Implementation of Patient-Centered, Trauma-Informed Care in a Rural Hospital Emergency Department

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Background
- Dysfunctional families, neglect, violence, emotional, physical, and sexual abuse especially experienced as children have been linked to risky health behaviors, disease, mental health illnesses, and even death (1,2) with an estimated $25 billion in healthcare costs (1).
- According to the legendary Adverse Childhood Experiences (ACE) study, 2/3 of the 17,000 people studied reported at least one childhood traumatic experience (1,2).
- On average, 400 forensic nurse cases are seen yearly at Carilion New River Valley Medical Center (CNRVMC) with known current and past traumatization. 0% of ED staff are trained in trauma informed care (TIC), 100% of forensic nurses are trained to provide sensitive care, but only 16% of the forensic nurses have learned about the concept of TIC.

AIM
- 80% of emergency department (ED) forensic patients will receive appropriate patient-centered, trauma-informed care (TIC) over an 8 week period.

Planned Improvement

Ramp A: Educate emergency department (ED) staff and multidisciplinary team (MDT) members about trauma-informed care (TIC) through education sessions, team huddles, and meetings.

Ramp B: Implement a shared decision making (SDM) tool, engagement, and empowerment on the impact of trauma and resiliency building techniques.

Ramp C: Screen all ED forensic nurse examiner (FNE) patients for past traumas using an Adverse Childhood Experiences (ACE) questionnaire.

Ramp D: Referral to treatment options (Self-Care measures and watchful waiting, peer support, counseling, or medical services) with tracking and follow-up phone calls assessing adherence to chosen referral option.

Measures

Process Measures:
A. Increase participation and competency building in TIC training by 80% of ED staff and MDT members.
B. Increase patient engagement by 80%
C. Unlike a trauma screening tool, ACE questionnaire, in 90% of ED FNE patients
D. Utilize a referral tool and utilize referral tracking log in 80% of patients who screen positive for trauma

Outcome Measures:
A. Increase the mean team Attitudes Related to TIC (ARTIC) score on psychometric tool. (mean scores on Likert scale/every week)
B. Increase patient resiliency. (resiliency questionnaire mean score Likert scale/day)
C. Increase the identification of ACES. (FNE pts with positive screen/total # of FNE patients)
D. Increase the number of ED FNE patients who receive chosen treatment/referral options by 80%

Balancing Measures:
- Make sure total length of stay in ED has not increased more than 5-10% in time (>12-36 min)

Results

Ramp A: Process measure

Ramp A: Outcome measure

AIM: Goal 80%

Appropriate care consists of a SBIRT model of screening with ACE-Q brief intervention with SDM tool to build resiliency and referral to treatment options with F/U phone calls.

Conclusion Lessons Learned

Key Findings:
- Staff education proved to be important favoring changing attitudes related to TIC.
- Follow-up phone calls were challenging until the forensic nurses began completing their patient follow-up calls which created more structure and guidance thus leading to improvement and continuity of care.
- Delivering appropriate patient centered, TIC ranged from 44%-77%, concluding that making small tests of change, increased Qi presence and support along with patient and staff buy-in is important which lead to a steady increase in right care

Implication for practice:
- SBIRT model will work well in primary care, forensic programs and behavioral health (BH) units
- Universal precautions may work better with the general ED due to time constraints
- Sustainability and spread
- TIC implementation is sustainable and can be incorporated throughout the hospital system with little to no cost by procuring adequate buy-in from management and buy stakeholders

Next Steps:
- Continue SBIRT model in FNE program and encourage use in upcoming BH units in ED

References


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