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# Creation and Implementation of a Trauma-Informed Care Safety Tool in an Inpatient Mental Health Unit

Katie Rhea, BSN, RN-BC; Jeremy Williams, BSN; Teresa Rangel, PhD, MSN, CNL

## Background

- Exposure to trauma is shared human experience, yet as intensity and frequency of trauma increases, so do risks for negative mental health impacts
- Trauma Informed Care (TIC) approach can improve outcomes including reduced use of restraints and seclusion
- On an inpatient adult mental health unit, a needs assessment revealed low levels of formalized TIC training and identified staff support for integrating evidence-based TIC strategies into patient care delivery

## Purpose

- To describe the process of developing and implementing trauma-informed care strategies on an adult inpatient mental health unit

## Methods

- Needs assessment indicated desire for more training and tools
- An interdisciplinary team collaborated to review several TIC tools with plan for implementation in November 2022
- Team determined current tools did not meet their needs and decided to create and implement a newly created TIC tool (Figure 1) to meet the unique interventions offered at the location
- The tool is completed with the patient at time of admission and intended to be used throughout the duration of their hospitalization
- All staff received training on the new process through emails, meetings, and one on one coaching

## Results

- Chart audits completed to determine compliance
- 34/50 (68%) of charts indicate tool was completed at time of admission
- 8/16 (50%) RN indicates reason for tool not being completed including patient symptomology (agitation, psychosis, etc.)
- 8/16 (50%) lacked documentation
- Caregivers were recently invited to take a voluntary survey to assess perceptions on the TIC Patient Safety Tool - It is unknown at this time how caregivers perceived this tool, further evaluation will be needed

## Discussion

- This is a non-randomized, quasi-experimental intervention trial to determine the impact of a TIC intervention (figure 1) on specific hospital outcomes
- Participants included an interdisciplinary team on an inpatient psychiatric unit
- It was challenging to get participation from bedside caregivers during the initial planning phase due to staffing concerns and lack of availability to participate in the TIC workgroup
- It may be useful to attempt to use an already established instrument for TIC that is reliable and valid for next steps

## Implications for Practice

- Partnering with patients to complete an individualized, TIC safety tool may be an important intervention to support outcomes
- Next steps include evaluating survey responses to TIC Patient Safety Tool and complete chart audits to measure outcomes

## Acknowledgments

A special thanks to all the Providence St. Patrick's Hospital behavioral health staff!

Figure 1 TIC Tool

The figure shows two pages of a 'Patient Safety Tool' form. Page 1 includes sections for 'Stressors: What are some things that cause you to feel angry or upset?' and 'Warning signs: What does it look like when you feel you may lose control?'. Page 2 includes sections for 'Crisis prevention strategies: What is helpful when you are having a difficult time?' and 'Medications: In an emergency we may be required to give you medications if other measures do not help you remain safe and in control. In this case, are you aware of medications that have been especially helpful to you?'. Both pages have a 'Patient Signature' and 'Staff Signature' line at the bottom.

