

Physician extenders impact trauma systems.

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BACKGROUND: The implementation of revised surgical resident work hours has led many teaching hospitals to integrate health care extenders into the trauma service. We undertook this review to assess the effectiveness of these individuals in meeting the goals of the work hour restrictions and whether they impact other hospital and patient outcomes. **METHODS:** During the year 2002, we integrated two nurse practitioners into the trauma service of a teaching hospital. We prospectively collected data a year before (2001), during (2002), and a year after (2003) the integration that included number of admissions, hospital length of stay, intensive care stay, floor length of stay, mortality, direct cost per case, and weekly resident work hours on 44 residents at all levels. **RESULTS:** After the incorporation of physician extenders, we observed statistically significant reductions in floor, intensive care unit, and overall hospital lengths of stay. Patient mortality and cost per patient remained unchanged. Furthermore, we were able to obtain compliance with the Accreditation Council for Graduate Medical Education requirements for residency work hour limitations, as the average number of hours worked per resident on the trauma service decreased from 86 hours to 79 hours per week. **CONCLUSION:** As graduate medical education becomes ever more regulated, physician extenders can be successfully integrated into busy academic Level I trauma centers. This integration positively impacts patient flow and resident work hours without altering patient outcomes or direct hospital cost.