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Outcomes of a Quality Improvement Project: Implementing Trauma Informed Care in a Neonatal Intensive Care Unit

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Outcomes of a Quality Improvement Project: Implementing Trauma Informed Care in a Neonatal Intensive Care Unit

Submitting/Presenting Author (must be a trainee): Jennie Godwin, DO

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Fellow

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Other authors/contributors involved in project: Patricia Davis, MSW, Christopher Nitkin, MD

IRB Number (if applicable): 00001176

Describe role of Submitting/Presenting Trainee in this project (limit 150 words):

I developed the concept and created an A3 for this project while working with the Trauma Informed Care (TIC) work group. I developed the first PDSA cycles, helped write the IRB, and was involved in developing the TIC curriculum to make it specific to the NICU. I advocated for physicians to complete both pre- and post-ARTIC surveys and to fill out a separate open-ended survey following the TIC education that specifically addressed my SMART AIM. I reviewed the evaluations from each session and provided feedback to the physicians regarding their responses. I am now in the process of developing my next PDSA cycle based on the information learned from my project thus far.

Problem Statement/Question, Background/Project Intent (Aim Statement), Methods (include PDSA cycles), Results, Conclusions limited to 500 words

Problem Statement/Question:

Will providing Trauma Informed Care (TIC) education to physicians in a large Level IV NICU increase their uptake and implementation of TIC practices?

Background/Project Intent (Aim Statement):

The experience of being hospitalized in a Neonatal Intensive Care Unit (NICU) is recognized as a traumatic stressor to both the infants and their families. Physicians working in the NICU experience indirect traumatization and are at risk for burnout. Trauma Informed Care (TIC) can increase effectiveness of healthcare delivery, ensure that staff, policies and procedures do not cause unintentional harm, promote staff resilience, and improve the overall quality of the patient experience. Our project's aim was for more than 50% of Neonatologists at a large Level IV NICU to implement trauma informed practices in an everyday situation after providing comprehensive TIC education.

Methods (include PDSA cycles):

The Plan Do Study Act method was used for this pre-post descriptive study. A NICU-specific TIC curriculum consisting of 10 one-hour sessions covering TIC awareness, sensitive practices, and resilience at work was developed and presented to Neonatology faculty and fellows at Children's Mercy Hospital (CMH) over a 10-month period. Evaluations were completed after each session. Physicians completed the Attitudes Related to Trauma-Informed Care (ARTIC) survey before and after receiving TIC education. The ARTIC survey uses a bipolar Likert scale ranging 1 to 7 with higher scores being more favorable. After completion of the curriculum, each physician was surveyed about implementation of TIC in their everyday practice. In addition, ARTIC pre-surveys completed by physicians at CMH were compared to physicians nationally who are part of the American Academy of Pediatrics Section on Neonatal Perinatal Medicine (SoNPM).

Results:

37 physicians from CMH completed the ARTIC pre-survey with a mean score of 5.4 (SD 0.6). 267 physicians from SoNPM completed the ARTIC survey with a mean score of 5.6 (SD 0.6). 9 physicians from CMH completed the ARTIC post-survey with a mean score of 5.6 (SD 0.3). Evaluations addressing knowledge gained from each session scored an average of 4.4 (maximum score 5). 87% (27) of CMH physicians completed the survey about implementation of TIC into their everyday practice. Of these, 93% (25) answered positively describing practice changes that incorporate trauma informed principles. 7% (2) stated the education did not change the way they practiced, but provided evidence and structure to reinforce current practices.

Conclusions:

Providing comprehensive TIC education to physicians at a Level IV NICU is feasible and increased uptake and implementation of trauma informed practices. Next steps include creating online modules to make education accessible for new faculty and standardizing TIC practices.