IMPLEMENTING A TRAUMA-INFORMED CARE ENVIRONMENT: UNDERSTANDING THE PAST, ANALYZING THE PRESENT & EMPOWERING THE FUTURE.

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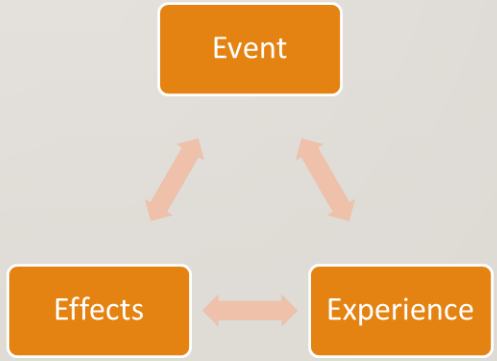
BACKGROUND

- In a Trauma facility, it is important that healthcare providers create an environment that is both holistic and resists re-traumatization of the original event.
- For a trauma event, patients have three distinct components: (1) the primary impact (the trauma event), (2) the patient's individual experience of the event, (3) and the secondary effects of the event, such as physical, psychological, and emotional outcomes (SAMHSA, 2014b).



A Trauma-Informed Approach (Four R's)

A trauma-informed program, organization, or system

Realizes	• Realizes widespread impact of trauma and understands potential paths for recovery
Recognizes	• Recognizes signs and symptoms of trauma in clients, families, staff, and others involved with the system
Responds	• Responds by fully integrating knowledge about trauma into policies, procedures, and practices
Resists	• Seeks to actively resist retraumatization

From SAMHSA's Concept Paper

SAMHSA

6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:

1. SAFETY
2. TRUSTWORTHINESS & TRANSPARENCY
3. PEER SUPPORT
4. COLLABORATION & MUTUALITY
5. EMPOWERMENT VOICE & CHOICE
6. CULTURAL, HISTORICAL, & GENDER ISSUES

Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

THE ROAD TO BECOMING A TRAUMA-INFORMED CARE FACILITY

- Trauma-Informed Care involves a shift in the culture of the facility, where focus is places on recognizing, accepting, and reacting appropriately to the impact of trauma at all levels. (Bloom, 2010).
- There are 4 phases to becoming a Trauma-Informed Care Facility:
  - Phase 1-Trauma Aware (Recognition and Awareness)
  - Phase 2-Trauma Sensitive (Foundational Knowledge, Agency Readiness, and Process/Infrastructure)
  - Phase 3-Trauma Responsive (Gather Information & Create a Plan of Action)
  - Phase 4-Trauma-Informed (Implementation & Adoption of a Trauma-Informed Care Environment)
- This presentation will discuss the steps taken in the first 2 phases.

FACILITY OVERVIEW

- University Medical Center at El Paso is a Level I Trauma Center. This is the only Level I Trauma Center within a 270-mile radius. We are located on the US/Mexico Border and our sister city is Juarez, Mexico.
- The SANE (Sexual Assault Nurse Examiner) Program operates within the Trauma-Prevention Department at UMC. This program was developed in 2006 and is SANE-certified for both Adult/Adolescent and Pediatric Population.
- In addition, UMC El Paso SANE program provides SANE training for new nurses and 24/7 care for the El Paso Region and Surrounding Communities.

TRAUMA AWARE: RECOGNITION AND AWARENESS (PHASE 1)

- In 2017, the Manager of the SANE program determined that there was a need to implement Trauma-Informed Care Guiding Principles for the Level 1 Trauma Center and the SANE program.
- Funding was obtained from a VOCA (Victims of Crime Act) grant out of the Office for Victims of Crime.
- A Facility Readiness Survey was completed. This instrument was provided by the Trauma Informed Care Project.

  http://www.traumainformedcareproject.org/

TRAUMA SENSITIVE: PROCESS & INFRASTRUCTURE (PHASE 2)

Facility Readiness (Organization's Self-Assessment) Results

Community Risk Assessment

FACILITY READINESS SURVEY (AGENCY SELF-ASSESSMENT FOR TRAUMA-INFORMED CARE)

- The following stakeholders were administered a survey to assess the organization's readiness for the SANE program to implement a trauma-informed approach:
  - 9 UMC Trauma Prevention Department/SANE department participants
  - 100 survey items-the survey was from the Trauma-Informed Care Project.
  - Covered the 5 domains of SANE program
    - Supporting Staff Development
    - Creating a Safe and Supportive Environment
    - Assessing and Planning Services
    - Involving Consumers
    - Adapting Policies
  - Rating from "Strongly disagree" to "Strongly agree" (4-point Likert scale)
  - Responses identified:
    - Opportunities for program/environmental change
    - Strengths of the organization/department
    - Gaps in policy/procedure & knowledge.

COMMUNITY RISK ASSESSMENT (UMC-SANE PROGRAM NEEDS ASSESSMENT)

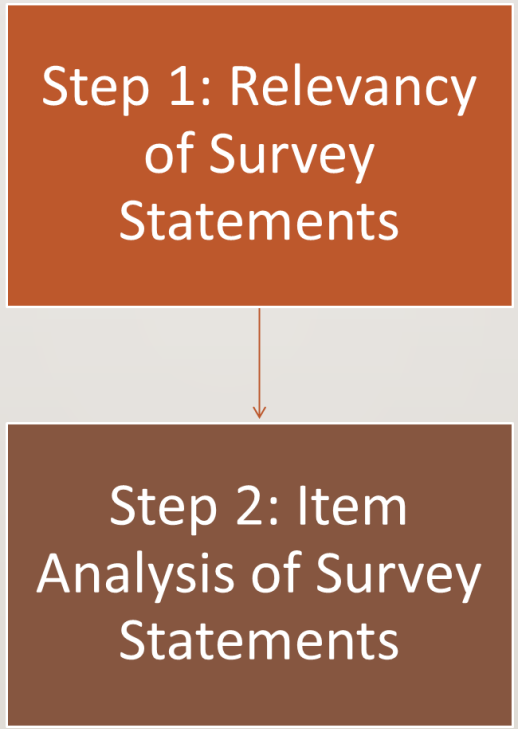
Top Three Themes

- **Decreased Wait Time for Victims**
  - Most commonly mentioned impact of the SANE program
  - Previously, victims routinely waited for 8-10 hours for treatment
- **Assistant to Law Enforcement**
  - Evidence gathered by SANE is highly respected by law enforcement
  - SANEs have expertise in carrying out a legally defensible forensic exam
- **Providing Benefits to other Agencies & the Community as a whole**
  - UMC SANE program partners with entities which provide help to victims of sexual assault
  - SANE nurses disseminate information to the community (e.g., health fairs)

CREATION OF A TRAUMA-INFORMED CARE HEALTHCARE PROVIDER TOOL

- After completing the Facility Readiness Survey and the Community Risk Assessment, 4 survey tools were created for the following populations.
  - Patient feedback (English and Spanish)
  - Law Enforcement
  - Advocates
  - ER Healthcare Providers
- As the Advocate and Law Enforcement survey statements were similar in nature, they were combined into one survey.
- The Healthcare Provider survey statements (Advocate and ER staff) were reviewed by content experts and a final list of survey statements was created.
- The Patient Feedback survey was tabled for a future research project.

VALIDATION OF THE HEALTHCARE PROVIDER TOOLS



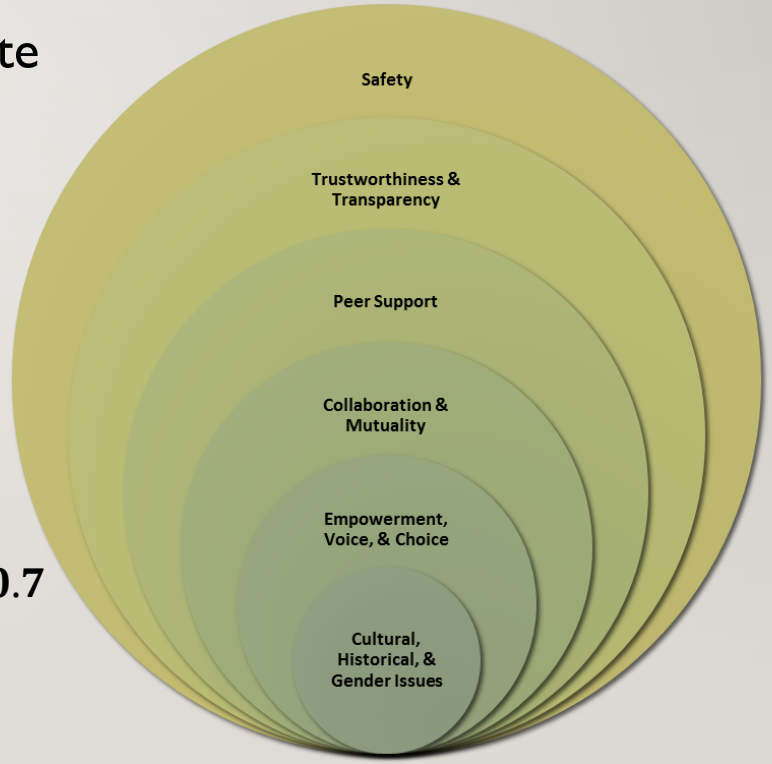
RELEVANCY OF SURVEY STATEMENTS

- Each Survey Statement item was assessed by subject-matter experts.
  - ER Healthcare Provider Survey: ER Nurses & Paramedics
  - Advocate Provider Survey: Care Management, Social Workers, CASFV Advocates
- Respondents were asked to rate the relevancy of each survey statement with regards to Trauma-Informed Care guiding principles.
- Ratings were on a 4-point Likert-type scale:
  - Not Relevant
  - Somewhat Relevant
  - Quite Relevant
  - Very Relevant
- Advocate Survey (n=60 participants)—Survey Overall Results 78.7%-97.6%
- ER Healthcare Provider Survey (n=79 participants)—Survey Overall Results 93.6%-100%

EXPLORATORY FACTOR ANALYSIS (EFA)

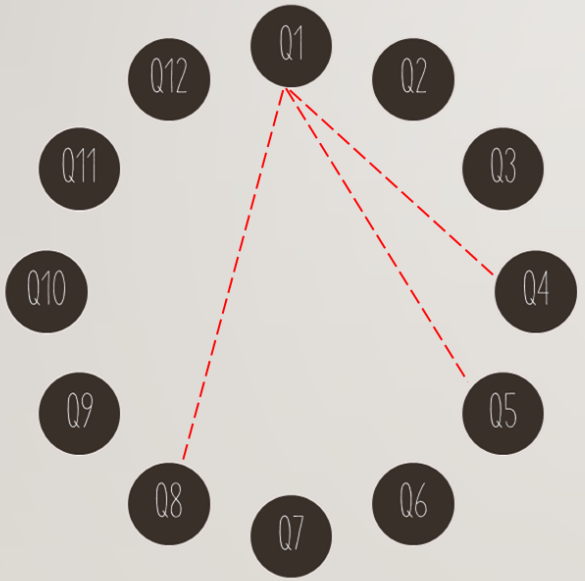
- Multidimensional models were yielded for both Advocate and ER surveys
- Survey items aligned to more than one construct (i.e., cross-loadings)
- No collection of survey items were found to only represented one construct

each Cronbach $\alpha \leq 0.7$



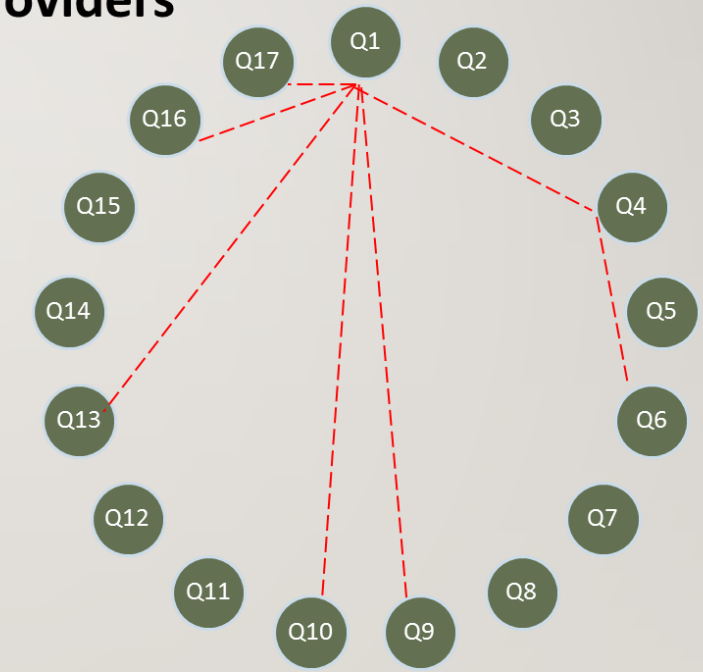
ADJUSTED CHI-SQUARE RESULTS: ASSOCIATIONS

Advocate



Red dotted line: $p > 0.05$ items do not associate

ER Providers



OVERALL FINDINGS OF SURVEY VALIDATION

Results

The EFA and adjusted chi-square test indicate items shared between multiple constructs

- Suggests a complex multidimensional model
- Supports theory that TIC guiding principles are interconnected

In progress

Continuing tool validation

- Items have been revised or dropped
- Revised tool will be tested with new population

NEXT STEPS…..

- Start implementing Healthcare Provider Survey for ER providers and SANE Advocates. Results will be analyzed quarterly as part of a Quality Improvement Initiative.
- Revise discarded Healthcare Provider Survey Statements and Validate prior to including in final survey.
- Start the process of Validating the Patient Feedback Surveys.
- Provide Training on Trauma-Informed Care Guiding Principles for the following populations:
  - ER Healthcare Providers (ER Nurses & Paramedic)
  - Advocates (Care Management, Social Workers, CASFV Volunteers)

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