

Trauma Informed Trauma Care: Screening for Post-Traumatic Stress Disorder and Acute Stress Disorder in Trauma Patients

Authors:

Michaela Graham, MPH, CHES
IU Health Methodist Hospital
Trauma Services
mgraham4@iuhealth.org

Ellen Corcella, JD, MTS, M.Div
corcellasolutions@gmail.com

Background

20-40% of injured survivors experience Post Traumatic Stress Disorder (PTSD) or depression in the year after injury. With no formal screening in place, the Level 1 trauma center implemented an evidence-based screening for traumatic stress disorders.

Purpose

The goal of the project was to design and pilot a process that addresses PTSD and Acute Stress Disorder (ASD).

Setting

The project scope was the non-critical trauma unit at an urban adult ACS verified Level I trauma center.

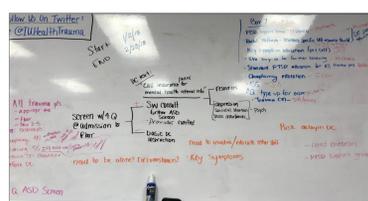
Sample

There were 23 patients screened in the pilot phase. Patients had to be on the selected nursing unit, at least 16 years old, and have a GCS greater than 14.

Procedures

Design:

- Utilize organization's existing process improvement tools
- Multidisciplinary steering team
- Iterative process



Project Design Mapping Event

Implementation:

- Combine evidence-based 4 question PTSD and 7 question resiliency screening tools
- Trauma Chaplain Resident to conduct, track, and improve the screening tool and process

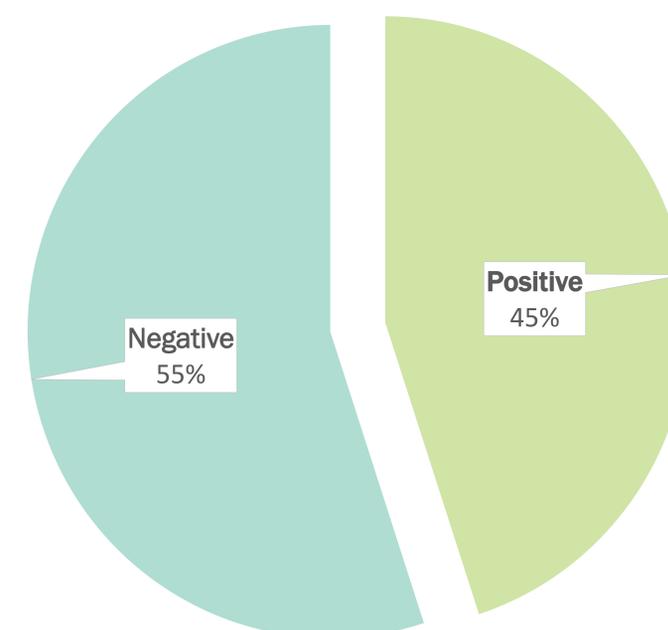
PTSD and Resilience Screening Tool

Results

PTSD

- 23 patients screened in 3 month period
 - 3 ruled out due to TBI & other barriers
- Score ≥ 1 is positive screen
- 45% screened positive (n = 9)
 - 5% (n=1) acutely suffering from PTSD during admission
 - 44% positive screening patients (n=4) experienced traumas in the prior year

PTSD Results



Implications

Conclusions:

- Confirms presence of PTSD/ASD in patient population
- Necessitates expansion into outpatient setting and/or other service lines
- Resources for referral are limited

Discussion:

- Expand tracking to investigate:
 - Utilization of Registry
 - Sources of stress
 - Geriatric specific stressors
- Further integration of chaplaincy and spiritual care into trauma care



References