Alameda Health System
Highland Pediatrics
Current State Assessment: What We Learned

- Our whole team completed the capacity assessment. We also asked a clinic nurse and medical assistant to complete it. A social worker, a midwife, an interpreter, and our department chair completed an abridged version of the capacity assessment as well.

- We interviewed three parents about their experiences in the Pediatric clinic.

- Nearly everyone surveyed agreed that our organization could do a better job increasing the comfort of families and their own engagement in their medical care.

- The families we interviewed were generally positive about their experiences at Highland Pediatrics and especially their relationships with their PCPs.

- Families told us that they feel rushed when they come to the hospital. It may be hard to find more time (and space) to add to the clinic visit.

- Telephone visits may be an opportunity to make a deeper connection
Our system began some conversations about racial justice last summer, but these have dwindled over the last few months.

The March Learning Session was a welcome continuation of last summer’s conversations.

We are excited about some new initiatives in Alameda Health System, including BElovedBIRTH (group prenatal care for Black women) and ACEs screening in the Pediatric Clinic.

As we implement ACEs screening, it is important for our group to acknowledge the trauma of racism and also use screening as a way to identify family resilience.

We hope to do more to elevate the voices of families in our health system and learn from their experiences.
Our team welcomes the chance to reflect and have deeper conversations about our work and the way that trauma—ours and our patients’—affects it.

We look forward to the chance to be more vulnerable with each other and to grow as a team.

Goals:
- Have all clinic staff speaking the same language when it comes to trauma.
- Build support for self-care and team-care so we can all be more resilient.

Questions:
- How can we engage families more? Get them involved in new clinic projects? Get their feedback about their care?
Children’s Health Center
Janelle Bercun, LCSW and Neeti Doshi, MD work in our clinic and shared the results of their ongoing Journey-Mapping program for caregivers of CHC patients 0-5.

Their Process:
- Human centered design approach to better understand our families’ lived experience in accessing and receiving care for children
- 15 parents of commonly encountered “Archetypes” in CHC (developmental delay, substance exposure, CPS involvement, trauma, non-English speaking, teen parent, medical complexity) participate in monthly interviews, reimbursed for their time

Emerging Themes:
- Meaningful resource connection and care coordination remain significant gaps in our clinical delivery services (especially within early childhood)
- Living with racism and poverty is complex, our clinic at times alleviates, but often adds to this complexity in harmful ways
- Genuine voice from families is powerful for systemwide change – we need to continue to amplify lived experience
- Families appreciate being cared for by a “team,” especially when their team members are acknowledged
- In CHC specifically, patient reported quality of care varies by provider
Current State Assessment: What We Learned

Our RBN Team also hosted a series of “Listening Sessions” to learn more about existing programs and strengths within CHC and learned:

- We have pockets within the CHC clinic that have been engaging in a resilience and trauma-informed care
- Some programs w/in CHC have distinct specialties ie. particular population focused, family engagement, etc
- The team at CHC really have the desire/drive to want to apply trauma-informed care/provide healing spaces for families,
- There are programs and staff within the CHC that are thinking innovatively around implementing trauma informed practices
How we are centering equity and racial justice in our work

- What are your key reflections and take-aways from the March 4th Virtual Learning Session?
  - This session was valuable and increased skills and abilities to center racial justice and equity in our work

- What are you currently doing related to centering equity & racial justice? What is your teams’ thinking or plans related to centering equity & racial justice?
  - We aren’t necessarily doing this yet, but remain committed to learning more and pushing ourselves to re-center around equity and justice in this work.
  - We are a work in progress
Our Team is Excited About . . .

- **We are excited to:**
  - Continue to host monthly Listening Sessions with community partners or clinic programs
  - And, to advance work in 3 distinct impact areas:
    - Improved coordination and impact amongst programs that screen for and connect to SDOH resources
    - Pilot novel approaches to patient engagement and elevating patient voice in organizational strategy and decisions
    - Foster authentic, interdisciplinary relationships amongst team members in CHC, starting with a clinic-wide retreat this spring.

- **What questions does your team have for other RBN teams?**
  - What have you found successful when addressing organizational structure to apply a trauma-informed framework?
  - How have you prioritized your goals?

- **What questions does your team have for RBN coaches and faculty?**
  - What should we be addressing first to improve CHC: the organization, authentic relationships with families?

- **What type of assistance and supports would be helpful to your team?**
  - Having support from our coaches has been invaluable, and would love for that to continue
  - Continued feedback/attending meetings if possible
  - Virtual site visits with teams who have similar goals and are further in the RBN path
Current State Assessment: What We Learned

- **We used the following methods to learn more about our current state:** Interviews with staff and patients at our target clinic, Fair Oaks Health Center (FOHC).

- **We spoke to:**
  - Staff: 3 staff members at FOHC (Provider, Nurse, PSA)
  - Caregivers & Family Members: 3 parents who visited our target clinic’s Pediatric Dept. in 2021.

- **From providers and staff we learned:**
  Staff at different levels of the clinic site may have different meaning of “trauma” and “Trauma Informed Care”. Not everyone may have received trainings on trauma/toxic stress. Staff at different levels acknowledge that there is a need for more supports/resources around self-care, burnout, etc.
Current State Assessment: What We Learned

• From caregivers & family members we learned:
  Sometimes forms/questionnaires are given to fill out without explaining the purpose behind them. This may be a missed opportunity to engage in deeper conversation with patients and build greater level of trust. Also, additional support may be needed to help staff have discussions with patients around trauma/toxic stress and impact on health.

• Other insights we gathered from current state activities:
  Not all staff members may be at the same level. Level of comfortability in discussing trauma, time allowances, knowledges levels may vary from staff member to staff member.
How we are centering equity and racial justice in our work

- **What are your key reflections and take-aways from the March 4th Virtual Learning Session?**
  - There is a difference between Dignity (Innate) and Respect (Earned) and there are consequences of presenting inequities without context and therefore it is vital to have structural competency/integrity.

- **What are you currently doing related to centering equity & racial justice?**
  - COVID-19 Vaccinations: Keeping equity and our vulnerable communities in mind during distribution.
  - SMC Health participates in Government Alliance for Racial Equity (GARE).

- **What is your teams’ thinking or plans related to centering equity & racial justice?**
  - Continue to support open dialogue in team meetings.
Our Team is Excited About . . .

• In thinking about the 4 RBN focus areas, where does your team have excitement about focusing its work? Remember the 4 focus areas are: environment, prevention and promotion, clinical practice, and community engagement.
  • Environment: A supportive workplace where staff practice self-care/mindfulness as a regular part of their work and resources are readily available.
  • Clinical Practices: Implementing ACE’s screenings at our largest pediatric site and improve referral coordination with other Health/Community partners.

• What questions does your team have for other RBN teams?
  • How did other teams train staff and build strong links with community and mental health resources? How did you go about collecting patient feedback regarding the process?
  • What do you think made your team successful? What worked and what didn’t work?
Our Team is Excited About . . .

• What questions does your team have for RBN coaches and faculty?
  • Strategies/tips to ensure strong leadership buy-in at clinic site.

• What type of assistance and supports would be helpful to your team?
  • Tools/strategies to support aligning and incorporating our goals into our existing improvement efforts.
Thank You!
RBN CURRENT STATE
STORYBOARD

March 2021

UCSF Benioff Children’s Hospital
Oakland
CURRENT STATE ASSESSMENT: WHAT WE LEARNED

- From providers and staff we learned:
  - Staff feels burnt out, fatigue
- From caregivers & family members we learned:
  - Stressed, traumatized
- Other insights we gathered from current state activities:
  - Everyone feels the same
WHAT ARE YOUR KEY REFLECTIONS AND TAKEAWAYS FROM THE MARCH 4TH VIRTUAL LEARNING SESSION?

- Importance of the concept of dignity in healthcare

WHAT ARE YOU CURRENTLY DOING RELATED TO CENTERING EQUITY & RACIAL JUSTICE?

- HLCs (DEI training)
- Leadership resilience circle/training

WHAT IS YOUR TEAMS’ THINKING OR PLANS RELATED TO CENTERING EQUITY & RACIAL JUSTICE?

- Increase open dialogue through more staff resilience circles & trainings.
- Modeling trauma informed nomenclature and concepts into everyday work
In thinking about the 4 RBN focus areas, where does your team have excitement about focusing its work?

- Environment
- Prevention and Promotion

What questions does your team have for other RBN teams?

- How other teams perform strength-based trauma screening?

What questions does your team have for RBN coaches and faculty?

- How to make an impact?
- How to get organizational buy in/change?

What type of assistance and supports would be helpful to your team?

- Institutional funding
- Recognition from the institution