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

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Introduction

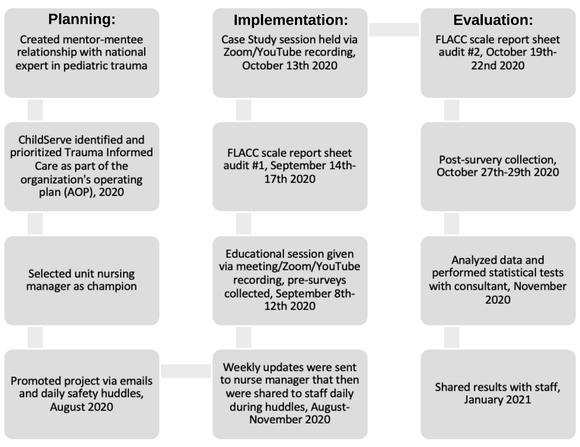
- Emotional trauma results from an event, events, or circumstances experienced by an individual as physically or emotionally harmful or even life-threatening.[1]
- Trauma can lead to adverse effects on the individual's mental, physical, social, emotional, spiritual, and daily functioning.[1]
- Trauma can lead to non-adherence to medical treatment, and impact optimal recovery.[2]
- In children, a trauma reaction can be manifested by behavioral issues such as sleep problems, emotional lability, social issues, rule breaking, withdrawal, aggression, violence, somatic complaints, and attention challenges.[3]
- Approximately 80% of children who experience a life-threatening illness, painful medical procedure, or injury will develop some type of traumatic stress reaction.[2]
- 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. Self-report increased frequency in providing trauma informed care practices at the bedside
  2. Increase their use of the FLACC scale to assess their patients' 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 #202004419
- 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[4]
- Trauma informed care model used: DEF Model used which was created by the National Childhood Traumatic Stress Network
  - DEF Model=*Reduce **D**istress, **E**motional support, and Remember the **F**amily*



Outcomes

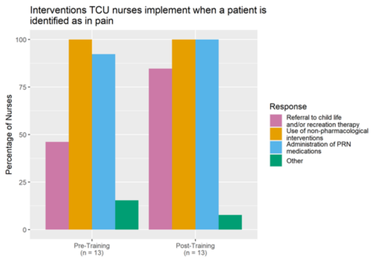


Figure 1: Pre-post survey responses to question 9 indicate that there was a significant increase in TCU nurses administrating PRN medications when a patient was identified in pain *(p-value: 0.0015)* post training

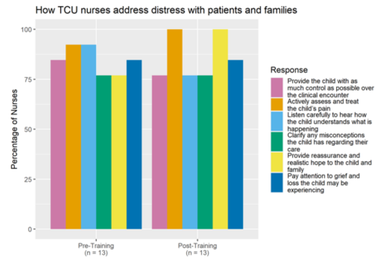


Figure 2: Pre-post survey responses to question 10 indicate that there was a significant increase in nurses actively assessing and treating pain *(p-value: 0.0015)* and providing reassurance and realistic hope to patients and families *(p-value: 0.0044)* post training

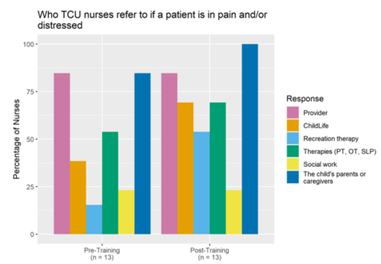


Figure 3: Pre-post survey responses to question 11 indicate that there was a significant increase in nurses referring to patient's parents or caregivers if patient was identified as in pain and/or distressed *(p-value: 0.0026)* post training

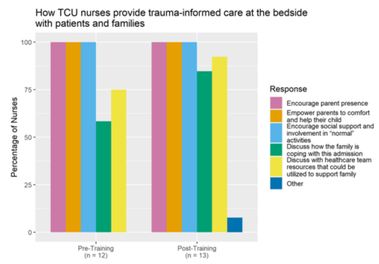


Figure 4: Pre-post survey responses to question 12 indicate no significant increase in nurses providing trauma informed care at the bedside but important to note that the nurses were already implementing some practices prior to training *(p-value: NA)*

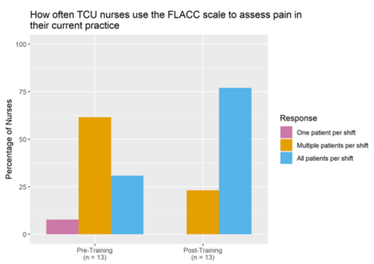


Figure 5: Pre-post survey responses to question 7 indicate a significant increase in TCU nurses self-reporting assessment of all their patients' pain per shift using the FLACC scale *(p-value: 0.0297)* post training

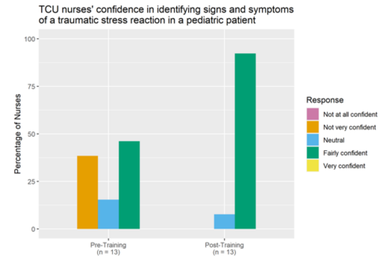


Figure 6: Pre-post survey responses to question 3 indicate a significant increase in TCU nurses feeling confident in identifying signs and symptoms of a traumatic stress reaction in their patients *(p-value: 0.0126)* post training

Evaluation

- Objective Outcomes:
  1. Nurses self-reported an increase in providing trauma-informed care post training by:
     - Significant increase in nurses administrating PRN medications when they identified their patients in pain *(p-value: 0.0015)*
     - 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: 0.0026)*
  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: 0.0297)*
  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
- Limitations:
  - Small 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 requires 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

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3. Greenson, et. al. (2014). *Traumatic Childhood Experiences in the 21st Century: Broadening and Building on the ACE Studies With Data From the National Child Traumatic Stress Network.* Journal of Interpersonal Violence. 29 (3): 536-556
4. Lloyd, S. T., D'Errico, E., & Bristol, S. T. (2016). Use of the Iowa Model of Research in Practice as a Curriculum Framework for Doctor of Nursing Practice (DNP) Project Completion. *Nursing Education Perspectives (National League For Nursing)*, *37*(1), 51-53.

Acknowledgements

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