Trauma Informed Care and Nurse Resiliency

Macy Allred  
*Children's Mercy Hospital*, mnallred@cmh.edu

Shannon Bertrand  
*Children's Mercy Hospital*, srbertrand@cmh.edu

Lauren Estes  
*Children's Mercy Hospital*, lestes@cmh.edu

Angela Honer  
*Children's Mercy Hospital*, anhoner@cmh.edu

Randi Meyer  
*Children's Mercy Hospital*, rlmeyer1@cmh.edu

*See next page for additional authors*

Follow this and additional works at: https://scholarlyexchange.childrensmercy.org/nursing_presentations

Part of the Pediatric Nursing Commons

**Recommended Citation**  
Allred, Macy; Bertrand, Shannon; Estes, Lauren; Honer, Angela; Meyer, Randi; and Tetrick, Katie, "Trauma Informed Care and Nurse Resiliency" (2020). *Nurse Presentations*. 9.  
https://scholarlyexchange.childrensmercy.org/nursing_presentations/9

This Book is brought to you for free and open access by the Nursing at SHARE @ Children's Mercy. It has been accepted for inclusion in Nurse Presentations by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.
Acknowledgements

- Grace Assad, BSN, RNC-NIC
- Kathy Baharaeen, MSN, RN, CCRN
- Courtney Becker, BSN, RN
- Erin Keith-Chancy, MSN, RN, CCRN-NIC
- Kristen Conrick, BSN, RN, CCRN
- Patricia A. Davis, LSCSW, LCSW, IMH-III
- Sally Fagan, BSN, RN, CCRN-K
- Jessica Fitzgerald, MSN, RN, CCRN-K
- Lory Harte, PhD, CPHQ
- Amber Hunley, DNP, RN-BC
- Julie Lang, MSN, RNC-NIC
- Donna O’Malley, PhD, RN
- Nikita Sharma, MHA
- Brittany Sleyster, BSN, RN
- Amy Straley, MSN, RN, CPN
- PICU Nurses for their participation
A3 Overview

A3 for Problem Solving

Focus: Improving "Recallability at Office" with the use of a tool-based peer coaching following patient deaths at PIQ

Owner: Senior Resilience Program

Date: June 13th 2023

Date Approved: [Signatures]

Department: [Signatures]

IT Scholar: Brittany Skipper and John Kehl-Cherry

QI Coach: Nikita Bhavna

Clarity the Problem

Describe the problem in detail. Use real data and information to support your statement. Include a causes matrix and root cause tree to identify root cause(s). Use brainstorming and root cause analysis to identify root cause(s).

Example:

- Decreased satisfaction among patients and families
- Increased wait times for appointments
- Staff turnover rates are higher than industry standards

Root Cause Diagram:

- Causes:
  - Lack of clear communication
  - Insufficient staff training
  - Inadequate resource allocation

Brainstorm the Problem:

- Brainstorm potential root causes of the problem. This can be done in a facilitated session or through visual brainstorming techniques.

- Use the 5 Whys method to drill down to the root cause of the problem.

Identify the Root Cause:

- Identify the root cause of the problem through the use of data analysis and root cause analysis.

- Use brainstorming and root cause analysis to identify root cause(s).

Chart the Problem:

- Create a problem-solving chart to visually represent the root cause(s) and solutions.

- Use the 5 Whys method to drill down to the root cause of the problem.

- Identify the root cause of the problem through the use of data analysis and root cause analysis.

Check Results and Proceed:

- Check the results of the problem-solving efforts to ensure that the root cause has been identified and that the solution has been implemented.

- Use data analysis and root cause analysis to validate the effectiveness of the solution.

- Check the results of the problem-solving efforts to ensure that the root cause has been identified and that the solution has been implemented.

Report Results and Follow-up:

- Create a report to summarize the findings of the A3 problem-solving effort.

- Use data analysis and root cause analysis to validate the effectiveness of the solution.

- Share the report with stakeholders to gain feedback and improve the solution.

- Follow-up with stakeholders to ensure that the solution is being implemented as intended.
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
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.”
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
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

- PICU: 45%
- ICN: 32%
- FHC: 10%
- ED: 10%
- 4H: 5%

Legend:
- Blue: PICU
- Orange: ICN
- Gray: FHC
- Yellow: ED
- Light Blue: 4H

meta-chart.com
Set a Target

• Between November 1\textsuperscript{st} 2019 and February 1\textsuperscript{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.
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
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?
"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?

- More personal acknowledgement from higher power: 11 responses (23.6%)
- Peer support: 11 responses (23.6%)
- Sending out emails for all patient losses, not just high-profile cases: 7 responses (15.2%)
- Debriefing afterwards with the interdisciplinary team: 6 responses (12.5%)
- Special recognition after a primary patient loss: 5 responses (10.4%)
- Internal or external therapeutic support: 3 responses (6.2%)

Overall, 93% of respondents felt that more support was needed after experiencing a patient loss.
Pick Chart

**Easy to Implement, High Value & Impact**
- Staff recognition to offset compassion fatigue
- Find out what PICU nurses believe helps them most and be resilient
- Support and recognition from peers

**Difficult to Implement, High Impact**
- Change the work environment
- Create SafeSpaces
- Create Time for Reflection and Debriefing

**Easy to Implement, Lowest Value & Impact**
- Job Aids – signage, flat screen slides, handouts
- Direct people to existing resources
- Connect groups already working in Trauma Informed Care

**Difficult to Implement, Low Impact**
- Create a flowchart to assess nurses suffering from compassion fatigue?

LOVE WILL.
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.
<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Date of Death</td>
<td>Patient Name</td>
<td>Nurse/Shift</td>
<td>Wellness Member</td>
<td>Card Delivered Date</td>
<td>Survey Delivered Date</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1/1/20</td>
<td>John Smith</td>
<td>RN 1 (D)</td>
<td>Macy Allred</td>
<td>1/10/20</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td>RN 2 (D)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>RN 3 (D)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td>RN 4 (N)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td>RN 5 (N)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td>RN 6 (N)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example of Card

Resources:
- Center for Professionalism and Well-Being
- Mindful About Stress Redirection (M.A.S.R.)
- An evidence-based program created by Dr. Jon Kabat-Zinn. It's offered 5 times per year at CMHC.
- Mindful App: https://www.mindful.org/mindful-app
- Online Peer Assistance Program (O.P.A.P.): Guidance counselors that are no longer your counselors. www.Mindful.org/peer-help
- Guiding counselors, mentors, peer counselors, CMHC. Connects a user name and password.
- Spiritual services: The hospital to support you. www.MHHC.org
- Tiffany will be available to see you during the week to process a loss. Per number is 785-336
- Trauma informed care and resiliency at work – Patty Davis is the executive director for trauma-informed care. Join the trauma-informed care workgroup in hopes for community resources.
- Self-Care Strategies
  - Drink water, move your body, turn off your mobile device, spend time with family, pet, read, meditate, yoga, listen to music, laugh, cry, meditate, rest, meditate
  - Do you enjoy reading? Exercise and meditate through meditation.
  - Special activities in the chapel. Look at the chapel library for resources:
  - Additional information on search for God's hand on the hope for more ideas.
- National suicide prevention line: The National Suicide Prevention Lifeline provides 24/7 free and confidential support to people in distress, prevention, and how to cope with stress. For your local one, just dial 988. For more information, visit https://www.suicidepreventionlifeline.org.
• 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 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.
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.
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.
References

10. O'Malley, D. (November 22, 2019). Trauma Informed Care and the ARTIC Survey at Patient Care Services Grand Rounds. Patient Care Services, Children's Mercy Hospital, Kansas City
Questions?