



Northeast Health Wangaratta

TRAAM program



Origins

- **Clearly a need area**
- **Lack of available models that were cost effective for us**
- **In-house experience/expertise**
- **Program design to meet our needs**



Issues Identified

- **Lack of reporting (anecdotal vs. Paper)**
- **Lack of awareness**
- **Growing liability/OHS risk**
- **No/limited organisational capacity to respond**



Development

- Executive and Security working party
- Exploration of other models
- Community/regional consultation



Local program development



Our Model

- **Emphasis on communication and defusing**
- **Early recognition and intervention**
- **Tiered training according to level of risk**



A lot of this





Some of this





Currently

- We have trained approximately 100 NHW staff from a wide cross section of professional and other disciplines
- main focus on inpatient psychiatry to date
- Developing other modules to suit specialty groups eg aged care, ED and psychiatry
- Planning to progress to a competency based program for skill maintenance



Future

- **Negotiating with external agencies to assist with training for their staff (revenue to support our program)**
- **VWA project partnership with Melbourne Health to establish a best practice model for training in a health care environment**
- **Longer term roll out to all staff at NHW**
- **Develop a consistent response team across our organisation**
- **Train the trainer to increase resources and sustainability**