TRAUMA-INFORMED PRIMARY CARE (TIPC) SUSTAINABILITY GUIDE

There are two dimensions to sustainability:

- 1. Making changes, gains, and accomplishments stick
- 2. Keeping the momentum moving forward for continuous quality improvement

There are a number of critical factors associated with both aspects of sustainability including:

- Ongoing presence and support of the Core Implementation Team (CIT)
- Policies and procedures that are institutionalized
- Human Resources to ensure that hiring practices, job expectations and employee relations support traumainformed primary care
- Workforce development
- Ongoing use of data to monitor ongoing growth and areas of improvement
- Strengthening the organization's role in the community

These factors are identified below. The following questions can be asked when identifying strategies to sustain gains and continue progress.

Organizational Infrastructure

- Does your CIT have representation from all suggested members of the core implementation team?
- Are members of your CIT replaced when vacated?
- Is your CIT meeting regularly (no less than once per month)?
- Does your CIT set an agenda for each meeting?
- Does your CIT divide tasks among themselves and report back to the group on progress?
- Is your CIT reviewing data related to goals and action steps for each change concept at each meeting?
- Is the organization's leadership visibly supportive of all trauma-informed care efforts?
- Is trauma-informed care a part of your vision and mission?
- Is trauma-informed care embedded in your strategic plan?

Policies and Procedures

 Do your policies and procedures support and reflect trauma-informed care principles and practices?
(Screening and Assessment, Safety and Crisis Management, Patient Involvement in Care and in Organization, Community Partnerships and Referral Network, Supervision)?

- Does your quality improvement process include benchmarks for trauma-informed care activities?
- Does your quality improvement data drive trauma-informed care change processes?
- Does your organization have policies and procedures to support the health and wellness of your employees?

Human Resources

- Do your job descriptions for all staff in the organization include key tasks or expectations associated with trauma-informed care?
- Do your performance evaluations include trauma-informed care goals, milestones, and outcomes?
- Does your new staff orientation include education/information on trauma and trauma-informed care?
- Do your job postings include language about hiring preference to those with trauma expertise?
- Is your organization's hiring process trauma-informed?

Workforce Development

- Does your staff development program include trauma-informed care trainings?
- Is there a plan to offer ongoing training on this topic?
- Are supervisors trained on trauma-informed supervision?
- Are trauma and trauma-informed care a regular topic of discussion in supervision sessions?
- Is there a mechanism in place for staff to get support to deal with Compassion Fatigue and their own trauma histories?
- Does staff understand that each person employed by the organization makes a difference in a traumainformed environment?
- Does staff understand that performance evaluations are linked to the ability to provide trauma-informed approaches?
- Is there a mechanism in place to celebrate and encourage staff excellence?

Data Collection

- Does your clinical record support documentation of trauma-informed care screening, assessment, treatment planning, and progress of treatment?
- Can your system generate individual or population-based data (registries) for staff to use to support trauma-informed care efforts?
- Do you have a system in place to review and use data at Core Implementation Team and staff meetings?
- Is progress shared with leadership, clinical and support staff and patients using data generated reports?