Implementation of a Trauma Informed Care Program on a Pediatric Transitional Care Unit

Teresa Munro, BSN, RN, DNP, PNP-AC/PC Student
ChildServe Des Moines, Iowa

Introduction

• Children who have chronic conditions that require frequent hospitalizations and repeated procedures may experience a higher risk of trauma reactions.

• Approximately 80% of children who experience a life-threatening illness, painful medical procedure, or injury will develop some type of traumatic stress reaction.

• Children who have chronic conditions that require frequent hospitalizations and repeated exposure to medical care are at increased risk of traumatic stress reactions.

• All patients on the Transitional Care Unit (TCU) have diagnoses of one or more chronic conditions and have been hospitalized at outside hospitals before admission to ChildServe.

Purpose

• Purpose: Implement a trauma informed care program

• Aims: Increase nursing knowledge, confidence, and practice in providing trauma informed care at the bedside

• Objectives: TCU staff nurses will:
  1. Report increased frequency in providing trauma informed care practices at the bedside
  2. Increase their use of the FLACC scale to assess their patient’s pain and document/report any intervention that were utilized if a patient had a positive FLACC score
  3. Self-report an increased use of the FLACC scale to assess pain for all their patients
  4. Increase their understanding and recognition of a traumatic stress reaction in a pediatric patient

Methods

• Project was deemed not human subjects research; IRB #200204419

• Setting: ChildServe Transitional Care Unit (TCU); Des Moines, Iowa

• Population: Staff nurses on the TCU; 26 nurses on the unit, 21 participated in the pre-survey, and 13 participated in the post-survey

• Timeline: January 2020-January 2021

• Evidenced based practice model used: Iowa Model Revised: Evidence-Based Practice to Promote Excellence in Health Care

• Trauma informed care model used: DEF Model used which was created by the National Child Traumatic Stress Network

Planning

- Standardized communication and documentation of pain for all patients
- TCU Nurses reported that posters in medication room were best mode of communication per the post-survey
- Significant increase in nurses administrating PRN medications when a patient was identified as in pain and/or distressed (p-value: 0.0026; post training)
- Significant increase in nurses referring to patient’s parents or caregivers if patient was identified as in pain and/or distressed (p-value: 0.0015; post training)

Evaluation

- Objective Outcomes:
  1. Nurses self-reported an increase in providing trauma-informed care post training by:
     - Significant increase in nurses administering PRN medications when they identified their patients in pain (p-value: 0.0019)
     - Significant increase in nurses actively assessing and treating patients’ pain (p-value: 0.0015) and significant increase in providing reassurance and realistic hope to patients and families (p-value: 0.0044)
     - Significant increase in nurses referring to patient’s parents or caregivers (p-value: 0.002)
  2. Increase in compliance rate from 80%-94% of nurses documenting and discussing patients’ pain during shift change (audits of nursing report sheets)
  3. Significant increase in nursing self-report of assessing all their patients per shift pain using the FLACC scale (p-value: 0.0027)
  4. Significant increase in nurses’ confidence in identifying the signs and symptoms of a traumatic stress reaction in a pediatric patient (p-value: 0.0126)

- Challenges:
  - Unable to hold in-person educational sessions due to COVID-19
  - Limited sample size due to nurses being unavailable due to staffing a different COVID-19 unit, sick on leave due to COVID-19, other priorities for staff due to COVID-19 and scheduling
  - Unique special needs, medically complex, mostly non-verbal pediatric patients require FLACC scale to assess pain as they cannot verbally tell nurses what their pain is and is not applicable to all pediatric patients

Conclusions

• A trauma informed care program can be successfully implemented on a pediatric transitional care unit for children with chronic, medically complex illnesses

• Nursing practice changes can be successfully implemented on a pediatric transitional care unit following training through a trauma informed care program

• Standardized pain assessment for all patients
• Standardized communication and documentation of pain for all patients
• Nurses are receptive to providing trauma informed care practices after proper training
• Nurses report that they provide more holistic care after implementing trauma informed care practices

• This project can serve as a case study but cannot be used in generalization due to small sample size (n=13) and possible bias
• Results have been disseminated throughout ChildServe and will submit manuscript to Journal of Pediatric Nursing in May 2021
• Projects during pandemics require flexibility and disseminate of information through different mediums (i.e. in-person, Zoom, YouTube, recording, and poster format)

• TCU Nurses reported that posters in medication room were best mode of communication per the post-survey

References


Acknowledgements

• Sincere thank you to ChildServe Transitional Care Unit (TCU) nurses for their participation and support of project during a pandemic, Dr. Megan Marsac (mentor), Dr. Susan VanCleve (advisor/chair), and Amy Hanh, MS and Blaize Kandler, Graduate Research Assistant (Statistical Consultants) for their help, guidance, and support throughout this project.