IWK Trauma Informed Care Area Checklist

Area: | **Date Submitted:**

Please rate the statements below which describe many ways to help create environments that support the key principles of trauma informed care (safety, trustworthiness, choice, collaboration and empowerment) for patients, caregivers and staff. Your team will be asked to complete this scale annually to help us measure the IWK Health Centre's progress as we strive to make all teams and environments trauma informed.

Our goal is to have all staff, physicians, volunteers and learners at the IWK display an understanding of the impact of trauma and/or stress on patient, caregiver and staff experience and help create an environment that is mindful and compassionate. This can be achieved through the building of environments that are grounded in an understanding of, and responsiveness to, the impact of trauma.

Rating Scale: 1 = Disagree/Rarely 2 = Neutral/Sometimes 3 = Agree/Usually N/A Not Applicable

Patient and Caregiver Safety and Support	Rating
1. The environment inside/outside the service is well lit.	
2. Entrances and exits are clearly marked.	
3. All signs in our area have clear, concise and positive messaging.	
4. Temperature is able to be adjusted.	
5. Reception areas and waiting rooms are welcoming, comfortable and inviting (i.e., furniture is in good repair, patients can choose from various seating arrangements, rooms are kept clean).	
6. Artwork and décor is generally liked by patients and staff and is age appropriate and culturally inclusive.	
7. It is possible for patients to speak with reception without being overheard by others in the waiting area.	
8. There are private spaces for staff and patients to discuss personal issues.	
9. Team members introduce themselves to patients and caregivers by name.	
10. Patients and caregivers are told that the IWK is becoming trauma informed and a definition of trauma informed care is provided (see Appendix A for trauma informed care definition and general information).	
11. Staff understand the importance of establishing trust and safety as a priority for patients and caregivers.	
12. Patients are asked what will make them feel safe and comfortable while in the space (i.e., leaving doors ajar; seeing a clinician of a specific gender; having a caregiver present).	
13. There is a process in place to address patient and caregiver safety concerns.	
14. There is a process in place to get feedback from patients and caregivers.	
15. There is a process to demonstrate how feedback is used (i.e., poster, display, newsletter).	
16. Patients and caregivers play a role in evaluating the services' activities.	
17. The team provides clear information to patients and caregivers about what will be done, by whom, when, why, under what circumstances, and with what goals.	
18. Patients/caregivers are informed about the choices and options they have available within the service.	
19. Patients/caregivers are provided a clear process to gain or give up access to restricted areas.	
20. Patients/caregivers are partners in decision making with their clinician or team.	
21. Patients and caregivers are encouraged to ask questions.	
22. Patient/caregiver priorities and preferences are requested, documented and considered.	
23. Whenever possible patients/caregivers are given choice around day or time of day of their appointment/service start.	
24. Patients/caregivers are encouraged to bring and prepare any foods that suit their dietary or cultural needs which are not available onsite (with thought given to how to manage any storage and allergy issues).	
25. Data related to client/caregiver complaints, seclusion and restraint events are reviewed regularly and used to make changes as necessary.	

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26. Before treatment/interventions begin, including physically touching a patient, clinicians explain what they are about to do and request informed consent.	
27. Team members use positive language (do not use labels or negative terms) and an attitude of respect and non-judgement in reference to patients, caregivers and peers.	
28. Team members highlight a patient's strengths, resiliency and coping strategies.	
29. Staff avoid talking about patients and caregivers in common spaces.	
30. Patients/caregivers have access to a comfort room or comfort objects if they are stressed or distressed.	
31. Staff are trained in trauma-informed care.	
32. Staff display an understanding of the impact of trauma and/or stress on patient, caregiver and staff experience and help create an environment that is mindful and compassionate.	
33. When a disclosure of trauma is made, staff know what to do (i.e., what to say in the moment, how to document this information, how/when to refer, who to consult with as needed, where to find supportive resources as appropriate)	

Cultural Safety and Support	Rating
34. General program, team, and health centre information is available in different languages.	
35. Patients/caregivers are told about available translation services.	
36. Patients are asked to identify the name and pronoun by which they would like to be addressed.	
37. Gender neutral washrooms are available.	
38. Team members are knowledgeable about cultural differences and respect the unique experiences and needs of patients and caregivers.	
39. Patients and caregivers are encouraged to talk about specific cultural needs with their staff (i.e., dietary needs, prayer time, use of pronouns, traditional approaches to healing, etc.)	
40. Patients are informed that they can inquire about the gender of their primary clinician and request a change if possible.	
41. Team members know who to contact (in the organization) to arrange for cultural support or to support diverse needs of individuals (e.g., translator, support person, transgender resources, etc.).	
42. Individuals and/or agencies with expertise in cultural sensitivity/responsiveness are involved in staff training and accessible for consultation.	
Staff Support, Recognition and Safety	**Rating**
43. Our team meets on a regular schedule (can be weekly, bi-weekly, monthly).	
44. There are opportunities for supervision on our team (group, peer or individual).	
45. There are opportunities for debriefing on our team.	
46. Topics related to staff well-being and safety concerns are discussed in team meetings and debriefs.	
47. Education and training is provided to staff on trauma, vicarious trauma, burnout, compassion fatigue, moral distress, resiliency, mindfulness and support resources.	
48. Staff feel free to ask for help or talk with their peers or supervisors if they are having a difficult experience or a strong negative reaction to a patient or caregiver.	
49. Good work and compassionate care for patients and coworkers is recognized and acknowledged.	
50. Conflict on teams is managed in a consistent, timely, accountable way.	
51. Staff receive regular communication from leadership and are engaged in decision-making processes.	
52. Staff members are encouraged to provide suggestions and ideas to improve the physical and emotional safety of their team and work areas.	
53. Self-care (i.e., taking breaks, exercise, nutrition, debriefing) is encouraged and supported.	
54. Team-care initiatives (i.e., check in meetings, team building, social activities) are understood and supported as an organizational priority.	
55. Teams are supportive of team members who may be experiencing personal trauma.	
56. Directors, managers and supervisors have a process in place to hear, document and respond to staff concerns.	

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57. Team members demonstrate care and respect when interacting with each other.	
58. Spaces exist where staff can go if they need time away to self-regulate, relax or have privacy.	
59. Information about staff support resources (both at the IWK and in the larger community) is made accessible to	

Based on this checklist and any other ideas your team may have, list your top 2 priorities to make your service/team/area become more trauma informed.

Request Consultation with Trauma Informed Care Team? Y N