



THE Quarterly REPORT



TIC Cohort 1

DATE :	September 30, 2019
PROJECT NAME :	Trauma Informed Care Program
NAME :	Report 1st Cohort 30 trainers from 10 health centers
Quarter:	July-September 2019 100% adherence to projected timeline
01. Learning Community Concepts Learned:	How to Train Physical Environment & Engagement Cross-Sector Collaboration & Workforce Development
02. Coaching Calls:	Coaching Calls have had 95% attendance for each health center, with many adding a health center QI team member. This coaching call digs deeper into the individual health center, while discovering where key trauma principles apply to workflows.
03. Project ECHO:	The TIC program joined with the University of Texas Trauma and Resilience Center to create a Project ECHO, specifically geared toward assisting behavioral health specialists in recognizing trauma in patients and staff. ~ Subject matter experts present a 20 minute didactic, followed by case presentations led by behavioral health specialist/trainer for consultation. ~ Project ECHO meets monthly and has 22 registrants. ~ Project ECHO has had 80% attendance. ~ Continuing education credits are awarded to attendees.

Trauma Informed Care 2nd Cohort

12 health centers have expressed interested in the 2nd cohort:

- AccessHealth
- Amistad Community Health Center
- Brownsville Community Health Center
- Community Health Network
- East Texas Community Health Services
- Gulf Coast Health Center
- Hope Clinic Waxahachie
- Larry Combest Health and Wellness Center
- People's Community Clinic
- Spring Branch Community Health Center
- Triangle Area Network Healthcare
- Valley AIDS Council

List of tasks completed/milestones hit this quarter:

- Training led by curriculum specialist LeaAnn Bowman -'How to Teach TIC Curriculum'- July 2019
- Physical environment scan performed by health centers: 75% complete-August 2019
- Champion team development and training: August-September 2019
- Continued education through the Learning Community interactions: 80% attendance
- Assigned homework is leading to a better understanding and relationships throughout the health center departments through cross-sector collaboration.

Lessons learned this quarter:

- Champion team development began with many different approaches. Su Clinica leadership selected the champion team, selecting 1 champion from every department. This was a great idea, but left trainers feeling a little disconnected from the champion team.
- Los Barrios Unidos Community Clinic discussed selecting 'partner champions'. This would give each department 2 champions to ensure that the TIC message is carried by 2 people, thus ensuring more support for the champion and the departments.
- Community Health Development Inc. divided the champion team training which has led to a promising practice. The first champion meeting consisted of team building exercises and the second champion team meeting consisted of content delivery. Several health centers followed this model and have had great success.

Roadblocks/challenges anticipated:

- ~Forming champion teams and presenting content was harder than anticipated ~ Aligning schedules for participants proved to be challenging. ~ Taking the first step to take the content learned and then prepare for teach-backs made many trainers more nervous than expected.
 - ~Completing all assigned tasks without having the champion team previously selected and established has been challenging. ~Time constraints have proven to be the greatest challenge to overcome. Once champions are in place, this challenge is anticipated to be overcome.
 - ~ Communication platform has now been customized and is ready to roll-out to trainers.
- Anticipated challenge: getting trainers accustomed to new technology for communication.

Tasks/goals planned for next quarter (Oct.-Dec. 2019):

- Development of TIC Podcast Series ~ Learning from survivors and subject matter experts on the topic of personal experiences with care delivery to provide unique perspectives/insights: Scheduled to develop 6 podcasts with CEU/CME availability for participants.
- October 20th: face to face mid-year meeting with subject matter experts at TACHC's 36th Annual Conference. Special Session ~ Calming the Waters: De-escalation Training.
- Assessing true integration of TIC within the health centers.
- Drawing from the organizational assessments. trainers will work with champions to create and implement individualized action plans and time-lines, for each health center.
- Consider site visits as needed to assist trainers in developing TIC transformation planning.



CHRONIC EMOTIONAL STRESS IN HEALTH CARE STAFF...

SYMPTOMS OF CHRONIC EMOTIONAL STRESS
 Guilt, social withdrawal, anger, cynicism, chronic exhaustion, physical illness, inability to listen, and loss of creativity.

- ➔ **SECONDARY TRAUMATIC STRESS**, also known as compassion fatigue, is emotional duress that mimics post-traumatic stress disorder caused by hearing about another person's firsthand traumatic experiences.
- ➔ **VICARIOUS TRAUMATIZATION** is the cumulative effect of consistent exposure to hearing about other people's traumatic experiences.
- ➔ Indirect exposure to trauma can contribute to **BURNOUT**, a form of physical, mental, and emotional exhaustion caused by chronic work-related stress.

CAN LEAD TO



NEGATIVE ORGANIZATIONAL OUTCOMES...

POOR PATIENT CARE

Staff experiencing chronic emotional stress may not have the emotional resources to provide high-quality care and the resulting poor care may contribute to patients' re-traumatization.

HIGH STAFF TURNOVER

Staff who experience chronic emotional stress are more likely to leave the organization, which can cause dissatisfaction among other employees. Replacing staff is expensive and time-consuming.

MAY BE ADDRESSED WITH

STRATEGIES FOR PROMOTING STAFF WELLNESS



Encourage and incentivize self-care activities like counseling, meditation, exercise, and healthy eating.



Foster a culture that encourages staff to seek support, keeps caseloads manageable, and provides sufficient mental health and paid time off benefits.



Provide trainings that create awareness of chronic emotional stress and the importance of self-care.



Implement reflective supervision, during which time health care professionals and their supervisors meet to address feelings about patient interactions.

ENCOURAGING STAFF WELLNESS IN TRAUMA-INFORMED ORGANIZATIONS

As health care provider organizations move toward becoming trauma-informed, ensuring emotional wellness among professional and non-professional staff is a crucial requirement for providing high-quality care.



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