Trauma-Informed Care in Pediatric Primary Care

Funding provided by the New Hampshire Children’s Health Foundation
## Agenda

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Consultants/Contractors

Dartmouth-Hitchcock
Trauma Intervention Research Center

RJ Gillespie, MD, MHPE
Goals and Outcomes

Project Goals:
- Increase practitioner knowledge about trauma-informed care
- Support up to 5 NH pediatric primary care clinics in using QI to pilot process(es) to address traumatic stress.

Intended outcomes:
- Increased provider knowledge & confidence
- Increase early identification of traumatic stress
- Connecting providers to community service networks
# Project Design

## Phase 1
July 2019 – April 2020
Increase knowledge about ACEs/trauma
- One-hour presentations in 12 practices
- Urban: Manchester, Nashua
- Rural: Coos & Cheshire
- Partnering with DTIRC
- Recruit for Phase 2

## Phase 2
March 2020 – Oct 2021
Plan & pilot QI process to address ACEs/trauma
- 9 mo planning phase
- 6 mo pilot phase of PDSA cycles

## Phase 3
Aug 2021 – Jan 2022
Data analysis & reporting
- Updated tools
- Replication report
- National conferences
- Webinar presentation (Internal)
PHASE 1
Trainings to Increase Trauma Awareness

13 PRACTICES
191 PEOPLE

Attendee Breakdown

Mental Health 4.2%
Nurses 34.4%
Other 35.4%
Providers 25.9%

CME RESULTS

94%
Felt the information presented was important

91%
Felt the information from the training has increased their knowledge, skills, or practice on trauma informed care.

11/3/2021
Planning Phase

• Pre-intervention surveys
  – Trauma Site Self Assessment
  – Knowledge & confidence survey
  – Relationship with local referral agencies

• Intervention
  – Guidebook
  – Facilitator (monthly)
  – ACEs and resilience screener selection tool
  – Risk stratification & response table
  – Resource Sheets (parent, local resources)
Planning Phase (Cont)

Meetings of Clinic & Local Referral Agencies

Agencies
- Community Action Program
- Community mental health center
- Family resource center
- Domestic violence/crisis shelter
- Adverse Childhood Events Response Team

Relationship assessment

Facilitated Discussions
- Services provided
- Changes in service due to pandemic
- Process for closed loop referrals
Piloting Phase

Intervention

• Monthly facilitation
• Technical assistance (clinical)
• Advanced trainings
• Registry
• Control plans

Post Evaluation

• Trauma Site Self Assessment (SAMHSA)
• Knowledge & confidence survey
• Relationship with local referral agencies
• Satisfaction with Phase 2 and project overall
Implementation Lessons Learned

- Dual-purposing Trauma 101
- Planning critical; 6 mo. doable
- Flexibility is crucial
- Screening selection tool prevents paralysis
- Risk stratification & response table facilitates consistency
- Coaching is critical
Implementation Lessons Learned (cont.)

- Providers WANT “real world”
- Clinical TA not used as much as anticipated
- Mtgs w/local agencies take time, but ROI is worth it

“I didn’t know you guys did all that stuff! I definitely have families I could have referred!”

Pediatrician about local family resource center
Thank you!

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