18th ANNUAL CONFERENCE
RIVER of DREAMS
envisioning best practices in trauma care
Improving Patient Expectations and Satisfaction Using a Self-Education and Peer Support Process

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Learning Objectives

• Review HCAHPS and its impact on hospital/system finances
• Define the TSN, how it started and how to start a program in your institution
• Review Patient Outcomes of trauma programs that have incorporated TSN
Disclosure Statement

- No disclosures
Successful Completion

• To successfully complete this course, participants must attend the entire event and complete/submit the evaluation at the end of the session.

• Society of Trauma Nurses is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.
Improving Patient Expectations and Satisfaction: Why You Should Care

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HCAHPS: Hospital Consumer Assessment of Healthcare Providers and Systems

- National, standardized, publicly reportable survey, 2006
  - Hospitalcompare.hhs.gov
- All discharged inpatients, excluding psych
  - 48 hours and 6 weeks following discharge
  - Mail, telephone, mail with telephone f/u, or voice interactive media
Value Based Purchasing

Discharged patients are asked questions about their recent hospital stay, specifically:

- Overall rating of hospital stay
- Willingness to recommend
  - Staff responsiveness
  - Communication with nurses, doctors
  - Cleanliness & quietness
  - Pain management
  - Staff communication about medications
  - Discharge information

Patients are asked to rate the frequency of events during their care:

*Never, Sometimes, Usually, Always*
The Survey

- 32 items
- Clinical Process of Care
- Patient Experience
- Outcomes

Questions are scored as: always, usually, sometimes, never

ONLY “always” is acceptable!
Financial Impact

- Value Based Purchasing
  - Process of care (45%)
  - Patient experience (30%)
  - Outcomes (25%)

ACCOUNTS FOR 30% OF CMS REIMBURSEMENT
Trauma and HCAHPS

• Halo effect of trauma on overall hospital operations
  • “They were so good when I: [broke my hip, had flail chest, was shot/stabbed, crashed my car.....], that I would definitely recommend them for [a hip replacement, heart surgery, gallbladder operation, etc]......”

• 60% of patients state that satisfaction is in the top 3 factors influencing their selection of hospital
TSN at GW: Baby in the Cradle

- 3/2014: Template book from ATS customized with input from our patients and their families
  - What did you wish you had known
  - What resources exist in/around the hospital (food, parking, rest, etc)
- Barrier is staffing and $$$$$$ 
  - We do NOT have a grant or budget to support this 
- Hospital volunteer who rounds on pts 2-3x/week 
- PI coordinator who trains the volunteer and also rounds on pts
Implementing TSN at GW

• Training visitors: We identified a group of trauma survivors and approached them to attend a TSN training course at GW

• Peer visits: Ad hoc at the bedside

• Refer pts to the online NextSteps TSN Course

• Trauma support group: facilitated by social workers (shared)
  • Quarterly for starters and then monthly
Conclusions

• Value Based Purchasing matters
• Trauma halo effect can impact other hospital systems
• TSN offers a low cost, potentially highly impactful means to manage patient expectations and improve patient satisfaction
• This is also a ripe area for research both in terms of ROI as well as improvement in patient clinical outcomes
Improving Outcomes Following Trauma: Trauma Survivors Network

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Department of Health Policy and Management
Johns Hopkins University
Disclosures Information

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NONE

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NONE

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METRC – Michael Bosse, Anna Bradford, Robert Hymes, Cliff Jones, Deb Sietsema, Heather Vallier, Robert Seymour

Patients and family advisors
What we know …..

- Trauma systems reduce mortality by 25%  

- But long term functional outcomes are not always optimal:  
  - among over 2,000 working people studied nationwide, only 50% were back to work at one year post injury  

- The physical injury was not always the reason for poor outcome: anxiety, depression and lack of self-confidence and good social support often got in the way of a good recovery
What does the Risk Assessment Address?

• **Risk Factors:**
  - Risks for Medical Complications
  - Pain
  - Depression
  - PTSD
  - Alcohol and Tobacco Use

• **Protective Factors**
  - Self Efficacy
  - Social Support
  - Resilience
  - Financial and Social Support
## Recovery Assessment at 6 Weeks
### Preliminary Results (n=700 patients)

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
<th>% at Risk</th>
</tr>
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<tbody>
<tr>
<td>Pain</td>
<td>26%</td>
</tr>
<tr>
<td>Depression</td>
<td>33%</td>
</tr>
<tr>
<td>PTSD</td>
<td>19%</td>
</tr>
<tr>
<td>Alcohol Use</td>
<td>12%</td>
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<tr>
<td>Tobacco Use</td>
<td>29%</td>
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<table>
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<tr>
<th>PROTECTIVE FACTORS</th>
<th>% ‘Protected’</th>
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<tr>
<td>Resilience</td>
<td>75%</td>
</tr>
<tr>
<td>Social Support</td>
<td>77%</td>
</tr>
<tr>
<td>Self Efficacy - Return to Work</td>
<td>57%</td>
</tr>
<tr>
<td>Self Efficacy - Manage Finances</td>
<td>42%</td>
</tr>
</tbody>
</table>
Based on Latent Class Analysis
Patients Cluster into 3 Types
(based on n=700)

SEVERE Risk & LOW Protection: 17%
SUBCLINICAL Risk & LOW Protection: 38%
LOW Risk & HIGH Protection: 45%

Full recovery barring clinical complications

Peer support/self management will help by improving resilience, self efficacy, social support
Self monitoring important

Aggressive referral & care coordination critical
What We Have Learned About Recovery

- Outcomes are variable, but secondary conditions such as pain, anxiety, post-traumatic stress and depression are common.

- When present, these secondary conditions can significantly impact function, activity and participation . . . & overall quality of life.

- Good clinical outcomes do not always translate into good functional outcomes.
Implications for Care . . .

Comprehensive post-injury care must include interventions to reduce pain and emotional distress and increase social support

- Widespread awareness of need for adequate pain management
- Less integrated effort to address emotional distress and support
Role of the Trauma Team

• Routine screening of individuals for risk of PTSD, depression and overall distress;
• Referring patients who meet clinical criteria for a diagnosable condition for an appropriate mental health assessment;
• Providing a patient and family centered environment that promotes peer support and self-management to empower patients to take charge of their own recovery.
Patient Centered and Collaborative Care

Expanded role of the trauma team is consistent with the development of patient centered and collaborative care models that emphasize need for interactions between:

• Informed, activated patients (who take charge of their recovery) and

• Prepared, proactive providers to support and encourage patient activation
Facilitating Informed, Activated Patients

- Access to information and resources
- Peer support through hospital-based peer visitation programs and support groups
- Cognitive behavioral interventions that activate patients to take charge of their recovery & help them engage in self-management
The Trauma Survivors Network (TSN)

- TSN was developed by the American Trauma Society in collaboration with the Johns Hopkins Injury Center to address these needs

- Main components:
  - Website for survivors and their families
  - Handbook for patients & family
  - Suite of hospital-based programs
TSN Website

http://www.traumasurvivorsnetwork.org

- Access Information
- Complete a Risk Assessment
- Keep family members in the loop through access to CarePages
- Join an on-line community forum
- Sign up for on-line nextsteps – a self-management class
- Give back: volunteer and contribute
TSN Patient and Family Handbook

• Introduces the family to the TSN

• Provides practical information about the trauma center and what to expect in the hours and days after the injury

• Encourages families and their loved ones to ask questions
TSN Peer Visitation

- Goal is to link trauma survivors with trained mentors who can share experiences in recovery and encourage patients.

“It was wonderful to have somebody who had been through this before and they could say ‘It will get better. This is what you need to do, and physically this is how you do it.’ ”

Peer visitor at CMC
TSN Family Class .... Snack and Chat

• Informal gathering 1x per week in the hospital
• Provides an opportunity for families to share experiences and ask questions with others who are in the same situation

“The TSN does a wonderful job in relieving the stress and some-of the-burdens from the family. Shock Trauma is wonderful but it's not only about the medical care, it's also caring about the people. TSN does that. They care and reach out to make this most difficult time, not so difficult. Giving patients and family resources that help with recovery is priceless and helps the family to heal along with the patient.”
TSN Peer Support Groups

Few things are more helpful than being around others who have had similar experiences - support groups help survivors connect.

"The first support group I attended I wasn't sure what I was going to get out of it, but knew that I needed some sort of support that even my tremendously supportive group of family and friends just couldn't understand. After that meeting, I knew that even if I didn't get anything of out every single meeting, every person in that room 'got it', they had 'been there' and knew exactly what I was feeling in some crazy way."
TSN Self Management Classes

- Self-management interventions use structured techniques of cognitive-behavioral theory (CBT) that help survivors alter cognitive, emotional, and behavioral responses to pain & impairment.

- Used extensively in chronic diseases where pain and disability are common.

- **nextsteps** is a 6-part group based self management course facilitated by a trained group leader.

  Knowledge and skill acquisition

  Problem solving

  Self monitoring

  **Building on one’s strengths**
Moving NextSteps to the Web
http://www.nextstepsonline.org/

Overcomes barriers & provides access to expert information and cognitive behavioral programs supported by on line communities & coaches.
Kicking it up a notch: Trauma Collaborative Care

Enhances services provided through the TSN Program by adding:

1) Provider Training & Engagement to reinforce patient use of TSN programs and referral for mental health services

2) Recovery Coach to enhance key messages and use of TSN programs
Recovery Assessment: 6-8 week Follow-up Visit

- Recovery Assessment completed on iPAD in clinic; immediate feedback to patient and provider

- Provider and Recovery Coach review assessment together and develop a ‘Prescription for Recovery’

- Recovery Assessment Goal:
  - Provide patient and provider with assessment of risk factors for poor outcomes
  - Offer recommendations to reduce risk
Primary Aim: Evaluate the effectiveness of TSN Program in improving outcomes for patients with severe orthopaedic trauma.

Study Design: A multi-site, cluster design will be used to conduct a clinical trial of the TSN Program.

Six intervention and six control trauma centers are participating in the trial and a total of 927 participants are enrolled (495 intervention, 432 controls).
TSN/ TCCI  Benefits Trauma Centers

- Better **CARE** and outcomes for patients and families
- Improved **SATISFACTION** of their patients and families
- Increased **ADVOCACY** for trauma systems and injury prevention, locally and nationally
- Increased opportunities for **PHI LANTHROPY**
Challenges

• Showing it works
• Showing cost-effectiveness
• Should/can trauma centers be held accountable for good functional outcomes?
Contact Information

Building on Our Promise

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The Trauma Survivors Network & Trauma Collaborative Care: Successful Implementation at a Level 1 Trauma Center

Eileen Flores, MSW, LCSWA

TSN Coordinator
Carolinas Medical Center
Starting the TSN Program in Charlotte, NC

Major Extremity Trauma Research Consortium
- Trauma Collaborative Care Study
- January 2013

(Left - right) Stephen Wegener, PhD, of Johns Hopkins University; Eileen Flores, LCSWA of Carolinas Medical Center; Anna Bradford, PhD, of INOVA Fairfax Hospital and Michael Bosse, MD of Carolinas Medical Center
Acute Care Services

- In-hospital rounding on patients and families
- TSN Peer Visitation
- TSN Family & Friends Snack and Chat
- Handbook for Trauma Patients and their Families
Outpatient Services

- TSN Survivors Group
- TSN Family & Friends Group
- 6-Week NextSteps Program
- TSN Peer Visitation over the phone
- TSN brochures and posters in Outpatient Orthopaedic and Trauma Clinics
- TSN website with Survivor Stories, Online Chat, CMC resources, etc.
- Online NextSteps Groups, rolling enrollment
Setting up a New TSN Program

Contact Elizabeth Wysocki,
National TSN Coordinator
American Trauma Society
Phone: 410-955-0396
E-mail: ewysock2@jhu.edu
Engaging Key Players at your Trauma Center

- **Identify your key players:**
  - Surgeons, Researchers, Rehab Doctors, Department VP’s, Nurse Managers, Nurse Educators, PT and OT Managers, Social Workers, Chaplains, past Trauma Patients and Families, etc.

- **Identify the greatest needs for services for your trauma population:**
  - Look for overlapping services your trauma center or rehabilitation center already has
  - List both inpatient and outpatient needs

Carolina HealthCare System
• **Start a TSN Advisory Council:**
  • Invite multi-disciplinary, invested (and not yet invested) leadership from various departments who can open doors and give key guidance to your TSN program
  • Meet quarterly with updates

• **Create a plan:**
  • A starting point with goals for the first launch date
  • A TSN Coordinator (person “driving the bus”)
  • Identified people who agree to take ownership of certain tasks (people willing to get on the bus)
  • Search for **Interns** (social work, chaplains, public health)

• **Build new bridges! Form new partnerships! Make new friends!**
Running a TSN Program: Peer Visitation

• Peer Visitors are the **HEART** of the TSN program!

At CMC, Peer Visitors are involved in:
Survivors Group, Family & Friends Group,
Peer Visitation, Snack and Chat,
Co-leading NextSteps, TSN Advisory Council,
Speaking Engagements to staff and community,
Survivor Stories on TSN website,
and Local and National NEWS!
A Focus on Peer Visitation

• Overcoming the challenges of getting Peer Visitors through the Hospital Volunteer Process is worth it!
  • Trauma patients and families at least 1 year out from injury date
  • Completes initial interview (screening) with TSN Coordinator
  • Completes all requirements to become a Hospital Volunteer
  • Completes at TSN Peer Visitor Training

• Some of the best TSN Peer Visitors may already be volunteers at Rehab or with other local Amputee, TBI, or SCI groups
• Call or send a mass mailing to past trauma patients

Carolinas HealthCare System
TSN Peer Visitation changes lives!
(No exaggeration!)
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