

# TSNNotes

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## ATS & Hanger

### Partnering to Support Trauma Survivors

By Ian Weston, ATS Executive Director

Over the past five decades, the care of trauma patients has been revolutionized by improvements in surgery and the growth of comprehensive trauma systems. These advances have resulted in dramatic reductions in trauma-related mortality and morbidity.

Despite these improvements, long term outcomes for many trauma patients are still not optimal. Research has found that poor outcomes are not solely related to the physical injury. Rather, they are also tied to the emotional responses to the trauma and the lack of support available to patients and families.

The encouraging news is that research on the recovery process and the psychology of injury and disability strongly suggests that we can improve post-trauma outcomes by providing support programs to patients and their families, helping them to connect with other patients and teaching them the skills to self-manage the day-to-day challenges of recovery.

It was for this that the Trauma Survivors Network (TSN) was developed by the American Trauma Society (ATS) to help trauma centers provide the support and services patients and their families need for their recovery.

In an effort to expand opportunities to improve

the lives of patients through their care and recovery, a partnership has grown between the ATS and Hanger, the world's premier provider of orthotic and prosthetic (O&P) services and products. As one of the largest rehabilitative product and service organizations in the world, Hanger provides a variety of services and support for patients who have sustained an amputation. The Hanger AMPower Peer Support network consists of a nationwide group of trained peer mentors who have successfully recovered and rehabilitated following an amputation.

Both organizations strive to enhance human physical and emotional capabilities. Through a strategic partnership, opportunities can grow to expand initial and continued training resources and tools available to TSN centers and patients, especially those with limited mobility or limb-loss. This support will allow for better implementation and continued training of TSN coordinators, opportunities to offer resources for and facilitate peer-to-peer patient engagement, family classes and other patient support services.

We are excited to be able to grow the support and opportunities available to these patients and their families and look forward to continue helping trauma centers and providers save lives and health those affected by traumatic injuries.



Dear Reader,

Welcome to the Fall Edition of TSNNotes, a newsletter of the American Trauma Society's Trauma Survivors Network. As the National TSN Coordinator, I am pleased to continue to report that the TSN grows in both strength and numbers.

In this edition we announce our new partnership with Hanger Orthotics and Prosthetics. We will also interview a TSN Coordinator about her highly successful family support class along with a survivor from the University of Virginia who is now helping to implement the TSN.

Please enjoy this edition of TSNNotes, and remember, feedback and questions are always welcome!

**Elizabeth Wysocki, MS**  
**National TSN Coordinator**

## An Interview with Danielle Drye, EDS/MA, LPCA, LCASA, NCC

### TSN Coordinator at Wake Forest Baptist Health

#### How did you plan and implement family class at Wake Forest?

Family class was a natural start for what would later become the full TSN program at Wake Forest Baptist Health. Planning for the family class, which we now call “Snack and Chats,” began early in 2012 when it was identified by a committee of individuals that families of our admitted trauma patients had their own separate support needs which were not consistently being met. A smaller committee of 3 individuals, 2 counselors (one of them myself) and a nurse, took on the planning and implementation of a weekly group, which could better serve families in the inpatient hospital setting. We started our planning by seeing what already existed within the hospital walls and what we could use as a model in the trauma setting. We found that several units were already offering outreach to families by way of a “Coffee Hour,” on a weekly basis and that this model was proving very successful on those units. After meeting with the individuals running the groups already in place, we got lots of great information and were able to learn from their experience. We modified their model to fit the trauma setting and decided the best way to get the group started was to pick a date and

start! Once we picked a date, we focused on logistics. We reserved a small conference room close to the TICU to hold the group in each week. We found it important to give families the choice to attend group rather than holding the group in the waiting area. A lesson learned before we began: coffee is important to draw people to the group! Luckily, we had a whole coffee setup in our TICU that we easily use during group time. We decided that in addition to coffee, it would be a kind gesture to offer some type of snacks during the group time (hence, the group name) and finding funding for this was not easy.

We made a donation of \$20 from one of

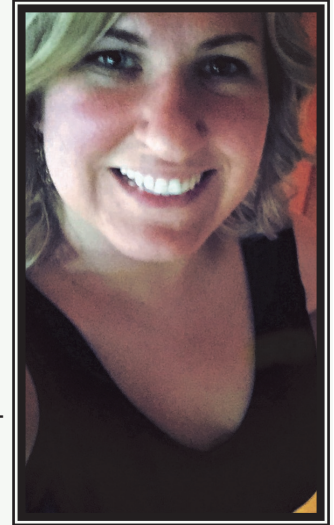
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***“Finding advocates within the nursing staff has also been crucial for the success of the group.”***

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our surgeons last for months. There were many weeks where the sweet nurse who was helping with planning, would bake something at home the night before a group. We were all dedicated to making it work! As the group grew and

its success grew, which could be backed up by data we tracked along the way, we sought financial support from the department and through extramural sources.



#### Tell us about how the trauma team supports your snack and chat.

We get, and have always gotten a lot of support from the team for the snack and chats. These days, the group is such an integrated part of the trauma service, the group practically runs itself! When we started, there was a more concerted effort on the part of the group facilitators to make family and staff aware. I found that having a surgeon champion at the very beginning was immensely helpful to ensure the group lasted. Finding advocates within the nursing staff has also been crucial for the success of the group.

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**How has the family class evolved over the years and what are your plans for the future?**

The family class/Snack and Chat has had many variations over the years. At initial implementation, we used the combination of myself (a counselor) and a chaplain to run the very informal, yet still slightly “clinical” side of the group, with nurse help for set up and clean up. That combination was a perfect place to start. As staff rotated out, and implementation of more TSN services took place, the group shifted to use a rotation of counselors and a social worker to help with set up. Once TSN services were fully implemented, and I came on full-time as the TSN-C, I transitioned the group once again to the combination of myself and a survivor/peer visitor to provide support. All combinations worked well for us since the focus has always been on providing families and loved ones with the support that they need. After full implementation of TSN services, we were able to hold one group on our ICU floor, followed by another group on the trauma floor each week. The group, through all its revisions, has remained strong, successful and has served a lot of individuals over the years. We have recently been able to add a second weekly group on our ICU floor which has already as successful as the first. As for the future, the sky's the limit!

# Welcome New TSN Centers

Proudly, we welcome the following Trauma Centers to the team of centers offering the TSN to patients and families. You can connect with these TSN centers in the Trauma Centers section of the TSN websites. You can find out more about the programs offered and ways to get involved.

**Harborview Medical Center– Seattle WA**

**Medical University of South Carolina– Charleston, VA**

**Memorial Hermann The Woodlands Hospital, The Woodlands, TX**

**Staten Island University Hospital, Staten Island, NY**

**Washington Hospital Center, Washington D.C.**

**Parkview Pediatric Trauma Center, Fort Wayne, IN**

**University Medical Center Brackenridge, Austin TX**

**IU Health Methodist Hospital, Indianapolis, IN**

**Robert Wood Johnson University Hospital, New Brunswick, NJ**

## JOIN THE TSN

Interested in establishing a TSN Chapter in your Trauma Center? Join the TSN and become one of a growing number of hospitals around the country that are setting the standard for trauma care in the future! By becoming a TSN facility, your center will be on the leading edge of trauma care and stand out from competing facilities. We look forward to working to continue helping trauma centers and providers save lives and help those affected by traumatic injuries.

Contact the ATS at 800-556-7890 or [admin@traumasurvivorsnetwork.org](mailto:admin@traumasurvivorsnetwork.org)



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# Survivor's Corner

## TRAUMA SURVIVOR PATTY GRIMM TALKS ABOUT HER TRAUMA AND THE LESSONS SHE HAS LEARNED

On May 9, 2011 my work day started out as most days with a meeting at a local coffee shop with a few co-workers then the drive to my first doctor's office. Having been a medical sales representative for almost 13 years in Central Virginia I was accustomed to long hours of driving on curvy two lanes roads to travel from town to town and conduct sales calls with physicians. On this day I was headed north on Route 20 to the little town of Orange, VA. It was a beautiful spring day and I was still reeling from spending a wonderful Mother's Day the day before with my husband, Chris and son, Beck.

It all happened so fast. Within the next 3 seconds I saw a car driving southbound roll off the side of the road. My first thought was he is going to over compensate and come back and hit me. I looked to the right, but there was no shoulder. I looked to the left and remember saying "no" right before he hit me head on. As I took the impact I remember preparing to die and not being afraid. Then the crash was over and I opened my eyes and saw white. At that moment I really thought I'm dead. Then the air bag deflated and I was sitting in the middle of the mangled wreckage of my once 2011 Chevy Malibu with the dashboard in my lap. My legs had been crushed.



I spent 11 days in the UVA Medical Center. During that time I was put under 3 times for surgeries to start the slow arduous process of rebuilding my legs. I was discharged to UVA Health South for Rehabilitation for two weeks. Once there I started to process what had happened to me. I could not even imagine what life would be like moving forward. I just focused on getting by one day at a time. My son was graduating from high school the first week of June and I was determined to go. I asked my therapist what I need to do to get out of here. They set goals for me; I quickly met them and was able to be discharged before my son graduated. Two and half years after the crash Dr. Weiss released me to return to a light duty full-time job. I was partially permanently disabled and could not return to my previous career in medical sales and started looking for a new job in Charlottesville. After applying for 136 jobs I landed a position at the UVA Medical Center as a Patient Relations Representative in August of 2014.

I am also excited to be working with J. Forrest Calland, MD, the Chief of Trauma at UVA in starting the TSN. A year after the crash I found myself alone and lost as a survivor of a traumatic car crash. I searched the internet for any local support groups for PTSD and trauma survivors. There was nothing local in Charlottesville so I joined the TSN and utilized the online services. I truly believe participating in the TSN helped improve the outcome of my recovery. TSN would offer trauma patients and their family members an unmet need in the medical center and community.

I focus on what I can do, and not what I lost. To this day I continue to work to recover mentally and physically. I was and still am also blessed to have amazing support from my family and friends. Without them I would not have made it this far. What I want other trauma survivors to know: "Never Quit"; don't be afraid to ask for help; this journey is a marathon, not a sprint; it's possible to recover and live a happy and productive life; sometimes you have to go through something horrible before you get to a better place; and I am not the person I was before the crash, I'm better.



Read Patty's full story and find out more about the TSN program at the University of Virginia Medical Center on [www.traumasurvivorsnetwork.org](http://www.traumasurvivorsnetwork.org)