

## Community Health Needs Assessment Implementation Plan 2017-2019

### Advocate Children’s Hospital – Oak Lawn and Park Ridge

Date Created: May 2017

Date Reviewed/Updated:

#### PRIORITY AREA: Trauma/Violence

**GOAL:** To reduce the impact of violence on child health outcomes in the primary service areas (PSAs) of Advocate Christ Medical Center and Advocate Lutheran General Hospital.

#### LONG TERM INDICATORS OF IMPACT

	Baseline Value, Date and Source	Frequency
1. Reduce age-adjusted emergency room (ER) rate due to pediatric mental health	Christ Medical Center PSA, 45.4 ER visits/10,000 under age 18  Lutheran General Hospital PSA, 47.5 ER visits/10,000 under age 18  Healthy Communities Institute (HCI), Illinois Hospital Association  Measurement period: 2013-2015	Annually Based on three year range

**STRATEGY #1:** Research, assess and plan for implementation of a trauma-informed approach to health care including governance, policy, physical environment, engagement, cross sector collaboration, screening/assessment treatment services, training and workforce development, progress monitoring and quality assurance as identified by the Substance Abuse and Mental Health Services (SAMHSA) Concepts of Trauma and Guidance for a Trauma-Informed Approach (2014)

**TYPE:** Long lasting Protective Interventions; Changing the Context

**PARTNERS:** Partners for Resilience, Adverse Childhood Experiences Program of the Health & Medicine Policy Research Group (HMPRG), Advocate Children’s Hospital Medical Group, Advocate Children’s Hospital Human Resources, Advocate Children’s Hospital Mission and Spiritual Care, Advocate Health System Congregational Health Partnerships and The Center for Faith and Community Health Transformation; Chicago Trauma Informed Hospital Collaborative

#### BACKGROUND ON STRATEGY

**Evidence of effectiveness:** Studies conducted over the last 30 years exploring Adverse Childhood Experience (ACES) have identified a clear association between trauma and lifelong health. (Felitti, 1998; Anda, Brown, 2010) In Illinois, 30% of adults report greater than three traumatic childhood events, including physical, sexual, emotional abuse and serious family dysfunction; 5.5% report greater than 6 of the defined ACES (Illinois Behavioral Risk Factor Surveillance System, 2013). In spite of alarming evidence, medical professionals receive little or no training in this area. New findings around self-healing communities and resilience suggests that when health systems commit to staff training and structural change to promote trauma-informed care, providers are better able to systematically elicit trauma histories, effectively communicate, and build patient-provider trust. In a trauma-informed environment, re-traumatization and vicarious trauma are mitigated for patients and caregivers and health outcomes improve. (Trauma Informed Care in Behavioral Health Services. Chapter Three-Understanding the Impact of Trauma)

[www.ncbi.nlm.nih.gov/books/NBK207191/](http://www.ncbi.nlm.nih.gov/books/NBK207191/) (click here)

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Secure administrative support and commitment to trauma informed initiative	September	Complete 2017	Complete 2017
2. Create trauma informed initiative workgroup to oversee project	September	Complete 2017	Complete 2017
3. Develop written policies and protocols establishing a trauma-informed approach to the hospital’s mission	N/A	January	N/A
4. Develop plan for physical environment of organization to promote safety, collaboration, and transparency.	N/A	January	N/A
5. Develop appropriate tools for screening, assessment and interventions	N/A	January	N/A
6. Develop trauma informed training and peer support	N/A	January	N/A
7. Develop a monitoring dashboard to include impact indicators	N/A	January	N/A
Impact Indicators	2017	2018	2019
1. Approval of trauma-informed plan for the children’s hospital by the administrative team	N/A	April	N/A

<b>STRATEGY #2: Implement training of physician and nursing leaders, as well as support staff in targeted pilot sites to incorporate trauma-informed principles into their practice (Pilot sites to include: pediatric residency program, family medicine residency program and OB clinic)</b>	<b>TYPE: Counseling and education; Long lasting Protective Interventions</b>
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**PARTNERS:** Partners for Resilience, Adverse Childhood Experiences Program of the Health & Medicine Policy Research Group (HMPRG), Advocate Children’s Hospital Medical Group, Advocate Children’s Hospital Human Resources, Advocate Children’s Hospital Mission and Spiritual Care, Advocate Health System Congregational Health Partnerships and The Center for Faith and Community Health Transformation, Healthy Steps Program

**BACKGROUND ON STRATEGY**  
**Evidence of effectiveness:** Service providers need to incorporate a trauma-informed perspective into their practices to enhance quality of care for children. This includes making sure that children and adolescents are screened for trauma exposure; that service providers use evidence-informed practices; that resources on trauma are available to providers, survivors and their families; and that there is a continuity of care across service systems.  
<http://www.mhcc.org.au/media/25289/berkowitz-ford-ko-2008.pdf> (click here)

Providing trauma training for clinical as well as non-clinical staff is critical. Providers should be well-versed in how to create a trusting, non-threatening environment while interacting with patients and staff. Likewise, non-clinical staff, who often interact with patients more frequently than clinical staff, play an important role in trauma-informed settings. Personnel such as front-desk workers, security guards, and drivers have often overlooked roles in patient engagement and in setting the tone of the environment. For example, greeting people in a welcoming manner when they first walk into the building may help foster feelings of safety and acceptance, initiate positive relationships, and increase the likelihood that they will engage in treatment and return for future appointments. Key ingredients for successful Trauma-Informed Care Implementation are included at the following URL.  
[http://www.chcs.org/media/ATC\\_whitepaper\\_040616.pdf](http://www.chcs.org/media/ATC_whitepaper_040616.pdf) (click here)

SHORT TERM INDICATORS			
Process Indicators	Annual Targets by December 31		
	2017	2018	2019
1. Develop learning plan to promote mental health awareness with focus on trauma-informed care	December	N/A	N/A
2. Number of physicians and nursing leaders scheduled to receive training	Baseline December	TBD	TBD
3. Number of training programs/education modules presented	N/A	TBD	TBD
4. Number of presentations re: trauma-informed care plan at quarterly leadership meetings	1	4	4
Impact Indicators	2017	2018	2019
1. Participants will demonstrate increased knowledge about Adverse Childhood Experiences (ACEs) and their potential influence on health outcomes via post-survey	N/A	Baseline	TBD
2. Other knowledge, attitude and practice indicators will be identified as the training programs are finalized	December	Baseline	TBD

ALIGNMENT WITH COUNTY/STATE/NATIONAL PRIORITIES			
Strategy	County IPLAN	SHIP (State Health Improvement Plan)	Healthy People 2020
1	<p>Goal: Effective Behavioral Health prevention (primary, secondary and tertiary) and treatment are delivered</p> <p>Goal: Ensure families have access to resources necessary to support appropriate health and development for infants and young children ages 0-5</p> <p>Goal: Decrease incidence of victimization and exposure to violence and strengthen community protective factors</p> <p>Goal: Strengthen families to reduce the cycle of violence within families</p> <p>Goal: Chicago is a Trauma-Informed City</p>	<p>Increase behavioral health literacy and decrease stigma</p> <p>Improve response to community violence</p> <p>Assure accessibility, availability and quality of preventive and primary care for women, adolescents and children</p>	<p>IVP-42 Reduce children’s exposure to violence. Efforts to prevent violence may focus on:</p> <p>Changing social norms about the acceptability of violence and the willingness to intervene</p> <p>Improving skills and competencies (for example, communication, impulse control, parenting, conflict resolution, coping)</p> <p>Fostering safe, stable, nurturing relationships and environments for children and families</p> <p>Changing policies to address the social and economic conditions that often give rise to violence</p> <p>Objectives within the Mental Health Section regarding increased screening and treatment for children, adolescents and adults with mental health issues are also relevant.</p>
2	Same as above	Same as above	Same as above

Advocate Children’s Hospital – Oak Lawn and Park Ridge have developed this implementation plan to meet a prioritized need identified through a community health needs assessment process. The medical center may refocus resources if necessary to best address the needs of its community.