

Developing and Implementing Trauma Informed Care Principles: A Pilot Study at Bon Secours
St. Mary's Hospital in Richmond, Virginia
James Madison University

Background

In 1998, Kaiser Permanente published The Adverse Childhood Experiences (ACE) study, that recognized the lifelong effects from exposure to trauma or stressful events. The literature supports the findings of the ACE's study, confirming that the traumatic experiences and stress that we endure during childhood has negative effects on our bodies and brains. The Centers for Disease Control identifies three major areas of risk for negative health well-being outcomes when there is exposure to adverse childhood experiences: health, behaviors, and life potential. It is imperative that healthcare providers begin to learn to recognize patients who have been exposed to adverse childhood experiences and have the tools needed to assist the patient in developing interventions to assist in reducing the negative effects. This phenomenon is known as trauma informed care (TIC).

Local Problem

Bon Secours Mercy Health system is a large not-for-profit, Catholic health system spanning across seven states. St. Mary's Hospital is located in Richmond, Virginia and houses the only dedicated pediatric departments in Bon Secours Mercy Health's Virginia market. In 2018, needs assessment data was collected via an online survey, focusing on staff perception of current TIC education and practices. The results consistently showed a lack of knowledge and resources related to trauma. Focus group data supported the survey results, but also identified a strong desire from staff to become a trauma informed health system.

Methods

The purpose of this project is to promote awareness and understanding of trauma and the long-term effects of childhood trauma through the use of a 90-minute educational program. Participants will complete a pre- and post-test to evaluate their knowledge, collect opinions, and gauge employee TIC competence. Participants will also be asked to participate in interviews two months after the intervention to discuss application of trauma informed practices in their daily work. The project focuses on a pilot group consisting of the pediatric leadership team and 72 staff members from across all pediatric areas at St. Mary's Hospital.

Interventions

A 90-minute in-person educational program was developed with a focus on increasing knowledge around understanding the widespread effect of trauma, recognizing the effects of trauma on patients and peers, responding using trauma informed approaches, and assisting in preventing or minimizing future trauma exposure.

Results

Expected results include an increase in knowledge and competence after completion of the 90-minute educational session. Results will be examined for trends based on years of experience, the participant's unit, and job title. Interviews are expected to yield information regarding early recognition of trauma, as well as examples of interventions that were put into place to decrease or prevent future trauma.

Conclusion/Implications

Exposure to childhood trauma can leave ever lasting effects on health and well-being. As healthcare providers, trauma exposure needs to be recognized and responded to appropriately. Education is the first step in ensuring a trauma informed care approach is provided with every healthcare encounter. The results of this study will assist in developing and implementing trauma informed education for all staff at St. Mary's Hospital.