







# Your RBC Journey: Where did you start, and where are you now?



### Oe

#### Office Environment

1. Develop and Foster a Trauma and Resilience-Informed Environment

Key Change: Hosted
Organization Wide TraumaInformed Care trainings for
500+ staff

Outcome: engagement and commitment of executive leadership team to culture change through TIC lens

# Cr

#### Community Relationships

2. Build Relationships with Communities to Support Families

### Fe

#### Family Engagement

3. Engage with Families in Their Own Care

**Key Change:** Developed new OB-Peds bridge program for pregnant mothers with high social risk factors

Outcome: Enrolled 14 families who regularly engaged with nurse case manager around healthcare/social needs

# As

#### **Assess Health**

4. Assess Whole Family Health and Resilience

**Key Change:** Screening pilot for ACES in pediatric patients

Outcome: successful pilot that resulted in a practical workflow to be expanded to all Peds/Family Practice providers



# Ad

#### Address Health

5. Address Whole Family Health and Resilience

Key Change: Created resources and workflow for responding to patients' needs after a positive screen or inclusion in RBC pilot.

Outcome: increased connection to resources for patients and coordination with PCPs to improve overall health.

# Co

#### Coordinate

6. Coordinate Services and Supports for Families

Key Change: formal restructuring of patient care navigation program to have PCN in each pod

Outcome: increased access to resources and assistance for families in real-time, increased capacity building for PCN to triage and connect families to services

# **Key Supports**



COACHING! COACHING! **COACHING!** 

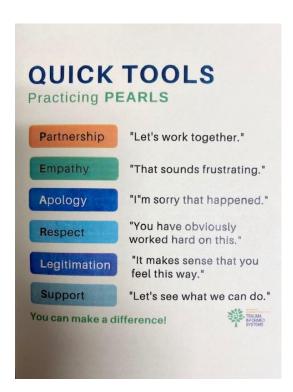
Instrumental in helping us move the Titanic onto the course of culture change from the top down



**NPPC** 



(Google Drive link: https://drive.google.com/open?id=1z\_mFzcm Nf64N0y LfQ2VrYY e2e6Y5OE)





# Impact on our patients, staff, or organization



\*not real patient photo\*

**RBC Success Story:** Teenage mother of two young children referred to our Pedi Complex Care Nurse Case manager. Prior to referral, patient was missing many OB and Pedi appointments and only sporadic care. After referral, increased trust in healthcare system, learned to arrange transportation, connected older child to GGRC for SLP services, and Mom back on track to graduate.

# Top 3 Takeaways: What were your top three lessons learned in RBC?



Lesson 1: Change takes time!



Lesson 2: Organizational health (addressing burn out and toxic work culture) is paramount to being able to care for the health of our patients



Lesson 3: our success in every aspect depended on the input and expertise of our multidisciplinary team

# **Future: What's Next?**



# **Spreading**

- Priorities for 2020
  - Expand ACES screening to all pediatric and family practice provider
  - Pilot ACES screening in OB department and Adult Internal medicine
  - Empathic training program

# Sustaining

- Develop multimodal trainings (e.g. video or webinar) that can be use at onboarding and other regular intervals
- Look for funding sources to expand staff wellness resources
- Protected time for our RBC team to continue to meet and expand the program