Creating Effective Community and Hospital Wide Partnerships: How to Promote and Sustain the Trauma Survivor Network

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Purpose: TSN was created by the American Trauma Society, (ATS), to provide support and services to trauma patients and their families during recovery. Medical interventions have improved dramatically through the years and trauma patient survival rates have in turn improved as well. We have learned that the emotional stress and anxiety that patients and families endure can become profound and debilitating to healing. TSN is the social-emotional component of patient care that helps provide access to education, informational resources, support groups and peer mentoring. Creating partnerships with hospital departments allows more patients to be served. Examples of departments to consider for collaboration include pastoral care, medical library, integrative health, rehabilitative services, pharmacy and case management. In turn, the increased awareness of TSN allowed more trauma patients to be served.

Resources: The TSN program has guidelines for multiple programs that can be implemented for patients and families. Collaboration with medical and hospital wide personnel provided insight into family dynamics and support systems. The TSN programs that have been used and promoted at UT Medical Center. TSN website: provides resources regarding particular trauma center, “Survivor Stories”, “Rapid Recovery Assessment”, “Traumapedia” which provides educational materials for diagnoses, mechanism of injury, therapeutic interventions, etc. and “Care Pages” which is a tool that provides communication updates for loved ones regarding the patient. TSN social media: TSN Facebook and Instagram links allow a wider audience of family members who may be unable to visit their loved one in the hospital or rehabilitative facility. Additionally, this venue provides connection with other individuals or peers that have shared a similar life altering experience. TSN peer mentors: former trauma patients or caregivers, that are a minimum of one year post injury, and return to aide new trauma patients/families by visiting and sharing their experiences. People do not chose to be patients but they choose to survive and sharing experiences with each other provides hope and aides in an individual’s recovery.

Description: During daily rounding, key therapeutic partners for care of the trauma patient were identified. An assessment of the individual family support systems also provided insight into resources that might be beneficial as well as assisting with matching a patient and peer mentor for visitation. Many patients’ face daily struggles that are not all staff are privy to learning such as financial struggles, lack of housing, health ailments, job stressors, family life changes, etc. TSN coordinators are able to gain trust with patients and families during daily rounding and can serve as an additional referral service for much needed support that may otherwise go unnoticed. Consultation with therapeutic partners, such as rehabilitative services, helps TSN coordinate specific time between planned patient care and peer mentor visitation. Consultation with Case Management to convey insight into patient-family’s desired discharge placement needs. Invitations to therapeutic partners to join TSN events for patients-families such as weekly support program, “Snack and Chat” (held weekly for Neuro Critical Care (NCC) and Trauma Surgical Intensive Care Unit (TSICU) and the trauma step down floors. Inviting peer mentors to co-facilitate this weekly support gathering has been beneficial to both trauma and non-trauma patients-families alike. The sharing of information acquired by the TSN Coordinators during daily patient visitation with the developed partnerships, allowed for a holistic form of care for both the patient and family members versus isolated tasks by individual care givers. To further develop partnerships with hospital personnel, TSN consistently presents and participates in staff meetings for various departments such as nursing, physicians, rehabilitation, respiratory, etc.

Effectiveness: Key partners for care of the trauma patient were identified during daily rounding. Assessment of individual family support systems also provided insight into resources that might be beneficial as well as assisting with matching peer mentors for visitation. Many patients face daily struggles that not all staff is privy to learning, such as: financial struggles, lack of housing, health ailments, job stress, family life changes, etc. Examples of processes used to develop partnerships include: 1) TSN coordinators are able to gain trust with patients-families during daily rounding and can act as an additional referral service for much needed support that may otherwise go unnoticed. 2) To further develop partnerships with hospital staff, TSN can regularly present and participate in staff meetings for various departments such as nursing, physicians, rehabilitation, respiratory, etc. 3) Consultation with therapeutic partners, such as rehabilitative services helps TSN coordinate times between planned patient care and peer mentor visitation times. 4) Consultation with Case Management to convey insight into patient-family’s desired discharge placement needs. Invitations to therapeutic partners to join TSN events for patient-families such as weekly support program “Snack & Chat”, and monthly support
Advocacy
A-2

group meetings: inviting peer mentors to co-facilitate. The sharing of information acquired by the TSN Coordinators during daily patient visitation with developed partnerships, allows for a holistic form of care versus isolated tasks by individual care givers.

Lessons Learned: 1) Understanding and learning your organization’s structure of operations and service delivery determine key areas of need to be addressed in collaboration. 2) Partnerships must be maintained. Sharing and exchanging of the TSN program’s service provision and goals is critical. Mutually understood goals for various service provides a holistic approach to healing.

Conclusions: Increased number of trauma patients served by TSN, and improved collaborative efforts and team building within the hospital and community: referrals, information sharing with the medical team, overall improved patient-family satisfaction. In 2016: Referrals received for TSN = 24  Referral placed by TSN = 123  Total of trained TSN peer mentors = 14  TSN peer visits conducted = 73  TSN support group average attendance = 6.142857  TSN snack & chat attendance = 101  In 2017:  Referrals received for TSN = 34  Referrals placed by TSN = 240  Total of trained TSN peer mentors = 15  TSN peer visits conducted = 107  TSN support group average attendance = 7.16667  TSN snack & chat attendance = 695

Benefits to Others: 1) Bringing together trauma survivors & families to share information & experiences aides the healing and recovery for new trauma patients and promotes additional healing and self awareness for trained trauma peer mentors. Patient healing is directly tied to the emotional responses due to specific mechanism of injury and lack of support available to patients and families. 2) Enhancing survivor skills & self-efficacy to manage day to day challenges.

Implementation by Others: 1) Recruit peer mentors from former trauma patients and families  2) Train former trauma patients & family members to provide visitation from both the patient and caregiver perspective.