

Organizational Self-Assessment (OSA)

Domains and Standards for Primary Care

Indicate, as best you can, the degree to which the following standards describe your organization on a five point scale, ranging from 0 to 4:

- **0** = we don't meet this standard at all
- **1** = we minimally meet this standard
- **2** = we partially meet this standard
- **3** = we mostly meet this standard
- **4** = we are exemplary in meeting this standard (we have much to offer other grantees)
- **N/A** = I am not sure I understand this question.

*A score of 4 means you meet this standard very well and have expertise in this area that may be of help to other grantees interested in improving their performance around this standard.

Domain 1 – Early Screening and Comprehensive Assessment

A. The primary care service has a system in place to sensitively, routinely and universally screen patients for the presence of significant traumatic life events (e.g. items on a medical history/health conditions questionnaire; separate trauma history checklist; inquiry by medical staff).

0
 1
 2
 3
 4
 N/A

B. The primary care service has a system in place to sensitively inquire and respond to current adverse life experiences, such as domestic or community violence.

0
 1
 2
 3
 4
 N/A

C. Medical staff has been trained to screen for adverse life events in a competent and sensitive manner and can begin to address the connection between trauma and physical health concerns with the patient.

0
 1
 2
 3
 4
 N/A

D. The primary care service has a system in place to complete a comprehensive trauma assessment for patients who screen positive for adverse life events (e.g. referral to internal BH specialist to perform a comprehensive assessment).

0 1 2 3 4 N/A

E. The primary care service employs a process that is designed to fully assess the following: The degree to which adverse life events contributes to mental health, substance use and/or physical health problems, the patients' prior or current treatment for mental health and/or substance use problems.

0 1 2 3 4 N/A

F. The primary care service has a system in place to identify patients needing referral to brief or longer term treatment either within the primary care setting or to an outside provider. Primary care service follows up with the referral process and assists the patient to access needed services in a timely manner in order to close the loop on the referral process.

0 1 2 3 4 N/A

Additional comments regarding accomplishments, key challenges and future plans related to this domain:

Domain 2 - Patient Voice, Choice and Collaboration

A. The primary care service has a system in place to monitor patient satisfaction and perception of care as well as feedback on the safety and security of the physical and psychological setting of the service.

0 1 2 3 4 N/A

B. The primary care service has a system in place to include recipients of care in one or more organizational decision influencing meetings such as formal focus groups providing feedback on service quality, advisory boards or other organization specific meetings/committees.

0 1 2 3 4 N/A

C. The primary care service provides information to patients on the impact of adverse life events on a person's whole health. Educational strategies might include trauma-specific informational brochures, trauma informational poster and educational classes or they may be included as part of current health education and support programs.

0 1 2 3 4 N/A

Additional comments regarding accomplishments, key challenges and future plans related to this domain:

Domain 3 –Workforce Development and Best Practices

A. The primary care service provides all levels of staff with in-service education and/or external opportunities (conferences, workshops, online training) designed to increase staff skills and knowledge of trauma informed/sensitive practices in primary care settings.

0 1 2 3 4 N/A

B. The primary care service provides training on trauma and trauma-informed approaches for all new hires and current employees.

0 1 2 3 4 N/A

C. The primary care service educates and trains its behavioral health and primary care specialists on sensitive screening and assessment practices and procedures. On site behavioral health specialists receive education and training to ensure that they are equipped to deliver evidence informed brief individual and group treatment interventions, such as Seeking Safety.

0 1 2 3 4 N/A

D. The primary care service has a process for patient-centered, shared care planning between disciplines.

0 1 2 3 4 N/A

E. The primary care service is committed to creating a strong system of collaboration, communication and team based, patient centered, coordinated care work between behavioral health and primary care staff through practices such as cross training, informal/formal meetings and team huddles.

0 1 2 3 4 N/A

F. The primary care service has a system in place to educate staff about compassion fatigue, secondary traumatization and burnout and has policies and procedures in place to address staff wellness.

0 1 2 3 4 N/A

Additional comments regarding accomplishments, key challenges and future plans related to this domain:

Domain 4 – Safe and Secure Environments

A. The primary care service ensures all staff recognize their role in promoting safe and healing relationships within a safe and comfortable environment.

0 1 2 3 4 N/A

B. The primary care service has a system in place that monitors and evaluates the changes that have occurred within the environment.

0 1 2 3 4 N/A

C. The primary care service has a system in place to identify and address environmental concerns that may affect safety, security, comfort and respect for both patients and staff.

0 1 2 3 4 N/A

Additional comments regarding accomplishments, key challenges and future plans related to domain:

Domain 5 – Data Collection and Performance Improvement

- A. The primary care service has a system in place to collect, analyze and utilize data designed to assess the degree to which the organization is accomplishing its aims related to adopting the principles and practices of trauma informed care. Data is collected via an Electronic Health Record (EHR), separate electronic registries and/ or manual tracking logs.

Data collection:

- Y / N** Number of patients screened and number that have a positive screen
- Y / N** Number of patients referred to trauma specific services on site
- Y / N** Number of patients referred out to other clinical/behavioral health services
- Y / N** Pre and post survey on trauma specific service provided within the setting
- Y / N** Use data currently collected to track and monitor patient health outcomes
- Y / N** Collect and monitor progress related to trauma informed care (OSA and PMT)

0 1 2 3 4 N/A

Additional comments regarding accomplishments, key challenges and future plans related to domain: