pie chart representing the discharge disposition of patients without a PIC score by percentage

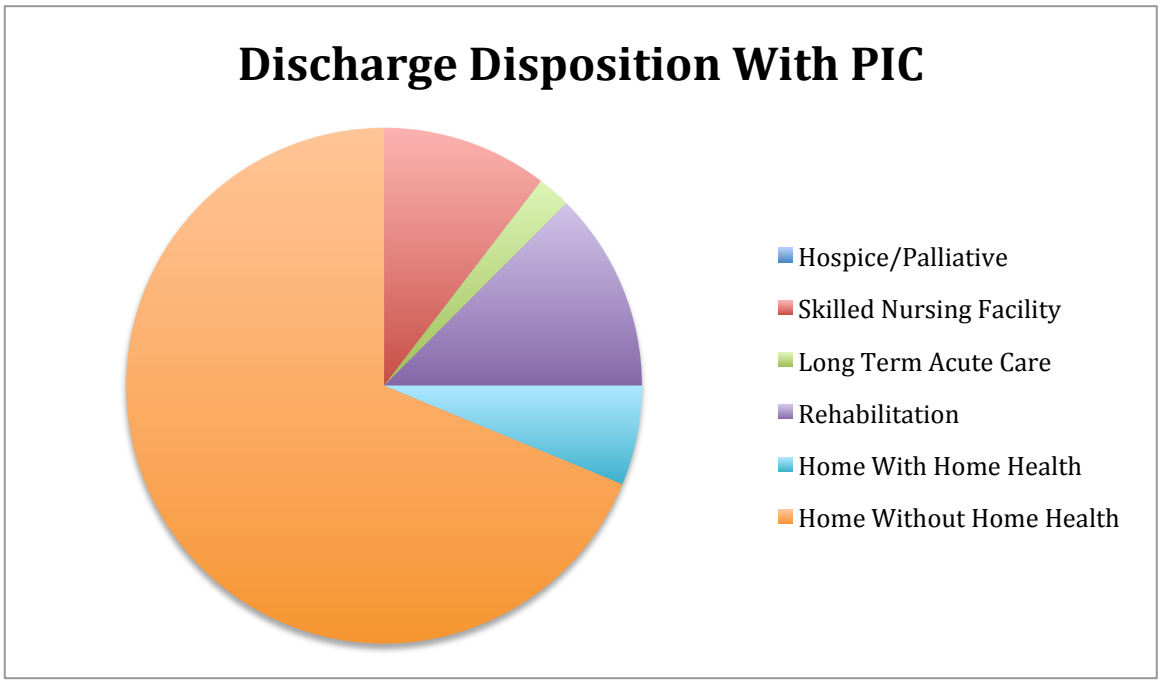


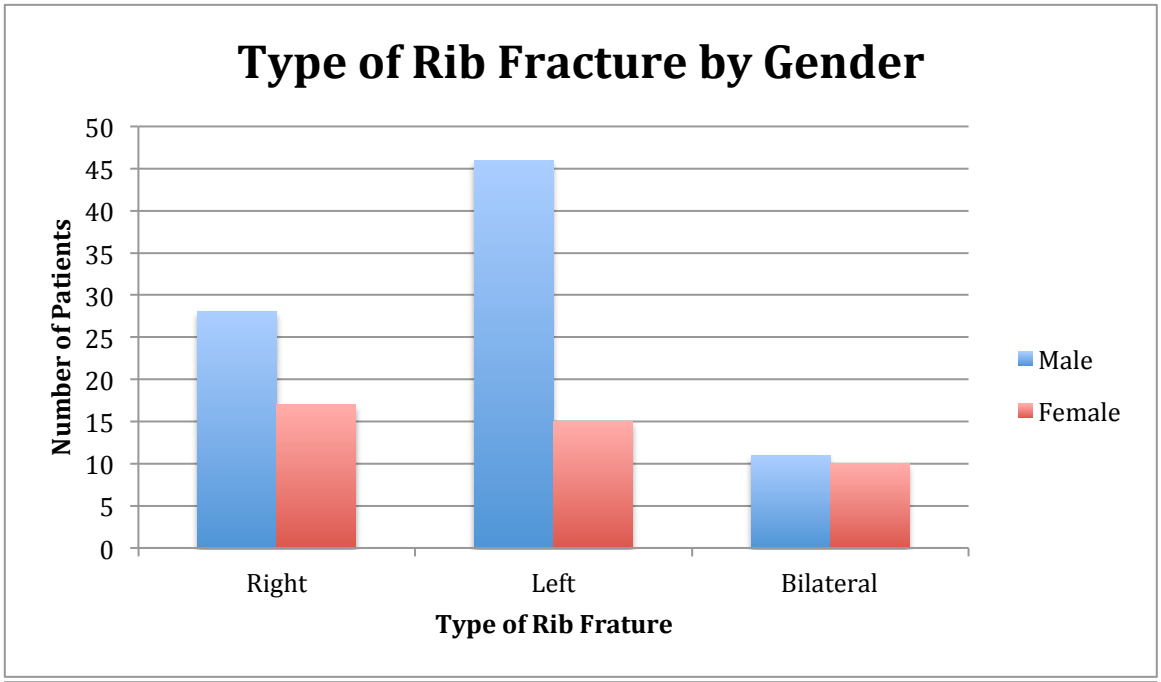
Figure 10: Pie chart representing the discharge disposition of patients with a PIC score by percentage

The discharge disposition is similar for people with a PIC score and people without a PIC score. In both patient cohorts, majority went home without home health. The next two most common discharge dispositions were rehabilitation and skilled nursing facility (Figures 9 and 10).

Data for type of rib fracture and type of pain management were collected but both factors were not associated with the emphasis on hospital and ICU length of stay and negative respiratory outcomes of this study. Reasons for the distribution of rib fracture injuries are unknown (Figure 11). It could be related to whether the patient was right or left hand dominant, but data was not collected for that. Both male and females have similar number of patients with bilateral rib fractures, but when looking at percentage, bilateral rib fractures make up 12.94% in males compared to 23.81% in females.

Only 12 patients of the 127 patients had an ON-Q, while none of the patients had an epidural (Figure 12). Three of the 12 patients (25%) who received an ON-Q had a negative respiratory outcome compared to 18 of the 115 (15.65%) patients who received narcotics for pain management. Just looking at percentages, it seems as if patients do better on narcotics, but with a sample size difference that large the conclusion cannot be assumed. Patients are often offered an ON-Q if their injuries are more severe. The decision to use ON-Q for pain management depends on the preference of the physician. A larger sample size is needed to statistically determine the best course of treatment for pain in patients with rib fractures.

Figure 11: Type of rib fracture by gender



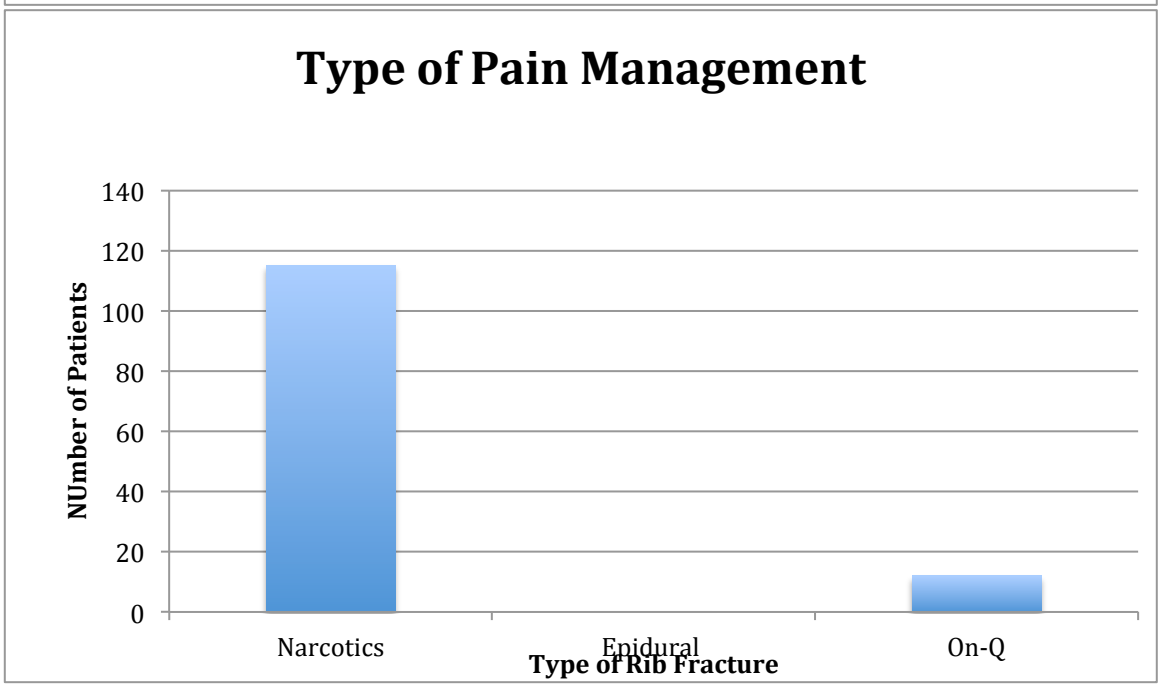


Figure 12: Number of patients by method of pain management

SUMMARY AND CONCLUSION

Limitations

Because this practicum study is a single-center, retrospective chart review, there were several limitations and biases. Data collected were dependent on the compliance of both the healthcare provider and patient. The PIC score can only be obtained if a patient is willing to participate in their own care. For example, subject PIC-103 was unwilling to use the incentive spirometer and did eventually experience a negative respiratory outcome. A larger sample size would be needed to determine statistically if not following the rib fracture protocol led to the negative respiratory outcome. However, the results of this study do suggest that following the rib fracture protocol would have decreased the chance of a negative respiratory outcome. Even if a patient had followed the rib fracture protocol, if a healthcare provider did not document it, the data would reflect that the patient did not follow the protocol. THFW is currently working with administration and Information Technology (IT) Department to give PIC its own section in the patient chart under respiratory. Currently the PIC score documentation varies depending on who is documenting it. Of the five patients who did not have a PIC score, it is possible that the PIC score was actually documented, but it could not be found in the patient chart. For this study, patients with PIC scores were assumed to have followed the rib fracture protocol and those who did not have a PIC score were assumed to have not followed the rib fracture protocol. This assumption was made because part of the protocol requires documentation of the PIC score in the patient chart.

The same limitation due to documentation applies to collection of respiratory outcomes. When determining whether or not a patient had experienced a negative respiratory outcome, the history and physical, consultation, procedures and discharge notes were examined. It is very possible that the variance in documentation resulted in the inaccuracies of respiratory outcome.

Subjects who were initially intubated but later extubated were still included in the study. These patients are at a higher risk of ventilator-associated pulmonary problems. History of smoking or Chronic Obstructive Pulmonary Disease (COPD) and other possible health related factors that might influence their pulmonary outcome were not assessed. The mental status of a patient could also influence the level of compliance thereby influencing the PIC score.

Future Directions

Due to the small sample size, statistical significance could not be calculated. In order to determine statistical significance, a power analysis suggests that approximately 1,500-2,000 patients would be needed to achieve a power of 0.8 and an effect size of 0.10. If THFW was to combine their emergency rooms, this number could be easily accomplished in about a year.

If future studies prove statistical significance, the rib fracture protocol with PIC score can be established and suggested as standard of care for patients with rib fractures. A total of four patients were readmitted from another hospital after being discharged just a few days prior. Two patients were readmitted from THFW after being discharged. This

is very different from a transfer from another hospital for higher level of care. In particular, patient PIC-127 came in with rib fractures from a ground level fall. PIC-127 was later discharged with a PIC of 4 to home with home health and oxygen. PIC-127 was readmitted four days later with oxygen saturation in the high 60s. These readmissions could potentially have been avoided, but we will only know with further studies.

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CHAPTER III

INTERNSHIP EXPERIENCE

My research internship practicum was completed at Texas Health Harris Methodist Hospital Fort Worth under the Trauma Research Coordinator, Cathy McNeill, MSN, CCRC, CCRP. Three current ongoing trauma research studies at this site in which I participated in include:

1. Pre-Hospital Use of Tranexamic Acid in Traumatic Brain Injury (TXA) Study- To determine the efficacy of TXA in the field on patients suspected of traumatic brain injury (TBI)
2. Pre-Hospital Air Medical Plasma (PAMPer) Trial- To determine the effect of prehospital infusion of plasma to patients in shock instead of the traditional saline infusion
3. Vitamin D Levels in Trauma Patients and the Effect on Morbidity and Mortality (Vitamin D) Study- To determine if there is a relationship between vitamin D levels in trauma patients and morbidity and mortality

During the six-month internship I was able to perform the following duties:

1. IRB submissions:
    a. New study applications
    b. Amendments
    c. Continuing reviews
    d. Protocol deviations

e. Adverse events

2. Attend meetings:

    a. IRB

    b. MedStar

    c. Research Outcome Contortion (TXA Study)

    d. Trauma Outcome Performance Improvement Committee (TOPIC)

    e. Trauma Administration Staff Meeting

    f. Trauma Research Committee

    g. Trauma ICU Rounds (Monday, Wednesday, Friday)

    h. Trauma Physician Rounds (daily)

    i. Society of Clinical Research Associates (SoCRA)

    j. Annual Trauma Conference Planning

    k. Conference calls for TXA and PAMPer studies

    l. Journal Clubs

    m. Trauma Talk

3. Research Studies (TXA, PAMPer, Vitamin D)

    a. Protocol development

    b. Budget development

    c. Individualizing consent and HIPAA Authorization forms and HIPAA and Cnsent Waivers for different studies

    d. Composition of source documents

    e. Patient enrollment

        i. Randomization of patients via computer system

f. Consenting patients
g. Compile patient study folders
h. Data entry in electronic data capture
i. Organization of regulatory binders (REG binder)
j. Organization of Master Book (CV, protection of human subject training certificates, etc.)
k. Call for one month and six month follow ups (TXA)
l. Lab
    i. Preparation of lab supplies for various time points of blood draw
    ii. Reconciling samples
    iii. Preparing and shipping samples on dry ice to sponsor

JOURNAL SUMMARY

A typical day at the internship site would start off screening the daily trauma patients admitted to Trauma ICU for potential subjects who meet the enrollment requirement for Vitamin D study. The majority of the day would be spent on collecting data, data entry, scanning and making copies for subject study binders, uploading data through electronic data capture, submitting amendments or adverse events, and other clinical research coordinator tasks and responsibilities. These tasks were only interrupted by rounds, conference calls, or meetings and preparing for meetings. In the case of a patient, we would go through the enrollment procedures, consent patients, and visit the lab often to organize the lab samples.

APPENDICES:

APPENDIX A: SUPPLEMENTAL TABLES

Table 1A: Patient Cohort

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age	127	16	93	59.87	18.941
Valid N (listwise)	127				

Statistics

Gender

N	Valid	127
	Missing	0

Gender

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	42	33.1	33.1	33.1
	1	85	66.9	66.9	100.0
	Total	127	100.0	100.0	

Table 2A: Negative Respiratory Outcomes

Statistics

Neg Resp

N	Valid	79
	Missing	0

Neg Resp

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	65	82.3	82.3	82.3
	1	14	17.7	17.7	100.0
	Total	79	100.0	100.0	

Table 3A: Predicting length of stay in hospital

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.608[a]	.370	.359	4.687

a. Predictors: (Constant), ISS, Neg Resp

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1596.864	2	798.432	36.352	.000[b]
	Residual	2723.561	124	21.964		
	Total	4320.425	126			

a. Dependent Variable: Hosp LOS

b. Predictors: (Constant), ISS, Neg Resp

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence In
		B	Std. Error	Beta	t	Sig.	Lower Bound
1	(Constant)	1.830	.869		2.105	.037	.109
	Neg Resp	7.485	1.139	.477	6.569	.000	5.230
	ISS	.241	.059	.299	4.114	.000	.125

a. Dependent Variable: Hosp LOS

Table 4: Predicting length of stay in ICU

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.502[a]	.252	.240	3.968

a. Predictors: (Constant), ISS, Neg Resp

ANOVA[a]

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	656.637	2	328.319	20.847	.000[b]
	Residual	1952.859	124	15.749		
	Total	2609.496	126			

a. Dependent Variable: ICU LOS

b. Predictors: (Constant), ISS, Neg Resp

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients			95.0% Confidence I
		B	Std. Error	Beta	t	Sig.	Lower Bound
1	(Constant)	-.101	.736		-.137	.892	-1.558
	Neg Resp	4.525	.965	.371	4.690	.000	2.616
	ISS	.173	.050	.276	3.484	.001	.075

a. Dependent Variable: ICU LOS

Table 5A: Predicting who goes home without home health

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1[a]	Age	-.071	.015	21.512	1	.000	.932
	HospLOS	-.202	.055	13.451	1	.000	.817
	Constant	6.119	1.157	27.955	1	.000	454.535

a. Variable(s) entered on step 1: Age, HospLOS.

Classification Table[a]

			Predicted		
			Home_noServices		Percentage
	Observed		.00	1.00	Correct
Step 1	Home_noServices	.00	34	16	68.0
		1.00	14	63	81.8
	Overall Percentage				76.4

a. The cut value is .500

Table 6A: Differences in length of stay in the hospital between those who got PIC and those who did not

Group Statistics

	GotPIC	N	Mean	Std. Deviation	Std. Error Mean
Hosp LOS	did get PIC	48	5.15	5.516	.796
	did NOT get PIC	79	6.94	5.986	.673

Independent Samples Test

		Levene's Test for Equality of Variances				
		F	Sig.	t	df	Sig
Hosp LOS	Equal variances assumed	3.000	.086	-1.683	125	
	Equal variances not assumed			-1.717	105.710	

		Std. Error	95% Confidence Interval of the Difference	
Sig. (2-tailed)	Mean Difference	Difference	Lower	Upper
.095	-1.791	1.064	-3.897	.315
.089	-1.791	1.043	-3.858	.277

Table 7A: Differences in length of stay in the ICU between those who got PIC and those who did not

Group Statistics

	GotPIC	N	Mean	Std. Deviation	Std. Error Mean
ICU LOS	did get PIC	48	2.13	2.438	.352
	did NOT get PIC	79	3.43	5.406	.608

Independent Samples Test

		Levene's Test for Equality of Variances				
		F	Sig.	t	df	Sig. (
ICU LOS	Equal variances assumed	5.458	.021	-1.577	125	
	Equal variances not assumed			-1.858	117.163	

			Std. Error	95% Confidence Interval of the Difference	
df	Sig. (2-tailed)	Mean Difference	Difference	Lower	Upper
125	.117	-1.305	.828	-2.944	.333
117.163	.066	-1.305	.703	-2.697	.086

APPENDIX B: PIC POSTER

PIC Score: An Innovative Approach to Improve Outcome in Patients with Traumatic Chest Wall Injury

Kimberly Shaffer BSN, RN, CCRN; Shawn Terry MD, FACS; Tony Ruppert RRT-ACCS CPFT; Maria Smith RNC
Melissa Schneider RN-BC, DNP, ONC; Kimberly Krouse RN, CCRN
York Hospital, York, Pennsylvania

WellSpan York Hospital

Background

A retrospective Trauma Registry review from 2011 through 2013 revealed that 13% of patients presented with at least one rib fracture. Trauma care was inconsistent, resulting in 11 unanticipated transfers to a higher level of care for respiratory deterioration, an average of 3 ICU days, 6.5 hospital days, and 18 potentially-preventable cases of pneumonia.

Practice Question

What is the best practice for the clinical care of trauma patients with 1 or more rib fractures?

EBP Model

Johns Hopkins Nursing Evidence-Based Practice Model

PIC Score

Synthesis of Evidence

PubMed and CINAHL databases were searched using the keywords: trauma, rib fractures. The initial search yielded eighty articles; forty relevant articles were reviewed. Twenty-four articles were of good quality to answer the question.

Practice Recommendations

Evidence targeted pain control, coughing, deep breathing, and early mobility as interventions to potentially prevent complications related to rib fractures.

Practice Changes

Components of the Trauma Chest Wall Injury Initiative ("PIC Protocol"):

- Plan of care algorithm initiated in ED/Trauma Resuscitation Area.
- Trauma Chest Wall Injury PowerPlan.
- "PIC Score" - institution-developed clinical assessment scale which targets interventions and guides patient progression based on performance (score).
- Design of PIC Score display boards for patient rooms.
- Development of patient/family education tool.
- Education of healthcare team.
- Performance improvement to monitor outcomes.

Results

By July 1, 2014, the Trauma Chest Wall Injury Powerplan has been used in over 100 patients. Compliance was assessed through daily monitoring of bedside PIC Score flow sheets. There was a 57% reduction in unanticipated transfers to higher level of care (ICU, STCU) for decline in respiratory status. ($p=0.02$). Hospital length of stay was reduced by 0.7 days ($p=0.06$). Discharge destination to home was improved by 13% ($p=0.07$). Review of additional patients will determine if application of the PIC Protocol achieves significance in all care measures evaluated.

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APPENDIX C: IRB FORMS

Texas Health Resources®

DATE:	August 15, 2016
TO:	Cathy McNeill, MSN
FROM:	Texas Health Resources IRB
PROJECT TITLE:	[941828-1] Feasibility of Pain, Incentive Spirometry, Cough (PIC) Score
REFERENCE #:	
SUBMISSION TYPE:	New Project
ACTION:	APPROVED
APPROVAL DATE:	August 15, 2016
EXPIRATION DATE:	August 15, 2017
REVIEW TYPE:	Expedited Review
REVIEW CATEGORY:	This study qualifies for expedited reivew under **45 CFR 46.110 Category (a) (5)** Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).
DOCUMENTS APPROVED:	PIC Protocol 02 AUGUST 2016 Enrollment Sheet PIC Master Key PIC

Thank you for your submission of New Project materials for this project. The Texas Health Resources IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a project design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on the applicable federal regulation.

- The IRB approves a Waiver of Consent for this study since the research meets the criteria outlined under 45 CFR 46.116 (d).
- The IRB approves a Waiver of HIPAA Authorization since the research meets the criteria outlined under 45 CFR 164.512(i)(2)(ii).

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding followed by a signed consent form. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

If your study involves waiving the HIPAA privacy authorization, please print out the approved study application and IRB approved HIPAA waiver and present it along with your approval letter when requesting access to protected health information (PHI).

The research may not continue beyond the end of the new approval period, as indicated by the expiration date above. In order for the research to continue beyond that date, the IRB must first conduct continuing review and designate a new approval period.

The IRB will send you a continuing review notice at least 30-60 days before the expiration date listed above. If not completely filled out, received, reviewed and approved by the IRB before the end of the expiration date above, enrollment of new subjects in the research must cease until IRB approval can be obtained. Continued involvement in the research of previously enrolled subjects may not continue unless explicitly approved by the IRB to prevent harm to subjects.

Based on human research regulations and THR human subject research policies, the IRB emphasizes the following requirements in granting approval for this research project:

1. Any changes, modifications, or amendments to any facet of the research must be reviewed and approved by the IRB before they can be initiated.
2. All reportable adverse events and unanticipated problems involving risks to subjects or others must be reported to the IRB according to THR IRB policy requirements. This includes reporting to this Committee any death or serious reactions(s) resulting from this study. Please consult the THR IRB Policy and Procedure Manual for specific definitions and reporting time-frames and requirements.
3. It is required to submit annual and terminal progress reports to the IRB and to receive continuing review of your activity annually by the IRB.

Failure to submit the above reports may result in severe sanctions being placed on Texas Health Resources. All research-related records and documentation may be inspected by the IRB for the purposes of ensuring compliance with THR policies and procedures and federal regulations governing the protection of human subjects. The IRB has the right and authority to suspend or terminate its approval if THR and Federal requirements are not strictly adhered to by all study personnel.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

The JCAHO standards related to patients taking part in research require that they be informed about the benefits, risks, alternative treatments, research procedures and refusal to participate. This information is contained in each approved research consent form. All in-patients and out-patients that are actively taking part in clinical research must have a copy of their signed consent form on their open medical records.

If you have any questions or concerns, please contact the IRB Office at IRB@TexasHealth.org. The IRB thanks you for your continued commitment to the protection of human subjects in THR research.

This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within Texas Health Resource's records.

Sample Master Key

	Last name	First name	Account number	Date of Birth
PIC-1				
PIC-2				
PIC-3				
PIC-4				
PIC-5				

Sample Enrollment Sheet

	PIC-1	PIC-2	PIC-3	PIC-4	PIC-5
Age					
Gender					
ICU LOS					
Hosp LOS					
Negative respiratory outcome (yes/no)					
Discharge disposition					
PIC (yes/no)					

Pain management					
ISS					
Type of rib fracture					

Key for Enrollment Sheet

Discharge disposition	Number
Death	0
Hospice/Palliative care	1
Skilled nursing facility	2
Long term acute care	3
Rehabilitation	4
Home with home health	5
Home without home health	6

Type of Pain Management	Number
Narcotics	1
Epidural	2
ON-Q	3

Type of Rib Fracture	Number
Right	1
Left	2
Bilateral	3

APPENDIX D: INTERNSHIP JOURNAL

5/31

Paperwork	- got paperwork done for first day of internship - ID printed - Sorted out parking - Got a quick tour of place
Articles	- read articles for possible thesis - validation of PIC Score
Visit Patients on Trial	- two new patients for TXA study - got consent from them to continue to be on study
TXA and PAMPer	- TXA is given to stop bleeding, aim to see if it can help trauma patients suspected of head injury - PAMPer aim is to see if patients given plasma has better outcome than patients given saline
Key Words	- things to search up: - multiple rib fractures, PIC Score, Incentive Spirometry/respiratory status, pain management (epidural and Q-ball)
Note to self	- bring white coat - always carry pen - bring water bottle
To Do	- read articles and do some research of my own - bring quarters for parking

6/1

Read Articles	- read article on validation of Alder Score - tried to come up with some questions for meeting with Patty tomorrow to discuss how to validate PIC Score
Rounds	- went on rounds
TXA	- watched and learned from Cathy on how to input data for TXA study - learned how to read a run sheet

6/2

TXA	- learned how to load images - got to input data for trial on my own with Cathy's help
Meeting with Patty	- not validation study - feasibility of PIC Score to estimate magnitude of effect and determine power analysis - presenting poster OCT 28
Lab	- went to lab to sort sample
Rounds	- went to rounds

6/3

TXA	- worked on trial
Lab	- organized specimen - hopefully can get shipping supplies by Monday and have it shipped out next week no later than Wednesday
Rounds	- went to rounds
TO DO	- email CITI Training to Cathy
FIRST TXA PATIENT	- got called in to meet Cathy for a new TXA patient (3ish) - learned process of enrolling patient - overall process around two hours (if not lost might be around 1.5 hours) (5:30 ish) - lots of waiting for medication - TXA 114
First PAMPer Patient	- came in late at night - GS to the face - PAMP7011

6/6

TXA	- worked on trial some more
Visit Trial Patient	- went to visit patient on trial to inform him about study - did not have him sign paperwork - come back tomorrow when he is feeling better -
CITI Training	- uploaded CITI Training information
Rounds	- went to rounds
IRB paperwork	- worked on IRB application - made master key and enrollment

	sheet
Thesis Proposal	- started on thesis proposal
Trauma Staff Meeting	- discussed issues to be addressed and upcoming events/updates - went through orange book section
TURF Meeting	- discussed issues to be addressed - problem with PIC Score (nurses think it is taken too often) - PIC above 8 taken every shift, 5-7 Q2/Q4 intervals, below 4 ask for consult

6/7

Lab	- checked on specimen one last time before shipment - got things organized and made a plan to be checked off later
Call to Kim Shoff	- asked about publication, at what interval it was taken, when to stop taking score - working on publication, taken every hour while awake, taken until discharge
Paperwork	- worked on paperwork for committee meeting - looked up some articles
Rounds	- went to rounds
Article Search	- article search for Dr. Rush
Prepare for Shipment	- did the key for labels - made copies - checked off list made this morning in lab - prepared new vials for later use
IRB Addendum	- file addendum for letter to subjects

	on study assignment

6/8

Shipped Specimen	- got dried ice - labeled packages - packed up specimen for pickup between 10-1
Lab	- organized specimen for new patients not shipped
Rounds	- went to rounds
TOPIC Meeting	- monthly meeting to discuss progress, changes, results, statistics, ways for improvement, etc. - Cathy updated on research - Introduced me during meeting
PAMPer	- DoD paperwork, problems with subject becoming prisoner
To Do	- struggled with Care Connect access - check on it if not able to log in by next week - work on thesis proposal due 6/30 - complete THR learning plan due 7/1 - abstract for poster due 7/1
TXA	- TXA patient came in at night - On bike and hit by car? - TXA 115

6/9

Committee Meeting	- first committee meeting - got paperwork signed - thesis is due end of month but there is an extension if needed - need to do IRB for the university

	too but that can be done after IRB at hospital
ATLS	- advance trauma life support volunteering 8:45 - was patient with two stab wounds, one on right below collarbone and one on left flank - scenario was that I got stabbed by a thief and dropped off at the hospital by a friend - I need a chest tube and a FAST exam before being sent to another trauma center with extra blood - First time in SIM lab - Got out around 1:45
FAST exam	- Focused Assessment with Sonography in Trauma - Part of ATLS protocol - Ideal because it can be done really fast and at the same time as other procedures and exams - Radiography and CT does not offer the convenience as FAST - Dr. Withum thinks that medical schools making med students do it every time is a mistake because if the injuries are obvious then a FAST procedure no matter how short is still a waste of time - If done when needed it can be a huge help in diagnosis and treatment
Head CT	- Cathy showed me a head CT of a patient on the trial - Any white areas indicate possible bleeding
TO DO	- remind Cathy to order supplies - articles for journal club needs to be sent out early next week - turn in signed forms to Carla

6/10

Worked over 40 hr. this week Cathy take today off	

6/11- PAMPer patient came in late at night MVA PAMP7010

6/13

PAMPer and TXA	- worked on data input some more
Lab	- organized stuff to take in lab - get everything to the bottom shelf - need to find a better system than last time or start keeping up early - should actually try to fill out a whole box this time before sending them out - get shipments out more frequently
Rounds	- went on rounds - patient was not hit by car - need to change in paperwork
Consents	- went and spoke with three patients about their continuance in the trial - one was signed by patient - one was signed by family - need to f/u with family of other patient on trial
TXA Patient	- MedStar brought in a TXA patient and we got to meet them at the ED - Ground level fall with serious head bleed - Unsure of time of injury but was

	estimated to have been no more than two hours ago so TXA can be given - Is on blood thinners which might be an issue - Got to see a FAST exam performed by Dr. Rush - Got to see the CT room and the CT while patient was inside (lot of internal head bleeds) - Also got to see a catheter being put in - Patient currently in ICU - Unrelated but patient in ED room 1 was pronounced dead and it was my first time seeing a man wheeled out of a room with a sheet over his head, not sure how I feel about that but was surprised I was not more scared, in fact was not really scared at all - TXA 116
TXA and PAMPer	- currently have four in ICU and one on the floor
TXA	- called patient on trial for one month F/U - patient seems to be doing better - next call is six months F/U

6/14

Alert	- TXA was stopped because it interfered with treatment - Need to put in alert and notify sponsor, IRB, etc
TXA	- worked on data entry
RED	- reality education for drivers - volunteered/took kids around the virtual tour

	- event held to raise awareness on safe driving - based on a real scenario - reenactment starting from the landing at the helicopter pad by CareFlite (first time on the roof and got to see the helicopter land) - set off code blue since we did not know how to get the elevator to work - went to ICU and OR in SIM lab where they reenacted the whole series of events - Cathy played the crying mother of the patient and put on another great performance - fake dead boyfriend was wheeled off of a ambulance in the SIM lab - kids seem pretty into it but event could use some more organization - 11-2
Lab	- finished putting TXA in - need to finish PAMPer samples
TO DO	- have to have to have to get articles in by tomorrow for journal club - look for laptop charger

6/15

Journal club prep	- Sent out articles for journal club - Topic over TXA - Got a lot of people interested in attending - Problem- supposed to clear the copy right issue since the article will be distributed BUT article will be distributed for educational purposes…

Rounds	- Went on rounds
Consent	- Got consent from patients on trials
Organize paperwork	- Organized the paperwork in the binders and made copies - TXA Verification Randomization Sheets - Needs signatures of both Cathy and pharmacist - A few were missing signatures but got it all sorted and scanned and emailed
LAB	- Went into lab today to organize samples - Should have enough to ship out soon
Conference Call	- Conference call for TXA - First conference call, pretty interesting

6/16

TXA and PAMPer Folders	- Got folders made with instructions in case Cathy is ever out or the new 24 hour nurse thing is in place (probably will not be until February)
TXA	- Worked on TXA some more
IRB	- Finally got IRB turned in
Meeting with Debbie	- Add contact list in front of folders - Add how to reach PAMPer paperwork - Add labels
Letters	- Sent out letters to patients from previous TBI study informing them whether they got the study drug or placebo

Presentation	- Listened to and edited the presentation Cathy is giving in Montreal in September - Presentation over EFIC (Exception From Informed Consent) - Public should be informed that there are such studies and it is not an illegal or unethical thing - Both TXA and PAMPer are enrolling without consent (obviously patients or family can opt out) - These exceptions are usually because the patient is in critical condition and they cannot given consent and family cannot be reached in a reasonable amount of time (ex. TXA must be given within two hours from time of injury to avoid complications) - Ironically hospital is not very open about these trials due to possible bad publicity (never ending cycle of people's misconception of EFIC being a negative thing and not being informed otherwise because hospitals are scared of how they will be perceived)

6/17

TXA	- Worked on AIS scores - Invested by automobile industry to score an injury - ISS is basically the top three scores squared - Split by regions (head and neck are both one) - Be careful not to be confused by description of injury and body region
MISC	- Got mannequins - Cathy needs them for hands only

	CPR demonstration Saturday
PAMPer	- Worked on PAMPer some more
Rounds	- ICU and MD rounds - Maybe rib plating surgery on Monday?
***	- Went home early since I was sick

6/20

Surgery	- First surgery (was worried I might pass out or feel nauseous but surprisingly I was ok) - Rib plating (three on the right and two on the left) - Dr. Witham's first rib plating and my first real surgery - Burning flesh does not smell good - Best spot to stand is on the step stool next to the anesthesiologist/ nurse - Also put in an OnQ for pain and a drain -
IRB	- Too much paperwork for IRB…
Rounds	- MD Rounds - Very full house, all the doctors are back from vacation and everyone was in today
Staff Meeting	- Trying a new style of staff meeting that is more casual - Apparently there is a problem with staff shortage - Should consider being a nurse if medical school does not work out - What is the difference between clinicians and RNs?
PAMPer	- Worked on PAMPer

	- Few questions to ask tomorrow during conference call
To Do	- Cathy might be out for jury duty tomorrow - Get the CDs to imaging and have them save it again - Take notes for Cathy during conference call - Do not forget binder (the one with passwords in it already)

6/21

Training	- Hazard Communication for General Industry for New Hires - Texas Health Code Silver Active Shooter- New Hires on or after June 17, 2015 - THR Diversity and Inclusion 101: The Basics - THR Information Security Awareness Training Curriculum - THR Privacy Basics - THR Safe Workplace NEO Curriculum - THR TeamSTEPPS
Vitamin D	- Consented two patients to be on Vitamin D Study with Dr. Mathe - Aim is to see if levels of Vitamin D affects length of stay and recovery process - Must be 65 or older and cannot have a hip injury - Try to enroll patients within first 24 hours of admittance to ICU - Only one blood draw and results with recommendation will be given
Conference Call	- Conference call for PAMPer study - Did not really get question answered, email and ask for the extra day to be deleted

Rounds	- MD rounds
TXA	- Worked on TXA study some more
TXA	- First time going to floor to visit patient on trial - Tried to get his consent (already informed family) but he does not seem capable of giving consent

6/22

IRB	- Worked on IRB corrections - Should all be done; work on IRB for school once it is
TXA	- Worked on TXA - Uploaded images - One month F/U but patient cannot be reached
Poster Abstract	- Topic: INTREPID- TBI - Submitted to THR, presentation 1028 - Submitted to SOCRA
Vitamin D	- Returned results to one patient yesterday - Results were in the normal range - Recommend taking 1000 units daily - Still waiting on results of other patient - One new patient qualified to be on study but she was leaving today so we did not ask her to be on the study
TXA Patient	- Got text around 6:30pm - Went pretty smoothly, no ways to improve that I can think of - Might be a good idea to learn how to print labels

	- TXA 117

6/23

Vit D	- Call lab for vitamin D results for the second patient who still has not gotten it
Meeting with Debbie	- biweekly meeting with Debbie - updates on studies - discussed possibility of not coming in for patients and how to make it happen - Cathy is ok with guiding people through over the phone if needed - Problem is there is so many nurses and other staff that it is hard to make sure whoever is there knows how to handle study - But Medstar and Careflite should know how to handle it and the doctors are all on the study
TXA	- went to ICU to visit patient and discuss consent - patient's wife was unhappy with husband being enrolled in study - wife says that husband is too old and should not be enrolled in study - was not pleased that this was an exception from informed consent study - did not take last blood draw - should the elderly be a vulnerable group like children, prisoners, and pregnant women? - What age is a good cut off if the elderly is considered vulnerable?
Lunch meeting	- Lunch meeting with Celeste and another lady from JPS that Cathy is friends with - Both are research coordinators, other

	lady was from Southwestern - JPS is starting PAMPer soon so they had some questions, JPS is only in TXA right now
Lab	- went to lab to organize samples - collected more green sheets for data input
TXA	- worked on some more data entry - TXA patient brought in yesterday missing run sheet - Tried to get agency to fax it over

6/24

Journal club Prep	- sent out reminder email about journal club - helped edit TXA presentation for Dr. Witham - basically just added a background and some color - simplified some stuff, changed paragraphs into bullet points - journal search needs to be run through Rightsphere for copyright infringement - got fined for copyright infringement - any distribution of articles that did not go through rightsphere can be fined
To Do	- hope to ship out samples soon if no other patient comes in - remind Liz to order new binders - Dr. Rush has this idea to have his kid and other high school kids be liaison about safety and other public medical announcements - They will come to the hospital and be educated/volunteer and then go back and during events such as Career Fair help educated their peers

	- Asked us to help with presentation to be emailed to volunteer services by Monday - Probably need to talk to Debbie and Crystal in Trauma Prevention - CT taken to radiology needs H codes - Need to take consents down to medical records - Shipping supplies arrived
Vitamin D	- went to see patient regarding Vitamin D results - also in normal range like last patient - recommendation is still 1000mg - data input for both patients
TXA	- patient came in late at night - MVA with 18 wheeler - TXA 118

6/27

Prep for Fourth of July Weekend	- labeled tubes for ED and ICU and lab - have at least five kits for PAMPer and TXA ready - Cathy predicts five patients this weekend, there was two last year
Rounds	- ICU rounds - Two alerts one for DVT and the other for seizures which were not sizures - Neurosurgeon thought patient was seizing but he was really just having involuntary shakes - EEG was taken the next day and it showed it was not seizures but already missed eight hour infusion - Next time EEG will be ordered and

	performed the day of - All unexpected events must be reported to Department of Defense since this study is sponsored by the government to be used on military - Ordered red tubes for vitamin D study - Got labels for patients
TXA	- worked on data input patient 118 who came in on Friday
Rounds	- went to MD rounds
Journal Club	- made signs about change in location for journal club - be sure to bring it, tape, sign in sheet, pens, articles, abstracts, and folder

6/28

PAMPer and TXA	- worked on data entry some more
MedStar meeting	- went to meeting at Medstar office - enrollment is going pretty well but not as well as they had hoped - patient enrollment likely to continue until February of next year - problem with patients not meeting inclusion criteria being enrolled - basically an information/ question answering session - side note: people are concerned about all these hospitals seeking trauma one or trauma two titles - apparently it dilutes funding as well as research subjects - gossip: apparently JPS was suppose to distribute funding last year but kept it all

PAMPer	- worked on binder to be brought to PAMPer meeting Friday for review - redid labels and reorganized - printed out forms that were missing - rechecked all documentation - also wants Cathy to bring three consent and hand off sheet for review
Thesis	- follow up on list for thesis from Denise - go over article that might be helpful for thesis

6/29

Lab	- worked on organizing samples - hope to ship out some time next week - freezer having issues
TXA and PAMPer	- worked on data entry some more
Journal Club	- presented by Dr. Witham - topic over TXA - was expecting more people to show but two people from Arlington EMS did come - UNT pharmacy students also showed - Be sure to turn in sign in sheet - Get reimbursed for the pizza and set up - What are some better ways to advertise journal club? - Mass emails and flyers no longer possible - Should TXA be given to a patient that is dying?

	- Patients are excluded from study if CPR is performed - But wouldn't a patient bleeding out resulting in the need for life saving measures need TXA to help stop the bleeding?
**	- Cathy will be at PAMPer meeting in UT Southwestern - - Training over data entry is Friday be sure to ask for notes
***	- Fourth of July weekend!!

6/30

Accumulated a lot of overtime from working over 40 a week. Cathy taking today off and going to best friend's dad's funeral and Dallas to see family	

7/1

Cathy is at research coordinator meeting for PAMPer	

7/2- Christina enrolled patient for TXA. Motorcycle accident.

7/5

TXA	- worked on data entry some more - third day for patient that was enrolled over weekend, must get initial data in now - need to get run sheet from ems that arrive on scene before CareFlite - one month follow up due for 112 and 113
TXA	- new TXA patient came in 7/2 - Christina consented - Patients family does not seem happy that she had consented them the day of injury - Got one consent from patient - Patient should be getting discharged soon but issue with discharge disposition - Still need to get consent from one more subject - Remember to get copy of consent down to medical records before discharge
Lab	- prepare for shipment tomorrow - lab mixed up 103 and 119 - mistake fixed but 125 in ED is missing, - need to make new bag for 125 - replaced the 125 bag on the way out - should now have bags for 119-125 ED, ICU, lab - still need to make key for cryobox - bring more boxes to lab - used one from PAMPer for TXA - be sure to set up pick up time with fedex -
Rounds	- went on MD rounds - had journal club evaluations signed

	- make sure to send journal club evaluations - had questions answered about DVT - not unexpected given the injuries sustained by patient - miscommunication between doctors and another doctor from another hospital and upset between doctors and administration (law vs. ethics) treating a child with serious life threatening injuries vs malpractice/protocol wonder what I would do…
TXA	- went to visit patient enrolled over long weekend - seemed to understand about the consent - already down on floor and should be out soon - need to get paperwork from Christina
PAMPer Meeting Notes	- need to go over Cathy's notes she took and make corrections - need conflict of interest sheet and some other stuff - toxicology includes drugs and alcohol so need to go back and fix - print out Rush's articles but not in hurry since he is on vacation
ICU rounds	- went to ICU rounds and hear about patients on trial

7/6

Shipment	- got dry ice 25 pounds - shipped PAMPer and TXA - lab is empty, no specimens - double check shipment arrives tomorrow - make sure to get reimbursement

TXA and PAMPer	- worked on TXA and PAMPer - overlooked a PAMPer patient, go back and make sure data is entered for all else - organize calendar to reflect new follow up times - clarify if follow up calls are calculated from discharge or date of injury - check on any available ISS or AIS scores - ISS scores are calculated from the top three AIS scores squared
Rounds	- went on MD rounds - short and simple, no updates on child from yesterday
Thesis	- fixed up thesis (summary and hypothesis) - still need some work on significance - try to get it out by the end of the week
TXA	- one month follow ups cancelled - actually at a later time than originally recorded

7/7

TXA and PAMPer	- worked on it some more - fixed the toxicology to include drugs and alcohol - -need to get them to open up some locked charts
Binder	- made seven more binders - stored in cabinets in big conference room - extras formed printed are in the extra binder

	- should have eight on hand - leave one in ED?
Meeting with Debbie	- usual biweekly meeting with Debbie - reminder to get in touch with speakers for annual conference - journal club still four times a year or two journal clubs and two trauma talks?
Master Binder	- made sure CVs, CITI, and HCCS are current in the master binder - still need signatures from all the doctors for CV - emails sent to the other trauma admins to remind them of CV and CITI -

7/8

Continuing Review	- must be renewed every year - due by the end of the month need to get it done ASAP - be sure to add the attachment before sending
Conflict of Interest	- must get new conflict of interests signed every year - still missing from the doctors and a few others
Rounds	- MD rounds - Got a few signatures for CV and COI
TXA	- DVT found in another TXA patient - Patient did not get eight hour infusion due to neurosurgeon mistaking involuntary shaking as seizures

	- TXA can lower seizure threshold so patients with seizures or history of seizures are excluded - TXA does not cause seizures - Third TXA patient with DVT - Previous two patients did receive eight hour infusion - One patient has lower extremity DVT which is really rare but expected since the patient broke both legs and an arm - Three patients of nineteen total patients enrolled with DVT - Of the nineteen patients enrolled two can be excluded from calculations since one died and one did not meet inclusion criteria - Three out of seventeen patients got DVT (17%) - Can expect anywhere from 5-65% of trauma patients to get DVT (very wide range) - Christina sent the papers - Need to get consent signed by doctor and make copy for family and medical records - Find out how to read Rotem results to answer questions
Signatures	- copy of list of signatures still needed is on my phone
Lab	- lab samples should not be split by patient but can be split by time - hold on to samples if the cryobox has only one time sample in it

7/11

Patient visits	- had Dr. Rush sign the consent Christina sent - visited patient in ICU and finally got consent signed - patient was asleep so did not get to talk to him but mom answered discharge questions - made copy for family and for medical records - went to check four patients on the floor - one patient did not want to talk and technically can not due to injury - one patient does not have family present - talked to patient 103 and gave him a copy of the consent and asked discharge questions - other copy of consent to give to medical records - talked to last patient and asked discharge questions - already gave him consent long ago
Rounds	- ICU rounds - Saw Dr. Smith and had him sign CV and COI
TXA	- worked on TXA data entry
Staff meeting	- discussed attendance, rounds, binder for nurses (orientation manual), process for splinting and suture, skills check, and run sheets - new registrars hired and expected to start soon - next meeting is UBC on July 18th and Debbie is presenting the orange book there since her turn fell on the July Fourth long weekend - the new Rib Fracture Guideline is in place - on admission PIC is documented Q2 - when PIC is greater than 7 PIC is

	performed every shift - when PIC is between 5-7 PIC is Q4 - when PIC is less than 5 then a MD is contacted - ambulate at least TID if not contraindicated, if unable to ambulate then up in chair as tolerated if not contraindicated
Radiology *had been putting under TXA *forgot it was its own section	- went to pick up CT from radiology - input and upload data tomorrow

7/12

TXA	- uploaded CT for the last three TXA patients - did some more data entry - HC codes are on the images, have to click into the CT report and then click on the hyperlink - Pretty much caught up just waiting on discharge
Rounds	- MD rounds - Got signatures from Dr. Rush for CV and COI - Three patients of five in studies to be discharged by end of today - Two patients to go home and one to go to rehab - Need to work on discharge tomorrow - One patient to get one more surgery and be discharged by next Thursday - Will only have one patient left, hopefully get some more patients soon

7/13

DVT alerts	- Finalized the DVT alerts - made them all expected because it is expected due to drug not treatment and lower extremity DVT is listed in the consent form as a possible side effect - decided mild and moderate should be split by whether or not they had treatment - two of them had increased in medication and a filter so were considered moderate while one was possibly chronic and did not get treatment so was mild - two were possibly related while one is unlikely related because the irregularities of his blood draws and the upper extremity DVT suggests the condition is chronic
PAMPer	- put in ROTEM results - learned that to calculate a MCE which is the max clot elasticity you multiple the MCF by 100 and divide the whole thing by 100-MCF - input the more data
Continuing review	- scanned the COI and CVs - created new package - try and get it submitted soon
MISC	- organized INTREPID stuff which was a previous study which has already been concluded - INTREPID was over traumatic brain injuries
Rounds	- MD rounds - One patient is getting surgery for a bone flap to be put back in

	tomorrow then discharged over the weekend most likely - Will have two left in the hospital but one has already been here for over thirty days so only tracking for adverse events, infections, and major things; no need for daily vitals
TOPIC meeting	- monthly meeting with updates from several departments all working together with trauma - trauma prevention, research, trauma administration, blood bank, Careflite/Medstar, ED, ICU, nursing, etc all gave updates - representative from transplant gave a nice update about organ donation - ten donors saved 32 lives - only ten were viable enough to donate and all ten's family agreed to donate - there has been fourteen so far this year with a 88% rate of success
SoCRA	- Filled out form needed for SOCRA meeting 8/11 - Meeting over EFIC and Cathy is speaking

7/14

MISC	- helped Crystal move things out of her office - pipes above her office leaked last Friday - storage space by kitchen has been cleaned out and she uses it as temporary storage - currently using Robbin's office or the conference room which is technically my space - I moved to Cathy's room

	- All meetings held in the kitchen - Carpet has been shampooed and pipes have been inspected - Needs new ceilings put in and should be done by next week so I can move back some time next week
Annual Trauma Conference	- April 6th - Got emails sent out to possible speakers - Three speakers confirmed; Dr. Smith on coagulation, someone speaking on his experience in NASA and how it applies to trauma, and speaker Debbie suggested - Waiting on five others to reply - Asked Crystal to contact people in Orlando and she knows the chief firefighter in the Orlando shooting - Need a nurse speaker since they are the target audience - Problem with AV last year - Need to check up on venue and see if it has been fixed - If not then either contract out or find new venue - Planning meeting at 11:30 - Budget seems over last year - Attendance has been declining - Need the electronic save the dates out by early November - Flyers need to be out by middle of January - Layout and design needs to be done by October - Need to get with Mandalynn to do mailing list - Brainstorm some ways to get the word out - Dr. Smith was not at meeting so need to update him
Thesis	- had Denise make the list of patients with multiple rib fractures from

	12/15 – 4/15 - list has account number, name, age, sex, race, ethnicity, hospital LOS, ICU LOS, discharge disposition, and ICD 10 - switch from ICD 9 to ICD 10 was made last October - cleaned up the list so that only ICD code for multiple rib fractures showed (s22.4) - still need to go in patient chart to find PIC score and see if there was a decline in respiratory status - need to follow up with IRB soon

7/15

Accumulated a lot of overtime from working over 40 a week. Cathy taking today off.	

7/17- Two TXA patients one MVA while driving high and one GLF and drunk
TXA 119 and 120

7/18

TXA	- two new TXA patients - made binder for 119 and 120 - 120 husband refused 8 hour infusion - husband is ok with continuing blood draws and follow up calls - started initial data entry - need run sheets and clarification on time and GCS - talked to patient 120 about consent - got labels for patients
MISC	- set up new automatic hole puncher
Rounds	- ICU rounds - Two patients on floor - Need to make signs for outside door
Lab	- Went to lab to put up samples - Brought new cryoboxes
Staff Meeting	- orange book presentation - didn't finish both chapters and will continue next meeting - first person communication!!!!!

7/19

TXA	- called 112 and 113 for one month follow up - both are doing ok and back at work - more data entry - spoke to 120 about consent again - went to see 118 and ask discharge questions
Lab	- issues with blood - lab mixed up sample 120 with sample 119 - sample 120 24 hour samples

	missing one serum and two plasma samples - wondering if 120 24 and 48 hour samples should just be disposed of, email to ask
Rounds	- MD rounds - got signatures for COI and CV - conflict over someone filing assault on one of the doctors - patient has seizures, notify IRB?

7/20

Continuing Review	- submitted continuing review for TXA - included all the conflict of interests except Dr. Mathe's - has event summary with three more potential protocol deviations to report (can f/u with homeless subjects, hung drug late) - has amendment list and DSMB - Dr. Witham signed form for submission on his behalf - this is package 13
Rounds	- ICU rounds - Met some new Parkland residents
TXA	- data entry - need to ask Dr. Smith about TXA 114 bilateral opacities - called Sabrina for clarification on TXA 120 - emailed Paula about TXA 120 not having 48 hour blood and late 24 blood - new vehicle number has been added

	to list for TXA 119 - got consent TXA 120 signed - take 119 and 120 to MR - 118 discharged even with seizures - Dr. Witham thinks seizures are too far out to be related to TXA - Most likely due to TBI - Considered moderate and treated with drugs - Did discharge
MISC	- made signs for outside patient door to remind people if they are on TXA or PAMPer - first time working the laminating machine - reminder to bring one TXA up tomorrow - label for cyrobox 16 to take to lab - new supplies came in today
BLS	- watched the first few minutes of Basic Life Support with Cathy - deadline for BLS is end of the month

7/21

Continuing Review	- problems with conflicts of interest, needs to be handwritten and two questions were answered wrong - got all the COIs done except Robbin, Dr. Hickey, Dr. Siadati - all the doctors need an IRBNet account - everyone needs to link training - Dr. Mathe is not the medical monitor - Need to edit to add Robbin back in study now that she has CITI done - Need to scan in COI

	- Redid the application, took amendment list off, edited event summary
TXA	- Made copies of 120 consent - Sent 119 and 120 consent to medical records
Conference Call	- PAMPer conference call - Question about whether prisoners should still be kept on study - Manual of operations to be created - More clarifications between initial injury and complication, complication and adverse event - Related and possibly related AE need to be reported to IRB and if unanticipated then report to DoD - Notification for prisoners need to be reported to IRB and DoD - New space for procedures done to be added - Keep track of hours - Ship less samples with more dry ice over summer
Meeting with Debbie	- still need to ask about compensation for radiology - should have 24 hour backup for research soon - another study going on (annexa-4), Dr. Witham suggested but not going to take on - Debbie to ask Charlesea about having nursing staff help with Vitamin D study enrollment - Platelets and Plavix paper still in need of help from UNTHSC statisticians who so far are not helpful at all/ never replied back probably because there is no compensation - Journal club 9/28 - Annual conference speakers pretty much all confirmed

Rounds	- MD rounds - Cleared up questions with 114, no bilateral opacities - Got all signatures

7/22

Continuing Review	- problem with conflict of interest form, needs to be handwritten - get new signatures, still missing Dr. Siadati, Dr. Hickey, Christina, Robbin - doctors still need IRB accounts and link training - turned in to meeting 7/22 deadline but incomplete
MISC	- made instructions for new clinicians for CITI training and IRB account - prepared agendas, sign in sheet, evaluations for trauma conference next week - will present research at trauma conference - lit search for doctors on popliteal DVT and IVC filters and the difference between pneumonia 23 and 13
Rounds	- ICU rounds
Lab	- went to lab to fix samples and get green sheets
TXA	- input data
TO DO	- three meetings next week - need to get signatures, accounts made and set up, link trainings -

7/24- TXA patient came in late at night. Did not meet criteria but was enrolled. TXA 121

7/25

TXA	- Christina was on call but forgot - Cathy got called in 5am Sunday for TXA 121, patient was intoxicated and on cocaine and deaf and Spanish speaking so GCS of 3 - TXA 121 no injuries so discharged - Cathy got called in early in the morning Monday for TXA 122 - Problem with patient heart condition not trauma patient, still in study - Daughter in law was turned away at front desk since patient was enrolled with doe name - TXA 123 Monday afternoon, I arrived around 3:15 - Pharmacy took longer than two hours to make in hospital infusion and patient did not arrive at ICU until after two hours, drug given after two hours - Patient with head laceration needing stitches but no other injury
To Call	- TXA 123 7/25 6 hour blood draw 20:00 - TXA 123 7/26 12 hour blood draw 02:00 - 817-250-7200 - TXA 122 7/26 24 hour blood draw 01:30 - 817-250-2056
To Do	- get run sheet - get labels - need stickers for TXA - MedStar meeting 10:00 tomorrow

7/26

MedStar	- TXA meeting - DFW second in enrolling after Seattle - 127 enrolled (12 KONG), THFW enrolled 23 - Expected to be done enrolling end of Feb next year - Patients with head lacerations are suspected of having head injuries (AIS body region 1) but head lac is under extremity (body region 6)
TXA	- dropped off CT at radiology and picked up and uploaded - got run sheets - data entry - got consents and labels - made copies for patient and medical records
Rounds	- MD rounds
MISC	- medical device salesperson came in after rounds to present ER-REBOA Catheter - used to occlude large vessels - from Prytime Medical - acts like seven French - has a peel away applicator - no need for fluoroscope - monitors pressure - P tip - Balloon on end - Doctors especially Dr. Smith seemed interested

7/27

TXA	- data entry - made binders for TXA 121, 122, 123 - dropped off CTs at radiology - uploaded images - went to get consents from 122 and 123 - TXA 121 was discharged before consent
LAB	- put up samples - collected green sheet - reminder: last few patients do not have complete set of blood draws
MISC	- went with Cathy to complete BLS - one set of CPR on adult and one set on infant
Trauma Research Committee	- Dr. Siadati to look for liaisons from rehab, ortho and radiology - Cathy to work with Nancy RN from TICU on iliac vien injury without pelvic fracture paper - Cathy to ask Dr. Rush to close Contrasting Pain Management Strategies in a Retrospective Study of Patients with Traumatic Rib Fractures (by Sunny) because results are insignificant - Vitamin D to ask for nurses to help at August meeting - Presented thesis to group ☺ - Should consult with Nina and include ketamine drip - Intrepid study concluded: 8/11 got study drug - Platlets and Plavix paper to be

	written by Cathy, still need to find statistician - Prospective study on multiple rib fracture pain management study idea by Dr. Rush (On-Q vs Epidural randomization) - Doctors would rather determine their own patient treatment so better as a retrospective study - Precedex in hip fracture study idea by Dr. Neben to study decrease in delirium - Precedex also to decrease pain and no respiratory depression - 24 hour use and intraprocedure - study currently done but terminated? Check clinicaltrials.gov - doctors really like the study, can potentially be used for rib fractures? - Antidote for Factor Xa Inhibitor for Surgical Patients study currently conducting but want Trauma to join - Dr. Witham to review protocol - Initiation visit in a few weeks, FDA approval expected in two weeks - Meeting adjourned and Cathy to type up minutes

7/28

TXA	- lots and lots of data entry - dropped off CTs at radiology - dropped off consents for medical records
To Do	- need to organize sample log for lab
MISC	- picked up stickers for TXA - need to bring to work tomorrow

7/29

Continuing review	- helped doctors sort out IRB account, CITI training, research privacy, and email accounts - training linked for Continuing Review, check to see if accepted - Got Dr. Mathe and Angela to sign CVs for master book
TXA	- data entry - AIS scores due - Discharge patient went to get discharge questions - Made tubes for ED, ICU, Lab
SoCRA	- worked on SOCRA meeting paperwork - sent out reminder emails - SOCRA meeting in two weeks
PAMPer	- ISS scores due - Data entry
IRB	- Application edited to reflect prospective not prospective and retrospective, no longer looking at radiology - Consent waiver form uploaded - Get Dr. Rush linked - Need to get signature from Newcomb or Thornsberry
To DO	- ED tubes through TXA 131 but ICU and Lab only through 128 - Need to get more bags for ICU - Upload images - PAMPer 7012 needs to be put in!! - Start Vitamin D continuing review

**	- Angela and Julie's birthdays today and Monday

8/1

MISC	- prepared Cathy's powerpoint for Montreal on EFIC - sent out - ordered flight, waiting approval - Prepared for SoCRA meeting 8/11 8/25 on EFIC - Application, forms, sign in sheet, signs, certificates, etc - Prepared powerpoint for training Thursday - Binders and CITI and IRB already ready - Organized the office, filing, cleaning, etc.
TXA	- made master log for lab - tubes for ED prepared until TXA 131 last week - lab has 127-129, need to make two more - ICU has 127 and 128, need more blood bags - All caught up
PAMPer	- Data entry - caught up on PAMPer
Staff meeting	- survey application submitted and in PRQ mode - CATHY 5 YEAR ANNIVERSARY - HRO training part 2 due, remind cathy to register - Voiceras for all staff soon - New badges for all hospital - Name front and back and formatting all the same - NTDB 2017 preliminary changes posted

	- Meeting in Nov to plan and final in December - Registrars going to TQIP Conference for more info - Retreat in Sept for trauma admin - Submit one suggestion by UBC - Back to school event 8/10 - Debbie suggests modifying car safety program for teens - RED 8/17, helping out - ATLS 8/17-8/18, helping out - TCAR 8/24-8/25 - Falls Conference 9/2 - Suggestions to use survey for journal club - Complaints on registrars being behind schedule - Trauma no longer ordering PT/OT until patient ready, used to be preselected - PT/OT shortage - Transfer agreements in process - New IT person as rep for registrars - Orange book by Thomasina
**	- secretary passed out - rapid response and code blue called - possible seizure or stroke or aneurysm?

8/2

IRB	- IRB rejected - Study needs consent or waiver of consent because considered retrospective and prospective - Dates changed to 4 months before and after - Wont allow after 6/15 to be retrospective because only retrospective before IRB

	submission - Cathy to link CV - Entity reviewer to be signed - Protocol application to be edited - Not looking at radiology
SoCRA	- SoCRA forms to be redone - Flyer needs to reflect joint - Application needs expanding on objectives
Trauma Conference meeting	- reach out to speakers - organize contact and speaker information - need RN neuro - found four to ask Debbie during biweekly meeting - Orlando EMS speaker confirmed
**	- Montreal flight rejected - No more international travel - Cathy is upset - secretary is doing better but not discharged

8/3

IRB	- New application - Final time 1/15-7/15 - Application submitted - Entity reviewer signed by Thornsberry - Cathy CV accepted - Turned in
MISC Paperwork	- office organizing - TXA binders organized - TXA REG binders and IRB binders organized - Worked on final touches to training

	powerpoint
TXA	- TXA 122 and 123 caught up - Worked on data entry for 119 - Uploaded images - Bring 119 to radiology
To Do	- meeting with Debbie tomorrow - bring speaker candidates - ask about payment for radiology - ask Dr. Gwirtz about IRB and statistician
**	- secretary is better, maybe discharge tomorrow - one coworker with family/scheduling issues - one coworker with daughter that is injured - one coworker with hospital/trauma administration political/personal issues - one coworker with family emergency - one coworker walked out yesterday who is suppose to be backup for Cathy - one coworker took the now empty office - the one coworker who took the office has issues with potential hire - So much office drama and it's only Wednesday??????????????

8/4

MISC paperwork	- gave the office a major clean up - filed away all lose TXA and PAMPer papers - printed out emails and other electronic documents to file in correspondents and REG binder

	- cleaned the office, took out trash and threw papers in shredding box - organized office
Meeting	- meeting outline prepared - Debbie canceled

8/5

MISC paperwork	- finished up some misc to do things put on the back burner - some personal stuff for cathy and secretary -
Misc	- took secretary's car home - car had check engine, steering wheel lock, and the gas light on… - had to get the cops to jump the car (apparently the cables connect to the front of their car) - scariest drive ever…

8/7- patient came in early morning around 3-4am. Kit mix up. TXA 125

8/8

TXA	- patient enrolled 8/7 TXA 125 GLF after fighting with BF while drunk - data entry - call one month f/u 115 and 116

	- TXA 116 expired but not due to accident - Try to contact TXa 125 of study since she was discharged so quickly that we never got consent
Lab	- went to organize samples - TXa 123 48 hour sample missing 4 tubes
Continuing Rev	- continue working on it - still need some signatures
Rounds	- MD rounds - Got some signatures
IRB	- paperwork returned for my thesis - corrected and returned - hopefully will be approved soon
To Do	- remind cathy to take kits out of car

8/9

TXA	- patient came in around midnight - TXA 124 officer MVA driving drunk hit six cars then tree - Level 1 trauma - Data entry - Went to visit patient and family
PAMPer	- worked on some data entry
Radiology	- sent down CTs and MRIs to be scanned to CD
TXa/PAMPer	- checked ED and ICU and organized study drawer - put in new kits
Lab	- went to lab to organize samples

	- made notes to put on master log

8/10

Cathy took half day off. Lots of overtime	
TXA	- patient came in around 3 - took Debbie and Becca (new girl) and Julie through the process - patient came in with a bad head lac so stitching took a while - no other injuries - in hospital dose came after two hours of admittance - input data

8/11

TXA	- input data - went to get consents - visited patients family member still in hospital and helped her with some errands
Annual Trauma Conference	- Dr. Smith suggested "How We Do What We Do" in a circle with patients in the middle - Does not like cardio pic - Wants pic with MedStar and CareFlite - Dr. Duane from JPS confirmed to discuss cutting edge of trauma - Dr. Campbell from NASA confirmed to discussed lessons from space

	- Scotty Bolleter EMT confirmed and topic in discussion - Dr. Mangram confirmed to discuss geriatric patients and how they are different - Dr. Smith confirmed to discuss anticoagulants and changes in transfusion practive - Carlos Taverez RN EMT confirmed to discuss lessons learned from Orlando - Eric Epley needs confirmation ask him to discuss natural disasters - Anticipation and execution of disasters, Houston then and now (flooding) - One speaker still needed - Seemed interested in neuro nurses found- Cathy to contact - Topic on value of neuro - Maybe patient story- PAMPer patient and another ICU patient ended up roommates at Baylor Rehab and followed on Facebook by nurses, often comes to visit - Problem with patient privacy- ask admin - Three objectives per speaker - Future topics- invasive radiology, domestic violence, MTP (Parkland shooting incident), Fort Hood - Venue confirmed - AV upgrade- do site visit - Contract sent $900 deposit - Content due 10/1- objectives, title, CVs - Save the date email mid Nov, registration open, post on boards - Brochure late Nov - To printer early Jan - Mailbox early Feb - Registration deadline 3/28 - Confirmed mailing list
Lab	- went to lab to organize samples

SoCRA	- last minute touch ups - cathy practiced presentation - helped with further research in anticipation of possible questions - set up for meeting - cleaned up and head home around 7:30pm -

8/12

SoCRA	- filled out SoCRA wrap up paperwork - sent sign in sheets and contact hours in
TXA and PAMPer	- data entry - entered lab data from yesterday
Lab	- worked on lab log
Radiology	- sent CTs down to radiology
IRB	- problems with IRB paperwork for continuing review - have to redo some and resubmit

8/15

Thesis	- data collection
TXA	- called TXA 104 six month f/u - called TXA 116 - upload images - data entry
Vitamin D	- called M60 for one month f/u
Meeting	- UBC meeting - Approved last months minutes - Welcome new members - Process for requesting time off and timeline for approval/denial - Conclusion to get approval then write on whiteboard in break room - Ideas for team building, retreat 9/23 - Orange book presentation by Robbin for chapters 3&4
PAMPer	- patient came in late at night - MVA found in ditch possibly due to stroke

8/16

TXA	- ship samples - two serum three plasma - do reimbursement for dry ice
PAMPer	- new patient last night - went to get consent - signed copy to patient and medical records - data entry
Lab	- organized samples

8/17

TXA	- data entry
MISC	- retrained staff for TXA and PAMPer - red binder left in ED in room behind charge nurse - TXA and PAMPer sample vials enough for five patients each - Volunteered at RED again with the tour of the path of injury
Vitamin D	- continuing review - fixed and resubmitted - helped Dr. Mathe get CITI linked

8/18

TXA	- site visit next Tuesday - looked over binders to be checked - looked over and edited data to be checked
MISC	- took Liz home

8/23

TXA site visit	- monitor came to look at reg binder and charts - monitor also came to check out pharmacy - things we need to change: - go back and check alerts - document follow ups well and if still cant reach then mark lost to follow up and close out - check with IRB to see if verbal consent is ok (ask Heather) - email electronic enrollment sheet to Paula - add more information such as for MRI (why is it done) - contact TXA 125 because she is the only one still unaware they were enrolled in study - add times for all vehicles that arrive on scene - go back to recheck all the fluids

8/24

Thesis	- continued collecting data
TXA	- alerts done - emailed enrollment sheet - worked on EMS times but still having trouble - will ask Paula to teach us - called TXA 115, 104 and DF 49

8/25

TXA	- worked on rechecking fluids - checked on TXA 114 for one month follow up since they were in the hospital
Thesis	- collected more data
SoCRA	- helped prepare for SoCRA meeting in Dallas
Things to do	- check and update PAMPer log - finish inputting TXA 114 follow up - relabel PAMPer lab - fill out TXA 109 neuro section - work on things monitor wants correct/added - finish fluids

8/29

TXA	- put in 114 for one month f/u - checked for AIS scores - did TXA 109 neuro - called TXA 103 for one month f/u left message
PAMPer	- checked for ISS scores
ICU rounds (skipped)	- new vitamin D patient

	- watched a tracheotomy - salt water wash and suction was really interesting to watch but incisions in the throat is not my thing
Thesis	- worked on thesis data collection a bit more

8/30

TXA	- checked toxicology scores again - new consent released - printed and replaced consents with new ones
Lab	- sorted samples - only PAMPer left
PAMPer	- input data for PAMPer 7013 - went to visit PAMPer 7013 - wife wants to transfer to east TX
Rounds	- MD rounds - Gave Dr. Smith confirmation email for trip - Asked rush about EKG results and transfer of TXA 7013 to East Tx - Possible MI with stroke caused accident also possible MI was result of stroke, timeline unsure - Asked witham about 7002 death as adverse event or complication
Vitamin D	- Vitamin D results are back - High vitamin D most likely due to medication for osteoporosis - Highest ever seen - Was concerning but Dr. Witham said it was fine to continue

	medication and to talk to PCP

8/31

TXA	- worked on SAF form - redid periodic reportable events - one to report and one to take off - new IRB package to add new protocol 2.1, Spanish consent, and me to staff list -
TXA	- Called TXA 115 no reply
Webinar	- webinar over project management - project activities list - project dashboard - project charter - project summary - project status report - project closure summary

9/1

PAMPer	- worked on data entry
Meeting with Debbie	- research update - backup update - wants to find a pool of nurses to do backup - Debbie to check on budget and accounts - Print out CITI training to be discussed at next meeting - Need to get every one CITI certified

	- Registrars to help Nina find patient with cardiac tapenade after nail gun to chest
Rounds	- ICU rounds - Dr. Smith discussed liver and case study on patient in ICU that came in trampled by horse - Used to do surgery on livers but now try not to because outcome is better - Liver injuries if serious can result in quick death due to huge amount of blood flow - MD rounds
Thesis	- worked on data collection

9/2

TXA	- finished fluids
PAMPer	- checked all subjects to make sure data is in - redid the careflite bases - 7001 is FW-locked - 7002 is FW - 7003 is Denton - 7006 is FW - 7007 is FW- locked - 7008 is Dallas- incarcerated and locked - 7010 is Denton - 7012 is Denton - 7013 is FW - everything else is FW - checked the fluids and made spread sheet
Things to do	- still need to relabel PAMPer 7002

**	Labor day weekend

9/4- TXA patient came in late at night with a lot of complications. TXA stopped because patient suspected of having seizures. TXA 126

9/6

TXA	- Patient expired
Cathy	- not feeling well so taking PTO - was feeling terrible Saturday and admitted to ED Sunday - home with antibiotics

9/7

Cathy	- still not feeling well - taking PTO
TXA and PAMPer	- went to sort everything out since Christina was on call over the weekend and we had two PAMPer and one TXA patient - PAMPer 7014 suicide attempt - PAMPer 7015 GS transfer - Got consents set up - organized kits and set up times - made sure to go through process with nurses - checked ED to make sure everything is organized

Lab	- went to check and sort samples
Thesis	- data collection

9/8

Thesis	- brainstorming for thesis - maybe run a new excel with Q ball and Epidural? - How many with just rib fx - Should look into data with just rib fx - Potential problems: observations either not done or bad charting - Inconsistent charting and how to correct it - PIC does not have own section in flowsheet - Doctors document differently, each have own style - Is looking at H&P, procedures, discharge summary and skimming through progress notes enough to determine respiratory decline - Does the time of year affect the severity of the score - Find out when trauma season is - Statistically how do I use the data to show whether the PIC scores help - Get with Dr. Rush and get some feedback - Article search

9/9

Cathy	-not feeling any better - will not go to work today - went to ED and admitted - hopefully IV antibiotics help

9/10- TXA patient. GLF while drunk in a bar fight. Discharged. TXA 128

9/12

Cathy	- visit Cathy in the morning - asked her what she needs done - made calls and sent out emails to cancel appointments and meetings - informed study staff/irb staff of situation - chrome died and deleted all saved passwords and bookmarks, tried to fix it - printer died and tried to fix it, called IT - her favorite pen died, have not replaced it - visit cathy before I left - report to her what I've done and what still needs to be done
Thesis	- continued collecting data - finally reached after implementation of PIC score

9/13

Cathy	- visit cathy in the morning - asked her what she needs done - Patrice put in IV for her since no one else could put it in, successful - Last IV infiltrated - Run errands for her - Visit cathy before I left to let her know what I've done and what needs to be done
TOPIC	- updated research slides for TOPIC - 15 PAMPer 28 TXA 109 Vit D
Research	- went to check on kits in ED and put new ones in - three TXA 129-131 and 5 PAMPer 7016-7020 - trained back up ICU nurses so that they can take backup
Thesis	- collected data - started collecting some PIC scores - can't quite tell if it helps just yet

9/14

Cathy	- visit cathy in the morning - asked her what she needs done - checked her email ad ran some errands - visit cathy before I left - let her know what I did today and what still needs to be done

Thesis	- continued data collection - did some randomized checks for accuracy - color coordinated data to see if it helps when looking for trends

9/15

Cathy	- visit cathy in the morning - asked her what she needed done - discussed with me how she is worried about work - wants to see if we can stop enrolling - Debbie (big boss) does not want to hire me because she does not want to wait for me to finish hospital training/formality stuff and the paperwork - Cathy wants to add me to TXA so that I can have my own account and enter data while she is gone - Amendment already in to add me but it's with new protocol and Spanish consent - Will talk to IRB and see if they can add me as emergency back up - Checked her email, start directing emails to my own - Went to see her in the afternoon with some coworkers - Surgery is set for Monday - Prayed with her - Witham said can't stop enrolling but will talk to IRB for Cathy - Visit cathy before I left - She seems so small lying in the hospital bed…

TXA	- looked for runsheets and handoff sheets to give to Paula so she can enroll and enter the first few data entries - hospital system just so happens to be down the day patient came in so no automatic update - manually go through every patient that came in 9/10 to find patient - went through patient that came in 9/4 to find scanned documents since there was no physical handoff sheet or runsheet on file -
Thesis	- continued data collection - discussed with Debbie of research - called saying she wants some written info on my research - wants to discuss with higher ups on adding PIC score in flowsheet (currently just randomly put in/does not have it's own spot) - told her of two patients who were discharged with low PIC scores and was later readmitted - Debbie will review the two charts
IRB	- Heather is leaving IRB - David taking over - David called and asked me to submit new amendment to add me - Old amendment will still be kept and looked at - Hopefully try to add me in a few days
Journal Club	- sent email to Dr. Richmond earlier in the week but have not heard back - sent another reminder email - TNA application and contact hours still waiting on Dr. Richmond to send in articles and approval - Sent email to invite people to journal club

Vitamin D	- approved

9/16

Cathy	- visit cathy this morning - got some sleep with some help - looking much better - asked her what she needs done - made sure I knew how to turn in new amendment - asked me to make account for ROC - shared TXA access with me -
TXA	- forwarded email to Kristi Carter from site monitor visit, results and corrections they want to see - filled out application for ROC account - got signature from witham and submitted - need to ask Debbie if she wants me to be able to randomize - Debbie on PTO - Get me data entry access first and worry about randomization later - Need to do data entry quiz
IRB	- made new amendment 15 - did amendment application - added CV and COI - got Witham to sign PI statement of assurance so I can sign and submit on his behalf - linked CITI training, research privacy - David will look into it this afternoon - Mary called after I left and asked if I could wait until Monday - Research branch needs me to sign a bunch of paperwork

Journal Club	- Dr. Richmond in another country - Will be back Monday - Spoke and left message with Laura the secretary
ON HOLD	- PAMPer 14 and 15 data entry - Patient binders/folder on file - Vit D enrollment - TICU meeting that was put off last time is next Tuesday - Ask Debbie what she wants to do about it - TXA 8 people need f/u calls - One more f/u call due next week - Annual trauma conference meeting has been put off for two weeks
TO ASK	- cathy has some training due end of month - find out if she wants me to see if I can find out how to postpone - TICU meeting - Randomization for me?
TO DO	- make binders and review last two TXA patients - update the data table and everything else - data entry quiz for ROC - journal club prep next week - get started analyzing data for thesis - update the board for research that cathy has been meaning to do since I got here
MISC	- started making some things for research board

9/19

Cathy	- in surgery today - went to see her before I left but she was sleeping - nurse said she was doing ok

MISC morning	- spent most of the morning answering emails
TXA	- trying to set up ROC account so I can enter data without supervision - adobe is not updated so I cant do the conflict of interest - trying to update but it's stuck at 0% - nothing is coming easy for me at all… - watch training vid and do quiz - quiz has been completed - got adobe to work and filled in COI - officially on TXA study and have ROC account
Staff meeting	- discussed chapters 12-15 in orange book - rehabilitation, rural trauma care, burn, registry - education most important for rural care - fall most common in rural care - reading images from transfers still an issue - burns are transferred to parkland - TX state does not require burn centers to be verified- topic of controversy - Replantation- to parkland or Baylor, new agreement in place - Lots of issues with contract, still missing a lot of contracts - Training is due soon, new training added - Discussed trauma one - Discussed new training and structure, new education department - THR going through change in job description/firing and rehiring - Oversaturation of trauma centers - State does not deny trauma level - Issue and topic of controversy with quality of care and dilution of patients

	- 1200 admissions required for trauma one

9/21

Misc Morning	- went to school to get Dr. Das's signature - turned in defense form to front desk, still missing Dr. Singh's signature but front desk will get for me - answered emails
Lab	- went to lab to organize samples - lab is a MESS - TXA Serum 12 has 126 0 and 6 hour and 128 0 hour - TXA Plasma 18 has 124 48 hour from last shipment, 126 0 and 6 hour, 128 0 hour - TXA 128 paper says admission 9/10 but Christina said in her notes she sent kit 127…. - PAMPer has 7012 72 hour, 7002 0 hour, 7013 all samples - PAMPer put in today 7015 24 hour samples and 7014 0 hour samples - 7014 24 hour for some reason has tubes from 24 and 72 hours but all take 24 hours? - 7014 72 hour tubes are labeled 7015 72 hours but the paperwork has 7015 crossed out and relabeled 114… - know for a fact I handed the kits labeled properly and gave clear instructions to the nurses - not sure if nurses or lab mixed up the samples - wondering if I should just toss them

	out - just because cathy is gone why does everyone act as if it's their first study patient????????? - Emailed Dr. Witham, will go to lab with me in the morning and figure things out - Think I fixed TXA - Should be TXA 127 so just relabel the paperwork from 128 to 127
TXA	- they had asked me practice putting in data - have to make up own data too - feels weird practicing putting in data when I had helped Cathy with data entry for months now - trying to contact about CareConnect Access - waiting for someone to reply my email
TXA and PAMPer	- made binders for the last four PAMPer and TXA patients
Cathy	- went to see Cathy, shes been sleeping the past couple of times I went up - doesn't seem to be doing too well - doctors suspect bleeding so maybe take her back in for surgery

9/21

Misc	- answered emails - Connie will be looking into getting me read access permission for CareConnect - Delores has asked that I be given permission to edit data

Study kit	- made TXA 132 and 133 ED and ICU packets - still need to make lab packets - put them in ED and ICU so now both studies have five packets each
Thesis	- worked on thesis discussion outline - also helps organize thoughts - spoke with Dr. Rush about data collected - he wants me to add mechanism of injury and number of broken ribs to the data table - talked to Debbie about the purpose of the PIC score - said it was because pain was so subjective it was difficult to treat, PIC score takes what can be measured objectively and uses that to standardize care - left to meet with Dr. Gwirtz and Dr. Mathews to discuss next step to thesis - feel much better after discussion - will organize data into excel - get in touch with statistician - remind Dr. Das to be at defense - hopefully Cathy is better by then to go to thesis

9/22

Misc	- check emails
Thesis	- organized data into excel - still need to do number of rib fx and mechanism of injury - will split number of rib fx by less than three or three and more

	- will split mechanism of injury by GLF, other fall, MVA, other - need to go back in and check respiratory status decline - not sure whether the D/C should be by where they were discharged or whether the place they were discharged to was the same as when they came in or they need help or they got much better (unlikely)
TXA	- did some data entry - still waiting on Connie to give me read access for Care Connect - TXA 129 came in last night/this morning - Found out when I saw it added on the ROC website - Went to ED to find handoff sheet, kit 129 was taken no handoff sheet - Went to ICU to see if handoff sheet was there, kit 129 was still there - Praying that patient was discharged or else it means that the 6-hour blood draw is late late late… - So I asked the charge nurse who told me to ask the "pregnant nurse" (her words) who brought me to see this other nurse with heavy eye makeup that was in charge of the TXA patient - They couldn't find cathy and didn't know who to call so they just didn't give the eight hour infusion (protocol deviation and more paperwork for me…) - Sent patient to ICU with canister and drug bag - Went to ED and no one knows which patient it was so I went with the charge nurse into potential rooms to look for canister - Found canister and drug bag but no handoff sheet - Paula asked to still get blood draws so I made the kits stuck them

	outside the door and wrote the times on the board for 24 and 48 hour draws - Witham came to talk to patient about study but left for a meeting - Asked me to consent patient - First time consenting patient on my own-success-ish - Gave directions to nurse on blood draws- she doesn't seem to like me… - Debbie will make sure ED knows to call her when patient comes - Making laminated signs to post in ED to call her - Got witham to sign contract for TXA saying that UTSW will pay trauma $43,000+
Lab	- Talked with witham to try to sort it out - will ask Christina and bailey about the lab and do a load of paperwork for protocol deviations - need to find 127 - started on 132 and 133 lab kits - I can see why Cathy is salaried… if they have to pay her hourly they would be broke - Putting in 8-9 hours a day now that Cathy is gone and I don't do lunch breaks or breaks in general - The job description never mentioned anything about physical exertion - Walked over three miles today just in the hospital
Cathy	- went to see cathy today to tell her about my day and also about meeting yesterday over thesis - she seems better and is eating - not sure where they will discharge her to - drugs are making her taste buds funny- she is actually eating

	chocolate pudding - should really give Cathy her own color
MISC	- Connie emailed saying CareConnect might take a while since they are building a read only access for me from scratch - Would honestly be easier on everyone to just give me full access and I'll just promise not to edit anything - Anyways beggars cant be choosers - Debbie came to talk to me about compensation - Cant pay me since im not an employee but they have a foundation that offered to pay for a class - Not sure what that means but I hope skydiving class or scuba diving class still counts as class - Talked with Dr. Rush about my thesis - While I was up in ICU waiting for Dr. Witham (meet me at 2 means I'll be running 40 min late) patient's family wants to extubate against medical advice with no reintubation - So many people got involved, patient advocate was called
TO DO	- really need to get journal club done tomorrow- should have been done two weeks ago - also need to talk to bailey and hopefully get lab sorted out by tomorrow - really need to get the printer hooked to my account - copy consents and give to patient and MR - finish lab kits tomorrow

9/23

Lab	- made lab kits for 132 and 133 and put them in the lab - went to talk to Bailey about lab - she has no idea what she did - will most likely get rid of blood draw for 24 and 72 hours - both PAMPer will have protocol deviations - ask Christina about the TXA patient's lab
TXA	- made two copies of consent - sent consent to medical records -
Misc	- added myself to scanner - connect account to printer - checked emails - decorated the trauma research board
Journal Club	- went to discuss journal club articles with the librarian - he said he emailed me but cathy gave him the wrong email and I never got it - went to talk to Sabrina at MedStar about it - she sent US Code 17- fair use - went to talk to copyright guy about it - apparently this is corporate so fair use doesn't apply - can still present on article but cant distribute - only THR employees can have copy - can send email to direct link of article and if people are subscribed then they can view if not too bad - can not attach pdf version to email - can not make copies for day of journal club and then collect them all back - after discussing with Sabrina she suggested postponing

	- emailed Debbie to see what she thinks
Cathy	- seems a lot better today - might get discharged to rehab on Monday - probably be at rehab for two weeks or so before heading home - got her some stuff from the store and her favorite large coke with extra ice from sonic

9/24- pamper patient came in around 5:30 debbie called

9/26

Misc	- answered emails - emailed Suzuki for help on statistics - going to start a Debbie section
TXA	- Christina has no idea if she grabbed TXA 127 or 128 - Paula said that handoff report was left with nurse named Jennifer - Debbie asked Paula to have someone from her office put in hospital data for TXA
Cathy	- looking much better - getting discharged today - wants email list for research club - worried about timeline for trauma conference - took her to CVS - took her home
PAMPer	- went to get ems handoff and enrollment sheet - patient is now a donor - no 72 hour blood draw or consent?

	-
Secretary	- Secretary is in the hospital to do some monitoring - Went to see her and shes doing well - Got her flowers from cathys room- cathy wanted to share - Took her laptop back down to her office since she shouldn't be working - Shes got her tea so shes content -
Journal Club	- Debbie is unwilling to cancel - Wants to talk to copyright people about articles - Journal club is on - Got articles and sent to Debbie
Debbie	- starting new section for all the things I need to do for Debbie - forward email with Sabrina - forward email with Coy - wants titles of articles for journal club - forward invite to journal club which she should have gotten since her email was on there two or three times - check protocol and see if the blood draws are from time of injury or time of arrival - wants a simple enrollment sheet - wants a simple instruction sheet for TXA and PAMPer - checked PAMPer protocol- blood draws should be from time of injury - check TXA manual of operation- blood draw should be from arrival time - emailed Sabrina for articles - Debbie will have two sign in sheets and only THR employees will have articles while non-THR will get URL - Sent her soft copy of clinical trials steps so she can edit how she likes -

Thesis	- worked on intro

9/27

Misc	- checked email - meeting with Suzuki Thursday - made copies of PAMPer work for Debbie to give to Christina - got the break down of the budget signed by Dr. Witham and returned to Dana Westcott - laminated clinical trials simple steps for Debbie to put up
Secretary	- got her ice tea with ice on the side - took her laptop up to her - she got food and drinks ordered for peer review
Journal club	- got articles sent down to Devo - couldn't find her email so left a written note with articles - everything approved - need to bring copy of the roster to Devo
Thesis	- going through articles that I've collected and finding ones that I want to use - writing basic skeleton of thesis

9/28

Journal Club	- very successful about 40 people came - standing room only - very actively participating, lots of discussions

	- afterwards Dr. Witham invited everyone to play with the new ReBoa catheter that he just got - secretly took pictures to send to Cathy - sign in sheets scanned and sent to Devo, Mandalynn, Debbie, and Cat - evaluations all turned in - funny to see a pager go off and everyone check to see if it was theirs
Secretary	- brought her some leftover pizza from journal club - stayed and chatted with her for almost an hour - let her know she ordered enough food and drinks and journal club did well
Thesis	- continued working on it and organizing it - cathy invited me over tomorrow to discuss my thesis and give me feedback

9/29

Thesis	- talked with statistician today -
Cathy	- went to her favorite Italian place, Mancaluso's, to get take out - mopped the floor - threw blankets in dryer - talked about what the statistician thought - let her read over thesis and give suggestions - get rid of prepositional phrases

	- include the PIC score poster - likes what I have so far - need to let family know of the studies - need to report death to Megan Buck - let Debbie know that Christina does not have CareConnect - help Dixie set up IRB account - add amendment to get Dixie on study so she can enter data

9/30

Secretary	- getting discharged today - has a ride so I won't need to take her home
TXA	- new amendment to add Paula and Dixie - had them sign COI - getting signature from Witham for statement of assurance - took training for CareConnect - have trouble logging in with the username and password - called service desk - service desk said it was inactive which is not what the email said - turned in package 16 amendment to add study staff
Lab	- check on lab and organized samples - made log of sample - put samples to be thrown out in separate box just in case - PAMPer is a mess - I give up on PAMPer - Throwing out 7014 except 24 hour

	- Throwing out 7015 except admission - Not sure how only 3 of the 11 tubes for 129 admission made it to lab - 129 24 hour is fine - TXA is fixed - Thought nurse drew 12 hour for TXA 129 but she didn't -
Thesis	- continued to work on it - added the material and methods section but unsure if I did it properly - sent it to Dr. Gwirtz and Mathews to look over - started brainstorming how I want to organize data

10/2- TXA patient came in. MVC. Enrolled TXA 133 (nurse grabbed wrong kit)

10/3

TXA	- patient came in Sunday around 6am - nurse grabbed 133 instead of 130 - blood has been drawn and lab has no issues - only 48 hour left and due today - consented patient - made copy for MR and patient - made new ED kit for 127 - put kits in ICU and ED and lab - scanned handoff sheet, enrollment sheet, randomization sheet to Paula to enroll patient
Lab	- dropped off TXA 127 lab kits - organized new samples

	- plasma 18 is full - need to bring new cryobox to lab - only have plasma 133 admission in it - serum has all 133 samples
Misc	- Connie replied saying CareConnect is active but I still can't log in -
Thesis	- wrote up data organization ideas and sent to Dr. Gwirtz - made corrections suggested by Dr. Gwirtz - read up on how to reference AMA style - references added to paper -
Staff meeting	- introduce new staff Ashley - palliative care admission new change, compression fracture patients will be admitted under palliative not trauma - mon through Friday only, Dr. Mathe will accept - new peds transfer guideline, use the bridge to get to cooks instead of calling for EMS just to go across the street - will save time and money - portable kits will be made - new REBOA is in and hands on training will be provided soon - simple introduction to REBOA - probably wont be used much, mainly for patients with pelvic fractures and no lower extremity blood circulation, needs immediate surgery - fascial iliac blocks new guideline is to take patients to PACU or to preop to get it done before they go to ICU - big linen cart debate - EMS usually switched their linens with a clean linen from the hospital after dropping off patients but

	apparently ED is upset and no longer wants nurses to give them linen - Staff doesn't seem to agree burning bridge with EMS over linens - New trauma outreach and injury prevention person will start work 10/24 - Non surgical admission new process, everything must be well documented and concurrent because too many admissions when it shouldn't have been

10/4

Thesis	- continued working on thesis - went to interview nurses, clinical nurse leader, charge nurse but everyone was busy preparing for a GSW to the head…
Lab	- went to lab to put in the last three labs that couldn't fit yesterday - new plasma box 19 - did not see 48 hour blood draw down at lab meaning it's either late or they didn't draw it - omg…checked Christina's time chart and she put 10/5 instead of 10/4 hoping she didn't tell the nurse that… - ok so she put the wrong date but Omar is super nice and will draw the lab right now even though it's late
Misc	- talked to service desk today about careconnect - they said that the semester hour or something was wrong

	- talked to connie about the issue - said she will talk to IT and service desk and get back to me before lunch -
IRB meeting	- UNTHSC IRB meeting at 2 - Lasted 2.5 hours -

10/5

Thesis	- worked on thesis - meeting with Patty Newcomb tomorrow at 11:30 -
Misc	- finally have access to CareConnect - only took 19 weeks - met this group of trauma survivors looking for crystal while waiting for cathy - wanted to talk to crystal about a trauma survivor club thing - will provide continuing education - got business card and gave it to Debbie -
Cathy	- picked up cake Cathy ordered - picked her up from home - took her to appointment - appointment took over an hour and Dr. Wtiham was called to ED - took her to get flu shot - no flu shot then wear mask for six months hospital policy - pick up medication from pharmacy tomorrow - dropped off library audiobooks - dropped cathy off -

10/6

Thesis	- worked on thesis - meeting with Patty Newcomb - said not to use last PIC score because it will introduce bias to data since there is a variation in when last PIC was taken - patients with longer stays vs patients with shorter stays will influence last PIC - will help analyze data for me - need to convert data into binary
Cathy	- picked up prescriptions - got take out - dropped off journals to be signed - need to return missing CD to library -

10/7

Thesis	- finished changing data to binary - sent to Patty Newcomb - hopefully have it analyzed by next week - want to finish results and discussion part by next week
Cathy	- thought my journal made me sound like a slave - picked her up for appointment - got her favorite coke with extra ice on the way back

Need to do	- not in compliance with study - need to send out letters informing of study for both TXA and PAMPer next week - need to go to lab and get last blood draw for 133 - need to do follow ups for patients

10/10

Thesis	- went to see Patty Newcomb to get data analyzed - data was not statistically significant but relative risk and attributable risk can be used - found out that to get a statistical significance I would need about 1500-2000 patients - will write up results and discussion and see what other data I need - reading up on some biostats - still don't get biostats…

10/11

TXA	- data entry - made follow up calls - documented calls and attempts in file

	- those that did reply seemed to be doing really well
Thesis	- continued working on results and discussions
Need to do	- let Dr. Smith know about getting in touch with Eric and Scotty - let Debbie know about finding one more speaker - let Christina know not to put in labs for PAMPer

10/12

Thesis	- still working on thesis …

10/13

Thesis	- worked on thesis
TXA	- got called back by TXA 119 - patient's last day as inpatient - doing really well but obviously far from normal - nice to hear back since patient's family was one of the few that cathy and I got to know better

Debbie	- spoke to Debbie about things needed done for annual trauma conference - trauma conference later today - talked to Dr. Smith about getting in touch with Scotty and Eric - still looking for new speaker - spoke to Christina about not putting in lab data but will also talk to Dr. Witham about lab - does know that Dr. Witham and I already spoke about lab - told her about trauma research committee - email to cancel committee meeting 10/26 has been sent
Cathy	- went to see Cathy today - Patrice bought her a bunch of drinks from Einstein's so I dropped it off - Doing well - Talked about thesis and work for a little bit

10/14

Thesis	- went to Patty to get data about actual average days of ICU and hospital between two groups - there was significance with a relaxed alpha - suggest that I change it all to who got PIC and who didn't and not before and after - if alpha was relaxed PIC showed up when predicting length of stay - use adjusted R square instead - ISS between sexes calculated - Talked a bit about thesis - Continued working on thesis

10/17

Out sick	

10/18

TXA	- sent out letters and documented - TXA 126 letter to deceased and study information sheet - TXA 128 study information sheet - Filled out alert for TXA 128 no consent - started closing out some patients lost to follow up - TXA 106 closed six month due to incarceration - TXA 115 closed one month lost to follow up
Thesis	- Worked on first few pages of thesis - Might need titles for acknowledgement part - Meeting with Dr. Gwirtz - Very productive meeting and feeling more confident about progress of thesis

10/19

Thesis	- continued working on thesis corrections suggested by Dr. Gwirtz - clarified areas that needed to be - added list of abbreviations - changed graph to reflect differences in PIC and not differences in admission - continued working on thesis - trying to be intellectual and fighting a cold with little sleep is the worst idea ever; will not recommend

10/20

Thesis	- worked on thesis - sent to Cathy and Patty for review - started on presentation
TXA	- got email earlier this week from someone probably in legal to have forms signed so Paula and Dixie can help - been two weeks since forms have been given and still no signatures - Paula and Dixie still waiting for their legal department to verify -

10/21

TXA	- made follow up phone calls - got a few responses back - left messages on the ones I could - TXA 120 went to get a MR angio of the head yesterday - TXA 120 only also got the first dose since LOR refused eight hour infusion - Wonder if there is a connection - Anyways all call documented
Thesis	- working on presentation slides

10/24

Thesis	- worked on presentation - got comments back from Patty and Cathy - made corrections but there's one comment Patty made that I am unsure how to address - asked Cathy waiting for reply

10/25

Thesis	- worked on presentation

10/26

Thesis	- worked on presentation - think I am pretty much done

10/27

TXA	- patient came in last night - EMS was unaware of time of injury but saw active bleeding and enrolled anyways even though they should not have - In chart and in epcr patient was said to have so much swelling around the eyes that pupil size could not be taken but somehow under vitals pupil was said to be normal and

	reactive - Got handoff sheet and randomization sent to Paula -
Lab	- went to lab to check on samples - serum box is filled - plasma has spot for one more lab draw - need to bring another serum and plasma box and order more - also need to find time to make more kits as there's only three kits left and Halloween weekend is coming
MISC	- Cathy texted that she would be back Monday - updated the research bulletin - cleaned up the room and tried to organize things -

10/28

MISC	- went to Holy's thesis defense -
PAMPer	- Christina stopped by the office - First time meeting her - Talked to her about PAMPer patients and lab issue - Apparently any protocol deviations were supposed to be reported to sponsor - Typed up issues with lab and she will email sponsor about it - Told me to keep samples first in case - Said we should start using SCAT tubes but I don't think we ever got the tubes since last shipment was a long time ago

TXA	- tried to consent patient - went up twice but family was not there both times - nurse said patient is alert and oriented but uncooperative and not really with it - asked me to try again Monday - still unsure of what happened to patient - chart says possible assault

TXA- patient came in 10/29 and 10/30. Debbie called saying lab was having issues looking for kit 136 but the last kit I made was 133. Tried to call her back but can't find her. Called Cat and she said she would call lab and we will sort it out Monday

10/31

TXA	- got handoff sheet and randomization sheets for both patients - patient numbers are still messed up - not sure why people are still grabbing kits from the back - glad someone finally used TXA 127 - only 131 kit left - made more kits and restocked lab, ED, and ICU - three kits total for TXA left - out of supplies so reordered more cryoboxes and tubes - hopefully no more patients until supplies can come in - TXA 127 was taken off the study by Dr. Siadati because patient turned out to not have a TBI - Intent to treat study so patient should have still been left on study

	even with no TBI - Not sure why he took patient off since he's a co-sponsor on the study and should have known better - Christina was there and let it happen - Just means more and more paperwork…how fun - Played catch up with logs - Did some data entry
Lab	- went to lab to collect green sheets - and check to see what the issue was - everything seemed fine so not sure what the whole kit 136 was about - ED and lab both grabbed the right kit -

11/1

Thesis	- last minute edits - had cathy go through it one last time to make sure everything was ok -
TXA	- more data entry - consented TXA 130 - tried to consent TXA 132 but patient was asleep -

11/2

Thesis	- practice defense with Dr. Gwirtz - make charts and graph bigger - add picture of ON-Q - find definition of vc - know importance of cough - make edits and keep practicing

11/3

Annual Trauma Conference	- got things ready for meeting - caught up on progress the past two months - objectives and titles from speakers due 11/14 so that application can be approved and vendors can be asked - save the date out mid Nov - brochure early Jan - AV check 11/15 - No self assessment this year -
Annual Trauma Conference	- List of venders cathy needs to get: - Re-Boa Rep - Pelvic binder and cervical collars ask david in ED - Ask CareFlite if they want free booth - Vacuum splints and hover mats ask Dr. Richmond - Ask sim lab if they want free booth but need to provide two vendors ask Karen - Talk to troy about different commonly used drug reps ex. Bard and Smith-nephew

	- Talk to troy about anti- paralytics and snake bite venom reps - Offer Carter blood bank free booth - Ask edith for copy of vendor list - Get photo approved by MedStar and CareFlite contact Jim
Annual Trauma Conference	- Final speaker list and order of presentation: - Scotty to speak on a rib to spare-thoracic injury management - Dr. duane to speak on cervical injury- still need title and objectives - Dr. Mangram to speak on G-60 and geriatric trauma- need objectives - Dr. Campbell to speak on surgical techniques and ATLS procedures in weightlessness using parabolic flight to speak fifth - Dr. Smith wants to change with Dr. Cotton - To speak on anti-coagulants but need to f/u for confirmation and title and objectives - Carlos to speak on simulations and reality to go sixth - Dr. Dombroski to speak on pelvic fractures to speak fourth - Need confirmation and title and objectives - Dr. Richmond to speak on EMS and latest practices- need title and objectives to speak third - Dr. Eastridge to speak on military to trauma surgeon - Need confirmation and title and objectives -
MISC	- talked to Kim today - new injury prevention coordinator - now in charge of journal club

	- talked about focus on injury prevention - talked about possible research ideas - wants to meet up some time and get run down of journal club - last journal club and her first is end of December after Christmas

11/4

TXA	- data entry - continue follow ups -
MISC	- went to visit with patient in bike accident - lost leg and passerby saved leg with tourniquet - passerby was ex military and civilian and a healthcare worker - used a belt and screw driver and some cloth - wants to see if he would be interested in promoting for stop the bleed - seemed interested in public and media promotion - signed consent for write up etc -

11/7

Lab	- Organized samples - Focused on TXA - Gave cathy a run down of PAMPer samples - Will do PAMPer some other time - Made logs for TXA -
TXA	- data entry -

11/8

TXA	- data entry -
PAMPer	- data entry -

11/9

TXA	- follow ups - sent out letters - data entry -
PAMPer	- data entry -

11/10

Trauma Talk	- osteoporosis and prevention - under diagnosed - how diagnosis works - prevention and treatment -
TXA	- data entry -
PAMPer	- data entry -

11/11

TXA	- data entry - catching up on data table -
PAMPer	- data entry -
Radiology	- sent some down to be processed - pick up and upload next week -
Journal Club	- updated speaker data table - still need to follow up with mangram and dombroski - cotton cant find maybe switch back to smith -

TXA- patient came in 11/13 TXA 131, fall

11/14

Trauma Conference	- to follow up with mangram on objectives

	- to follow up with dombroski on title and objectives - cant find cotton so switch back to Dr. Smith - got eastridge today plus others over last week so everything else is done -
TXA	- data entry - fix 129 time -
Radiology	- uploaded to the box - so slow today might be computer problem or website problem -
Lab	- made kits for TXA - only one more full set - waiting on more materials - put in samples for TXA 131 - went to lab to try to fix PAMPer -
PAMPer	- contacted Christina about PAMPer labs - she didn't talk to sponsor about labs - will ask about labs - get run sheet for 7014 -
Rounds	- ICU rounds - Visit with patient but confused and family is not there - Talked to Dr. Smith about journal club December - Gave him articles on DVT and talked to troy about lit search - Smith to follow up with dombroski - Hickey to sign off on coagulants - Invited Dr. Rush to defense -

11/15

PAMPer	- worked on data entry - no monthly call, next one in Jan - made list of questions to ask -
Radiology	- uploaded to the box - computer still struggling to upload - called service desk - spent like three hours trying to fix computer and upload - deleted over 11,500 temporary files but still slow and stop uploading middle of the way -
Misc	- worked on some training cathy has due
TXA	- more data entry
Journal Club	- talked to Mickie from Plano about starting Journal club - Kim sat in call - To send application, flyer, and link to rightsphere to kim and Mickie -
Rounds	- went to MD rounds to speak to Dr. Witham about throwing out all labs for PAMPer 7014-7015 - he was ok with it -
Staff meeting	- last staff meeting - discussed data from T-Quip and how it will apply to hospital as well as changes - ex. Adding badge buddy for IV fluids, medications, etc - discussed trauma one and improvements and gray area - time of discharge hot topic- is it time of written discharge, time of actual discharge, what if dr.

	writes to be discharged after certain criteria has been met - discussed inconsistencies with how registrars have put in data - paper sheets in stock for EMS agencies - minors to be transferred across walk way to cooks - cathy gave research update - kim gave injury prevention update - focus on fall prevention and stop the bleed -

11/16

Thesis Defense	