

# Trauma Informed Care: The Benefits of Clinical Integration and Organizational Buy-In

Speakers:

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June 8, 2016

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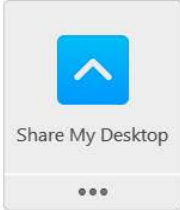
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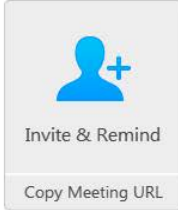
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Participants Chat Recorder Q&A

Participants (1)

Speaking:

Panelists: 1

 **HMA Events** (Host, me)

Attendees: 0 (0 displayed)

Chat

Send to: All Panelists

Select a participant in the Send to menu first, type chat message, and send...

Send

Q&A

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Select a question, and then type your answer here. There is a 256 character maximum.

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Chat

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Select a participant or group to send a message to:

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- Select an Attendee...

Select a question, and then type your answer here. There is a 256 character maximum.

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# Trauma Informed Care

- Karen Hill, PhD, MSN, ANP-C  
Senior Consultant
- Laurie Lockert, MS, LPC  
Senior Consultant
- Jeffrey Ring, Ph.D.  
Principal



# Objectives

- Understand organizational imperatives for trauma-informed care delivery
- Appreciate how TIC dovetails with broader culturally-responsive care management
- Understand the ROI for embracing trauma informed approaches in patient attrition, job satisfaction and staff productivity
- Learn how to provide training and support for TIC initiatives



# Overview of Previous Webinar



# Trauma Informed Services

- *Trauma-informed services take into account an understanding of trauma in all aspects of service delivery and place priority on the individual's safety, choice, and control. Such services create a treatment culture of nonviolence, learning, and collaboration*
- *Utilizing a trauma-informed approach does not require disclosure of trauma. Rather, services are provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment. Trauma informed practice is more about the overall essence of the approach, or way of being in the relationship, than a specific treatment strategy or method.*

**Trauma informed practice guide**  
BC Provincial Use Planning Council





# Defining Trauma

*“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”*

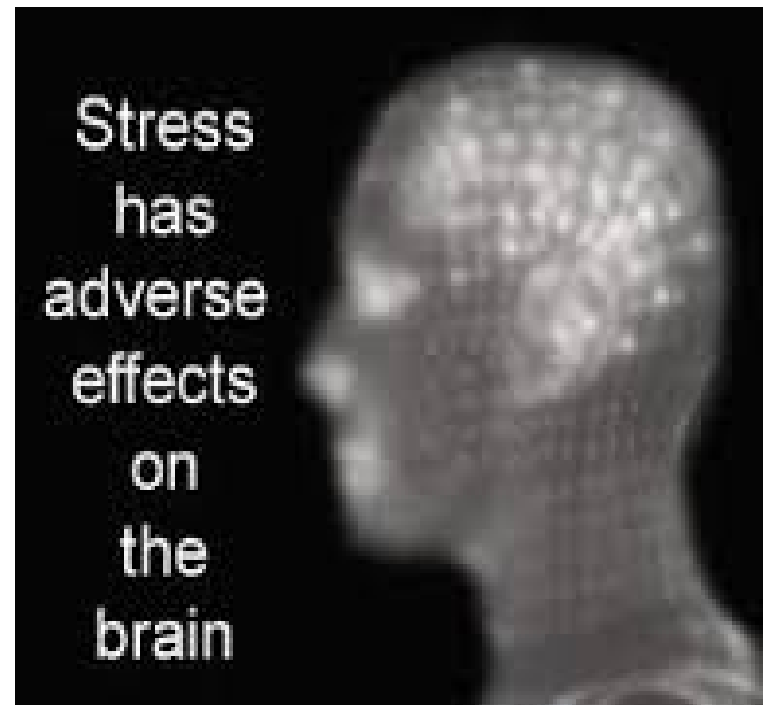
SAMHSA (Substance Abuse and Mental Health Administration)

# The Sufferings of Childhood Can Shape, and Misshape, the Life of an Adult



# Adverse Childhood Experiences Kaiser and CDC Study

- ACEs are common
- 2 out 3 had at least 1 ACE
- 1 was 87% predictive of at least and 50%  $>3$
- Women were 50% more likely than men to have scores  $>5$

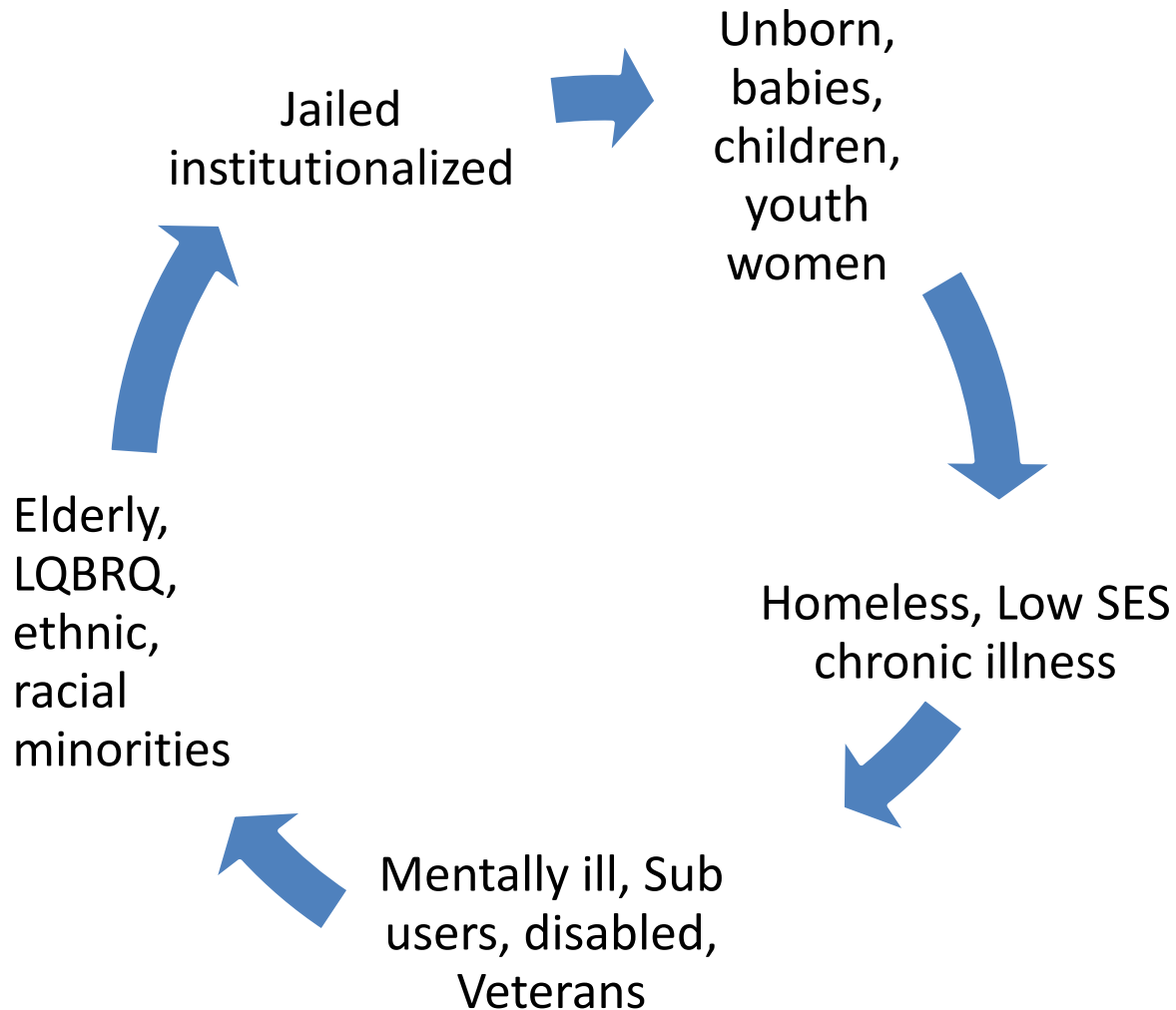


# Mind and Body





# Who is at Risk?





*Trying to implement trauma-specific clinical practices without first implementing trauma-informed organizational culture change is like throwing seeds on dry land.”*

*Sandra Bloom, MD*



# Trauma Informed Approach (SAMHSA)

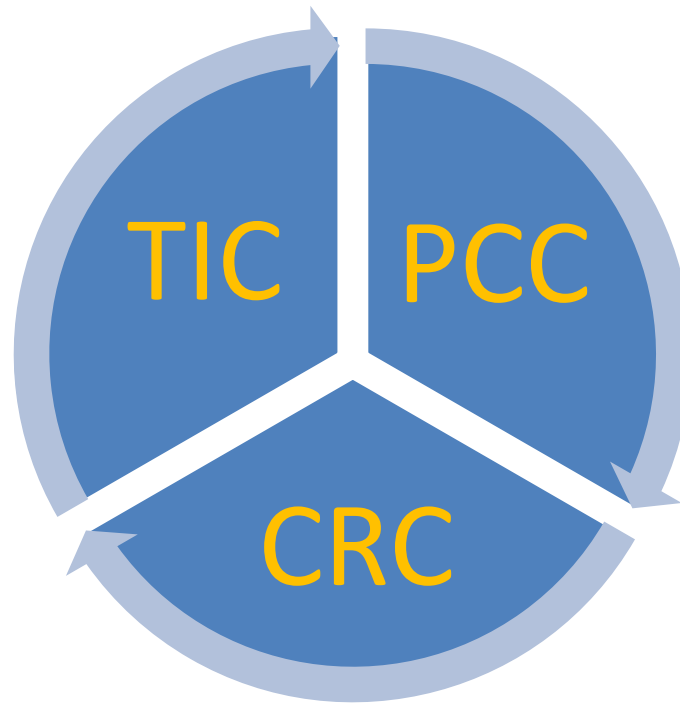
- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment: Voice and Choice
- Cultural, Historical and Gender Issues

# Why Embrace Universal Precautions?

- Safety – Do No Harm
- Quality
- Patient Satisfaction
- Enhanced Outcomes
- Health Inequities
- CLAS Standards
- Compassion
- Social Justice
- Practitioner Satisfaction
- Practice Development



# Trauma-Informed Care, Patient-Centered Care and Culturally Responsive Care





TRAUMA INFORMED SYSTEMS OF CARE  
**THE ORGANIZATIONAL PATIENT  
& WORKER SAFETY IMPERATIVE**



# TIC Road to Achieving Triple Aim Goals

- Improve client health outcomes
- Improve client experience and satisfaction
- Reduce costs
- Requires an engaged, trained, supported and satisfied workforce

Primary, secondary trauma leads to chronic stress, de-motivation workforce and withdrawal

# Chronic Workplace Stress

1<sup>st</sup> U.S. Workforce issue

- Fatigue
- Chronic pain
- Diabetes
- Obesity
- Heart disease
- Substance use



Tower, Watson Survey, 2013

# Trauma-Related Workplace Stress

- Difficulty leaving work behind at the end of the day
- Lack of resources to do the work
- Need for system change
- Struggling with service provider-client relationship dynamics
- Difficulty meeting expectations
- Exposure to primary, secondary trauma, suicide, homicide
- Feeling ineffective or powerless to help the client
- Not getting enough money
- Different philosophies between staff members, even in the same department

# Workforce Withdrawal Behaviors

- Lateness or tardiness
  - not arriving on time to work
  - lateness to work is a good predictor of job withdrawal (Adler & Golan, 1981)



# Workforce Withdrawal Behaviors

- Presenteeism
  - Phenomenon of coming to work yet not functioning up to their capacity
    - mistakes, poor quality, tasks take longer, impaired social functioning
  - 60% of worker reported decreased productivity due to workplace stress
  - Costs organizations \$168 billion annually in lost productivity





# Workforce Withdrawal Behaviors

- Absenteeism: an employee's intentional or habitual absence from work
- Cost organizations \$84 billion
  - Annually unscheduled absences cost \$2,600 to \$3,500 per employee
- Causes:
  - bullied, harassment
  - burnout, stress, ↓ morale or disengaged
  - family burden
  - depression, illness, injury



# Workforce Withdrawal Behaviors

- Burnout: a reaction to elongated periods of emotional and interpersonal stressors on the job
  - In a Canadian study Dewa et al 2014 report \$213 million related to PCP early retirement and reduced hrs.
  - ↓ mental health, job satisfaction, and quality of care
  - ↑ sick time, intent to leave medicine and job changes



# Workforce Withdrawal Behaviors

- Turnover: number of staff who leave and are replaced
    - Takes about 10 months for organization to recover and longer if leadership leaves
    - \$3,500 to replace a one 8hr employee with recruitment, training etc.
    - High earners 2x annual salary or 6-9 months or monthly
- Society for human resource management (2016)



# TIC Workforce and Burnout

Handran (2015) reported that healthcare workers with high need populations were **less likely** to report burnout and compassion fatigue in TIC organizations as compared to non TIC organizations

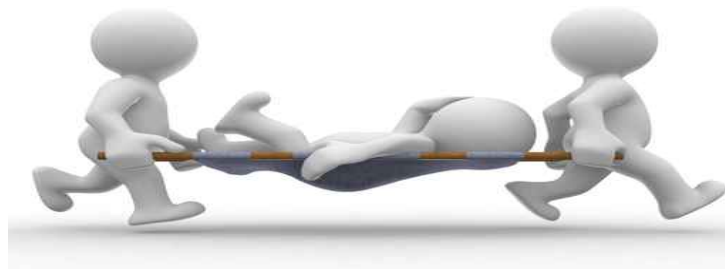




# Workforce Injury and Illness Burden

## Chronic illness and/or injury

- Heart disease \$1 in every \$6 spent
- Chronic pain 11.6 to 12.7 million
- Obesity 153 billion
- Tobacco 1 in 5 deaths
- ↑ injury both fatal, non fatal and near-misses





# Organizational Repercussions

- Poor patient outcomes
- Poor employee outcomes
- Lost revenue
- Increased costs
- Risk to organization viability
- Billions of dollars spent



# What's the Organization ROI?

- Organizational mission, goals and objectives met
- Improved workplace health and safety outcomes
- Stability of workforce
- Improved satisfaction scores
- Improved patient outcomes
- Improvement in bottom line



# Case Studies

## BlueCross BlueShield Tennessee

- Surveyed employees and 42 percent showed moderate to severe levels of stress.

They piloted a stress management program in partnership with Boulder Creek, California-based HeartMath.

### Results:

- A decrease in exhaustion — a hallmark symptom of stress.
- The company estimated it could save \$2 million annually in healthcare costs from instituting the program in all locations.

## Delnor Community Hospital, located near Chicago,

- found that stress management strategies reduced employee turnover from 28 percent down to nearly 21 percent in two years, saving the hospital nearly \$800,000.<sup>66</sup>

# Supporting Your Trauma Informed Care Initiative

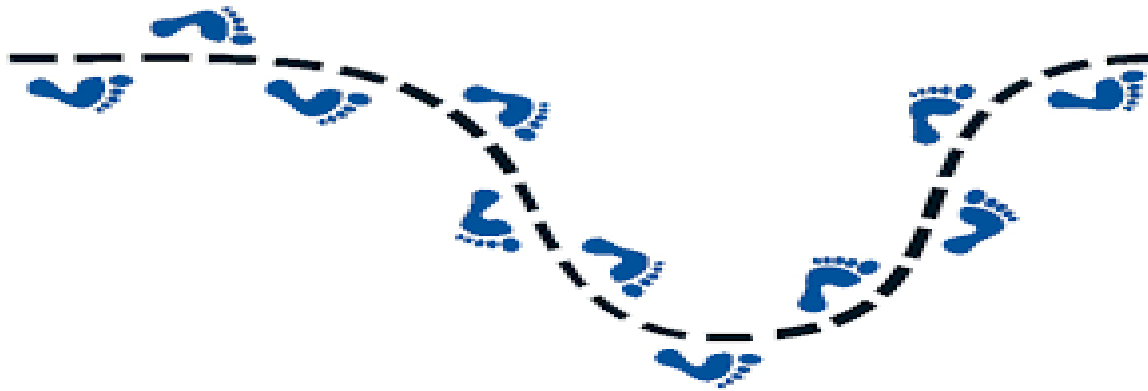
Organizational  
Practices

Clinical  
Practices



Trainings

# Ideas Don't Change the Culture- People Change the Culture



Missteps along the way



# Organizations are People Too

- Can be traumatized
  - Chronic stress
  - Acute stress
- Resist change (even positive change)
- Resist new leadership
- Become trauma-organized
  - Reactivity replaces strategy
  - Us/them mentality
  - Loss of communication/gossip
  - Participatory processes break down
  - Interpersonal conflicts erupt and aren't dealt with

# Create the Organizational Change You Want by Starting with the Map



# Addressing Clinical Practices

- Involve patients in their treatment
- Screen for trauma
- Train staff in trauma specific treatments appropriate to the care setting
- Develop a community referral network for patients needing more treatment help

# Ongoing training opportunities

- TIC 101 and 102
- Secondary trauma and self care
- Ask for staff input on their training needs  
and don't forget the



# As the Culture Changes, What You Will See...

A pediatrician's story





## Keeping It Going...

- Communication and transparency
- Democracy-everyone has a voice
  - (having a voice is not the same as having a vote, but it is crucially important)
  - Feeling heard
- Develop a learning organization (increases emotional intelligence)
- Build community

## Commitment to Act

In the chat box, please describe what you intend to do anew or enhanced based on our conversation today.



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# HMA Can Help!

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