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Part II: Trauma Informed Care

Speakers:

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Faculty Disclosure

- We have no financial relationships to disclose
- We have no conflicts of interests to disclose
- We will not promote any commercial products or services

Obtaining NAB Hours

- Today's course is certified for 1.5 hours with NAB
- To earn hours participants must complete the survey and attestation within 5 business days of the course.
  - https://forms.office.com/Pages/ResponsePage.aspx?id=64XQTEwNW0y5MUgnids_UiKqi26OLT9BgJf-FGDcdp1UMVlKVzFWTVdGTTdFN1dNT1E4QVQ2TlYxUi4u
- Hours will be submitted to NAB after completion of survey and time in course are verified within 5 business days.
- Program Approval Code: 20230222-1.50-A81758-DL

Requirements for Successful Completion

- 1.5 contact hours will be awarded for this continuing professional development activity and administrator activity (NAB via BRR)
- Criteria for successful completion includes attendance for at least 80% of the entire event. Partial credit may not be awarded
- Approval of this continuing education activity does not imply endorsement by AAPACN or ANCC (American Nurses Credential Center) of any commercial products or services

American Association of Post-Acute Care Nursing (AAPACN) is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation

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What is DATA SPEAKS?

- A collaborative learning series between AAPACN, ACHCA, and Broad River Rehab.
- **Course 1:** CMS Claims Data 101: COVID-19 Long Haul Complexities and Impacts.
- **Course 2:** Trauma Informed Care
- **Course 3:** Social Determinants of Health
- **Course 4:** Demonstrating Community Value

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Agenda

- Overview of the CMS Quality Strategy
- Trauma Informed Care Defined
- Trauma Informed Care Approach
- A Real World Example.

Learning Outcomes

After participating in this webinar, learners will be able to:

- Define trauma-informed care
- Explain the IDTs role in identifying resident specific trauma
- Understand how pathways development is related to resident specific trauma information
- Describe individual IDT members role in specific trauma-informed care pathway implementations


I am not what happened to me, I am what I choose to become.
Carl Gustav Jung

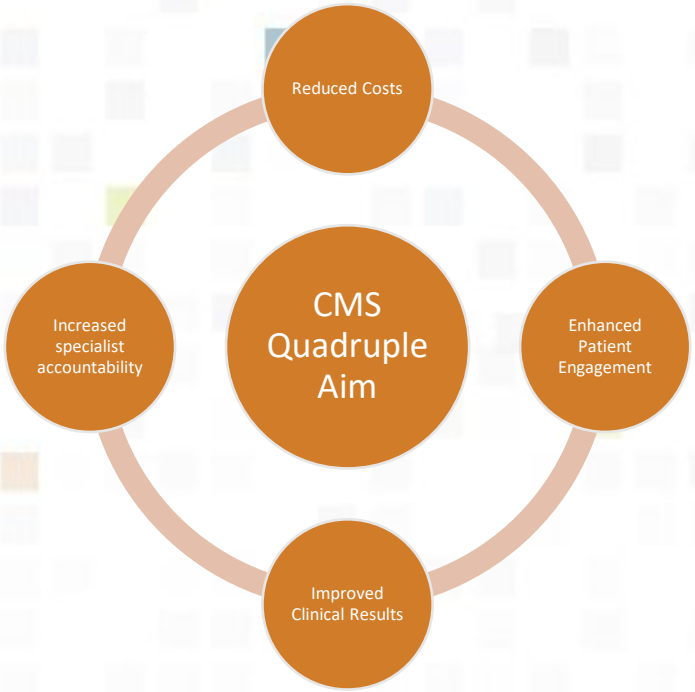
CMS Quality Strategy

Better Care: Improve the overall quality of care by making health care more person-centered, reliable, accessible, and safe.

Smarter Spending: Reduce the cost of quality health care for individuals, families, employers, government, and communities.

Healthier People, Healthier Communities: Improve the health of Americans by supporting proven interventions to address behavioral, social, and environmental determinants of health, and deliver higher-quality care.

CMS Quadruple Aim



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National Quality Strategy Priorities

- To advance its aims, the National Quality Strategy identified six priorities:
- 1. Making care safer by reducing harm caused in the delivery of care;
- 2. **Ensuring that each person and family is engaged as partners in their care**;
- 3. Promoting effective communication and coordination of care;
- 4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease;
- 5. Working with communities to promote wide use of best practices to enable healthy living; and
- 6. Making quality care more affordable for individuals, families, employers, governments, and communities by developing and spreading new health care delivery models.

Person Centered Engagement

- A person-centered approach considers the individual as multifaceted, not merely as a “receiver” of services.
- This approach demands that providers and individuals share power and responsibility in goal setting, decision-making, and care management.
- It also requires giving people access to understandable information and decision support tools to equip them and their families with the information to manage their health and wellness, navigate the full span of the health care delivery system, and make their own informed choices about care.

Trauma Informed Care Defined

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Definition

Trauma

Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (SAMHSA)

Definition

According to the National Council for Community Behavioral Health Care, "Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness.

Extreme stress overwhelms the person's capacity to cope.

There is a direct correlation between trauma and conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure.

Trauma may be experienced and expressed in numerous ways and dimensions." Often trauma, like grief, is misunderstood or misdiagnosed and not attributed to the effects of trauma. People deal with trauma differently.

- **Biological symptoms** include brain function, headaches, stomach aches, sleep changes
- **Psychological symptoms** include fear, anxiety, outbursts, flashbacks, nightmares
- **Social symptoms** include apathy, isolation, difficulty trusting, detachment
- **Spiritual symptoms** include struggle to find meaning, anger with God

Definition

Trauma-Informed

A program, organization or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths to recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices to actively resist re-traumatization. (SAMHSA)

Regulatory

Phase 3 COP Implementation

F659

§483.21(b)(3) Comprehensive Care Plans

The services provided or arranged by the facility, as outlined by the comprehensive care plan, must—

(ii) Be provided by qualified persons in accordance with each resident's written plan of care.

(iii) Be culturally-competent and **trauma–informed**.

Regulatory

F699

§483.25(m) Trauma-informed care

The facility must ensure that residents who are trauma survivors receive culturally competent, **trauma-informed care** in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident.

Regulatory

F741

§483.40(a) The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with §483.70(e). These competencies and skills sets include, but are not limited to, knowledge of and appropriate training and supervision for:

§483.40(a)(1) Caring for residents with mental and psychosocial disorders, as well as residents with a **history of trauma and/or post-traumatic stress disorder**, that have been identified in the facility assessment conducted pursuant to §483.70(e), and

Regulatory

F940

§483.95 Training Requirements

A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.70(e). Training topics must include but are not limited to—

§483.95(i) Behavioral health.

A facility must provide **behavioral health training** consistent with the requirements at §483.40 and as determined by the facility assessment at §483.70(e).

Survey

Behavioral and Emotional Status Critical Element Pathway

Use this pathway to determine if the facility is providing necessary behavioral, mental, and/or emotional health care and services to each resident. Similarly, the facility staff members must implement person-centered, non-pharmacological approaches to care to meet the individual needs of each resident. While there may be isolated situations where pharmacological intervention is required first, these situations do not negate the obligation of the facility to develop and implement non-pharmacological approaches. Refer to the Dementia Care pathway to determine if the facility is providing the necessary care and services necessary.

Survey

Behavioral and Emotional Status Critical Element Pathway

Observations Across Various Shifts:

- ☐ If the resident is exhibiting expressions or indications of distress (e.g., anxiety, striking out, self-isolating) how does staff address these indications?
- ☐ Are staff implementing care planned interventions to ensure the resident's behavioral health care and service needs are being met? If not, describe.
- ☐ Focus on staff interactions with residents who have a mental or psychosocial disorder to determine whether staff consistently apply accepted quality care principles.
- ☐ Is there sufficient, competent staff to ensure resident safety and meet the resident's behavioral health care needs?
- ☐ What non-pharmacological interventions (e.g., meaningful activities, music or art therapy, massage, aromatherapy, reminiscing, diversional activities, consistent caregiver assignments, adjusting the environment) does staff use and do these approaches to care reflect resident choices and preferences?
- ☐ How does staff monitor the effectiveness of the resident's care plan interventions?
- ☐ How does staff demonstrate their knowledge of the resident's current behavioral and emotional needs? Does staff demonstrate competent interactions when addressing the resident's behavioral health care needs?
- ☐ Is the resident's distress caused by facility practices which do not accommodate resident preferences (e.g., ADL care, daily routines, activities, etc.)?

Survey

Behavioral and Emotional Status Critical Element Pathway

Staff Interviews (Interdisciplinary team (IDT) members) across Various Shifts:

- ☐ What are the underlying causes of the resident's behavioral expressions or indications of distress, specifically included in the care plan?
- ☐ What specific approaches to care, both non-pharmacological and pharmacological, have been developed and implemented to support the behavioral health needs of the resident, including facility-specific guidelines/protocols? What is the rational for each intervention?
- ☐ How are the interventions monitored?
- ☐ How do you ensure care is provided that is consistent with the care plan?
- ☐ How, what, when, and to whom do you report changes in condition?
- ☐ What types of behavioral health training have you completed?
- ☐ Ask about any other related concerns the surveyor has identified.
- ☐ How do you monitor for the implementation of the care plan and changes in the resident's condition?
- ☐ How are changes in both the care plan and condition communicated to the staff?
- ☐ How often does the IDT meet to discuss the resident's behavioral expressions or indications of distress, the effectiveness of interventions, and changes in the resident's condition?

Note: If care plan concerns are noted, interview staff responsible for care plan development to determine the rationale for the current care plan.

Survey

Behavioral and Emotional Status Critical Element Pathway

Record Review:

- ☐ Review therapy notes and other progress notes that may have information regarding the assessment of expressions or indications of distress, mental or psychosocial needs, and resident responsiveness to care approaches.
- ☐ Determine whether the assessment information accurately and comprehensively reflects the condition of the resident.
- ☐ What is the time, duration, and severity of the resident's expressions or indications of distress?
- ☐ What are the underlying causes, risks, and potential triggers for the resident's expressions or indications of distress, such as decline in cognitive functioning, the result of an illness or injury, or prolonged environmental factors (e.g., noise, bright lights, etc.)?
- ☐ What non-pharmacological approaches to care are used to support the resident and lessen their distress?
- ☐ What PASARR Level II services or psychosocial services are provided, as applicable?
- ☐ Does the facility ensure residents with substance use disorders have access to counseling programs (e.g., 12 step groups)?
- ☐ Is the care plan comprehensive? Is it consistent with the resident's specific conditions, risks, needs, expressions or indications of distress and includes measurable goals and timetables? How did the resident respond to care-planned interventions? If interventions were ineffective, was the care plan revised and were these actions documented in the resident's medical record?
- ☐ Was there a "significant change" in the resident's condition (i.e., will not resolve itself without intervention by staff or by implementing standard disease-related clinical interventions; impacts more than one area of health; requires IDT review or revision of the care plan)? If so, was a significant change comprehensive assessment conducted within 14 days?
- ☐ Was behavioral health training provided to staff?

Trauma Statistics

- Somewhere between 55% and 90% of persons have experienced at least one traumatic event.
- An estimated 6% of men and 10% of women experience Post Traumatic Stress Disorder (PTSD) within their lifetime.
- Potentially traumatic experiences include:
  - experiencing or witnessing childhood adverse events (e.g. experiencing or witnessing emotional, physical or sexual abuse or neglect, living with a parent with mental illness or substance misuse disorder, death or absence of a parent because of imprisonment)
  - domestic and sexual violence;
  - natural disasters;
  - car, train and airplane crashes;
  - combat;
  - becoming a refugee;
  - homelessness;
  - **medical trauma**;
  - violent crime;
  - bias discrimination, hate crimes and hate speech.

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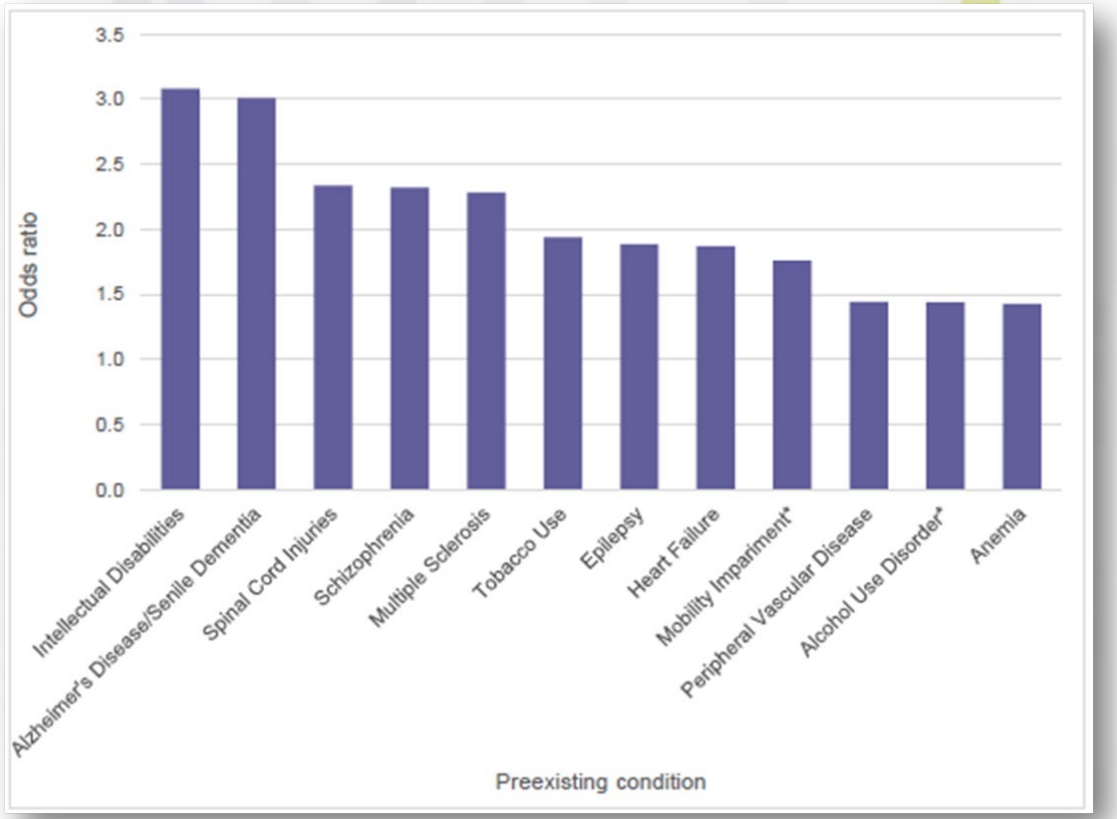
Trauma Statistics

- Motor vehicle crashes and natural disasters are associated with ~10% rates of development of PTSD,
- being in a combat zone ~18%,
- physical assault or experiencing heavy combat ~30%, and
- sexual assault and torture up to 50%.
- **Medical events and procedures associated with life threat**, even when they are successful, are associated with relatively high rates of PTSD development. For example, myocardial infarct / acute coronary syndrome is associated with up to 15% rate of PTSD, Major thoracic surgeries such as cardiac artery bypass graft (CABG) and open abdominal aortic aneurysm (AAA) repair, even when scheduled and expected, are also associated with ~20% rates of de novo PTSD.

Trauma Statistics

- **Particularly relevant to the COVID-19 pandemic**, prolonged treatment in intensive care units (ICUs) such as for sepsis, and in particular, intubation, are associated with some of the highest rates of medical PTSD, with 35% of ICU survivors having clinically significant PTSD symptoms 2 years subsequent to the ICU care. Thus, in addition to “post-intubation syndrome” in survivors, once a patient is medically stabilized, it is important to assess and provide care for psychiatric responses like PTSD that are expected to be common.

Trauma Statistics: COVID



Top preexisting conditions associated with death of COVID-19 patients 30 days or more after index date, March 2020-February 2021

Source: A detailed study of patients with long haul covid, A FAIR Health White Paper, June 15, 2021

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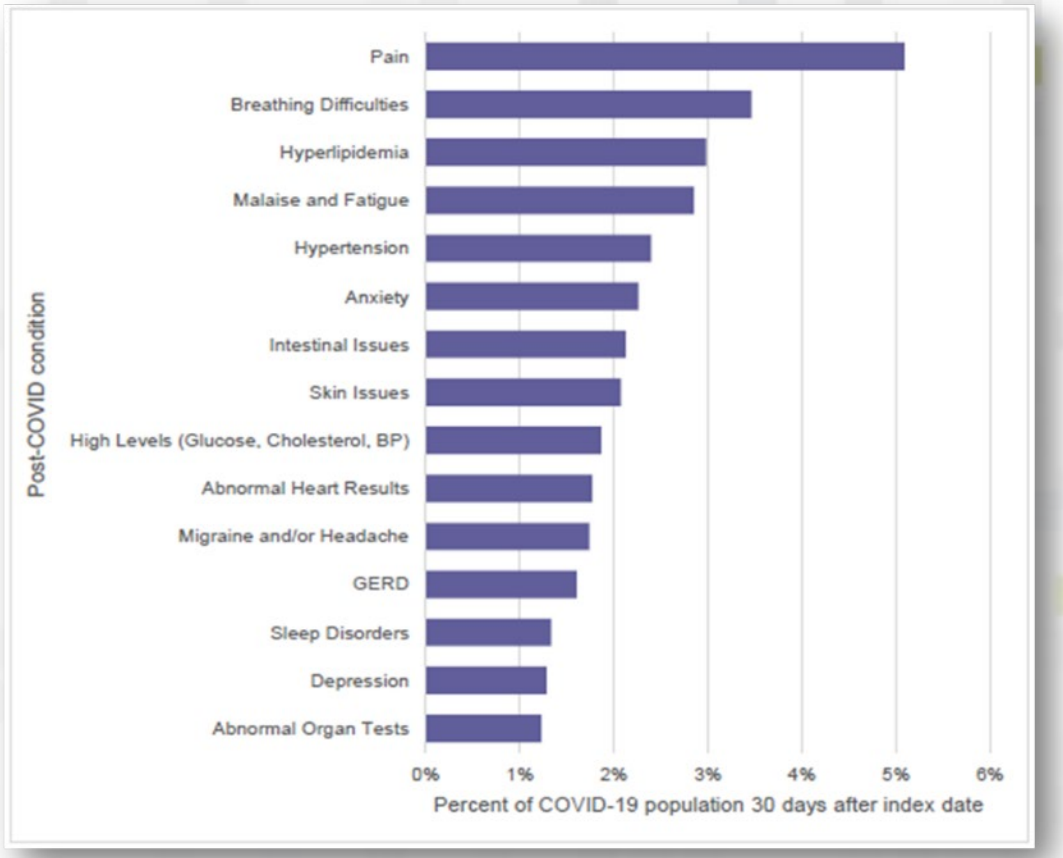
Trauma Statistics: COVID



Top 15 post-COVID conditions by percent of COVID-19 population 30 days or more after index date, all ages, March 2020-February 2021

Source: A detailed study of patients with long haul covid, A FAIR Health White Paper, June 15, 2021

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Trauma Informed Approach

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Trauma Informed Approach

- **Trauma-informed Care understands…**
- **The 3-E's**

Event(s)	Experience of Event(s)	Effect(s)
What happened • Violence • Natural Disaster • Abuse	What feelings were exhibited • Guilt • Betrayal	What lasting impact has it hand on the individual? • Inability to cope

Trauma Informed Approach

- **Trauma-informed Care understands…**
- **The 4-R's**

Realizes	Recognizes	Resist re-traumatization	Responds
Widespread impact of trauma and understands potential paths for recovery.	Signs and symptoms of trauma in clients, families, staff, and others involved with the system	Care pathway development	By fully integrating knowledge about trauma into policies, procedures, and practices

Trauma Informed Approach

Developing a plan of care for trauma

Problem	Goal	Intervention
Respond - What effect does the trauma have on the resident?	What is an achievable goal, which is important to the resident, that will help resist re-traumatization?	Resist re-traumatization – What interventions can be implemented to reduce the risk of the resident being re-traumatized?

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Trauma Informed Approach

- **Trauma-informed Care understands…**
- **The 6 Key Principles**
  - **SAFETY** — all people associated with the organization feel safe. This includes the safety of the physical setting and the nature of interpersonal interactions.
  - **TRUSTWORTHINESS AND TRANSPARENCY** — your organization is run with the goal of building trust with all those involved.
  - **PEER SUPPORT** — support from other trauma survivors is a key to establishing safety and hope. Peer support may be from others in the community.
  - **COLLABORATION AND MUTUALITY** — recognition that everyone at every level can play a therapeutic role through healing and safe relationships. Your organization emphasizes the leveling of power differences and taking a partnership approach with staff.

Trauma Informed Approach

- **Trauma-informed Care understands…**
- **The 6 Key Principles**
  - **EMPOWERMENT, VOICE, AND CHOICE** — your organization recognizes and builds on the strengths of people — staff members and residents. You recognize the ways in which nursing home residents and staff members may have been diminished in voice and choice and have at times been subject to coercive treatment. You support and cultivate skills in self-advocacy, and seek to empower residents and staff members to function or work as well as possible with adequate organizational support.
  - **CULTURAL, HISTORICAL, AND GENDER ISSUES** — your organization actively moves past cultural biases and stereotypes (gender, region, sexual orientation, race, age, religion), leverages the healing value of cultural traditions, incorporates processes and policies that are culturally aware, and recognizes and addresses historical trauma.

Trauma Informed Care and IDT Considerations: COVID

Many patients recover from COVID-19 within a few weeks, but some exhibit persistent or new symptoms more than four weeks after first being diagnosed. Patients with such post-COVID conditions are variously referred to as having long-haul COVID, long COVID or post-acute sequelae of COVID-19 (PASC).

Post-COVID Condition Identification: • Abnormal Heart Results; • Abnormal Organ Tests; • Adjustment Disorders; • Anemia; • Anxiety; • Blood Clot; • Breathing Difficulties; • Cardiac Inflammation; • Cognitive Impairment/Brain Fog; • Depression; • Diabetes; • Eye Issues; • General Signs and Symptoms; • Gastroesophageal Reflux Disease (GERD); • Hearing Loss; • Heart Disease; • High Levels (Glucose, Cholesterol, Blood Pressure [BP]); • Hyperlipidemia; • Hypertension; • Intestinal Issues; • Kidney Failure; • Liver Disease; • Loss of Taste or Smell; • Malaise and Fatigue; • Migraine and/or Headache; • Overweight; • Pain; • Respiratory Disorder; • Respiratory Distress; • Skin Issues; • Sleep Disorders; • Stroke; • Swallowing Difficulties; • Thyroid Issues; • Tic Disorders; • Tinnitus; • Vertigo; and • White Blood Cell Disorders.

The five most common post-COVID conditions across all ages, in order from most to least common, were pain, breathing difficulties, hyperlipidemia, malaise and fatigue, and hypertension.

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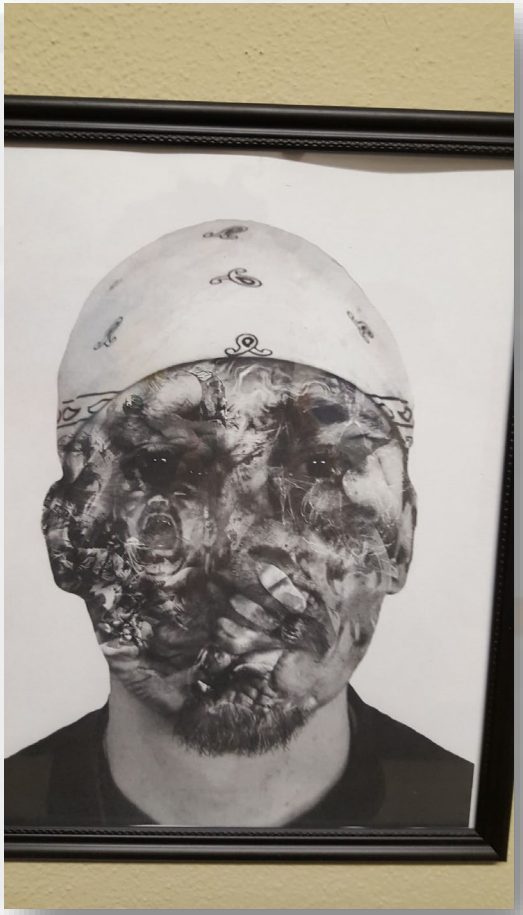
Trauma Triggers

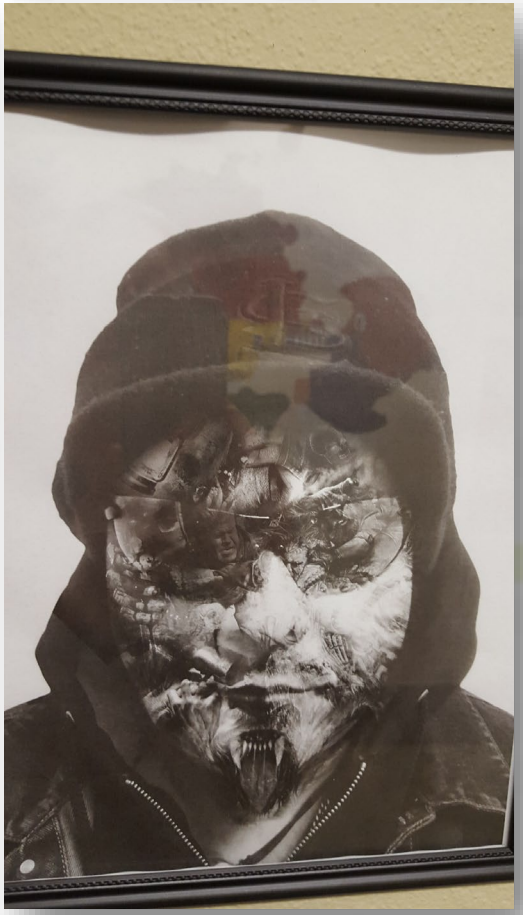
- Something that reminds us of the trauma
- Person, place, object, smell, sound, memory
- The trigger causes the memory of the trauma to return
- Likely to experience physical/psychological discomfort
- Triggers are challenging r/t may cause engagement in unhealthy behavior to cope

Trauma Informed Care and IDT Considerations: COVID

Source: https://ipseitycounselingclinic.com/2019/09/03/examples-of-trauma/

Trauma Informed Care and IDT Considerations: Veterans





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Trauma Informed Care and IDT Considerations: Veterans

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QUESTIONS?

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