

PTSD Identification in Trauma Patients

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INTRODUCTION

During preparation for UCHealth Memorial Hospital Central (UCH MHC) Level I Trauma Verification a lack of Posttraumatic Stress Disorder (PTSD) recognition was identified for trauma patients. The American College of Surgeons (ACS) requires a screening tool to be in place to assess for PTSD.

METHODS

Through collaboration with Memorial Trauma Services and ED Medical Social Work (MSW) the Primary Care PTSD Screen for DSM-5 was identified as an appropriate PTSD assessment tool.

- Trauma activations ≥ 15 years old are the identified target population with priority responses placed on those that are full trauma team activations.
- MSW created resource lists that include qualified trauma therapists, specialists, and support groups, as an informational handout for patients and families.
- MSW created educational handouts for staff to better understand the process of the program and symptomology of trauma. MSW's contact information was provided for additional support to each level of intervention.
- Three tiers of intervention were established:
 - Tier 1: MSW intervention in the ED
 - Tier 2: MSW intervention on acute floors
 - Tier 3: MSW intervention at the in-hospital acute rehabilitation unit.
- A follow-up questionnaire was established to assess resources utilized or those further required, as well as to gauge the patient satisfaction of the program.
- MSW conducted follow-up phone calls to trauma patients who had been seen by MSW while they were in the hospital and discharged.

ID # _____

PC-PTSD-5

Sometimes things happen to people that are unusually or especially frightening, horrible, or traumatic. For example:

- a serious accident or fire
- a physical or sexual assault or abuse
- an earthquake or flood
- a war
- seeing someone be killed or seriously injured
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

YES NO

If no, screen total = 0. Please stop here.

If yes, please answer the questions below.

In the past month, have you...

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?

YES NO
2. tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)?

YES NO
3. been constantly on guard, watchful, or easily startled?

YES NO
4. felt numb or detached from people, activities, or your surroundings?

YES NO
5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

YES NO

A score of 3 or higher is indicative of probable PTSD
 Reference: Prins, A., Bovin, M.J., Kimerling, R., Kaloupek, D.G., Marx, B.P., Pless Kaiser, A., & Schnurr, P.P. (2015). *The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)* [Measurement instrument]. Available from <http://www.ptsd.va.gov> URL: <http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>

RESULTS

From February 2018 to June 2018, there were 801 limited and full trauma team activations. Of those 801, 233 were screened by MSW, a 29% rate of screening. Of those screened, 131 patients were administered the PTSD inventory and provided with community resources, and of those 131 patients 73 scored a 1 or above on the inventory, indicating high risk for PTSD.

Follow-up calls began in April 2018, 39 calls have been completed, indicating a 16% follow-up rate. Only 6 patients identified no mental health impact following the trauma. Incidentally, those individuals scored a low probability of PTSD on the initial screening. The remainder of patients have successfully utilized outpatient resources provided during their hospital stay.

CONCLUSION

MSW plans on obtaining more staff/interns to help facilitate greater access to patients and increase PTSD screening to a goal of $\geq 90\%$ trauma patients interviewed and of those, $\geq 90\%$ follow-up completed. Epic programming is being developed to quickly identify patients that are returning post trauma. MSW will then meet with these patients and develop a coordinated care plan to decrease rate of return. MSW will create a hospital support group for those effected by trauma, thus fostering potential for post traumatic growth.

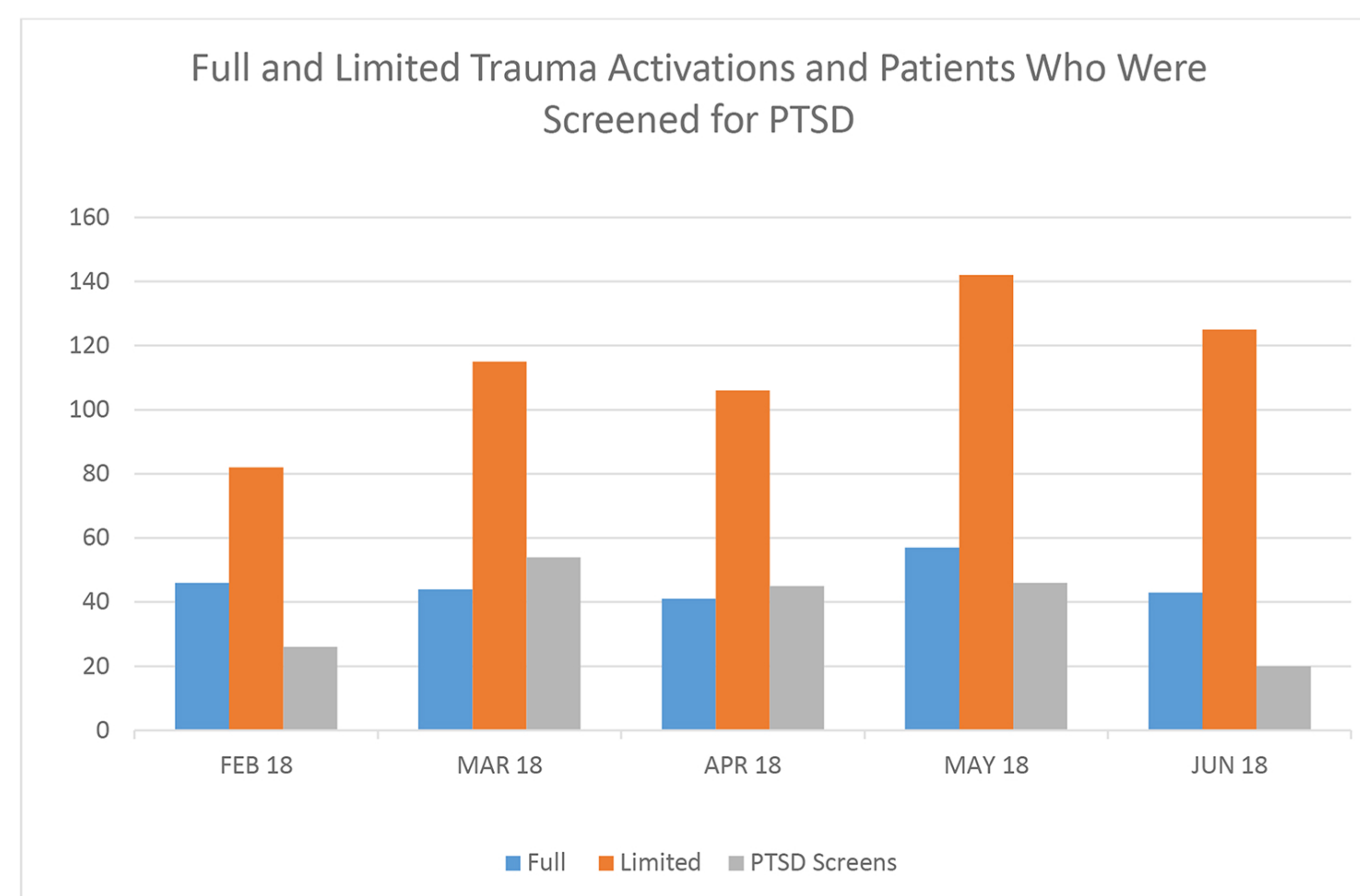
Trauma Assessment Follow-Up Questionnaire

MRN _____ DATE of Admit _____ Date of Call _____

- 1.) Was the discussion and resources provided to you in the hospital, regarding emotional and mental health, helpful? (ask them to elaborate on this if they are open to that)
YES/NO
- 2.) Have you had any signs or symptoms of emotional/ mental health trauma since going home? (You may need to go over the s/s again to help pt/family understand what they may be experiencing)
YES/NO
- 3.) Have you sought any outside formal resources, such as counseling or doctor appointments, to help you cope with your trauma? If so, did you have success in getting connected to the right resource for you?
- 4.) Have you sought any informal outside resources, such as family, faith, friends, or online support to help you cope with your trauma? If so, did you have success in getting connected to the right resource for you?
- 5.) Is there anything that the hospital could have done differently to help you address potential signs and symptoms of trauma while you were in the hospital?
- 6.) Would you find it helpful for the hospital to provide a support group for those who have experienced medical trauma? If so, would you personally attend a provided group?

Future State

- Gain support from EPIC team
- Expand MSW staffing
- Create trauma specific support group
- Roll out system wide
- Increase PTSD screening and follow-up



*End of March to July primary MSW contact went out on medical leave.

