

The Trauma Informed Care-paign: A QUALITY IMPROVEMENT PROJECT FOR PEDIATRIC EMERGENCY DEPARTMENTS

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INTRODUCTION

Childhood trauma has shown correlations with learning or behavioral disorders in children and adolescents, including learning disabilities, somatic disorders, hallucinations, anxiety, depression, and suicide attempts (Oral et al., 2016).

Trauma informed care (TIC) is an organizational structure and treatment framework developed in response to the correlation between traumatic or adverse experiences and negative health outcomes (Felitti et al., 1998; Forkey et al., 2021; The National Child Traumatic Stress Network [NCTSN], 2018; Petruccioli et al., 2019).

The high potential to care for patients with past or current trauma and exposure to medical trauma within the department motivated the development of a project to supply information on practices to prevent, recognize, and respond to trauma.

This quality improvement project utilized an awareness campaign to disseminate Trauma Informed Care (TIC) information within pediatric emergency departments.

OBJECTIVE

The goal of the project is to:

1. disseminate TIC information to staff through the use of an informational campaign termed "The Trauma Informed Care-paign"
2. gather staff's perspective on increased awareness of TIC
3. evaluate the staff's preferred method for information dissemination

METHODOLOGY

Two PDSA cycles were completed at two dedicated regional pediatric emergency departments of a large hospital system.

- Each cycle lasted four weeks
- The first three weeks of the campaign were used to distribute a different version of TIC information each week: **video, poster, and digital pamphlet.**
- Weeks 1-3 included a post-information questionnaire
- The fourth week was dedicated to a summative post-campaign questionnaire.
- Questionnaire templates are attached in Appendix 1 and Appendix 2.
- In cycle one, the information was presented randomly in the following order: digital pamphlet, posterboard, and video.
- Order of information delivery for cycle two was based on the ranking of most to least preferred in cycle one: posterboard, digital pamphlet, then video.
- Questionnaires were duplicated and labeled "C1" or "C2" to keep results separate for analysis.
- Statistical analysis includes count, mean, and mode.

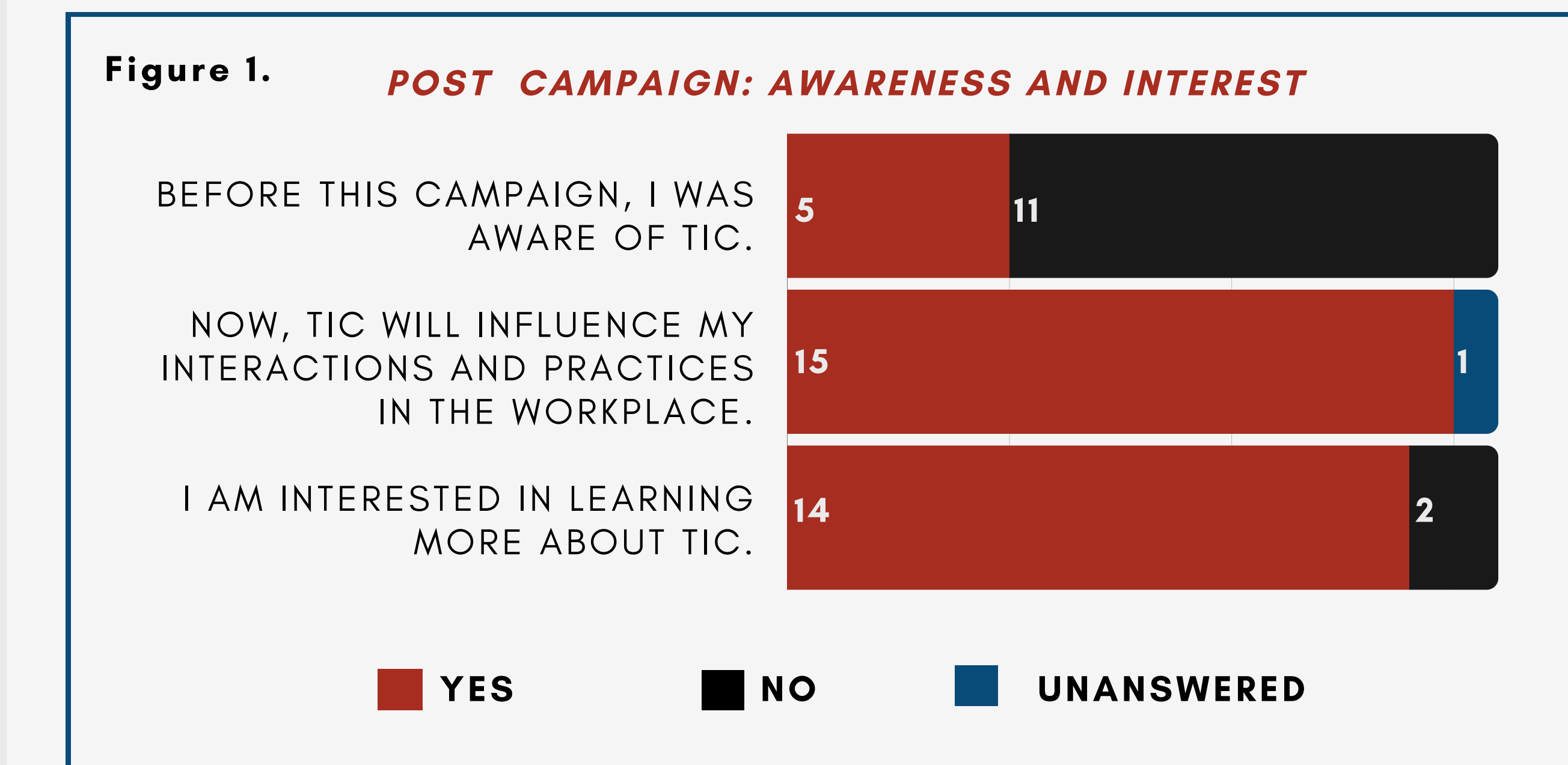
RESULTS

In cycle one, the average participation over all 4 weeks of the campaign was 20.8% (15/72). Response rates in cycle two ranged from 1-4 out of 78 eligible participants, for an average response rate of 2.8%. Due to low response rates in cycle two, analysis of data was not completed.

PERSPECTIVE OF AWARENESS AND INTEREST IN TIC

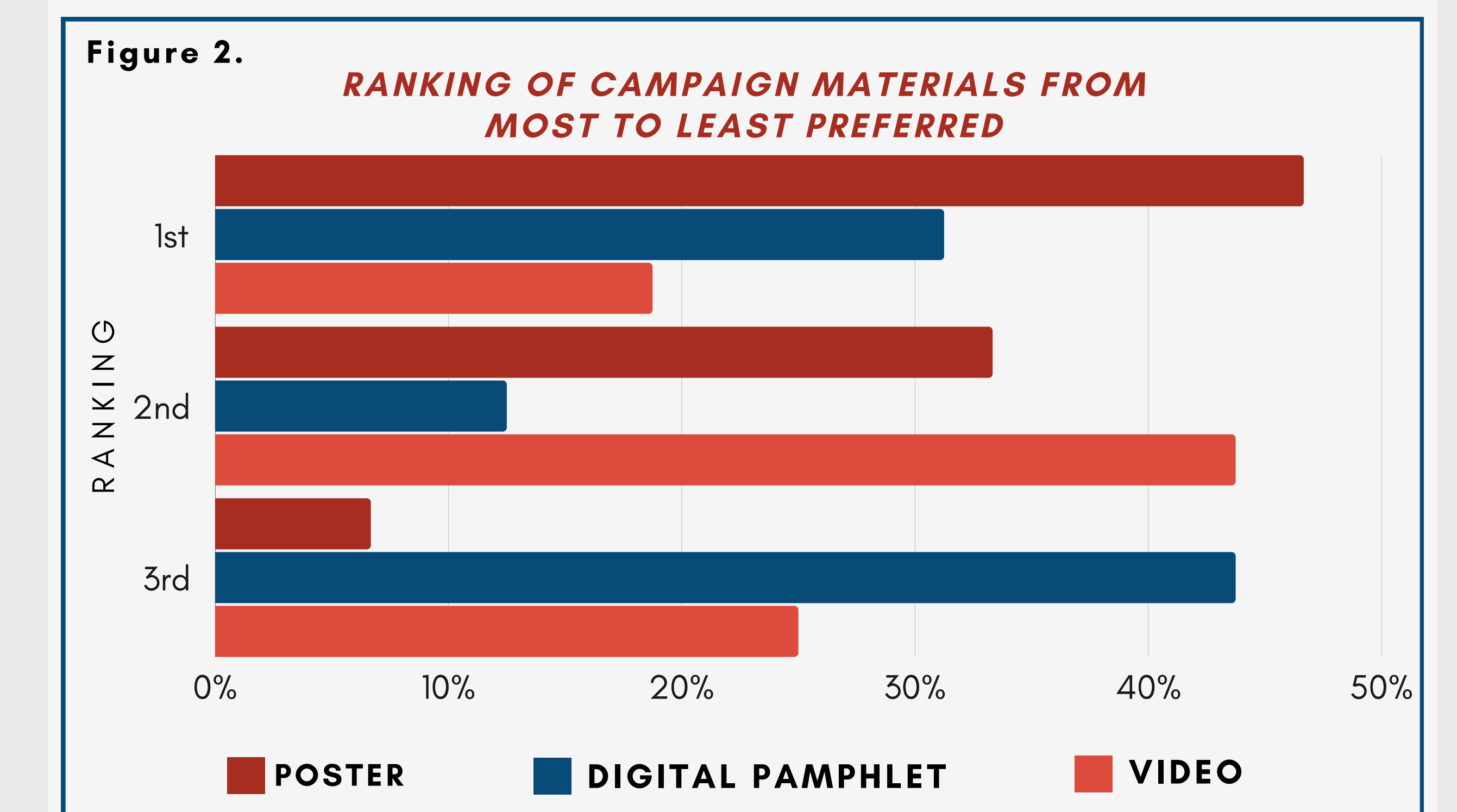
See Table 1 for post-information questionnaire results and Figure 1 for post-campaign questionnaire results.

Question	Response	Week 1 n = 15 Digital pamphlet	Week 2 n = 19 Posterboard	Week 3 n = 10 Video
Prior to this information, had you heard of TIC?	YES	46.67% (7/15)	42.11% (8/19)	50% (5/10)
	NO	53.33% (8/15)	57.89% (11/19)	50% (5/10)
Do you find TIC applicable to your career?	YES	100% (15/15)	100% (19/19)	100% (10/10)
	NO	(0/15)	(0/19)	(0/10)



MODALITY PREFERENCE

- The most engaged modality was the posterboard (19), then digital pamphlet (15), and lastly the video (10)
- The digital pamphlet was rated very easy to understand by 26.7% (4/15) and easy by 73.3% (11/15); the posterboard was rated very easy to understand by 57.9% (11/19) and easy by 42.1% (8/19); the video was rated very easy to understand by 70% (7/10), easy by 20% (2/10), and moderate by 10% (1/10).



DISCUSSION

The "Trauma Informed Care-paign" successfully increased awareness of TIC for patient care staff members of a level II trauma center pediatric emergency department. After the campaign, all participants reported that they were interested in learning more about TIC and found TIC applicable to their careers. This project suggests there is a desire for TIC education in pediatric emergency departments. This project reinforced the effectiveness of awareness campaigns for healthcare professionals, as previously shown in campaigns for hand hygiene with mobile phone use, antibiotic resistance, and safe driving, (Crofton & Foley, 2018; Rajni et al., 2020; Rana et al., 2018). Unlike the acute care trauma unit nurses surveyed by Kassam-Adams et al. (2015), most participants in this level II trauma center pediatric emergency department had not heard of TIC prior to the campaign. Overall interest and applicability of TIC among participants was a reproduced finding, previously seen in earlier studies (Chokshi et al., 2020; Kassam-Adams et al., 2015). Based on the project data, the posterboard was the most preferred information modality. Preference for posterboard delivery was unexpected after three studies suggested online TIC education was effective (Chokshi et al., 2020; Hoysted et al., 2019; Schmitz et al., 2019).

CONCLUSION

Results of this QI project suggest:

- Employees in a pediatric emergency department self-report a lack of awareness of TIC
- An informational campaign increased awareness and interest in this population.
- In this population, the preferred method of information delivery was the posterboard.

Cumulatively, this project supports future TIC education with the use of posterboards for information delivery. Based on project limitations, future projects and research are needed to support the generalizability of the findings.

REFERENCES

