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Trauma Informed Care and Nurse Resiliency

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Trauma Informed Care and Nurse Resiliency

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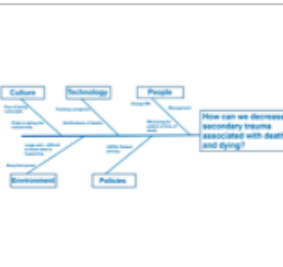
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A3 Overview



A3 for Problem Solving

Focus: Improving "Resiliency at Work" with the use of unit-based, peer coaching following patient deaths in PICU	Owner: Nurse Residency Program	Date: Nov 1 st 2019	Date Approved:
A3 Team: Macy Allred BSN RN, Shannon Bertrand, BSN RN, Lauren Estes, BSN RN, Angela Honer, BSN RN, Randi Meyer BSN RN and Katie Tetrick, BSN RN		Department Director Signature: Jessica J. Fitzgerald MSN, RN, CCRN-K	KT Scholar: Brittany Sleyster and Erin Keith-Chancy QIC: Nikita Sharma
Clarify the Problem Trauma Informed Care (TIC) is defined by Children's Mercy as a "strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma. It emphasizes physical, psychological, and emotional safety for both providers and survivors." Children's Mercy strives to promote an organizational culture that is sensitive to "how trauma affects individuals and families seeking services as well as how it affects the staff who serve those patients." Organizations that promote TIC have reported "greater sense of safety, improved staff morale, fewer negative events, more effective services, and a decrease in staff turnover." Children's Mercy divides TIC into three areas: awareness, sensitive practices, and resilience at work. Secondary traumatic stress is "trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences" and is common amongst nurses who provide care for these patients who have traumatic experiences. This team is studying nurse participation in and effectiveness of a nurse-led wellness team on nurse compassion fatigue and secondary traumatic stress in PICU nurses.		Develop and Implement Countermeasures <ol style="list-style-type: none"> 1. Beta Test of a Nurse Wellness Group using PICU nurses 2. Create a PICU Nurse Wellness Group in Microsoft Teams 3. Create a plan for direct peer contact following a patient death 4. Team members reach out to peers who have been directly involved in a patient death via face to face interaction and giving handwritten cards 5. Create handout displaying CWHI resources to include in cards given to peers 6. Survey RNs who received support through direct peer contact for satisfaction and/or suggestions 7. Consider opportunities for alliance-cooperative relationships to sustain the work in the PICU 8. Reach out to peers from previous cohort to join Nurse Wellness group 	
Break Down the Problem: PICU nurses are in need of support due to their exposure to secondary trauma through pediatric death and dying processes. In the TIC triad, resiliency at work is defined as "Staff awareness of the impact of trauma in their own lives and their work. Staff are empowered with available interventions designed to care for them while they care for others." When looking at the number of deaths among units at CMH, it becomes evident that PICU nurses bear the majority of the burden of caring for 50% of all hospital deaths. By creating a nurse-led wellness team whose sole responsibility is to combat compassion fatigue and secondary traumatic stress, the hope is that nurse resiliency will be directly influenced and thus increased. <div style="display: flex; justify-content: space-around;">    </div>		Check Results and Process Follow up Survey to determine if the resources offered were helpful, if the handwritten note was helpful, and looking at other coping mechanisms that helped the nurse Six nurses were involved with more than one patient death in the <u>three month</u> period Within 60 days, the Nurse Wellness Group reached out to 39 nurses after 10 inpatient deaths Challenges faced include delay in receiving death notifications, small size of "Wellness Group", delay in contacting nurse, and members of group new to unit and not familiar with nurses on unit Out of 29 nurses who received follow-up survey, 12 responded; with these 12 responses 100% found the handwritten note meaningful Out of the 12 nurses who responded to the survey, 45% stated they used at least 1 or more of the resources provided 	
Set a Target Between November 1 st 2019 and February 1 st 2020, the Pediatric ICU Nurse Wellness Group will provide at least one peer-to-peer support contact to PICU nurses at risk for secondary trauma.		Standardize and Follow Up Include traumatic events that do not include a patient loss (i.e. trauma, code events, etc.) Individualize cards and emphasize support that the nurse will have every time Expand Nurse Wellness participants to include more nurses Coordinate meetings and training on Trauma Informed Care – Cornerstone? Expand support to include interdisciplinary teams and partnerships What is needed to standardize? <ul style="list-style-type: none"> - Increased nurse participation in PICU Wellness Group - PICU Leader commitment to support and sustain group; who will become in charge of group? - Standardized way to recognize a "difficult situation" requiring support from our group - Guidance from the TIC Workgroup - Interdisciplinary collaboration 	
Identify Root Cause <ol style="list-style-type: none"> 1. Why do PICU nurses experience burnout? PICU nurses are exposed to a high number of events associated with secondary trauma. 2. Why do nurses experience secondary trauma? Because PICU RNs witness distressing events and participate in traumatic events, i.e. codes, deaths, and treatment of non-accidental trauma victims frequently. 3. Why do these events cause secondary trauma? Because the nurses do not always use the qualities, behaviors or skills that support coping/resilience. 4. Why don't nurses in the ICU environment utilize the qualities or skills that support resilience more often? They do not know they need to. They have not been taught the skills or behaviors to cope effectively for the long term. They are failing to utilize the skills or resources available. They are using less healthy coping tools instead. 5. Why are nurses failing to utilize healthy coping skills or resources available to them more consistently? Lack of awareness. Lack of specific training. Not enough role models for positive coping behaviors. Lack of perceived value of these skills within the healthcare culture. 			



Definition of Trauma Informed Care

- **Trauma Informed Care (TIC)** is defined by Children’s Mercy as a “strengths-based service delivery approach grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors.” ²
 - Organizations that promote TIC report “a greater sense of safety, improved staff morale, fewer negative events, more effective services, and decreased staff turnover.” ²

Clarifying the Problem at CMH

Resiliency at work is defined as “staff awareness of the impact of trauma in their own lives and their work. Staff are empowered with available interventions designed to care for them while they care for others.”²



Clarify the Problem

- **60%** of US adults report having experienced at least one trauma
- **7%** of US adults report symptoms of post-traumatic stress
- **20%** of US nurses report symptoms of post-traumatic stress (PTS)
- Rate of staff turnover among US nurses ranges from **13% to 21%** by region
- In any three-year period, **39% to 63%** of nurses in an ICU leave their positions
- Patient outcomes are negatively impacted by RN turnover rates in the ICU

Benefits of Trauma Informed Care



Physical



Mental



Behavioral



Social

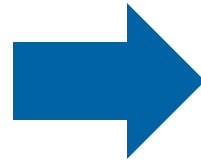


Beliefs

The Gap

Current State

PICU has no designated group focused on combating the unit's increased exposure to trauma and risk to secondary traumatic stress



Desired State

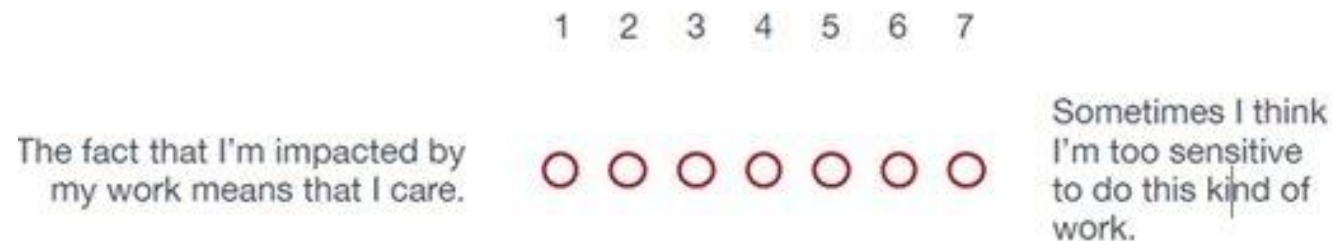
CMH/PICU staff that is well-versed in TIC, equipped to handle increased exposure to trauma and stressors, and aware of available supportive resources at CMH.

Breakdown the Problem

- **Secondary traumatic stress** is “trauma-related stress reactions and symptoms resulting from exposure to another individual’s traumatic experiences” and is common amongst nurses who provide care for these patients who have traumatic experiences. ²

ARTIC Survey Results

- It was found that CMH tends towards the belief that they were "too sensitive to do this kind of work."
 - Meaning nurses minimized the impact of trauma upon themselves. We see that a lot, "If I were a better nurse, I would be able to handle this."



How Trauma Affects PICU Nurses

**Critical Care
Pediatric
Nursing**



**Frequent or
repeated
exposure to:**

- resuscitation events
- traumatic injuries
- family crisis
- deaths



**Secondary
Traumatic
Stress:**

negative effects from bearing witness to the suffering of others



End Results

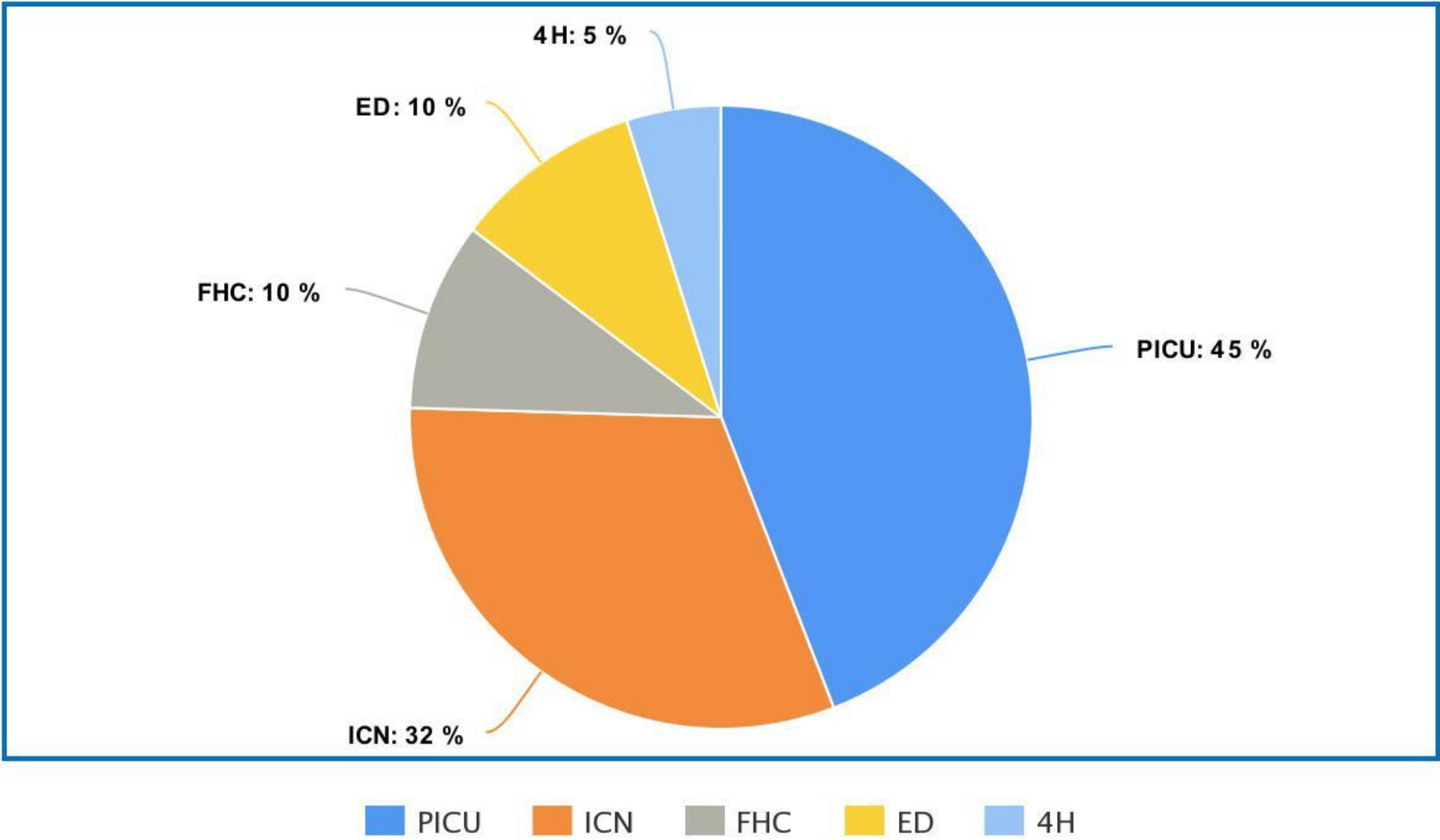
- physical, emotional and psychological symptoms, fatigue
- increased risk of errors, missed care
- decreased quality of care
- burnout
- nurses leaving the unit, hospital or profession

Breakdown of the Problem

44.8% of all deaths at Children's Mercy occur in the Pediatric Intensive Care Unit.

PICU nurses need additional support in this area due to their increased exposure to secondary trauma through pediatric death and dying processes.

In-patient Deaths at CMH for 2018



meta-chart.com

Set a Target

- Between November 1st 2019 and February 1st 2020, the Pediatric ICU Nurse Wellness Group will provide at least one peer-to-peer support contact to PICU nurses at risk for secondary trauma.

Identify Root Cause

Why?

Nurses are being exposed to a high number of events associated with secondary trauma

Why?

Nurses witness distressing events and participate in traumatic events frequently

Why?

Nurses do not always use the qualities, behaviors or skills that support coping/resilience

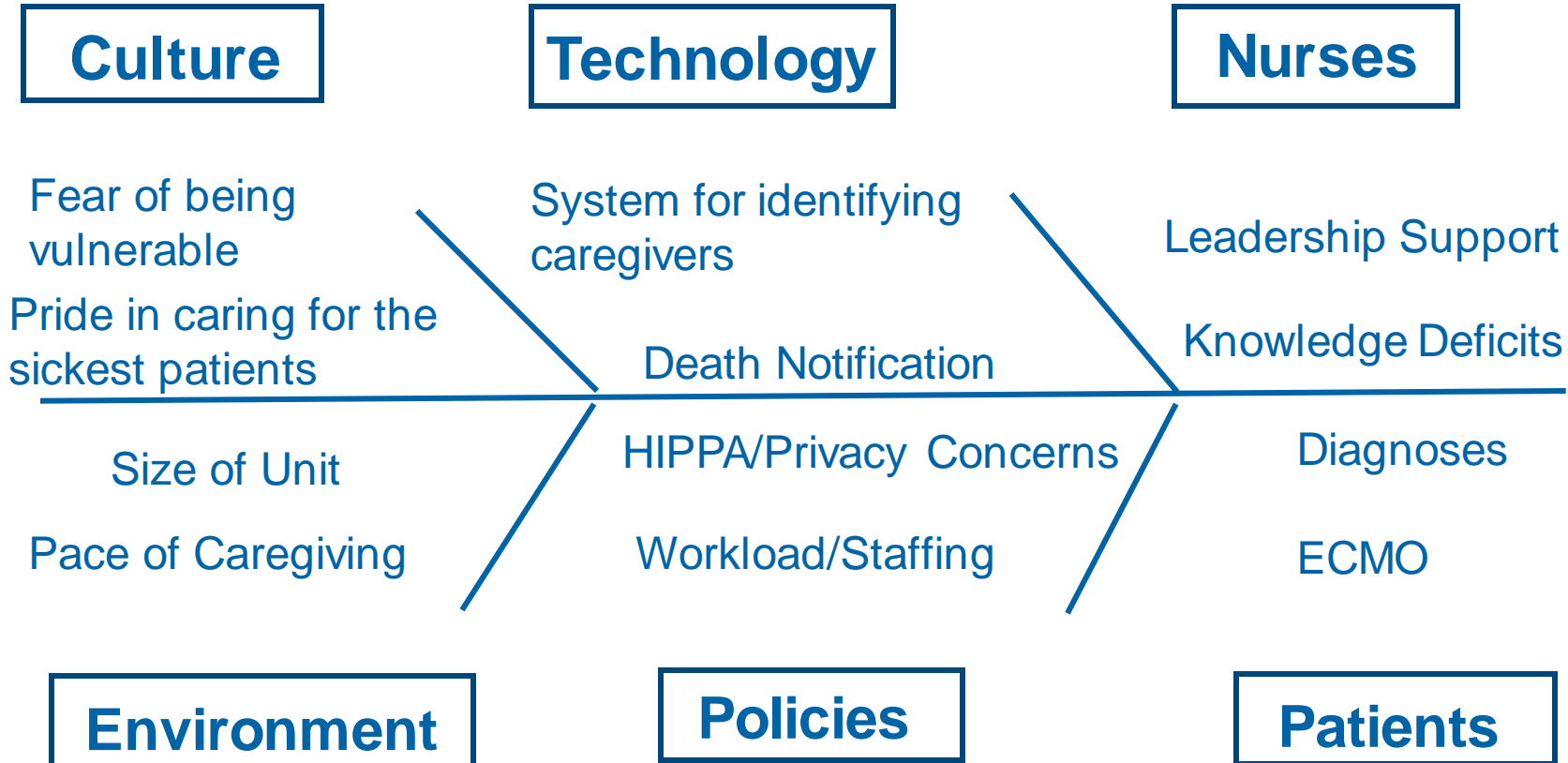
Why?

Nurses lack education regarding skills/behaviors needed to cope effectively for the long term and are failing to utilize the skills or resources available

Why?

Nurses have a lack of awareness, specific training, and perceived value of those skills within the healthcare culture

Identify Root Cause



How can we decrease secondary trauma associated with death and dying?

Primary Survey

Trauma Informed Care

- 1) Would you be interested in participating in a nurse wellness group within the unit that focuses on following up on nurses who have experienced patient death?
- 2) What helped/would have helped when dealing with a difficult situation in the unit?

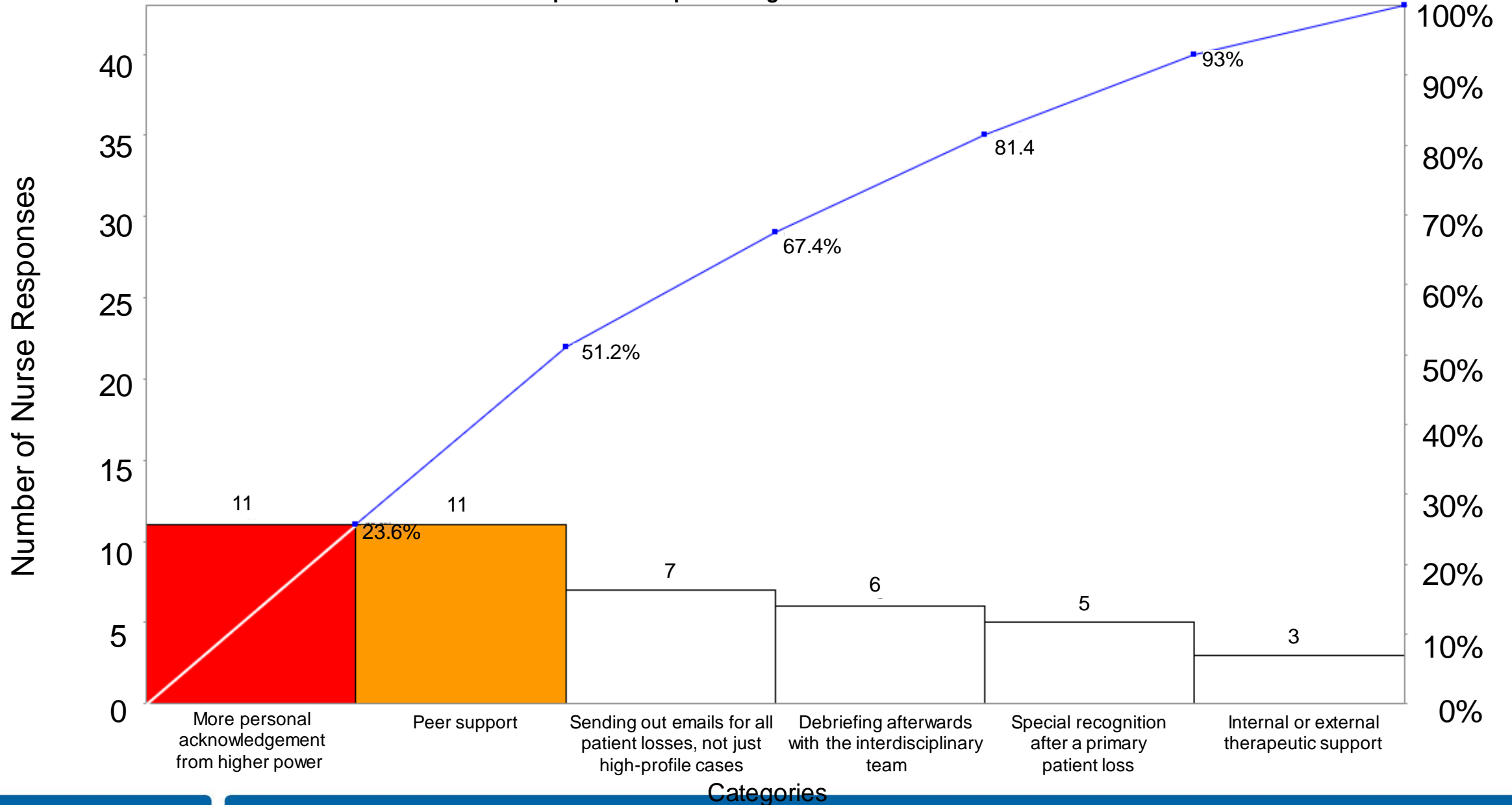
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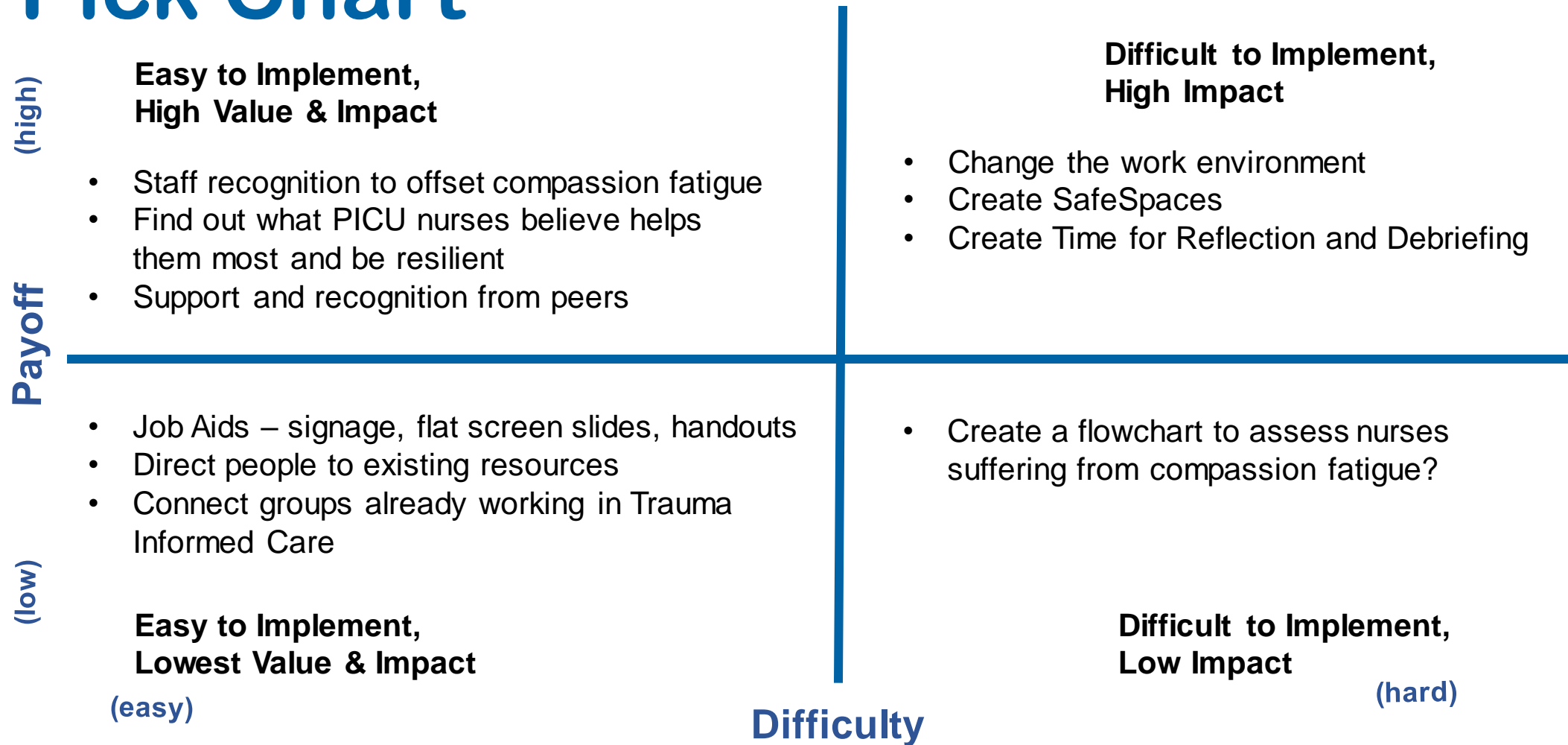
"Peers reaching out with something as simple as a text or someone checking in as they walk by. It would have been nice if a charge nurse said anything to acknowledge a patient death after primarying for an extended amount of time"

“Offering resources and just recognition that losing a patient is difficult. Following up on how we learned from that patient to medically benefit our patients in the future. What helped is I have a great therapist, and seeking help is a strength, not a weakness”

What Would Have Helped After Experiencing a Patient Loss within the PICU?



Pick Chart



Develop and Implement Countermeasures

1. Beta Test of a Nurse Wellness Group using PICU nurses
2. Create a PICU Nurse Wellness Group in Microsoft Teams
3. Create plan for direct peer contact following a patient death
4. Create resource to include in cards
5. Team members reach out to peers who have been directly involved in a patient death
6. Survey RNs who received support through direct peer contact for satisfaction
7. Consider opportunities for partnerships with other committees and groups to sustain and/or expand the work in the PICU

Nurse Selection Process



Nurses who provided care to the patient within 72 hours of the patient death.

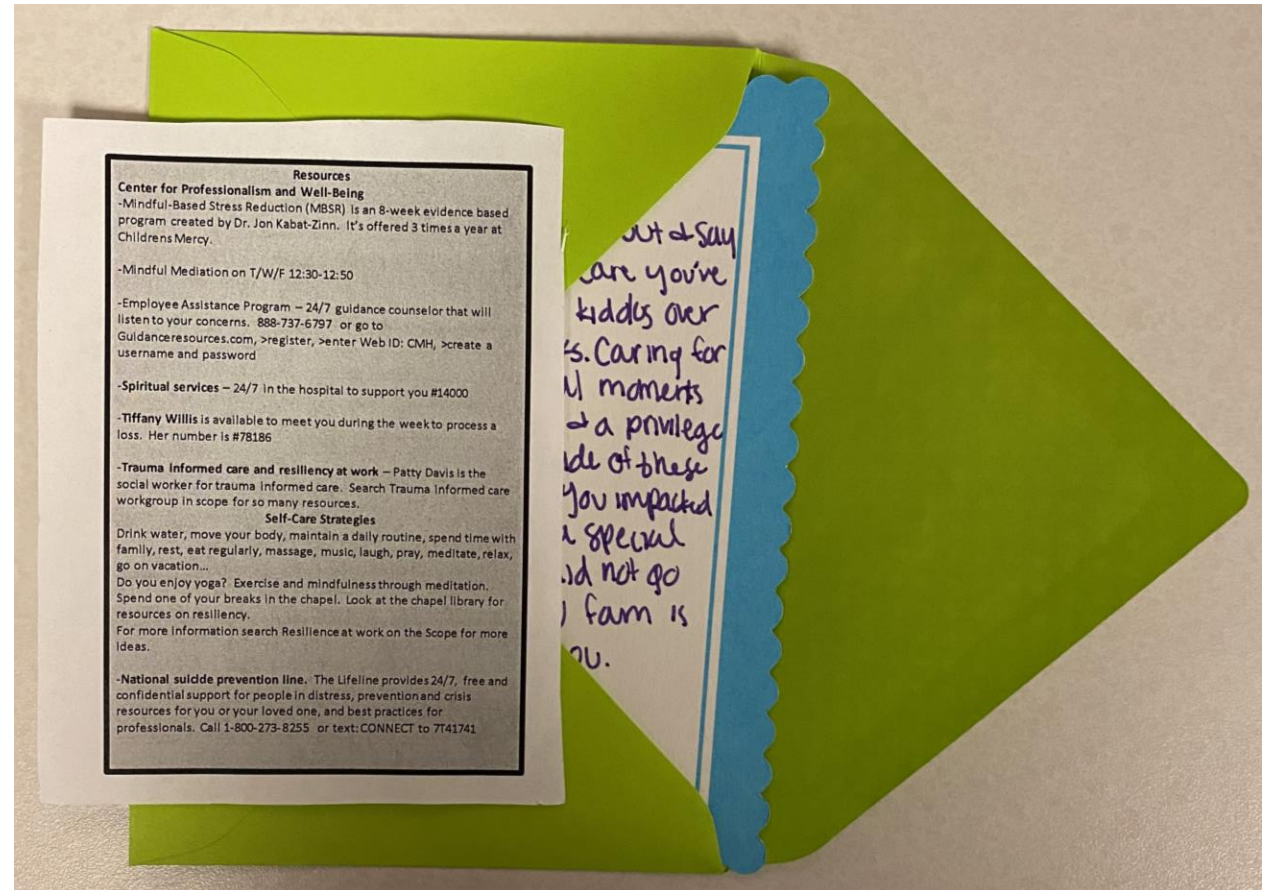


Nurses listed as a primary nurse to the patient

Excel Sheet

	A	B	C	D	E	F
1	Date of Death	Patient Name	Nurse/Shift	Wellness Member	Card Delivered Date	Survey Delivered Date
2						
3	1/1/20	John Smith	RN 1 (D)	Macy Allred	1/10/20	
4			RN 2 (D)			
5			RN 3 (D)			
6			RN 4 (N)			
7			RN 5 (N)			
8			RN 6 (N)			
9						
10						
11						

Example of Card



Resources

Center for Professionalism and Well-Being

-Mindful-Based Stress Reduction (MBSR) is an 8-week evidence based program created by Dr. Jon Kabat-Zinn. It's offered 3 times a year at Childrens Mercy.

-Mindful Meditation on T/W/F 12:30-12:50

-Employee Assistance Program – 24/7 guidance counselor that will listen to your concerns. 888-737-6797 or go to Guidanceresources.com, >register, >enter Web ID: CMH, >create a username and password

-**Spiritual services** – 24/7 in the hospital to support you #14000

-**Tiffany Willis** is available to meet you during the week to process a loss. Her number is #78186

-**Trauma informed care and resiliency at work** – Patty Davis is the social worker for trauma informed care. Search Trauma informed care workgroup in scope for so many resources.

Self-Care Strategies

Drink water, move your body, maintain a daily routine, spend time with family, rest, eat regularly, massage, music, laugh, pray, meditate, relax, go on vacation...

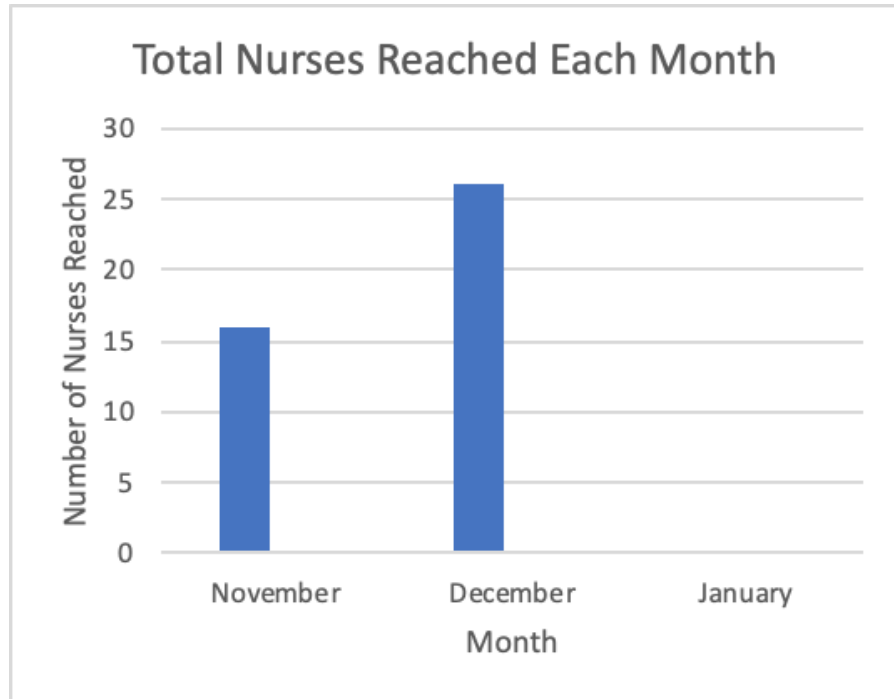
Do you enjoy yoga? Exercise and mindfulness through meditation. Spend one of your breaks in the chapel. Look at the chapel library for resources on resiliency.

For more information search Resilience at work on the Scope for more ideas.

-**National suicide prevention line.** The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved one, and best practices for professionals. Call 1-800-273-8255 or text: CONNECT to 7T41741

- **Center for Professionalism and Well-Being**
- **Mindful Meditation**
- **Spiritual Services**
- **Tiffany Willis, PsyD**
- **Patty Davis, MSW, LSCSW, LCSW, IMH-E (III)**
- **Self-Care Strategies**
- **National Suicide Prevention Line**

Check Results and Process



- Within 60 days, the Nurse Wellness Group reached out to 29 nurses after 10 inpatient deaths.
- Six nurses were found to have experienced more than one patient loss in this time period.
- We are aware of six patients who passed away outside of CMH between October 2019 and January 2020.

Follow Up Email

PICU Nurse Wellness Group Survey

1. Earlier this month, you received a handwritten note recognizing your role in caring for a patient who passed. Did you find this card meaningful?

Yes

No

2. In addition to the note, you were provided with a list of resources to utilize when coping with a patient loss. Which of the following resources did you utilize?

Center for Professionalism and Well-Being

Employee Assistance Program

Spiritual Services

Tiffany Willis

Trauma Informed Care and Resiliency at Work - Scope Website

Self Care Strategies

National Suicide Prevention Line

None

3. How helpful did you find these resources

Not Helpful

Little Help

Neutral

Somewhat Helpful

Very Helpful

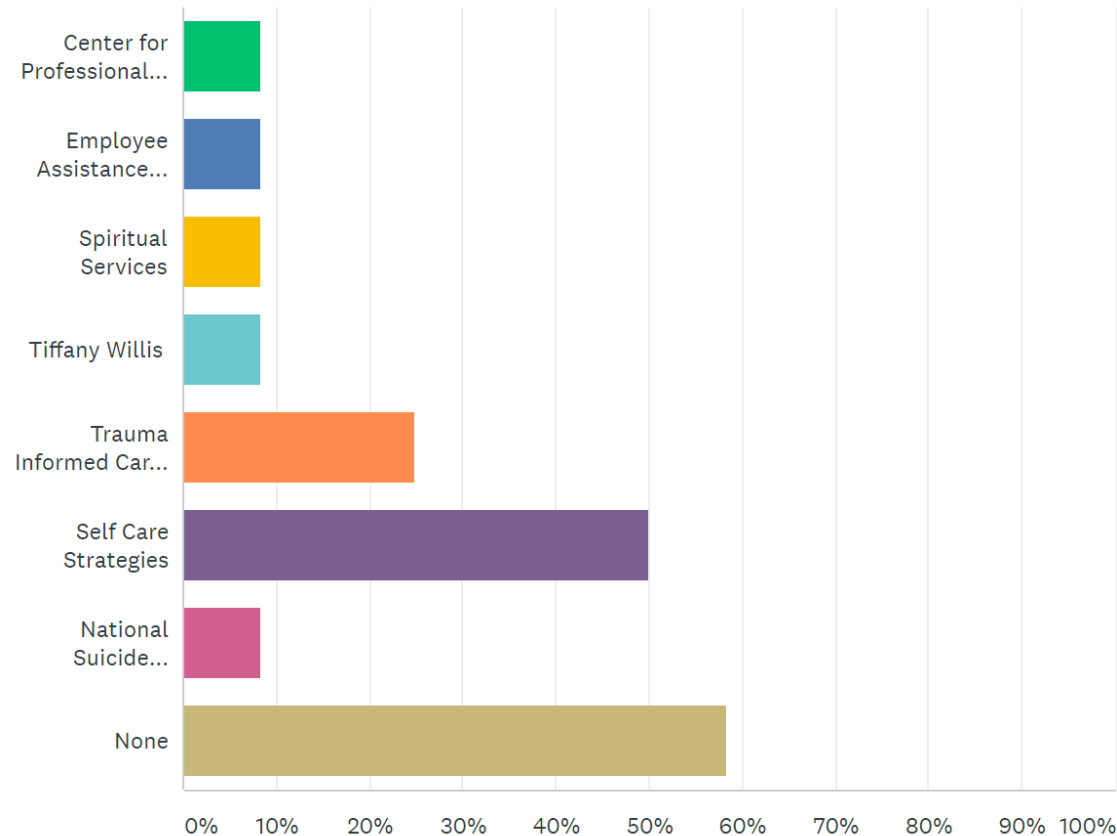


4. Were there any other coping mechanisms that helped when dealing with a patient loss?

5. Please share any additional thoughts or comments:

Survey Monkey Results

In addition to the note, you were provided with a list of resources to utilize when coping with a patient loss. Which of the following resources did you utilize?



- 12 nurses responded
- 100% of nurses found hand-written note meaningful
- 55% reported resources either somewhat or very helpful
- Confiding in coworkers most common self-care strategy utilized

“

Thanks so much you guys! In a unit as big as ours, it's hard to get feedback of any kind. The handwritten note was a sweet reminder that we are a part of these team and we are not alone.

”

- anonymous

“ I think this is a really great idea! I am so happy this group is dedicated to helping support nurses who lost a patient. The PICU has needed like something like this for a while!

- anonymous

“

Thank you so much for doing this! It really helped me to feel recognized and feel that my work is important! I love this idea and hope it stays!

”

- anonymous

Barriers



Size of the group



Expertise of the current group



Method and timeliness of death notifications



Rate of deaths in the PICU



Deaths occurring outside of PICU

Standardize and Follow Up

Nurses with Multiple Patient Losses

- While resource card is the same, handwritten note and peer-to-peer contact is individualized each time to ensure each interaction is intentional and meaningful.
- Nurses who experience more than one patient loss will receive one card per quarter.

Future of the Group

- Group will be maintained by this Winter 2018 Cohort after graduation.
- Group will expand to include more experienced nurses and members of the hospital's Trauma Informed Care Team.
- Committee members will be awarded 1 Advance point in Leadership for participation in the Nurse Wellness Group.



**Achievements
Demonstrating
Valuable
Advancements for
Nursing
Clinical
Excellence**

Future Possibilities



Include interdisciplinary team members such as doctors, residents, respiratory therapists, nurse managers, educators, and/or pharmacists.



Expand to include more potential stressful experiences beyond death of a patient, such as codes, traumas, abuse cases, etc.



Strive to respond to survey responses for resources that were not addressed or provided in the initial beta test.



Provide staff and committee members training and education to better equip them in TIC.



Establish a designated open time for potential peer-to-peer support in a group setting.

Next Steps



Expand Nurse Wellness Group participants to include more nurses



Coordinate meetings and trainings to better equip group members in Trauma Informed Care



Expand support to include interdisciplinary teams and partnerships

Stretch Goal

To continue to include more nurses and other interdisciplinary team members who have experienced a trauma, code blue, or difficult situation.

What is needed?

- Increased nurse participation in PICU Wellness group
- PICU leader commitment to support or sustain a group
- A standardized way to recognize a "difficult situation"
- Guidance from the TIC Workgroup
- Interdisciplinary Collaboration

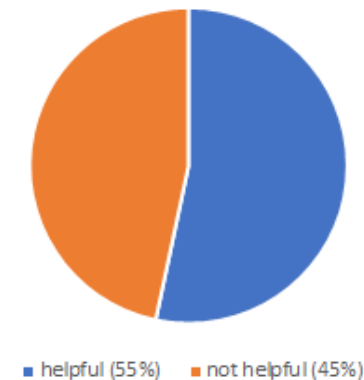
Conclusion

- AIM statement was met:
 - 29 nurses were reached during the three-month, beta trial of the nurse wellness group.
 - 6 of those nurses experienced more than one patient loss during this period
 - 100% of nurses found hand-written note meaningful
 - 55% reported resources either somewhat or very helpful

Percentage of Nurses Who Found the Handwritten Note Helpful



Percentage of Nurses Who Found the Resource Card Helpful



Conclusion

- In conclusion, we hope that by creating the PICU Wellness Group that we will increase resiliency in Trauma Informed Care.
- This will allow nurses in the PICU to better handle increased exposure to trauma/stressors by feeling acknowledged by peer support and recognizing what resources are provided by Children's Mercy Hospital.

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Questions?



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