SOCIAL AND EMOTIONAL SUPPORT FOR TRAUMA PATIENTS AT UT MEDICAL CENTER
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Purpose: In an effort to make sure that patients medical, social and emotional needs are met, the UT Medical Center collaborated with the American Trauma Society (ATS) to implement the Trauma Survivors Network (TSN) program.

Background: Trauma systems reduce mortality but, the long term functional outcomes are not always optimal. Many studies show that the physical injury was not always the reason for poor outcomes. Anxiety, depression, and lack of self-confidence and good social support often got in the way of a good recovery. Implementing a TSN program is a way to address the social and emotional needs of trauma patients.

Process: TSN at UT Medical Center started out with the Trauma Program Manager working with different departments and former patients and families to create a trauma patient handbook. In the initial phases this was a way that nurses were able to share information and resources with trauma patients and their families.

A TSN Coordinator acts as a liaison that is there for trauma patients and their families by providing them access to resources that are aimed at helping them rebuild their lives after experiencing a physical trauma. There are no fees or costs to participate in the TSN services, which include four integrated interventions. NextSteps, a self-management online class hosted by ATS, Peer Visitation a peer-to-peer program, information and resources provided by Patient and Family Handbook dissemination and use of the TSN website. Patient and family support groups is another component to the program that allows trauma survivors to co-facilitate with the TSN coordinators. Most of the patients seen by TSN are MVC and FFS trauma patients. The Coordinators have built relationships with different departments and now receive referrals from nurses and rehab services for patients and families who could benefit from the program.

Lessons Learned: There are 63 medical institutions that implement some components of the TSN program. UT Medical Center is one of seven medical centers nationally that has dedicated staff in order to implement the program with fidelity. The reason for low participation are two major barriers; buy in from hospital and funding for staffing and sustainability of TSN program. UT Medical Center’s TSN program spent the first few months of inception meeting with different departments, nurse managers and speaking at staff meetings to inform others about the program and how it is an additional support for patients and their families. UT Medical Center was innovative in the fact that they have two TSN Coordinators. One of the coordinators spends part of her time looking for grant funding opportunities to diversify funding for the program. Having a dedicated staff to implement the program makes a difference in the consistency of services provided. The most important component of the program is the use of trained peer visitors in almost every aspect of the program makes a great difference. Since peer visitors have all lived through the trauma recovery experience, they understand the concerns of a new trauma patient on a personal level.

Conclusion: Having dedicated staff, partnerships with other departments within the hospital and the utilization of interns allowed UT Medical Center’s TSN program to have positive results in its first year of implementation. 1,075 patients with 41% receiving one or more follow up visits, an average of 6 participants in their monthly survivors support group, 14 trained peer visitors who completed 73 peer visits and 101 participants in the Snack & Chat for trauma patient family and friends.