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CHIP Title: The Intersection of Health Equity, Burnout and Trauma-Informed Care

Project Description:
The advancement of Health Equity, including the identification of outcome gaps and the development of processes to close those gaps, has become a major focus for the Centers for Medicare and Medicaid Services as well for managed commercial insurance plans. This project was designed to identify the most significant and urgent Health Equity opportunity within a county hospital and to create a pilot intervention to close high priority identified gaps.

Key Findings and Lessons Learned:
The project began with the hypothesis that race was the single most important factor in patient stratification to an Emergency Room experience of lower clinical quality. Upon completion of the initial interview phase, a clear consensus developed that, while race is a factor, socioeconomic status combined with a primary mental health disorder were the strongest predictors of a poor clinical quality experience and outcome. A Quality Department review of patient complaints and Root Cause Analysis investigations supported this consensus. A predictable, but unanticipated, finding was the correlation of health care worker trauma and burnout—expressed as a loss of empathy for this patient population—with worse clinical outcomes.

Based on these findings, we hypothesized that no intervention which did not successfully address health care worker trauma would be successful at closing a Health Equity differential defined by socioeconomic status and mental health. Given that patients at the most vulnerable socioeconomic strata, particularly those who are experiencing homelessness, and those with the most disabling mental health disorders are more often than not also victims of repeated trauma, we hypothesized than an intervention of Bidirectional Trauma-Informed Care could be used to create a singular and unified solution. A Bidirectional Trauma-Informed Care intervention in the Emergency Department has been approved by hospital executive leadership. A certified facilitator with an internationally recognized trauma intervention program has agreed to lead an 8-week initial intervention.

Challenges encountered to date include, a job change, a significant company reorganization with a significant reduction in force and a COVID-19 and Pediatric respiratory virus surge.

Next Steps:
This project is currently at the pilot stage. Ten health care workers (nurses, physicians and physician assistants) will be enrolled in a 3-month long treatment/training program that includes *receiving* trauma informed care and learning how to *provide* trauma-informed care. The goal is to provide this combined treatment and training program to every Emergency Department health care worker. We are tracking three main outcomes: 1. Emergency Department health care worker retention 2. Emergency Department patient complaints, analyzed by socioeconomic status and mental health diagnoses 3. clinical outcomes, analyzed in aggregate and by socioeconomic status and mental health diagnoses.