

Simple Strategies Stand-Up

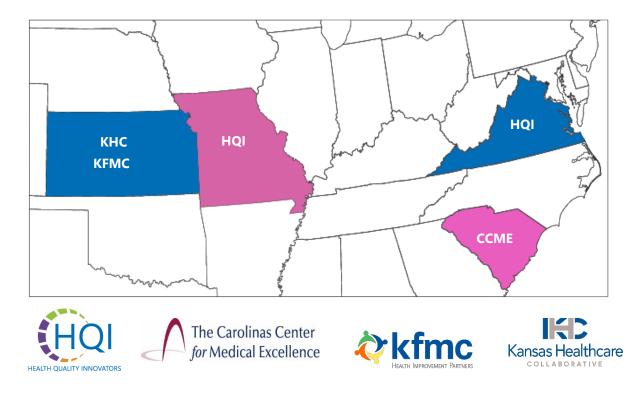
Trauma-Informed Care – Part 3







Health Quality Innovation Network







To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking Audio Settings.

You have been automatically muted with video turned off.



Your Team





Allison Spangler, BSN, RN, RAC-CT,QCP Quality Improvement Advisor



Gigi Amateau, MS, PhD Assistant Professor, Virginia Commonwealth University, Dept. of Gerontology



Mary Locklin, MSN, RN, CIC Senior Quality Improvement Advisor-Infection Prevention



Laura Finch, MS, GNP, RN HQIN Consultant



April Faulkner Communications Specialist





Goals for this Series:

- Assist attendees in gaining knowledge related to updates associated with COVID-19 vaccines and boosters
- Assist attendees in meeting CMS regulatory expectations



Learning Objectives

- Review the six principles of traumainformed care
- Introduce a trauma-informed
 practice level framework
- Share organizational best practices





Quality Improvement



Review: Why Now?

- CMS Phase 3 regulations
- Extension of person-centered care
- Employee well-being = intent to stay
- Recovery, healing and growth as we enter a different phase of COVID-19





Review: Trauma-Informed Care

- Quality Improvement Organizations Sharing Knowledge. Improving Health Care. CENTERS FOR MEDICARE & MEDICAID SERVICES
- A program, organization or system that is trauma-informed:
- **Realizes** the widespread impact of trauma and understands potential recovery paths
- **Recognizes** the signs and symptoms of trauma in clients, families, staff and others
- **Responds** by integrating knowledge about trauma into policies, procedures, practices
- Actively Resists Re-traumatization









SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach



Review: Principles of Trauma-Informed Approaches





CDC, Fallot & Harris, 2008; SAMHSA, 2014



Trauma-Informed Practice Level: All Team Members

Best Practice: Scottish National Trauma Training Framework: Knowledge & Skill Levels





Scottish National Trauma Training Framework: Knowledge & Skill Levels

- Trauma-informed: all team members
- **Trauma-skilled:** team members with direct, frequent contact with people who may have experienced trauma
- **Trauma-enhanced:** team members with direct, frequent contact and responsibility for advocacy, support or psychological intervention
- **Trauma-specialist:** team members with responsibility for evidencebased intervention and treatment for people affected by trauma with complex needs





Understanding Trauma: All Team Members

Definition and types of traumagenic experiences

Prevalence of trauma and adversity Health, mental health, social and relationship implications

Why trauma is "everybody's business"

Understanding trauma reactions



A strengths-based approach

Person-centered thinking tool

People tell their own story

Engages people in thinking and planning for the future

Will change over time



Personcentered profile or comfort card

TLCPCT; Fallot & Harris

- WHAT IS IMPORTANT TO GIGI -

- Time for spiritual devotion
- Being with my family and having pictures of my family around me
- Laughing and thinking with friends
- Time outdoors with trees, birds, my dog, and my mom
- Taking a shower every morning
- Having tea and quiet in the afternoons
- Daily yoga practice
- Learning new things

Gigi's 1 page profile

- SUPPORTS GIGI NEEDS TO BE HAPPY, HEALTHY, AND SAFE -

- Flexible schedule with free time, too
- Space and time to figure things out
- A large selection of books within reach
- A plan for healthy, tasty meals
- · Not to get overbooked
- Hearing aids and glasses!
- A journal to write in and Ticonderoga #2 pencils

• Epsom salt bath when stressed or sick

- Talking with my Aunt Mary
- Walking outside

Serene

Curious

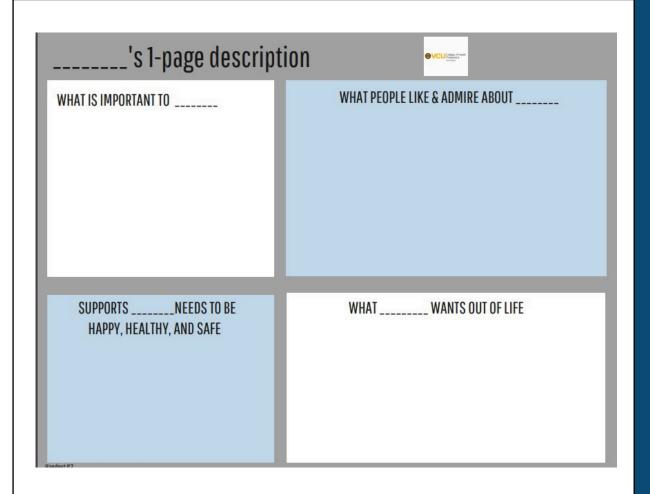
- Check in w/me when I check out
- To know everything will be okay
- To not be blindsided
- A good night's sleep

-WHAT PEOPLE LIKE & ADMIRE ABOUT GIGI -

- Thoughtful
 Generous
- Creative
 Funny
- Genuine
 Enthusiastic
 - Asks good questions!
 - Writes books for kids!



You will show me The path of life, in Your presence is Fullness of Joy Psalm 16:11



YOUR TURN



Best Practice: Trauma-Informed Change Team

Consists of a group of people who have the desire to assist the community in becoming trauma-informed

Includes at least one member who is in a position to make changes Represents a variety of roles and disciplines: administration, direct care, nutrition, HR, family or resident council

Undertakes organizational selfassessment

Reviews self-assessment results

Identifies and prioritizes strategies for change





Trauma-Informed Implementation Areas

A Competent Workforce

- Trained to their role requirements
- Screening, assessment and care planning integrate trauma and resilience

Organizational Supports

- Policy
- Physical environment
- Cross-sector collaboration
- Social inclusion and belonging
- Financial sustainability
- Monitoring and quality assurance
- Outcomes evaluation

Effective Leadership

 Leaders support a trauma-informed vision and implementation



Best Practice: Organizational Self-Assessment Domains

- Governance & Leadership
- Policy
- Physical Environment
- Engagement & Involvement
- Cross Sector Collaboration
- Screening, Assessment, Treatment Services
- Training & Workforce Development
- Progress Monitoring & Quality Assurance
- Financing
- Evaluation



SAMHSA, 2014



Quality Improvement Organizations



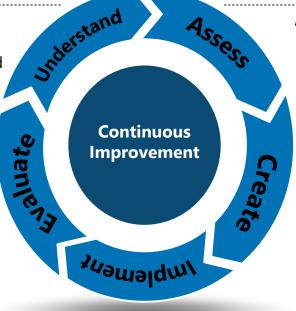
Trauma-Informed Care is a Process, Not a Destination

Understand trauma and resilience in your facility

 Establish a TICT with broad representation, including lived experience

Evaluate the outcomes

- Monitor changes, seek input from residents, family and staff
- Incorporate surveyor guidelines into training and monitoring



Assess your facility through a person-centered, trauma-informed lens

 ✓ Use an organizational selfassessment tool compatible with SAMHSA's guidance

Create a plan for change

 Prioritize strategies that build upon current foundation

Implement your plan

✓ Begin with 101 trauma-informed practice level training for all team members





Trauma-Informed Approaches Extend to Direct Care Staff

SAMHSA TI Guidelines

- Safety for staff
- Trust among staff
- Organizational power differences
- Empowered staff and clients
- Staff well-being and self-care

Sanctuary Model (Bloom)

- Organizational power differentials may reenact historical racial and economic power differentials
- Frontline staff may feel expendable, vulnerable and dismissed – devalued
- Organizational power structure: staff value is tied to ability to control "inappropriate" behavior



In Summary

Translating knowledge into practice

Ensuring evidence-based and best practice

Holding a lifespan perspective

Working towards a shared vision

Learning from people with lived experience

Recovery-focussed and rights-based responses

Relationships matter

Trauma informed principles and values

Trauma is everybody's business



Quality Improvement Organizations

aring Knowledge. Improving Health Care



Virtual Trauma-Informed Toolkit for Nursing Facilities

Contact:

Gigi Amateau, PhD

Assistant Professor, VCU Gerontology

amateaugg@vcu.edu

804.828.1565





Questions? Comments? Share With Colleagues What is Working or What is Difficult for Your Team!

u Raise Hand

Raise your hand to ask a question



Or you may type a question by clicking the **Q&A** icon

Don't hesitate to ask a question at any time during the presentation of the remaining slides



Resources

- <u>Trauma-Informed Care | AHRQ</u>
- <u>SAMHSA's National Center for Trauma-Informed Care -</u> <u>Trauma-Informed Care Implementation Resource Center</u>
- <u>Tools for Transformation: Becoming Accessible, Culturally</u> <u>Responsive, and Trauma-Informed Organizations | National</u> <u>Center on Domestic Violence, Trauma & Mental Health</u>
- <u>How to Integrate Trauma-Informed Care into Nursing Homes</u>
 <u>Scholars Strategy Network</u>
- <u>Appendix PP Guidance to Surveyors for Long Term Care</u> <u>Facilities | CMS</u>



Quality Improvement

Resources, continued

- Workplace Vaccination Program | CDC
- <u>Clinical Care Considerations for COVID-19 Vaccination | CDC</u>
- Entrance Conference Worksheet for COVID vaccine | LeadingAge MN
- <u>CMS-20054 Infection Prevention Control and Immunizations | CMS</u>
- <u>Interim Final Rule COVID-19 Vaccine Immunization</u> <u>Requirements for Residents and Staff (QSO-21-19-NH) | CMS</u>
- Interim Final Rule (IFC), CMS-3401-IFC, Additional Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency related to Long-Term Care (LTC) Facility Testing Requirements (QSO-20-38 NH REVISED) CMS



Quality Improvement



Resources, continued

- Nursing Home Visitation COVID-19 (REVISED) (QSO-20-39-NH) | CMS
- Long-Term Care and Skilled Nursing Facility Attachment A (QSO-22-07 ALL) | CMS
- Long Term Care Survey Process (LTCSP) Procedure Guide | CMS
- <u>Nursing Home COVID-19 Vaccination Booster Action Plan and</u> <u>Resources | HQIN</u>
- <u>Vaccine Clinic Administration Process Guide | HQIN</u>
- <u>SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed</u> <u>Approach</u>
- You Do Not Have to Cope Alone. Access Resources for Frontline
 Worker Mental Health | HQIN
- <u>Identifying and Providing Person-Centered Strategies for Residents</u> with Depression, Anxiety, or Cognitive Decline | HQIN



Quality Improvement Organizations



Next Session: Normalizing All Things COVID-19

Tuesday, February 14, 2023 2:00 p.m. EST | 1:00 p.m. CST







FOR MORE INFORMATION

Call 877.731.4746 or visit <u>www.hqin.org</u> LTC@hqin.solutions

Kansas

Brenda Groves Quality Improvement Advisor bgroves@kfmc.org 785.271.4150

Virginia and Missouri Allison Spangler Quality Improvement Advisor aspangler@hqi.solutions 804.289.5342

Virginia Mary Locklin Quality Improvement Advisor-Infection Prevention <u>mlocklin@hqi.solutions</u> 804.287.6210

South Carolina Kristine Williamson Quality Specialist kwilliamson@thecarolinascenter.org 919.461.5525



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To all essential care giving teams supporting residents and families,

Thank you for attending

