

TRAUMA-INFORMED HEALTH SYSTEMS COLLABORATIVE

Creating a Trauma-Informed Health Care System in Greater Richmond

In 2017, with consultation and guidance from Greater Richmond SCAN (Stop Child Abuse Now) and the Greater Richmond Trauma-Informed Community Network (GRTICN), an ongoing collaborative effort began to embed trauma-informed practices into the region's health systems.

As a result of the Richmond City Health District-led Community Health Coalition prioritizing trauma-informed healthcare, CEOs of VCU Health, Bon Secours Richmond, and HCA Virginia launched the Trauma-Informed Health Systems Collaborative with technical support from Melissa McGinn, coordinator of the Statewide Trauma-Informed Community Networks and Community Programs at SCAN, and project management support from Shaleetta Drawbaugh, senior business development associate at VCU Health.

The primary goal of the collaborative is to create trauma-informed health systems that reduce the impacts of trauma and retraumatization while increasing resiliency of team members, patients, and families through clinical and organizational enhancements.

To work toward achieving this goal in a sustainable way, each health system identified one hospital to pilot their change efforts: Children's Hospital of Richmond at VCU, Bon Secours St. Mary's Hospital, and HCA Chippenham Hospital. McGinn conducted research into similar initiatives across the country and recommended beginning with one particular department as a best approach. The collaborative chose pediatrics as the starting point for each hospital.

November 2019 / By Charlotte Eure & Melissa McGinn, LCSW



With continued assistance from Greater Richmond SCAN, the collaborative – including new member organization Virginia Premier Health Plan – completed agency self-assessments around their readiness to implement a trauma-informed approach. These assessments provided baseline data about what the organizations were already doing well in terms of trauma-informed work as well as identifying areas of improvement in terms of organizational environment, programs, and policy.

In addition to the assessment, several hospitals participated in focus groups led by McGinn, who developed reports with recommendations based on resulting data. Some examples include the need for a standardized and consistent definition of trauma shared across the health system; increased awareness of adverse childhood experiences (ACEs) and foundational trauma training across staff in all areas; increased understanding of vicarious trauma; and improvements to the physical environment.



After participating in TILT meetings at Chippenham hospital, the director of the adult surgical/trauma intensive care unit created a relaxation room for staff to de-stress from the intense work they do every day. Photo courtesy Kelsey Williams.

Each member organization developed their own Trauma-Informed Leadership Team (TILT), an internal workgroup comprised of passionate individuals committed to moving trauma-informed work forward.

TILTs can include doctors, nurses, administrative staff, executives – anyone who is a champion for trauma-informed work and resilience building. Participation from all levels of an organization are encouraged, as the purpose of the TILT is to set the course toward becoming trauma-informed health systems that fundamentally shift culture, practices, and policies.

Charters for each TILT involved in the collaborative were drafted and signed by hospital executive leaders throughout 2018. These include the shared purpose of the TILT and its guiding principles; committee membership, roles, and responsibilities; and committee goals to be reviewed and revised annually.

To help organize their efforts based on the data and recommendations, each TILT chose four areas to prioritize and created workgroups or subcommittees.

These areas include team member resiliency; training and education; safe environment of care; and screenings, interventions, and partnerships. Although there is shared language and guidance in the charters, each TILT adapts trauma-informed approaches to best fit their unique staff and client needs.

TILT chairs from each health system meet monthly with Melissa McGinn and Shaleetta Drawbaugh to share updates on progress made toward goals, challenges they have faced, and ideas for new directions. Members of the collaborative also participate in the Greater Richmond Trauma-Informed Community Network's Healthcare Committee.

The GRTICN Healthcare Committee includes representatives from local hospital systems, private pediatric practices, community health clinics, public health organizations, managed care, behavioral health hospitals, clinics, and more. Many of these organizations are at various stages of implementing trauma informed practices into their settings. Members can discuss challenges and barriers and share successes, strategies, and resources.

TILT Snapshots: A Look into Each TILT's Trauma-Informed Practice

The TILT for the **Children's Hospital of Richmond at VCU** prioritized staff wellness to address the impact of vicarious trauma, as this can provide a foundation for improved service delivery and patient outcomes. They have implemented staff trainings addressing self-care, burnout prevention, self-awareness, and how to ask for help and support. To promote resilience, they are developing self-care mobile Lavender Carts. These would include items like weighted blankets, toys, stress balls, and more. The TILT has also been actively involved in discussions with the architecture and design team responsible for building the new inpatient children's hospital to create a trauma-informed space that will promote resilience, with attention to lighting, colors, and layout.

Chippenham Hospital's TILT has worked to spread awareness of trauma and resilience through diverse and creative methods, such as grand rounds, an internal website for hospital staff that houses resources about trauma-informed practice and resilience, and a TILT logo for increased familiarity. With so much high-level stress and vicarious trauma in a hospital setting, members have recognized the need for trauma-informed methods to help staff cope and decompress. A relaxation room was created, featuring soothing lighting, motivational signs, scent diffuser, comfortable seating, and more. Self-care baskets that include small mandalas to color, stress balls, and other inexpensive but calming items are in development.

Virginia Premier's TILT recognized that all staff at every level of the organization need to have shared foundational understanding of the impact of trauma and resilience. They made significant changes to both the hiring and onboarding processes to include training around trauma and resilience, and they implemented trainings for existing staff with regular Lunch and Learns and online modules. In their Wellness Wednesday agency emails, discussions of building resilience and utilizing self-care from a trauma-informed perspective have also become more prevalent to continue the work. The team is looking for ways to increase training in trauma and resilience for their providers as well.

On a scale of 1-10, staff at **St. Mary's Hospital** unanimously scored the importance that their healthcare system become trauma-informed as a 10. Recognizing the significance of screening to identify patient needs early and more accurately, they have focused on assessing current screening methods. This includes looking at how information is shared across departments to ensure that trauma is being addressed and that patients are not being retraumatized by repetitive questions. A critical shift for staff has been in expanding their understanding of trauma as not just something triggered by major events but being able to recognize the deeper root of both patient and staff behavior to respond with more understanding and empathy.

Everyone involved in the Trauma-Informed Health Systems Collaborative is driven by a passion for trauma-informed work and a commitment to the long-term cultural shift required to make the Greater Richmond region more resilient. The community stands to benefit immensely from a health system that addresses the trauma at the root of many poor health outcomes and implements programs to promote the resilience necessary to heal.

TRAUMA-INFORMED HEALTH SYSTEMS COLLABORATIVE

In April 2019, members of the collaborative participated in the Virginia Summit on Childhood Trauma and Resilience as part of the breakout session, “Trauma-Informed Collaborations Among Health Systems.” The panel discussion, moderated by Melissa McGinn, included Shaleetta Drawbaugh and TILT chairs from each of the member organizations: Carly Barrows-Compton, licensed clinical social worker with VCU Health’s Children’s Hospital of Richmond at VCU; Blair Bell, certified pediatric nurse and clinical nurse leader with Bon Secours Pediatric Specialty Practices at St. Mary’s Hospital; Cleopatra Booker, former associate vice president of behavioral health services for Virginia Premier Health Plan; and Kelsey Williams, certified child life specialist with Chippenham Hospital.

Panel members discussed changes they’ve made along the way to becoming trauma-informed health systems, as well as challenges and barriers faced, lessons learned, and strategies for marketing and securing support from leadership. The panel will also be presenting at the FOCUS Pediatric and Neonatal Care Conference, November 21, 2019 in Richmond.



VCU Health and Bon Secours Richmond were presenting sponsors for the Virginia Summit on Childhood Trauma and Resilience, which took place at the Greater Richmond Convention Center in April 2019. Dr. Nadine Burke-Harris was the keynote speaker.

Special thanks to Dr. Danny Avula for having the vision to bring Greater Richmond SCAN and the Greater Richmond TICN together with health systems CEOs to work toward a more trauma-informed and resilient region.

