IMPLEMENTING A POSTTRAUMATIC STRESS AND FUNCTIONAL OUTCOME SCREENING PROCESS

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Background: Based on research implicating post-traumatic stress as a primary determinant of post-injury quality of life, the Trauma Program at Froedtert Hospital a Level 1 Adult Trauma Center identified a need for a standardized approach to screen the trauma patient for post traumatic stress symptoms post injury. Initial funding for the project was from a the PTSD Screening and Quality of Life Grant #R49-CCR519614-04. At the conclusion of the grant the dollars to support the program were obtained by administrative funding and clinical billing. Utilization of psychology graduate students has help offset costs and resulted in a budget neutral program.

Resources: A team of graduate psychology students and a trauma psychologist, screen patients prior to discharge and six months after discharge. This could be done by other trained professionals.

A mechanism for tracking the screening results was developed in the trauma registry and the trauma registrar enters the data.

Effectiveness: Since the implementation of the PTSD screening process we have identified 20% of our trauma patients with severe PTSD symptoms during hospitalization. It is clear that prior to October 2007 we had a large unmet need in our trauma patients. Screening helped identify patients needing additional mental health services, but the true breakthrough came with the hiring of a dedicated trauma health psychologist and incorporating her into the screening process. Once the patients are screened they receive a thorough assessment with a psychologist and a mental health treatment plan is initiated. The numbers of patients seen and treated is testament to our new program. Before the new screening program, approximately 15 psychology consults were requested between January to June 2007. For the same time frame in 2008 there were 23, and in 2009 there were 63 consults representing a 4-fold increase in consults after initiating screening and a 3-fold increase in consults after adding the trauma psychologist.

Benefit to other Trauma Centers:

PTSD after single-incident civilian trauma affects a large minority of patients seen and treated at Level I trauma centers. It is perhaps the single biggest factor affecting post-injury quality of life. Early screening and intervention for PTSD symptoms has the ability to improve long-term quality of life for this population. We have provided consultation to over 326 inpatients since starting in 2008 and 176 outpatients who were seen on average 8.4 sessions.