

BUILDING ACCESS, EMPOWERMENT & RESILIENCE: TRAUMA-INFORMED CARE IN THE EMERGENCY DEPARTMENT

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CLINICAL
SCHOLARS

BACKGROUND

Emergency departments are high stress environments that hold high burdens of individual, interpersonal, and structural traumatic experiences for both patients and staff. The Brigham and Women's Hospital Community Health Needs Assessment (2016, 2019) identified five high-priority neighborhoods (HPN), which are strongly impacted by structural oppressions: poverty, unemployment, health inequities, chronic disease, and shortened life expectancy.

A trauma-informed approach offers a framework to improve outcomes for both patients and staff, by reducing re-traumatization, decreasing vicarious traumatization, and promoting health equity. However, there is limited data on the acceptability and feasibility of trauma-informed approaches in adult emergency departments.

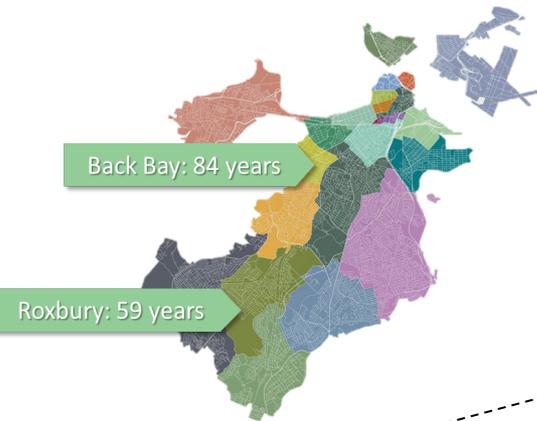


Figure 1:
Average life expectancy of Boston neighborhoods Back Bay and Roxbury



RESEARCH AIM

Understand the acceptability and determine the feasibility of trauma-informed care practices in an emergency department

METHODS & ANALYSIS

Each interview was transcribed using TranscribeMe! Coding. Analysis was conducted using qualitative analysis software, ATLAS.ti 9.0.14. Grounded theory and the constant comparative method were employed to develop and refine a coding schema and identify emerging themes throughout the interviews 1,2. A saturation analysis is planned for the future after additional interviews are conducted.

PRELIMINARY FINDINGS

Study Numbers: Completed Interviews (12), Analyzed Interviews (10), Upcoming Scheduled Interviews (6)

Majority of subjects...

...were familiar with the term trauma informed care.

...would be open to using a trauma informed care protocol.

...reported that they would need more time to better address trauma experiences with patients.

...report that when interacting with a patient who has experienced trauma, they hope to provide comfort or emotional support to the patient

...spontaneously reported that individuals that have experienced trauma tend to be from low income/low SES. Other communities reported to experience trauma include those with addiction or mental health disorders, the homeless, those with disabilities, women, prisoners, and immigrants.

...reported implicit biases within ED staff with regard to race.

The most frequently reported barriers to implementing trauma-informed changes in the ED were: lack of time for training and implementation, and potential cost of implementation.

NEXT STEPS

- Complete stakeholder interviews by Nov. 1
- Complete analysis of quantitative and qualitative data
- Identify and develop an intervention
- Implement and evaluate completed intervention

Safety: Physical & Psychological

Trustworthiness & Transparency

Peer Support

Collaboration & Mutuality

Empowerment, Voice, Choice

Cultural, Historical, & Gender Acknowledgment