2025

Trauma Responsive Care

Organizational Assessment
of Vermont Hospitals

VPQHC
Vermont Program for Quality in Health Care, Inc.

Acknowledgement

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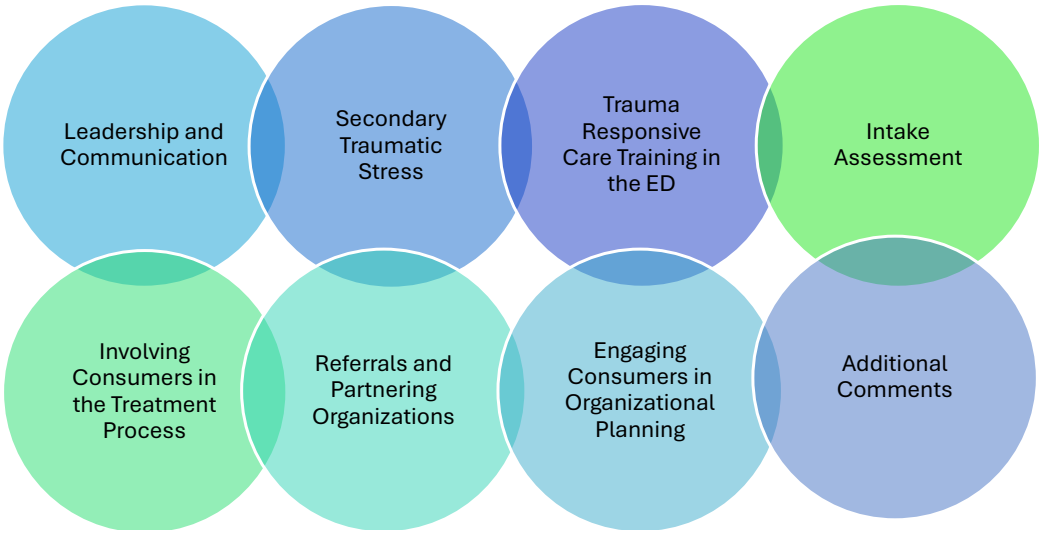
Introduction

The Vermont Department of Mental Health (DMH) and Vermont Program for Quality in Health Care (VPQHC) are collaborating to support hospital leadership in improving trauma responsive care (TRC) in emergency departments (EDs). This report represents the first phase of the initiative: gaining a better understanding of hospitals' strengths and opportunities for improvement related to TRC in the ED.

During March 2025, all 14 hospitals in Vermont (eight critical access, one community, four acute care, and one academic medical center) voluntarily participated in a 79-question assessment via Survey Monkey or fillable PDF. Eight key areas were assessed, based on best practice[1]:



Validated questions were adapted from three existing assessments:

- Orchard Place Agency Self-Assessment for Trauma-Informed Care
- University of KY (UKY) Secondary Traumatic Stress Informed Organizational Assessment (STSI-OA) Tool
- Northeastern University Vicarious Trauma Organizational Readiness Guide for Victim Services

If an activity or policy varied by department, participants chose the answer that best described the ED setting. Hospitals will be compensated for their participation.

The findings will inform curriculum development to educate hospital leaders in TRC and support them in identifying best practices and opportunities for improvement.

[1] Maul, Alexandra; Menschner, Christopher. Center for Health Care Strategies. (2016). Key Ingredient for Successful Trauma-Informed Care Implementation: Key Ingredients for Successful Trauma-Informed Care Implementation (samhsa.gov)

Interpreting the Results

Participants were asked 76 Likert questions corresponding to the first seven key areas above. The questions were categorized into frequency and agreement items. One open-ended text question was used to solicit additional comments about TRC in the ED setting.

Frequency Questions

Frequency questions asked, “How often does your organization perform each activity?” Five response choices were offered: ‘always,’ ‘often,’ rarely,’ ‘never,’ and ‘not applicable.’ A heatmap color scheme is used to show the level of frequency, and the categories are grouped as follows:

Always/Often

Rarely/Never

Not Applicable

Areas for improvement were identified on a statewide basis if the number of hospitals reporting “always” or “often” was less than 7 (50% of respondents).

Agreement Questions

Agreement questions asked, “What is your level of agreement with each statement?” Four response choices were offered: ‘agree,’ ‘disagree,’ ‘not sure,’ and ‘not applicable.’ A heatmap color scheme is used to show the level of agreement, and the categories are grouped as follows:

Agree

Disagree/Not Sure

Not Applicable

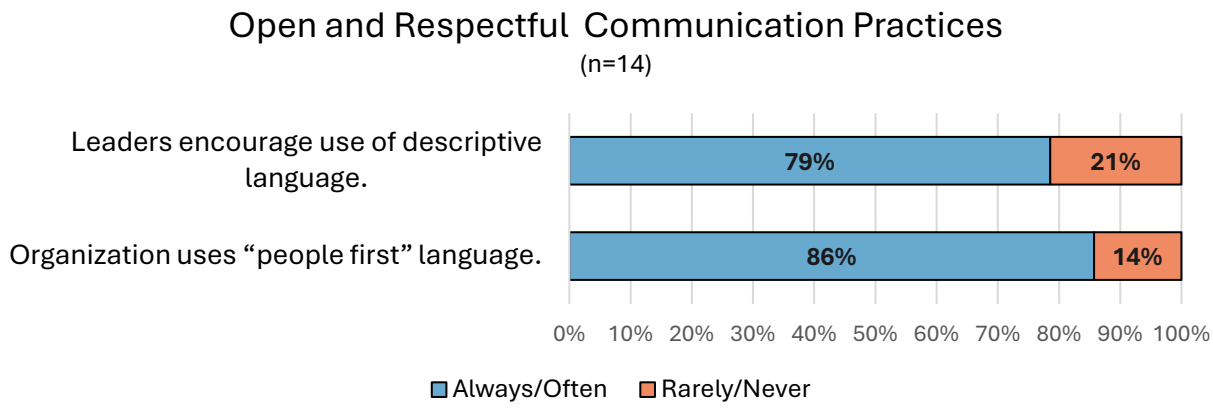
Areas for improvement were identified on a statewide basis if the number of hospitals reporting “agree” was less than 7 (50% of respondents).

Exact Question Wording

The following charts may contain abbreviated phrasing of some questions to fit the content to the space allowed. Please refer to Appendix A. Survey Tool for the exact wording of the questions.

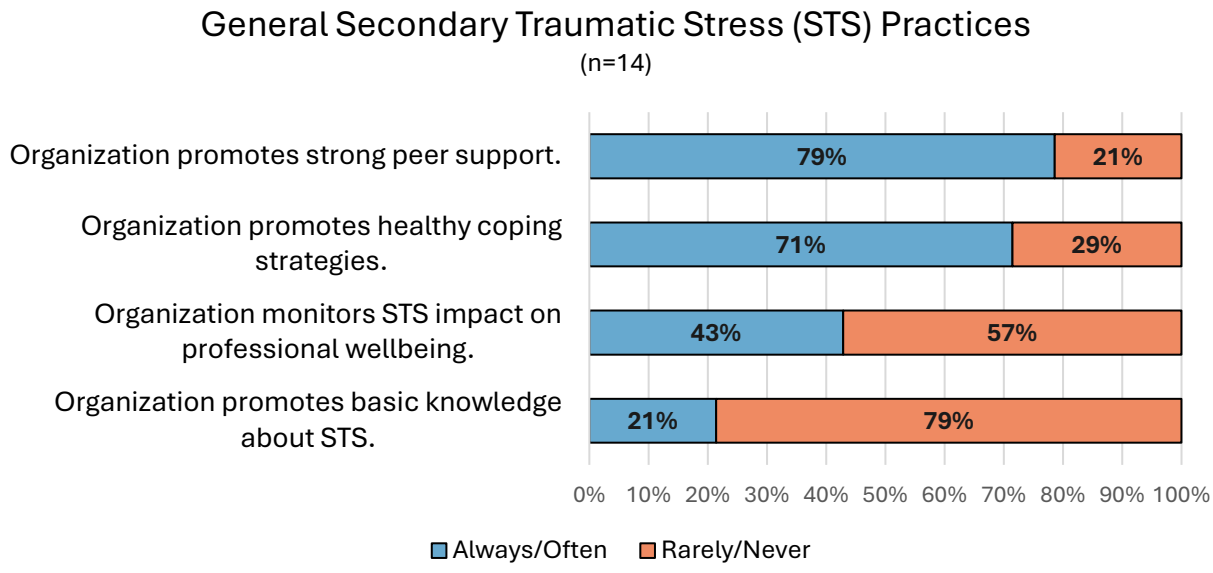
Organizational Assessment Results

Key Area 1. Leadership and Communication



Most hospitals report that their leaders often encourage use of descriptive language rather than characterizing terms to describe consumers (e.g., describing a person as 'having a hard time getting her needs met' rather than 'attention seeking') and that their organization often uses "people first" language rather than labels. "People first" language emphasizes a person before the diagnosis, disease, or disability (e.g., a person with diabetes not a diabetic; a person with a substance use disorder, not an addict).

Key Area 2. Secondary Traumatic Stress



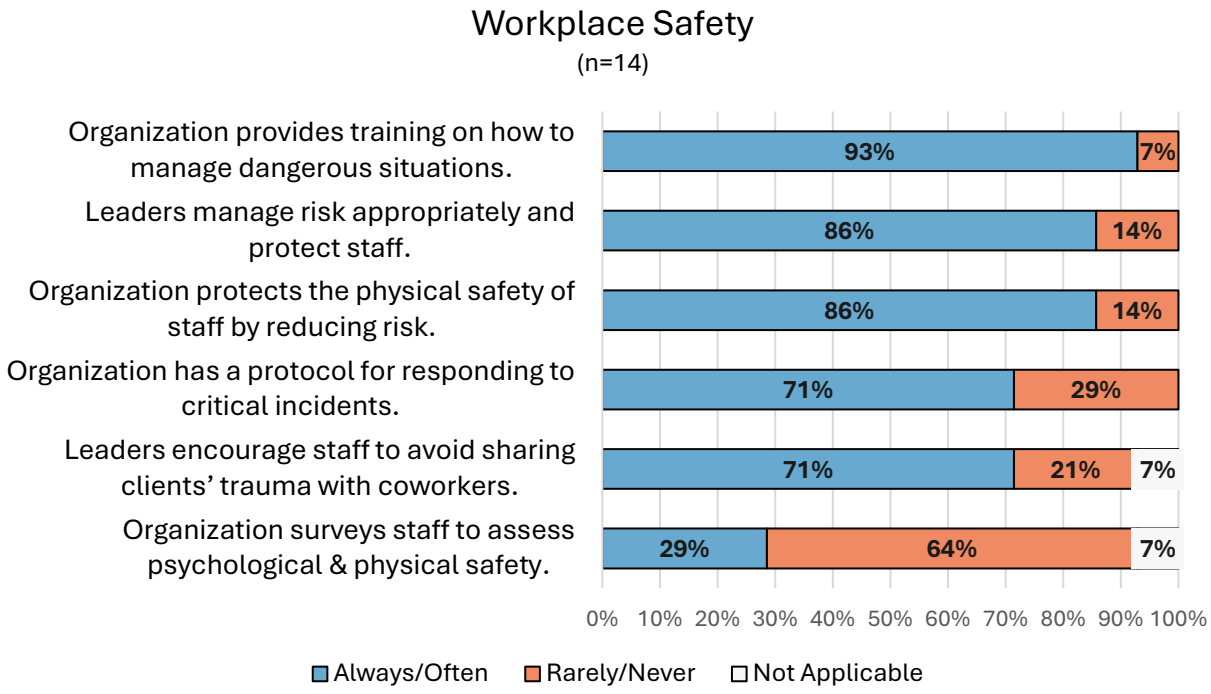
Most hospitals report that their organization often promotes healthy coping strategies to deal with the psychological demands of the job and always/often promotes strong peer support among staff, supervisors, and outside consultants.

Statewide, most hospitals report that their organization rarely/never:

- monitors the impact of STS on professional wellbeing; or
- promotes basic knowledge about STS.

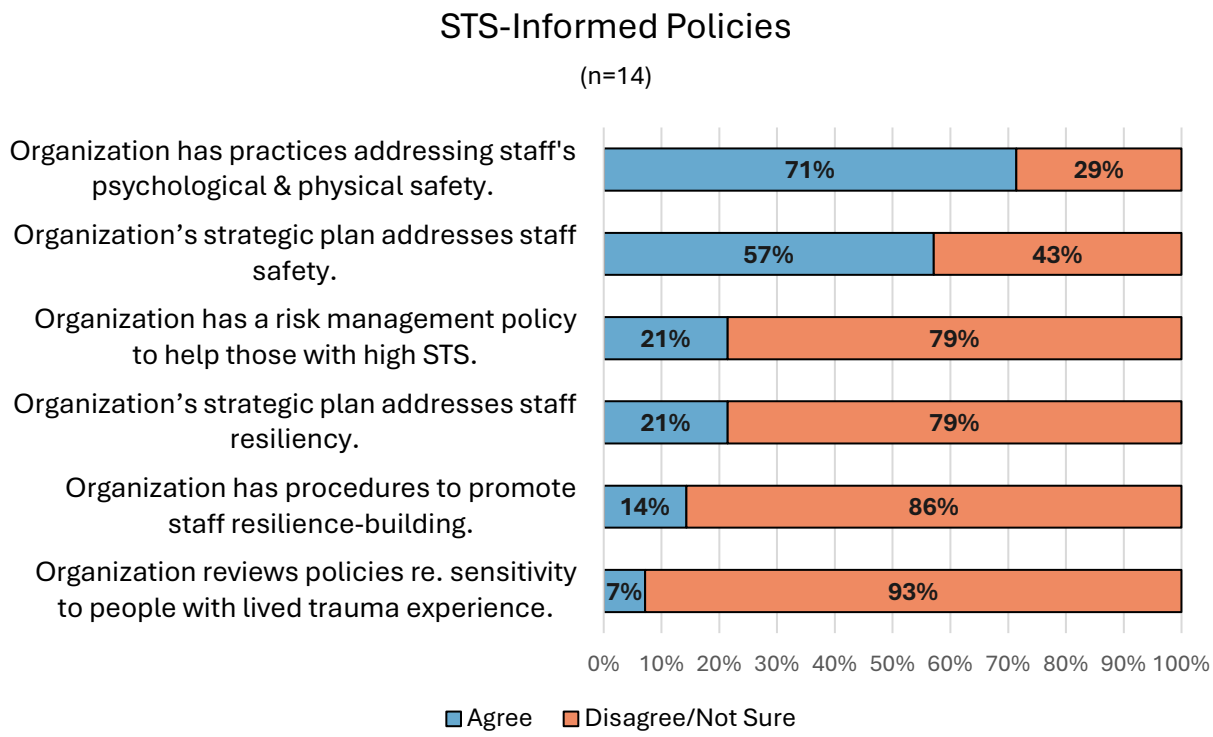
Secondary Traumatic Stress (STS)

The trauma symptoms caused by indirect exposure to traumatic material, transmitted during the process of helping or wanting to help a traumatized person.



Hospitals report high levels of frequency for five of six practices related to workplace safety: 1) having a defined protocol for responding to critical incidents, 2) providing training on how to manage potentially dangerous situations, 3) leaders' managing risk appropriately and protecting staff as much as possible, 4) leaders' encouraging staff to avoid unnecessarily sharing clients' trauma, and 5) using strategies or techniques to reduce risk (e.g., panic buttons, security alarms, multiple staff).

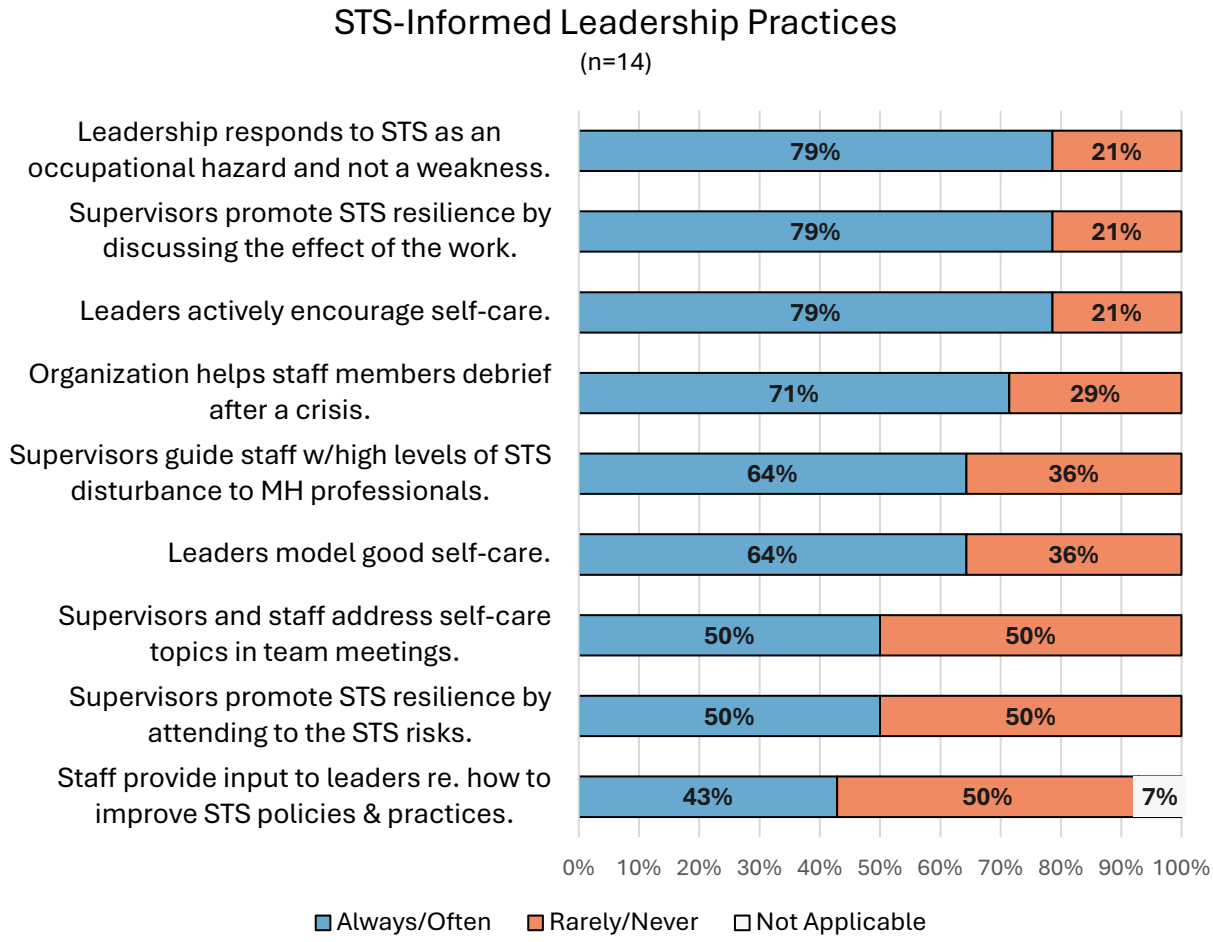
Statewide, fewer than half of the hospitals report that their organization always/often conducts a survey that assesses staff perceptions of psychological and physical safety.



Most hospitals agree that their organization's strategic plan addresses ways to enhance staff safety and their organization has defined practices addressing the psychological and physical safety of staff.

Most hospitals disagree or do not know if their organization:

- reviews its policies on a regular basis to identify whether they are sensitive to the needs of people with lived experience of trauma;
- has a risk management policy in place to provide interventions to those who report high levels of STS;
- addresses ways to enhance staff resiliency in its strategic plan; or
- has defined procedures to promote resilience-building in staff (e.g., self-care workshops).

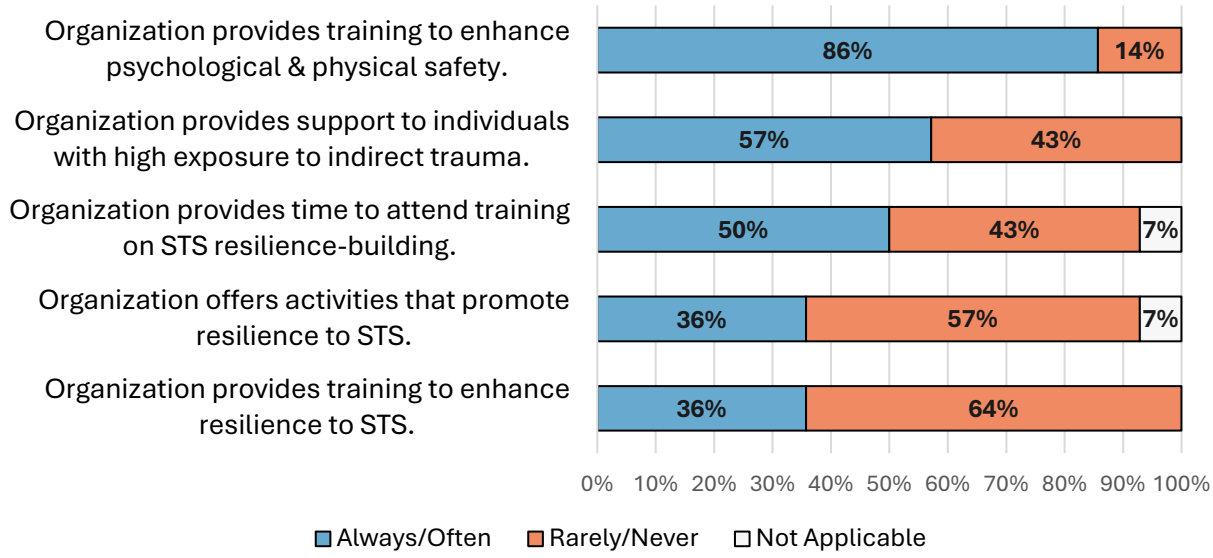


Most hospitals report that their organizations always/often exhibited 8 of 9 STS-informed leadership practices: 1) organization's helping staff members debrief after a crisis, 2) addressing topics related to self-care in team meetings, 3) leadership's responding to STS as an occupational hazard and not a weakness, 4) supervisors' promoting safety and resilience to STS including discussing the effect of the work on the worker, 5) supervisors' guiding staff members experiencing high levels of disturbance from STS to trained mental health professionals, 6) supervisors' routinely attending to the risks and signs of STS, 7) leaders' modeling good self-care, and 8) leaders' actively encouraging self-care.

Most hospitals report that staff members rarely/never provide input to leaders on ways the organization can improve its policies and practices regarding STS.

STS-Informed Organizational Practices

(n=14)



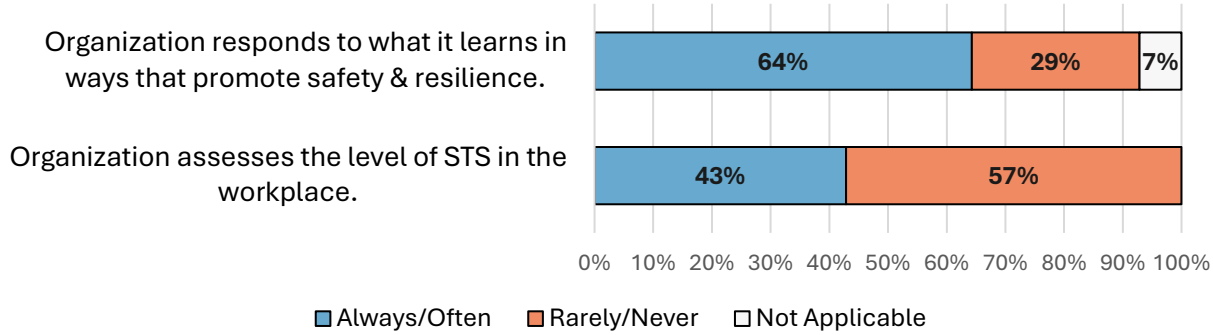
Most hospitals report that their organization always/often provides release time to allow employees to attend training focused on resilience-building or STS management, has regular opportunities to provide team and peer support to individuals with high levels of exposure to indirect trauma, and provides formal training on ways to enhance psychological and physical safety.

On the other hand, most hospitals report that their organization rarely/never:

- provides formal training on enhancing resilience to STS.
- offers activities (besides training) that promote resilience to STS.

Organizational Oversight of STS-Informed Policies & Practices

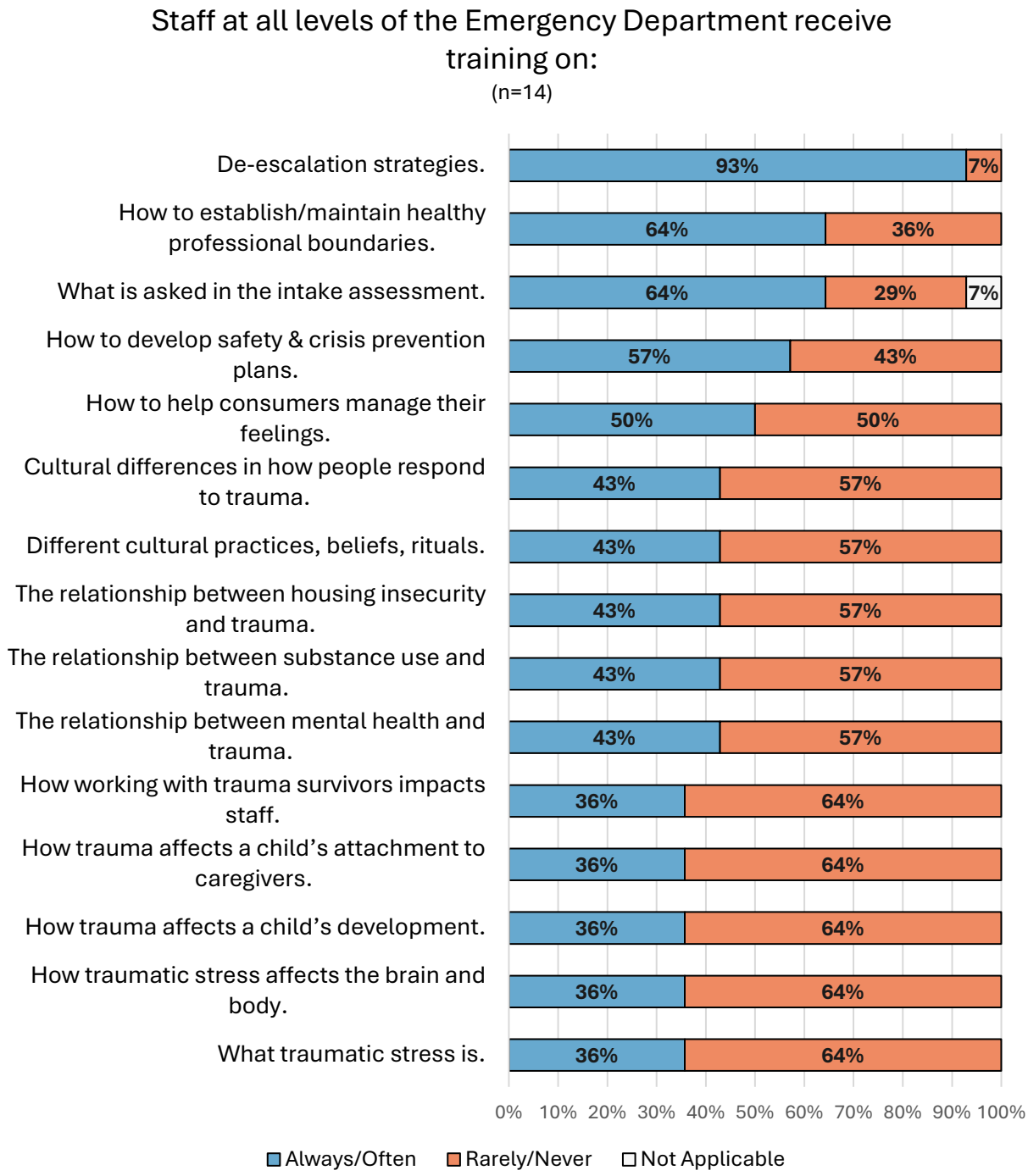
(n=14)



Most hospitals report that their organization always/often responds to what it learns through evaluation, monitoring, and feedback in ways that promote safety and resilience.

Fewer than half of hospitals report that their organization always/often assesses the level of STS in the workplace.

Key Area 3. Trauma Responsive Care Training in the ED

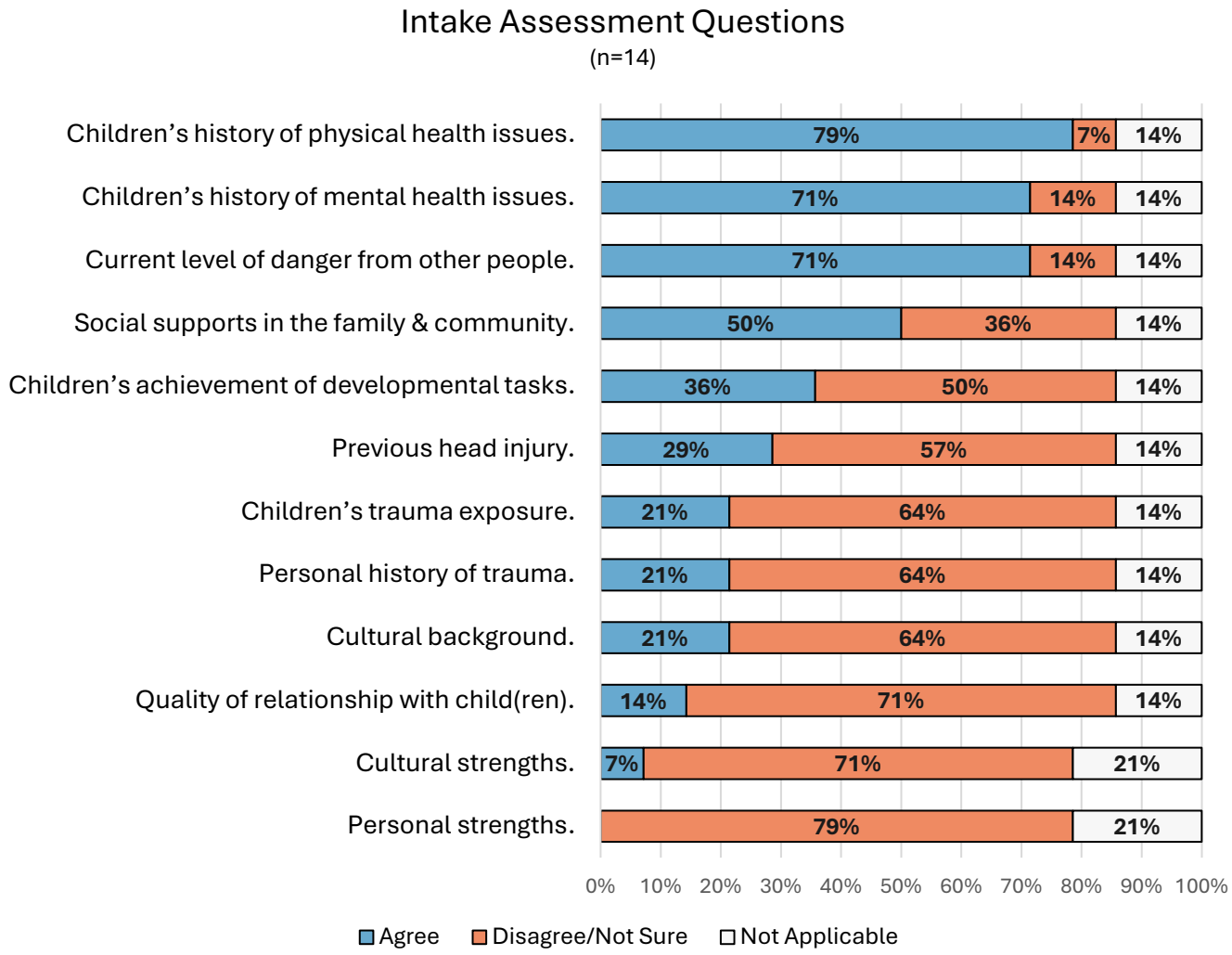


At least half of the hospitals report that staff at all levels of the ED always or often receive training on how to establish and maintain healthy professional boundaries, what is asked in the intake assessment, how to develop safety and crisis prevention plans, de-escalation strategies, and how to help consumers manage their feelings (e.g., helplessness, rage, sadness, terror).

Alternatively, most hospitals report that staff at all levels of the ED rarely or never receive training on:

- how working with trauma survivors impacts staff;
- cultural differences in how people understand and respond to trauma;
- different cultural issues (e.g., different cultural practices, beliefs, rituals);
- how trauma affects a child's attachment to caregivers;
- how trauma affects a child's development;
- the relationship between housing insecurity and trauma;
- the relationship between substance use and trauma;
- the relationship between mental health and trauma;
- how traumatic stress affects the brain and body; or
- what traumatic stress is.

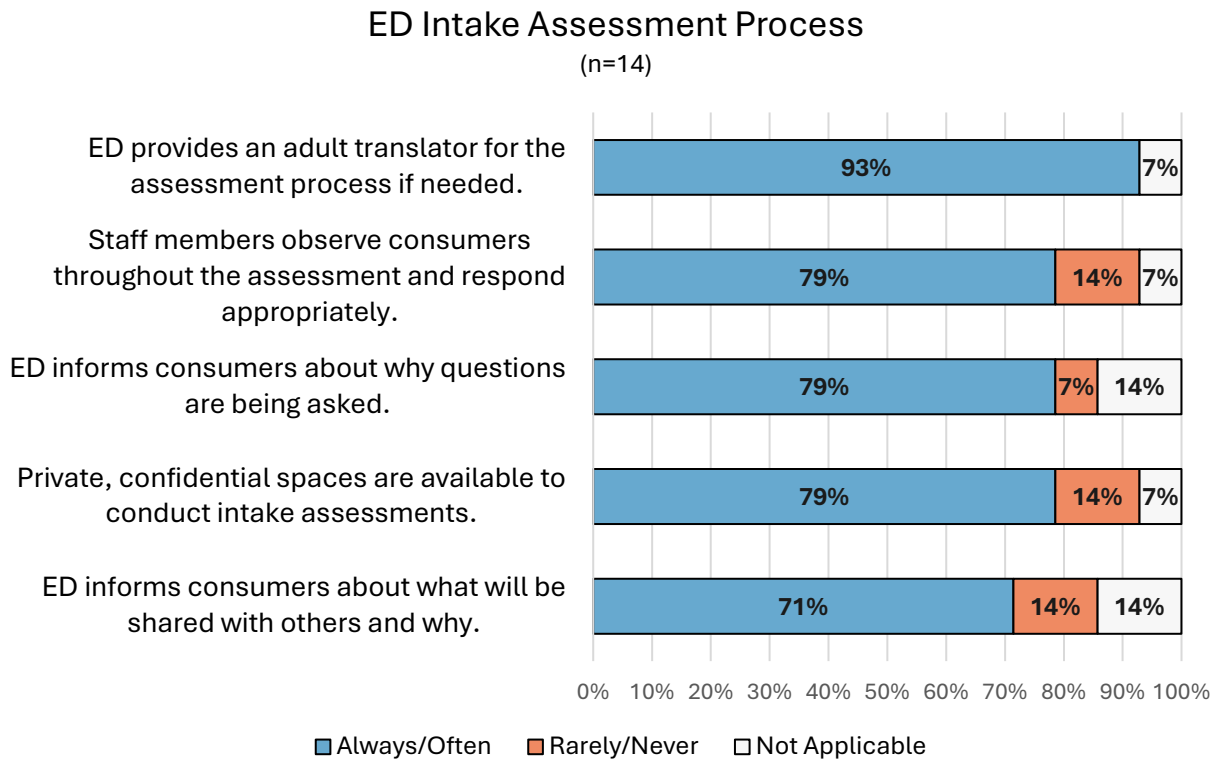
Key Area 4. Intake Assessment



Most hospitals report asking about children's history of mental health issues, children's history of physical health issues, social supports in the family and the community, and current level of danger from other people during their ED intake assessment.

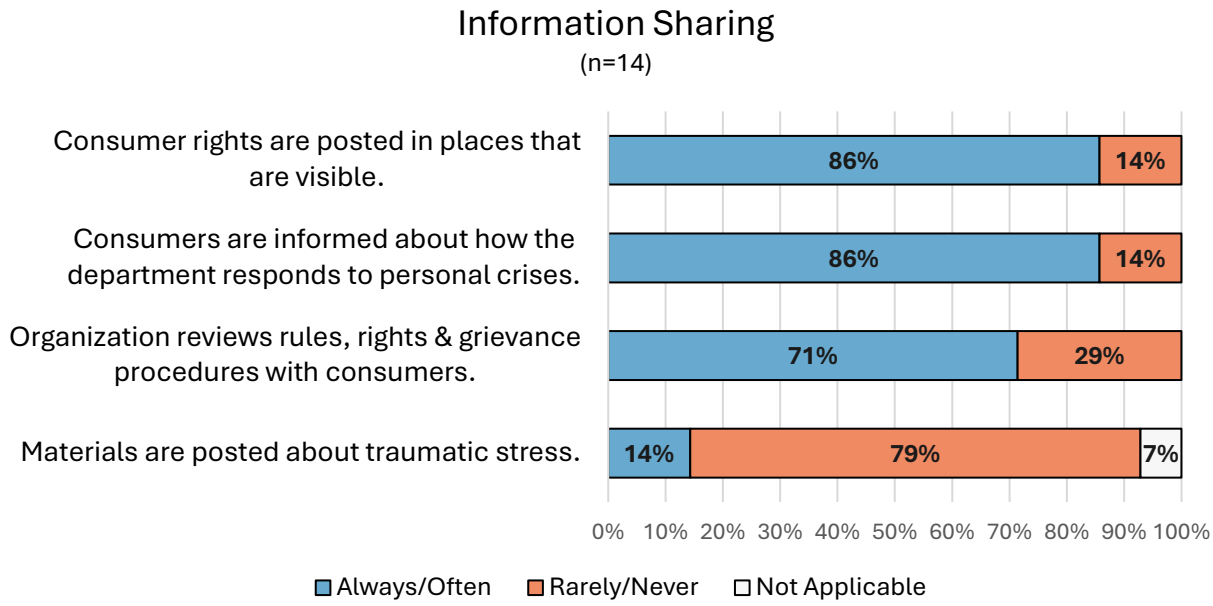
Fewer than half of the hospitals ask about:

- personal strengths;
- cultural background;
- cultural strengths;
- personal history of trauma;
- previous head injury;
- caregiver/child attachment;
- children's achievement of developmental tasks; or
- children's trauma exposure.



Seventy percent or more of hospitals report that the following ED intake assessment processes are always or often happening: private, confidential spaces are available to conduct intake assessments; the ED informs consumers about why questions are being asked, what will be shared with others, and why; staff members observe consumers throughout the assessment process on how they are doing and respond appropriately; and the ED provides an adult translator for the assessment process if needed.

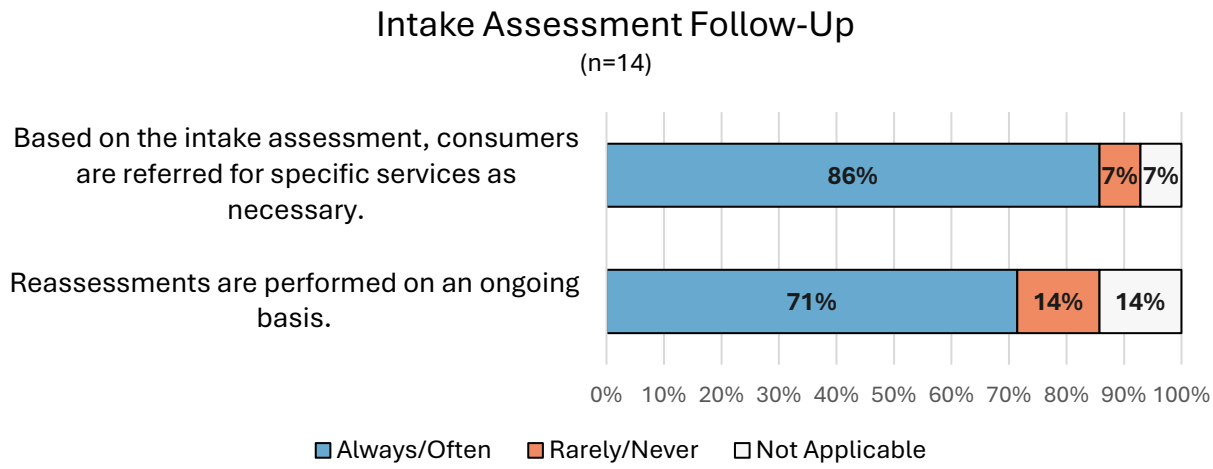
Key Area 5. Involving Consumers in the Treatment Process



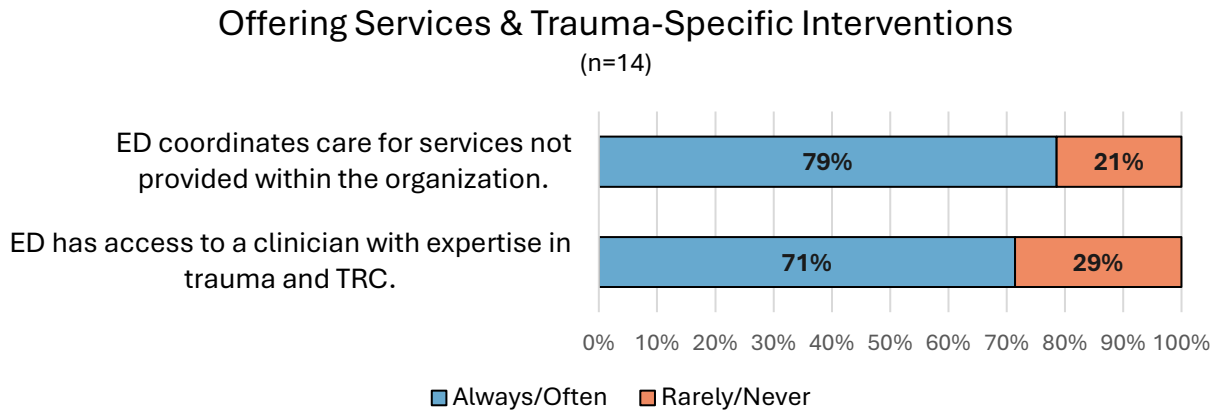
At least 70 percent of hospitals always or often: review rules, rights and grievance procedures with consumers; inform consumers about how the department responds to personal crises; and post consumer rights in places that are visible (e.g., room checks, grievance policies, mandatory reporting rules).

Most hospitals report that they rarely or never post materials about traumatic stress (e.g., what it is, how it impacts people, and available trauma-specific resources).

Key Area 6. Referrals and Partnering Organizations

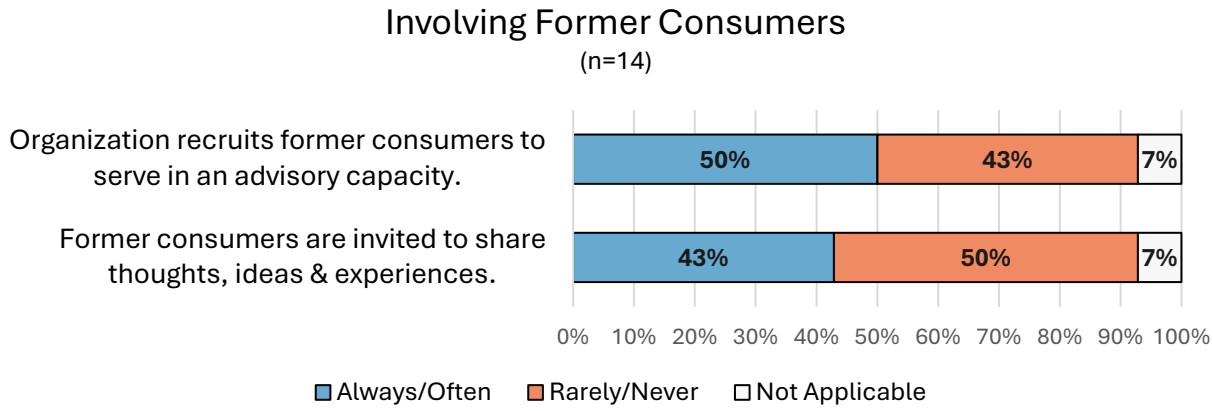


Most hospitals report following up on the intake assessment by referring adults and/or children for specific services as necessary and performing reassessments on an ongoing and consistent basis.



Similarly, the large majority of hospitals offer services and trauma-specific interventions, including opportunities for care coordination for services not provided within the organization and access to a clinician with expertise in trauma and trauma responsive care (on-staff or available for regular consultation).

Key Area 7. Engaging Consumers in Organizational Planning



Half of the hospitals report that they always/often recruit former consumers to serve in an advisory capacity.

Alternatively, fewer than half of the hospitals report that they always/often invite former consumers to share their thoughts, ideas and experiences with the department.

Key Area 8. Additional Comments

Participants were instructed, "Please share any questions or ideas about trauma responsive care in the emergency department setting." The following themes emerged:

- Hospitals would like ongoing access to Trauma Responsive Care training so it may be incorporated into orientation and attended by staff on an ongoing basis.
- Hospitals would like training specific to Secondary Traumatic Stress that can be accessed at the time of a crisis.
- Hospitals would like to learn more about the designated agencies' intake process.
- The trauma assessment in the EHR is rarely used.

Summary & Recommendations

The key areas with the most identified needs are:

- Secondary Traumatic Stress (STS)
- Trauma Responsive Care Training in the ED
- Trauma Screening

Based on statewide survey responses, hospital leaders might consider the following needs and recommendations for quality improvement and strategic planning:

Key Area	**Recommendations**
Secondary Traumatic Stress	Promote basic knowledge about STS.
	Monitor STS impact on professional wellbeing.
	Survey staff to assess psychological & physical safety.
	Review policies re. sensitivity to people with lived trauma experience.
	Establish procedures to promote staff resilience-building.
	Address staff resiliency in strategic plan.
	Establish a risk management policy to help those with high STS.
	Invite staff input re. how to improve STS policies & practices.
	Provide training to enhance resilience to STS.
	Offer activities that promote resilience to STS.
	Assess the level of STS in the workplace.
Trauma Responsive Care Training in the ED	Offer training to all ED staff regarding: • What traumatic stress is. • How traumatic stress affects the brain and body. • How trauma affects a child's development. • How trauma affects a child's attachment to caregivers. • How working with trauma survivors impacts staff. • The relationship between mental health and trauma. • The relationship between substance use and trauma. • The relationship between housing insecurity and trauma. • Different cultural practices, beliefs, rituals. • Cultural differences in how people respond to trauma.

Key Area	Recommendations
Intake Assessment	Consider adding these elements to the ED intake assessment: • Personal strengths. • Cultural strengths. • Quality of relationship with family network. • Previous head injury. • Children's achievement of developmental tasks.
	Use a universal precaution approach, applying safety measures to all patients, assuming everyone may have a history of trauma.
	Avoid trauma screenings that might trigger past historical experiences that aren't presenting for the child in the moment, especially when the ED cannot provide services to support whatever traumatic stress that might trigger.
	Focus on dialogue related to children/youth's experiences of "high stress."
	Avoid using the word 'trauma' except when a child is seen in the ED specifically for a potentially traumatic event (e.g., an assault, a motor vehicle accident) or when a child is presenting with mental health concerns that may be trauma-related (e.g., depression, phobia, suicidality). Consider using the word 'stress' instead. For example, "Are there any life stresses we should know about that could impact you while you are here?"
	Avoid repeating questions of a stressful nature to prevent the possibility of re-traumatization.
Involving Consumers in the Treatment Process	Post materials about traumatic stress in person and on the patient portal.
Engaging Consumers in Organizational Planning	Invite former consumers to share thoughts, ideas & experiences. Consider including consumers in an advisory committee that has established goals and meets periodically.
Additional Comments	Invite designated agency team members to orient ED staff to their intake process.
	Enable asynchronous access to training specific to STS that staff can access at the time of a crisis.
	Offer ongoing access to Trauma Responsive Care training so it may be incorporated into orientation and attended by staff on an ongoing basis.

Appendix A. Survey Tool

Vermont Program for Quality in Health Care, Inc.

DEPARTMENT OF MENTAL HEALTH

Trauma Responsive Care and Hospital Leadership

Introduction

The Vermont Department of Mental Health (DMH) and Vermont Program for Quality in Health Care (VPQHC) have a new collaboration to support hospital leadership in improving trauma responsive care (TRC) in emergency departments (EDs).

We invite you to participate in this organizational assessment to better understand your hospital's strengths and opportunities for improvement related to TRC in the ED. Participation is voluntary.

Several people may be needed to collaborate on the assessment. Please ask one person to coordinate the responses for your hospital.

When thinking about responses, if an activity or policy varies by department, please choose the answer that best describes the ED setting.

This program is supported by the VT DMH Pediatric Mental Health Care Access Expansion Program with funding from the Health Resources and Services Administration (HRSA). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

VPQHC
Vermont Program for Quality in Health Care, Inc.

VERMONT
DEPARTMENT OF MENTAL HEALTH

Trauma Responsive Care and Hospital Leadership

General Information

1. Individual completing this assessment:

First Name	
Last Name	
Position Title	
Organization Name	
Email Address	

2. Please list other individuals, if any, who contributed to this survey.

1.	
2.	
3.	

Trauma Responsive Care and Hospital Leadership

Leadership and Communication

Open and Respectful Communication Practices

How often does your organization perform each activity?

3. The organization uses “people first” language rather than labels (e.g., ‘people who are experiencing addition’ rather than ‘addicts’).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

4. Leaders encourage use of descriptive language rather than characterizing terms to describe consumers (e.g., describing a person as ‘having a hard time getting her needs met’ rather than ‘attention seeking’).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Secondary Traumatic Stress (STS)

Secondary Traumatic Stress (STS) refers to the trauma symptoms caused by indirect exposure to traumatic material, transmitted during the process of helping or wanting to help a traumatized person.

How often does your organization perform each activity?

5. The organization promotes basic knowledge about STS.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

6. The organization monitors the impact of STS on professional wellbeing.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

7. The organization promotes strong peer support among staff, supervisors, and/or outside consultants.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

8. The organization promotes healthy coping strategies to deal with the psychological demands of the job.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Secondary Traumatic Stress (STS)

Workplace Safety

How often does your organization perform each activity?

9. The organization protects the physical safety of staff using strategies or techniques to reduce risk (e.g., panic buttons, security alarms, multiple staff).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

10. Leaders encourage staff to avoid unnecessarily sharing clients' trauma in graphic detail with coworkers.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

11. The organization conducts a survey or forum that assesses staff perceptions of psychological and physical safety.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

12. Leaders manage risk appropriately and protect staff as much as possible from dangerous consumers and/or situations.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

13. The organization provides training on how to manage potentially dangerous situations (e.g., angry consumers).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

14. The organization has a defined protocol for how to respond to staff when critical incidents occur.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Secondary Traumatic Stress (STS)

STS-Informed Policies

Resilience is an individual's ability to adapt to stress and adversity in a healthy manner.

What is your level of agreement with each statement?

15. The organization has defined practices addressing the psychological and physical safety of staff.

◯ Agree ◯ Disagree ◯ Not Sure ◯ Not Applicable

16. The organization has defined procedures to promote resilience-building in staff (e.g., self-care workshops).

◯ Agree ◯ Disagree ◯ Not Sure ◯ Not Applicable

17. The organization’s strategic plan addresses ways to enhance staff resiliency.

◯ Agree ◯ Disagree ◯ Not Sure ◯ Not Applicable

18. The organization’s strategic plan addresses ways to enhance staff safety.

◯ Agree ◯ Disagree ◯ Not Sure ◯ Not Applicable

19. The organization has a risk management policy in place to provide interventions to those who report high levels of STS.

◯ Agree ◯ Disagree ◯ Not Sure ◯ Not Applicable

20. The organization reviews its policies on a regular basis to identify whether they are sensitive to the needs of people with lived experience of trauma.

◯ Agree ◯ Disagree ◯ Not Sure ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Secondary Traumatic Stress (STS)

STS-Informed Leadership Practices

How often does your organization perform each activity?

21. Leaders actively encourage self-care.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

22. Leaders model good self-care.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

23. Staff members provide input to leaders on ways the organization can improve its policies and practices regarding STS.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

24. Supervisors promote safety and resilience to STS by routinely attending to the risks and signs of STS.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

25. Supervisors guide staff members experiencing high levels of disturbance from STS to trained mental health professionals.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

26. Supervisors promote safety and resilience to STS by offering consistent supervision that includes discussion of the effect of the work on the worker.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

27. Leadership responds to STS as an occupational hazard and not a weakness.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

28. Supervisors and staff address topics related to self-care in team meetings (e.g., STS, burn-out, stress-reducing strategies).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

29. The organization helps staff members debrief after a crisis.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Secondary Traumatic Stress (STS)

STS-Informed Organizational Practices

How often does your organization perform each activity?

30. The organization provides formal training on ways to enhance psychological and physical safety.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

31. The organization provides formal training on enhancing resilience to STS.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

32. The organization offers activities (besides training) that promote resilience to STS.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

33. The organization has regular opportunities to provide team and peer support to individuals with high levels of exposure to indirect trauma.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

34. The organization provides release time to allow employees to attend training focused on resilience-building or STS management.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Secondary Traumatic Stress (STS)

Organizational Oversight of STS-Informed Policies and Practices

How often does your organization perform this activity?

35. The organization assesses the level of STS in the workplace.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

36. The organization responds to what it learns through evaluation, monitoring, and feedback in ways that promote safety and resilience.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Trauma Responsive Care (TRC) Training in the ED

How often does your organization perform each activity?

Staff *at all levels* of the Emergency Department receive training on:

37. What traumatic stress is.
◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

38. How traumatic stress affects the brain and body.
◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

39. The relationship between mental health and trauma.
◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

40. The relationship between substance use and trauma.
◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

41. The relationship between housing insecurity and trauma.
◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

42. How trauma affects a child's development.
◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

43. How trauma affects a child's attachment to caregivers.
◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

44. Different cultural issues (e.g., different cultural practices, beliefs, rituals).
◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

45. Cultural differences in how people understand and respond to trauma.
◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

46. How working with trauma survivors impacts staff.
◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

47. How to help consumers manage their feelings (e.g., helplessness, rage, sadness, terror).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

48. De-escalation strategies (i.e., ways to help people to calm down before reaching the point of crisis).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

49. How to develop safety and crisis prevention plans.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

50. What is asked in the intake assessment.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

51. How to establish and maintain healthy professional boundaries.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Trauma Screening

What is your level of agreement with each statement?

The intake assessment includes questions about:

52. Personal strengths.
Agree Disagree Not Sure Not Applicable

53. Cultural background.
Agree Disagree Not Sure Not Applicable

54. Cultural strengths (e.g., world view, role of spirituality, cultural connections).
Agree Disagree Not Sure Not Applicable

55. Social supports in the family and the community.
Agree Disagree Not Sure Not Applicable

56. Current level of danger from other people (e.g., restraining orders, history of domestic violence, threats from others).
Agree Disagree Not Sure Not Applicable

57. Personal history of trauma.
Agree Disagree Not Sure Not Applicable

58. Previous head injury.
Agree Disagree Not Sure Not Applicable

59. Quality of relationship with child or children (i.e., caregiver/child attachment).
Agree Disagree Not Sure Not Applicable

60. Children’s trauma exposure (e.g., neglect, abuse, exposure to violence).
Agree Disagree Not Sure Not Applicable

61. Children’s achievement of developmental tasks.

◯ Agree ◯ Disagree ◯ Not Sure ◯ Not Applicable

62. Children’s history of mental health issues.

◯ Agree ◯ Disagree ◯ Not Sure ◯ Not Applicable

63. Children’s history of physical health issues.

◯ Agree ◯ Disagree ◯ Not Sure ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Trauma Screening

ED Intake Assessment Process

How often does your organization perform each activity?

64. There are private, confidential spaces available to conduct intake assessments.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

65. The ED informs consumers about why questions are being asked.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

66. The ED informs consumers about what will be shared with others and why.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

67. Throughout the assessment process, staff members observe consumers on how they are doing and respond appropriately.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

68. The ED provides an adult translator for the assessment process if needed.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Involving Consumers in the Treatment Process

Information Sharing

How often does your organization perform each activity?

69. The organization reviews rules, rights and grievance procedures with consumers.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

70. Consumers are informed about how the department responds to personal crises (e.g., suicidal statements, violent behavior, and mandatory reports).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

71. Consumer rights are posted in places that are visible (e.g., room checks, grievance policies, mandatory reporting rules).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

72. Materials are posted about traumatic stress (e.g., what it is, how it impacts people, and available trauma-specific resources).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Referrals and Partnering Organizations

Intake Assessment Follow-Up

How often does your organization perform each activity?

73. Based on the intake assessment, adults and/or children are referred for specific services as necessary.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

74. Reassessments are performed on an ongoing and consistent basis.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Referrals and Partnering Organizations

Offering Services and Trauma-Specific Interventions

How often does your organization perform each activity?

75. The ED provides opportunities for care coordination for services not provided within the organization.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

76. The ED has access to a clinician with expertise in trauma and trauma responsive care (on-staff or available for regular consultation).

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Engaging Consumers in Organizational Planning

Involving Former Consumers

How often does your organization perform each activity?

77. The organization recruits former consumers to serve in an advisory capacity.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

78. Former consumers are invited to share their thoughts, ideas and experiences with the department.

◯ Always ◯ Often ◯ Rarely ◯ Never ◯ Not Applicable

Trauma Responsive Care and Hospital Leadership

Additional Comments

TRC Training and Technical Assistance

79. Please share any questions or ideas about trauma responsive care in the emergency department setting.