



FOSTERING RESILIENCE
AND RECOVERY:

**Trauma-Informed Primary Care
Implementation Guide
Using FOCUS-PDSA to Manage
Organizational Change**

Anthony Salerno, Ph.D.



Introduction

This step-by-step guide is designed for primary care organizations undertaking trauma-informed care implementation. Prior to using this guide, the organization must:

1. Identify and engage the members of the Core Implementation Team (CIT) who can best contribute to accomplishing the initial improvement goal, and
2. Complete the Organizational Self-Assessment as recommended in Concept 1 of *Implementing a Trauma-Informed Approach in Primary Care: A Change Package*.

This guide is organized along the FOCUS-PDSA framework and is designed to support the CIT in making informed decisions associated with the principles of continuous quality improvement methods. The CIT will use this guide to gather information and engage in a decision-making process to determine if the organization is ready, willing, and able to adopt one or more principles and practices of trauma-informed primary care. This guide includes a step-by-step method to make decisions, select goals and strategies, develop plans, implement strategies, and monitor progress. It is designed to provide a motivated team and organizational leadership with the information and tools they need to implement changes without the need for an ongoing relationship with expert consultants.

This guide also includes tools and resources the organization's leadership and team may use to accomplish its specific aims related to trauma-informed care. It is designed as a workbook in which the team may record their process, activities, and decisions.

The quality improvement process framework is an adaptation of the FOCUS-PDSA approach developed by the Hospital Corporation of America in 1980. Their work was based on the previous efforts of leaders in the continuous quality improvement field. Each letter stands for an important component of a systematic, sequential change methodology that guides a team in a productive use of time and energy in order to accomplish their aims.

The FOCUS-PDSA approach to continuous quality improvement may be a helpful framework to support a primary care team in understanding trauma-informed care elements, identifying a trauma-informed care improvement goal, and developing an implementation plan.



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TRAUMA-INFORMED PRIMARY CARE IMPLEMENTATION GUIDE

The FOCUS-PDSA Framework: What is it?

Each letter stands for a step in the decision making and implementation process that aligns with best practices in change management. Some steps will be more relevant and require more time than others depending on the specific goal area you have chosen and the nature of your organization. The 9 steps include the following:

1. Finding and formulating a TIC improvement goal
2. Organizing your Core Implementation Team (CIT)
3. Clarifying your current practices aligned with your TIC improvement goal
4. Understanding the facilitating and impeding conditions associated with accomplishing your improvement goal
5. Selecting strategies based on practical realities of the organization
6. Planning: Developing your implementation plan
7. Doing: Implementing your plan
8. Studying: Measuring and Monitoring process and outcome indicator findings
9. Acting: Taking action based on findings

FINDING and formulating a TIC improvement goal

One of the first tasks of the Core Implementation Team (CIT) is to develop a shared understanding of trauma-informed care by carefully reviewing

- 1) The background information and related informational resources in Concept 1 of the change package and
- 2) The concepts and related standards of the Trauma-Informed Care Organizational Self-Assessment (OSA) for primary care settings.



Some steps will be more relevant and require more time than others depending on the specific goal area you have chosen.



Once the team has selected an concept as their initial improvement goal, the next step is to create a goal statement that reflects one or more OSA standards. Below are several examples of goal statements related to **Concept 3: Training Staff on the Principles of Trauma-Informed Care.**

- Goal A:** Our primary care service will provide all current and future staff with basic education on trauma and trauma-informed approaches designed to increase staff skills and knowledge of trauma-informed principles and sensitive practices.
- Goal B:** Our primary care service will insure that our behavioral health staff and appropriate medical personnel are educated about the best practices in assessment, treatment and evaluation of patients for whom adverse life events is a significant problem.
- Goal C:** Our primary care service will ensure that our hiring practices emphasize the importance of trauma-informed care through job announcements, performance evaluations, and interview questions.
- Goal D:** Our primary care service will inform and educate current and newly hired staff about compassion fatigue, secondary traumatization, and burnout that includes the role of supervision, opportunities for staff to discuss highly stressful conditions, accessing employee assistance, and organizational policies designed to support the health and wellness of the workforce.
- Goal E:** Our primary care service will ensure that all our processes related to workforce development, including hiring, orientation, training, and on-going professional development, our services, including assessment, treatment, other interventions, and evaluation, and our informational materials are culturally and linguistically competent and resonant.

 **Our Personalized Goal**

We are focusing our efforts on Concept _____ Standard(s) _____

Goal: _____



ORGANIZING your Core Implementation Team (CIT)

At this stage, review and record the membership of the team to ensure that you have included the right people who can best contribute to accomplishing your **specific** goal.

Core Implementation Team for our Goal		
NAME	POSITION/TITLE	ROLE ON THE TEAM

CLARIFYING your current practices aligned with your TIC improvement goal

Now that the team has selected a specific concept to focus on, clarify the organization’s current policies, processes, and procedures related to the goal statement. Find how to leverage and/or adapt well-established approaches to support making progress on your goal.



Questions to Consider

1. What were the results of our organizational self-assessment related to our goal? Was this a relative strength or area that needed considerable improvement in relation to the other elements?
2. What organizational policies related to or may be affected by our goal ?
3. What primary care practices are related to or may be affected by our goal?
4. What routine procedures are related to or may be affected by our goal?
5. To what extent have we offered education and/or in-service training on trauma-informed care?
6. Who in our organization has knowledge, experience, or strong interest in trauma-informed care?



SELECTING strategies based on practical realities of the organization

The CIT will need to select strategies designed to achieve the goal. This guide is designed to provide the CIT with a framework for selecting strategies designed to make progress on one or more concepts and standards.

When selecting strategies, consider a number of criteria associated with the likelihood that a particular strategy will be effective. It is rare that the strategies to implement new organizational processes will meet all the criteria associated with successful uptake. However, reflecting on these criteria can help a team carefully review potential pitfalls. The purpose is to select strategies that meet as many of the following criteria as possible.

A really good strategy is one that is...

- in your control
- likely to affect a significant number of individuals
- not likely to cause other problems (unintended consequences, or disruption of other high priority activities of the health center)
- consistent with program values and mission
- likely to include initial steps that you can take immediately
- likely to know early if the strategy is not working (best to find out that the strategy is not working as early as possible)
- not expensive
- likely to have leadership support
- likely to have staff and client support
- can measure if the strategy is working (qualitative and quantitative data)
- you have a way to keep an eye on the implementation of the strategies



At this point in the process, the Core Implementation Team has:

- Assessed current policies, practices and processes related to the goal.
- Reflected on the current barriers and facilitating conditions likely to influence the selection of implementation strategies.
- Adjusted overall goals and strategies to reduce the impact of impeding organizational factors and to leverage organizational facilitating factors.
- Selected an overall aim/goal.



PLANNING: Developing your implementation plan

At this stage, the CIT is involved in developing a plan based on selected strategies and goals. A comprehensive plan includes action steps, responsible person, timeframe, activities, and monitoring results. Below is an example of an implementation plan for illustration purposes as well as a blank planning worksheet you may wish to use to organize and record your plan.

 **Sample Plan for Workforce Development Goal**

Goal A: Our primary care service will provide all current and future medical and support staff with basic education on trauma and trauma-informed approaches designed to increase staff skills and knowledge of trauma-informed principles and practices in primary care settings.

ACTION STEP AND RELATED TOOLS	RESPONSIBLE PERSON	TIMEFRAME	MONITORING RESULTS	QUALITATIVE AND/OR QUANTITATIVE DATA AVAILABLE & TOOLS
Basic TIC orientation: <ul style="list-style-type: none"> • Raise awareness about TIC and its relevance to the work. • Rationale for the organization’s interest in implementing a screening process for patients. • Description of the aims associated with becoming a more trauma-informed organization 	One or more members of the CIT will present to all clinical and support staff	All staff trained in the next 8 weeks	CIT will review feedback survey from attendees	Quantitative data: Aggregated responses from survey Qualitative data: Conduct several focus groups to develop a deeper understanding of buy-in  TOOLS <input type="checkbox"/> ABC’s of TIC in primary care settings (PPT) <input type="checkbox"/> Audience Feedback survey <input type="checkbox"/> Communicating for buy in guide
Distribute TIC informational brochure to clients in the waiting room.	Project director, consumer, and CIT member	End of Calendar Year	Review at CIT meeting Project director	Quantitative: Number of brochures taken, Number of clients who made reference to the brochure/poster during the visit  TOOLS TIC Brochure and poster
Purchase posters on TIC for display in the waiting room and exam rooms	Support staff in purchasing dept.	End of Fiscal Year	CIT member	Qualitative: Focus group on comfort of environment
Distribute TIC informational brochure to clients in the waiting room.	Human Resources Supervisors	Ongoing	Supervisors	Qualitative: Feedback from new staff (formal and informal)  TOOLS Feedback on TIC orientation



Implementation Plan Worksheet

Our Goal Statement:

ACTION STEP AND RELATED TOOLS	RESPONSIBLE PERSON	TIMEFRAME	MONITORING RESULTS	QUALITATIVE AND/OR QUANTITATIVE DATA AVAILABLE & TOOLS

DOING: Implementing your plan

This is the actual implementation of your planned action steps. The team selects a time and place to begin. List each action step with the timeframe and responsible person(s). It is important to support those implementing the process by reviewing these action steps with all involved personnel.

Use the following worksheet to organize and record each action step with a timeframe and responsible individuals.

ACTION STEP: _____

TIMEFRAME: _____

RESPONSIBLE PERSON(S): _____



STUDYING: Measuring and Monitoring process and outcome indicator findings

Study and monitor performance indicators to ensure that the team has the needed information to evaluate progress and take appropriate action.

Depending on your goals, performance indicators may include:

- Percentage of all employees trained in the basics of TIC
- Number of medical staff receiving training as part of the implementation of a trauma-focused screening through treatment process.
- Percentage of new employees who completed a TIC training as part of their orientation
- Percentage of performance evaluations that include expectations aligned with TIC
- Number of current policies that align with trauma-informed care
- Number of policy changes made to reflect trauma-informed care approaches
- Percentage of clients who report a positive or very positive primary care visit experience
- Percentage of completed post training surveys that indicate a positive feedback response
- Percentage of clients who report significant adverse life event post screening
- Percentage of clients with significant trauma histories that engage in trauma specific treatment

Utilize the OSA Action Planning Workbook to identify appropriate indicators based on your organization's current OSA score.



Questions to Consider

1. What part of the plan worked well? What didn't?
2. What was surprising?
3. What assumptions did we make that were accurate and not accurate?
4. Do we need to do things differently?
5. Do we need to put the next action steps on hold until we make needed changes?
6. If it is too early to tell what needs to change, should we continue the process?



ACTING: Taking action based on findings

Based on findings and answers to the questions above, take action to ensure that the organization continues to make progress or revise the initial plan. Actions will likely reflect one of the following:

- Continue with the implementation that is working. Focus on sustaining gains and/or addressing another standard.
- Change/modify aspects of the implementation.
- Abandon/stop the process and analyze implementation barriers.
- Start over and explore what is not working and what other domain and/or approach is likely to be more successful.

Once the organization has found a practical and effective improvement approach, the organization may decide to establish a formal policy to sustain the TIC-related change.