

Swing Bed Series Part 2

Trauma-Informed Care



Areas of Expertise

Strategy – Solutions - Support

Governance & Strategy

- Executive management & leadership development
- Community health needs assessment
- Lean culture

Finance

- Performance optimization & margin improvement
- Revenue cycle & business office improvement
- AR outsourcing

Recruitment

- Executive and interim recruitment
- CEOs, CFOs, CNOs
- VP and Department Directors

Clinical Care & Operations

- Continuous survey readiness
- Care coordination
- Swing bed consulting

INSTRUCTIONS FOR TODAY'S WEBINAR

- ✓ You may type a question in the text box if you have a question during the presentation
- ✓ We will try to cover all of your questions – but if we don't get to them during the webinar we will follow-up with you by e-mail
- ✓ You may also send questions after the webinar to our team (contact information is included at the end of the presentation)
- ✓ The webinar will be recorded and the recording will be available on the HealthTechS3 web site:
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Agenda

1. Regulatory Requirements
2. Trauma Definitions and Examples
3. Screening for Trauma
4. Trauma-Informed Care
5. Best Practices

Appendix W – Critical Access Hospitals

§483.21(b) Comprehensive care plans.

(2) A comprehensive care plan must be—

- (i) Developed within 7 days after completion of the comprehensive assessment.
- (ii) Prepared by an interdisciplinary team, that includes but is not limited to:
 - (A) The attending physician.
 - (B) A registered nurse with responsibility for the resident.
 - (C) A nurse aide with responsibility for the resident.
 - (D) A member of food and nutrition services staff
 - (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.
 - (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.
- (iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.

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

- (i) Meet professional standards of quality.
- (ii) Be provided by qualified persons in accordance with each resident's written plan of care.

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

Appendix A - Hospitals

Nothing specific

Refers to Appendix PP (Long Term Care)

Long Term Care – Appendix PP

§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.

[§483.21(b)(iii) will be implemented beginning November 28, 2019 (Phase 3)]

§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.

[§483.25(m) will be implemented beginning November 28, 2019 (Phase 3)]

CMS Guidance

Did the facility provide appropriate treatment and services to correct the assessed problem for a resident who displays or is diagnosed with a mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-trauma stress disorder (PTSD)? *If no, cite F742*

Did the facility ensure that the resident whose assessment did not reveal or who does not have a diagnosis of a mental or psychosocial adjustment difficulty or a documented history of trauma and/or PTSD does not display a pattern of decreased social interaction and/or increased withdrawal, anger, or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable? *If no, cite F743*

Trauma Definition

Results from an event, series of **events**, or **set of circumstances** that is experienced by an individual as **physical or emotionally harmful or life threatening** and **that has lasting adverse effects on the individual's function** an mental, physical, social, emotional, or spiritual well-being.

Source: SAMHSA, 2014

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Other Definitions

Complex Trauma

Results from extended exposure to traumatizing situations, often during childhood.

Developmental Trauma

Multiple or chronic exposure to one or more forms of interpersonal trauma (abandonment, betrayal, physical assault, sexual assault, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence or death).

Acute Trauma

Results from exposure to a single overwhelming event

Post-Traumatic Stress Disorder (PTSD)

Recognized mental health condition that's triggered by a terrifying event.

Vicarious / Secondary Trauma / Compassion Fatigue

Different but related secondary stress injuries.

Retraumatization

A conscious or unconscious reminder of past trauma that results in a re-experiencing of the initial trauma event. It can be triggered by a situation, an attitude or expression, or by certain environments that replicate the dynamics (loss of power/control/safety) of the original trauma.

Triggers

Signals that act as signs of possible danger, based on historical traumatic experiences, and which lead to emotional, physiological, and behavioral responses that arise in the service of survival and safety.

Trauma Impacts Everyone

No one is immune to the impact of trauma.

Trauma affects the individual, families and communities by disrupting healthy development, adversely affecting relationships, and contributing to mental health issues including substance abuse, domestic violence, and child abuse.

Everyone pays the price when a community produces multi-generations of people with untreated trauma by an increase in crime, loss of wages, and threat to the stability of the family.

Examples of Trauma

- Physical, sexual and emotional abuse
- Childhood neglect
- Family member with a mental health or substance use disorder
- Violence in the community
- Poverty and systemic discrimination
- Adverse Childhood Events
- Intimate Partner Violence
- PTSD resulting from war or other traumatic events
- The Holocaust
- Systemic Racism
- Disaster
- Grief/Loss
- Transfer Trauma

Source: Key Ingredients for Successful Trauma-Informed Care Implementation

Source: HealthInsight Quality Innovation Network

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Expressions of Trauma

- Biological symptoms
 - Brain function
 - Headaches
 - Stomach aches
 - Sleep changes
- Psychological symptoms
 - Fear
 - Anxiety
 - Outbursts
 - Flashbacks
 - Nightmares
- Social symptoms
 - Apathy
 - Isolation
 - Difficulty trusting
 - Detachment
- Spiritual symptoms
 - Struggle to find meaning
 - Anger with God

Source: HealthInsight Quality Innovation Network

Resilience

- Biological
 - Singing
 - Dancing
 - Laughing
 - Movement
 - Sleep
- Psychological
 - Curiosity
 - Self-Soothing
 - Imagination
 - Learning
- Social
 - Positive relationships
 - Storytelling
- Spiritual
 - Connecting with a higher power
 - A sense of hope
 - A sense of purpose
 - Reflective writing

Source: HealthInsight Quality Innovation Network



Principles of Screening for Trauma

1. Treatment setting should guide screening practices
2. Screening should benefit the patient
3. Re-screening should be avoided
4. Ample training should precede screening

Sources of Information

- Resident records
- Interviews and assessments
- Observations
- Insights from family members or other residents
- Listening deeply to the stories that residents, families, and co-workers share
- Direct care, activities, social services, nursing staff

LIFE EVENT CHECKLIST: Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it *happened to you* personally, (b) you *witnessed it* happen to someone else, (c) you *learned about it* happening to someone close to you, (d) you're *not sure* if it fits, or (e) it *doesn't apply* to you. Be sure to consider your *entire life* (growing up as well as adulthood) as you go through the list of events.

Life Events Checklist (LEC)	Happened to me	Witnessed it	Learned about it	Not sure	Doesn't apply
1. Natural disaster					
2. Fire or explosion	PLEASE NOTE --- the actual tool has examples for each life event				
3. Serious accident					
4. Exposure to toxic substances					
5. Physical assault	Disclaimer: This tool should only be used by a trained individual				
6. Assault with a weapon					
7. Sexual assault					
8. Other unwanted or uncomfortable sexual experience					
9. Other unwanted or uncomfortable sexual experience					
10. Combat or exposure to a war-zone					
11. Captivity					
12. Life-threatening illness or injury	Source: Blake, Weathers, Nagy, Kaloupek, Charney, & Keane, 1995				
13. Severe human suffering					
14. Sudden, violent death					
15. Sudden, unexpected death of someone close to you					
16. Serious injury, harm, or death you caused to someone else. Any other very stressful event or experience					

My Recommendation – Keep it Simple

1. Has there been anything within the last six months to a year that has caused you to be upset or very worried?
2. Have you experienced the loss of a close friend, relative or a pet that you loved recently?
3. Have you had any past trauma in your life that we should know about so we can better care for you?
4. If you have experienced some kind of trauma is there something that helps you feel better?
5. Is there anything we can do to help while you are in the (Hospital/Nursing Home)

DON'T PROBE – NO IS NO

Trauma-Informed Care

Trauma-Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.

Trauma-Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

[The Trauma-Informed Care Project](#)

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Trauma-Informed Care

- **Realizes** the widespread impact of trauma and understands potential paths for recovery
- **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Seeks to actively **resist re-traumatization**
- **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices

Source: HealthInsight Quality Innovation Network

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Principles of Trauma-Informed Care

1. **Patient Empowerment:** Using individuals' strengths to empower them in the development of their treatment
2. **Choice:** Inform patients regarding treatment options so they can choose the options they prefer
3. **Collaboration:** Maximizing collaboration among health care staff, patients, and their families in organizational and treatment planning
4. **Safety:** Developing healthcare settings and activities that ensure patients' physical and emotional safety
5. **Trustworthiness:** Creating clear expectations with patients about what proposed treatments entail, who will provide services, and how care will be provided

Trauma-Informed Approach

What's Wrong --- He's having trouble making friends

Because?

- Difficulty with relationships
- Limited social skills
- Difficulty adjusting to new living situation

Trauma-Informed Approach – What happened that is affecting his ability to make friends?

Understands

Adversity can negatively impact a person's ability to form relationships (no trust)

Source: University of Maine Center on Aging

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Trauma-Informed Approach

What's Wrong --- She forgets everything lately, it's like she's not listening
Because?

- Not paying attention
- Forgetful (intentionally or unintentionally)
- Sick or not listening

Trauma –Informed Approach – What happened to affect her memory or her attention?
Under stress we attend to the perceived “threats.” Information important for survival is marked.

There may be an underlying medical condition causing the memory loss or inattention.

Source: University of Maine Center on Aging

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Trauma-Informed Approach

What's Wrong --- He's making things up. Either he's lying or he doesn't make sense
Because?

- Not a very good liar – gets caught in his own inconsistencies
- Losing it
- Sick
- Bad person

Trauma-Informed Approach – What happened to affect her memory or her attention?

Traumatic dissociation is a coping skill during the period of stress.

There may be an underlying medical condition.

Source: University of Maine Center on Aging

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Best Practices

1. Lead and communicate about being trauma-informed
2. Engage patients in organizational planning
3. Train both clinical and non-clinical staff
4. Create a safe physical and emotional environment
5. Prevent secondary traumatic stress in staff
6. Build a trauma-informed workforce
7. Involve patients in the treatment process
8. Screen for trauma
9. Training staff in trauma-specific treatments
10. Engage referral sources and partner organizations

YEAH ---- BUT

We're a CAH with Swing Beds

Our LOS is less than 7 days

How are we supposed to assess for trauma and implement trauma-informed care?

1. Simplified / Focused screening
2. Refer if necessary to qualified professional for more in-depth assessment
3. Incorporate anything you learn in to the plan of care

QUESTIONS?

I hope the information has been helpful

**Please contact me if you would like to schedule a review of your
Swing Bed Program or have questions about the presentation**



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