KOOTENAY LAKE HOSPITAL TRAUMA INFORMED CARE PROJECT

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PRESENTER DISCLOSURE

• No disclosures to declare

TRAUMA INFORMED CARE INCLUDES





PROJECT ACTIVITY / PURPOSE

April 2022 to March 2023, the Facility Engagement Initiative hosted a five-part Trauma Informed Hospital Care series at Kootenay Lake Hospital (KLH) to foster a foundational understanding of the five core principles of trauma informed care (TIC).

The aim of the series was to help care providers:

- 1. Recognize the role trauma may play in a patient's life and in their own personal experiences; and,
- 2. how the five principles (safety, choice, collaboration, trustworthiness, and empowerment) can be effectively utilized to lower the chance of patient re-traumatization.

Participants included physicians, nurses, and midwives.

The sessions were 1.5 hours and held via Zoom with Beth Ebers, Registered Midwife and Compassionate Inquiry (CI) Practitioner.

Followed by the creation of a 2-page summary reference guide for the KLH Medical Staff.

Additionally, 2 Hospital TIC posters were developed in 2023.

TRAUMA INFORMED **CARE INCLUDES** SAFETY - Develop a trusting relationship, building a sense of personal control. **CHOICE** – Foster a sense of respect, agency, and dignity. **COLLABORATION** - Recognize people have capacity to heal from trauma. TRUSTWORTHINESS - Repair/build positive relational health care experiences. **EMPOWERMENT** - Encourage and allow patients to be active in their care. AWARENESS - Of Cultural, Historical and Gender Issues & Structural Violence.

KLH Trauma Informed Care Reference Guide

REFERENCE GUIDE

Trauma Informed Care (TIC) acknowledges the universality of trauma, builds relational between patients and providers (and within the organization) and actively aims to prevent re-traumatization. TIC principles are anchored in awareness of Cultural, Historical and Gender Issues, and Structural Violence.

Useful Phrases/Actions/Awareness

Provider Role

Survival Response	Patterns of Relating	Can be Mischaracterized by Service Systems as	What to do with or say to a person experiencing this response *Follow your gut feelings. Choose anything from this column that fits the moment	
Fight	When people struggle to maintain or reclaim their power; especially when a person feels coerced.	"Non-compliant" "Combative"	Validate: "It seems like this isn't working for you." Offer choice: "Let's figure out a better plan." "Can you tell me what's not working for you here? / Can you tell me what would work better for you?"	
Flight	When people disengage or emotionally check out.	"Non-compliant" "Treatment resistant" "Un-cooperative"		
Freeze	When people shut down or give in to people in power positions.	"Passive" "Unmotivated"	"Let's take a break. Is there anything I can do to make you more comfortable right now?" "Just checking in—did you understand what I said? Is anything unclear to you?" If a patient freezes (dissociates) during an interaction: <u>"[Use the patient's name]</u> – are you with me?" Orient the person to the present moment, to what is happening, what usually happens, and any choice/opportunity to revisit consent. Engage the senses (invite the patient to feel their feet on the floor, look around the room, etc.) Offer something comforting: water, a snack, a drink, to move their body in some way, the presence of a supportive person.	
Fawn	People pleasing; may be overly agreeable and appear engaged and consenting but this may not be authentic.	"Pleasant" "Easy going"	Create opportunities for choice, share power: "What is most important to you / your priority (right now / in your care)?" "If there is one thing I / your care team can do for you, what would it be?"	

building a sense of control Provide disconfirmi experiences related historical and gende Understand triggers	Develop a trusting relationship, building a sense of personal control Provide disconfirming experiences related to cultural, historical and gender issues Understand triggers driving survival responses*	Attunement Co-regulation Active listening, validation Informed choice/consent Consistency in interactions	 Self awareness/regulation Handwashing Break Check implicit biases prior to patient interaction When someone discloses they feel scared/unsafe in hospital settings: <i>"I hear you. Is there anything we can do to support you to feel safe enough right now?"</i>
Choice	 Primacy – unique experience Strengths based framework Inherent power imbalances in health care 	 Foster sense of respect, agency, dignity Create opportunities for self determination & personal control, seek input Flexibility, shared decision making 	 Verbal consent vs body consent Ongoing consent with touch Recognition of survival responses * "I was thinking of sitting here, does that work for you?"
Collaboration	 Value relationship as a therapeutic tool Recognize people have capacity to heal from trauma 	Awareness of personal value, worth Experience of inclusion & mutuality Recognition of resilience	 Doing 'with' rather than 'for' or 'to' "Let's come up with a plan together." "How does that sound to you?"
Trustworthiness	 Each interaction in health care opportunity to repair/build positive relational experiences Understanding of 'why's of recommendations/treatments Culture of inclusion 	Humility Authenticity Empathetic abiding presence Confidence Non-attachment	 Transparency Accountability, relational repair when needed "I'm sorry. We're going to learn from this. Your input helps us figure out ways to make the system work better."
Empowerment	 Health inequities perpetuate/ deepen trauma 	Eliminate oppressive practices Staff/patients included in decision- making Capacity building in TIC	 "You know yourself best." "You're an important part of this team." "Thank you for sharing your story with me. I'm wondering what it was like to tell me?"

Adapted from: Blanch, Filson, & Penney, NCTIC 2012

For more information on Trauma Informed Care visit: https://www.canada.ca/en/public-health/services/publications/health-risks-safety/trauma-violence-informed-approaches-policy-practice.html

• Compassionate Inquiry Qualities to Develop: Empathetic abiding presence, Self-awareness, Trust your gut feelings, Authenticity, Curiosity Confidence, Non-judgment; Acceptance, Compassion, Humility, Playfulness, Non-attachment (Compassionate Inquiry[®])



TIC Principles

Key Concepts

IMPACT

Medical Staff attendees' responses indicated improvement in the following areas:

- Understanding the impact of trauma on health and well-being
- Importance of utilizing Trauma Informed Care principles (Trauma Informed Care Lens)
- Tool use for responding with compassion to their own and their patients' reactions to challenging experiences
- Ability to manage job stressors
- Skills in working with people who have experienced trauma

TWO LESSONS LEARNED

Interdisciplinary Collaboration is Key

- The participation of physicians, nurses, and midwives in the series underscored the importance of interdisciplinary collaboration in delivering trauma-informed care.
- The need for health care teams to work together to create a supportive environment for patients who have experienced trauma, and to support one another.

Consistency

 Having a reference guide ensures that care providers across different departments and shifts will have access to consistent information and language when implementing trauma-informed care. This consistency helps reinforce key concepts and ensures that all patients receive the same high standard of care.