ORGANIZATIONAL SELF-ASSESSMENT: ADOPTION OF TRAUMA-INFORMED CARE APPROACHES IN A PRIMARY CARE SETTING (TIPC-OSA)

Tool Purpose:

The TIPC-OSA is designed as a performance improvement resource to help engage primary care practices in a self-reflective process specific to becoming a TIC practice that:

1. Reinforces activities and interventions that are working,

2. Identifies opportunities for changing activities and interventions that are not working and

3. Identifies new activities to start to advance efforts to become a trauma-informed organization. The questions are constructed to provoke critical thinking about not only how services are designed and delivered but to bring underlying philosophies that define a practice's culture to the surface. Unlike a simple checklist to determine fidelity to a clinical guideline or set of accreditation standards, the TIPC-OSA provides the questions necessary to structure a TIPC workplan.

Characteristics of a Trauma-Informed Primary Care (TIPC) Practice

- Safe, calm and secure environment for staff and patients

- System-wide understanding of trauma prevalence, impact and trauma-informed care approaches

- Cultural competence and humility

- Patient voice, choice and self-advocacy

- Recovery-oriented, patient-driven and trauma-specific services

- Healing, hopeful, honest and trusting relationships

Tool Structure:

The TIPC-OSA instrument consists of five (5) change concepts that are characteristic of a TIPC approach and a set of change concept goals for each change concept.

Tool Completion:

The TIPC-OSA should be completed individually by leadership, administrative and clinical CIT members, patient team members and other stakeholders. Responses across the practice should then be aggregated and discussed by the team to develop a workplan for moving the practice towards trauma-informed care provision.

Using the five-point scale, please indicate the degree to which you agree that your organization meets the standards:

1 = Strongly Disagree

2 = Disagree

3 = Neutral

4 = Agree

5 = Strongly Agree

D/K = I am not sure I understand the goal or I do not know if we meet this goal.

N/A = This goal does not apply to our organization/department/work area

CHANGE CONCEPT 1: Help All Individuals Feel Safety, Security and Trust

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	DON'T KNOW	N/A
1. Our primary care service team adequately addresses the three components of comprehensive safety: Psychological, emotional and physical.	1	2	3	4	5	D/K	N/A
2. Our primary care service team ensures a safe and secure physical and emotional environment.	1	2	3	4	5	D/K	N/A
3. Patients are engaged in efforts to assess the physical and emotional environment.	1	2	3	4	5	D/K	N/A
4. Our organization has a system in place to evaluate the social and emotional experience of patients and staff.	1	2	3	4	5	D/K	N/A
5. Our primary care service team develops, disseminates and displays TIC-related informational materials.	1	2	3	4	5	D/K	N/A
6. Our primary care service team has strategies to resolve conflict and address aggression between staff and between staff and patients.	1	2	3	4	5	D/K	N/A
7. Processes related to the environment of care are culturally and linguistically appropriate.	1	2	3	4	5	D/K	N/A
8. Our primary care service team promotes physical and emotional well-being through wellness-focused activities.	1	2	3	4	5	D/K	N/A

CHANGE CONCEPT 2: Develop a Trauma-Informed Workforce

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	DON'T KNOW	N/A
1. Our primary care service team provides staff with training and/or resources on trauma and trauma-informed approaches.	1	2	3	4	5	D/K	N/A
2. Behavioral health staff and appropriate medical personnel are educated about the best practices in assessing, treating and evaluating patients who experience significant trauma.	1	2	3	4	5	D/K	N/A
3. Our primary care service's job announcements include job expectations related to providing trauma-informed care.	1	2	3	4	5	D/K	N/A
4. Performance appraisals include expectations that staff provide trauma-informed care.	1	2	3	4	5	D/K	N/A
5. Processes related to workforce development (including hiring, orientation, training, and on-going professional development) are culturally and linguistically appropriate.	1	2	3	4	5	D/K	N/A
6. Our primary care service team is equipped to support patients in engaging their social support network into their care processes.	1	2	3	4	5	D/K	N/A
7. Behavioral health staff and appropriate medical personnel are educated about the best practices in conducting comprehensive strengths' assessments.	1	2	3	4	5	D/K	N/A

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CHANGE CONCEPT 3: Build Compassion Resilience in the Workforce

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	DON'T KNOW	N/A
1. Our primary care service team appropriately respond to workforce concerns (burnout, secondary traumatization and compassion fatigue).	1	2	3	4	5	D/K	N/A
2. Our primary care service team's written policies and procedures include recognition of the pervasiveness of trauma in the lives of people using our services and a commitment to reduce retraumatization and promote well-being and recovery and structures.	1	2	3	4	5	D/K	N/A
3. Our primary care service recognizes that emotional regulation is a cornerstone of resiliency and equips staff to help themselves and patients regulate their emotions and/or physical responses.	1	2	3	4	5	D/K	N/A

CHANGE CONCEPT 4: Identify and Respond to Trauma Among Patients

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	DON'T KNOW	N/A
1. Patients have the opportunity to disclose and discuss the presence of significant past and current traumatic life events.	1	2	3	4	5	D/K	N/A
2. Patients have opportunities to further assess (explore and discuss) in greater detail the impact of traumatic life events on their overall health and well-being.	1	2	3	4	5	D/K	N/A
3. Our primary care service team offers patients trauma-related services in a timely manner, when needed.	1	2	3	4	5	D/K	N/A
4. Our primary care service team collaborates with treatment provider to coordinate services for patients, when needed.	1	2	3	4	5	D/K	N/A
5. Processes related to identifying and responding to trauma are culturally and linguistically appropriate.	1	2	3	4	5	D/K	N/A
6. Our primary care service team develops service plans that build on patient strengths and address physical and emotional wellness.	1	2	3	4	5	D/K	N/A

CHANGE CONCEPT 5: Finance and Sustain Trauma-Informed Approaches in Primary Care

	STRONGLY DISAGREE	DISAGREE	NEUTRAL	AGREE	STRONGLY AGREE	DON'T KNOW	N/A
1. Our primary care service's budget includes funding for structural and administrative resources specific to comprehensive integration of trauma-informed approaches.	1	2	3	4	5	D/K	N/A
2. Our primary care service's budget includes funding for ongoing cross-sector training regarding trauma-informed approaches.	1	2	3	4	5	D/K	N/A
3. Our primary care service's budget includes funding for the maintenance of a safe physical environment.	1	2	3	4	5	D/K	N/A
4. Our primary care service recognizes that finances are not our only resource. Equip staff to support patients in engaging with community social resources that align with their care.	1	2	3	4	5	D/K	N/A
5. Our primary care service identifies desired outcomes of the trauma-informed primary care initiative.	1	2	3	4	5	D/K	N/A
6. Our primary care service actively monitors patient-level outcomes of trauma-informed interventions for a target patient population.	1	2	3	4	5	D/K	N/A