

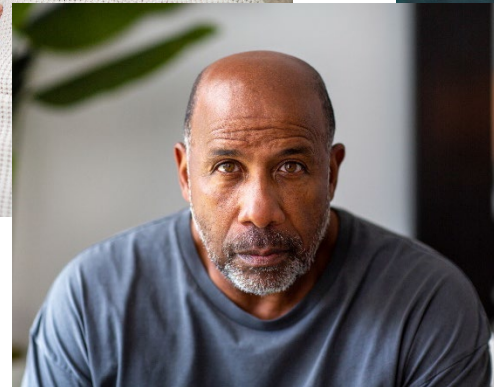
Trauma-Informed Care: Training for Frontline Staff



When You Hear the Word Trauma, What Comes to Mind?



What Does Trauma Look Like?



The Three Es of Trauma

Events

- Single
- Repeated
- Sustained

Experience

- Threatening
- Overwhelming
- Terrifying

Effects

- Adverse
- Long-lasting
- Delayed

What Does It Mean To Provide Trauma-Informed Care?

Understanding a patient's life experiences

Creating a welcoming, safe physical and emotional environment

Involving patients in care

Improving interactions and outcomes

The Four Rs of Trauma-Informed Care

Realize

- what contributes to trauma

Recognize

- the impact of trauma

Respond

- to make residents feel safe

Resist

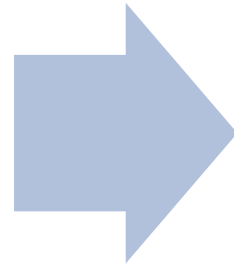
- re-traumatization

Changing How We Think



What is wrong
with you?

You are just
mean and
angry today



What
happened to
you?

Why are you
reacting this
way today?

Triggers



Think about what you do with residents each day



What are some examples of activities we do every day that could bring out feelings of fear or helplessness?



Are there specific words or phrases that trigger someone?

What Is Our Role as a Caregiver?

- ❖ Learn what we can about each resident's history or personal story
- ❖ Be aware of the care plan
- ❖ Observe for signs of discomfort or stress
- ❖ Focus on what Residents **can** do vs. what they **can't**
- ❖ Offer choices

- ❖ Ask for consent before touch
- ❖ Maintain dignity during care
- ❖ Talk through what you are doing and why
- ❖ Acknowledge and validate the resident's feelings
- ❖ Monitor for subtle changes and report to the nurse

What Can We Do?



Use a calm tone of voice and give physical space



State that you observe and acknowledge Residents fears ("I can see that you are scared or angry")



Ask what they need



Offer choice



Engage in conversation about something else to distract from the stressful event



Take a few deep breaths



Re-approach if necessary and safe to do so

Let's Apply What We Learned

Background:

- Caucasian female (Mrs. Hunnicut) in her 90s admitted to LTC
- Diagnosed with Alzheimer's disease, anxiety and depression
- Normally cheerful and frequently smiles during unit group activities and meals
- Usually readily accepting of care
- Still does some self-care activities, like picking out her outfit for the day

What are the observations?

- Recently, Mrs. Hunnicut had days when she became very distressed and tearful and wanted to return to her room and stay there. She seems withdrawn and resists touch or care.
- Mrs. Hunnicut has started complaining to her family about staff and her care, saying someone hurt her, though she cannot identify who.
- It has happened five days in the past 30 days.

How Can Mrs. Hunnicut's Changes in Behavior Affect Us?

- We may feel defensive when Mrs. Hunnicut complains about us to staff or family
- We may feel scared that the administration is going to accuse us of abuse
- We may want to ask not to care for Mrs. Hunnicut
- We may find it hard not to talk about Mrs. Hunnicut with our peers
- We may have less joy in our work and can bring stress home to our families
- We may feel a sense of loss after having bonded with a resident, and now they are complaining about us.
- We may be cautious around her family or avoid them

What Has Changed?

What questions could we ask to determine what triggers Mrs. Hunnicut's distress?

- Did anyone visit Mrs. Hunnicut or her roommate before the signs of distress started?
- Does Mrs. Hunnicut have a new caregiver assigned to her who doesn't know her routine?
- Is there any change to the TV shows she has been watching?

Reporting New Information

A CNA learns from a family member that Mrs. Hunnicut has a history of abuse by an older male.

What should this CNA do next?

1. Report this information to the charge nurse.
2. Pay attention to any changes in Mrs. Hunnicut's mood or affect as she interacts or is around others, particularly new people.

What information should be reported in shift-to-shift reports, care plans and care cards to help the team further investigate the root cause of Mrs. Hunnicut's distress?

What information should *not* be shared?

Scenarios

What care plan changes would you recommend in each scenario, and how do you ensure everyone caring for Mrs. Hunnicut 24/7 knows the care plan?

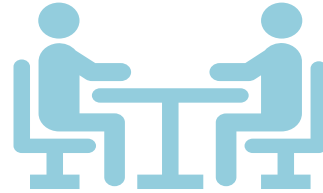
1. Mrs. Hunnicut participates in an activity group that meets in the OT kitchen. Her CNA arrives in the OT room and notices that Mrs. Hunnicut is very withdrawn and rigid. Earlier that morning, she had been outgoing and singing one of her favorite songs during care.
2. A new patient is at the table next to Mrs. Hunnicut at lunchtime. Sometimes this new patient eats with his family in his room. Staff noticed that Mrs. Hunnicut says she is not hungry and wants to return to her room on the days this patient eats in the dining room.
3. Mrs. Hunnicut always enjoyed chapel services and is now refusing to go. The only change is that a new clergyperson has joined the rotation of volunteer clergy.

Bringing It All Together



Be Consistent

Comfort in routines can help build trust as a similar set of responses is repeated over time



Communicate with the Team

Report your observations and what you are learning about your residents
Share what brings comfort or a sense of safety.
Share what triggers fear or anxiety
Maintain privacy
Support each other when adjusting the days schedule



Self-care

Be aware of what upsets you
Take a break
Seek support as needed

Questions?



Nursing Home and Partnership for Community Health: CMS 12th SOW GOALS



OPIOID UTILIZATION AND MISUSE

- Promote opioid best practices
- Reduce opioid adverse drug events in all settings



PATIENT SAFETY

- Reduce hospitalizations due to c. diff
- Reduce adverse drug events
- Reduce facility acquired infections



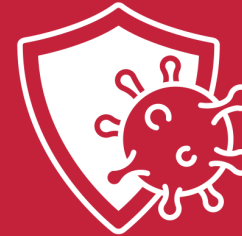
CHRONIC DISEASE SELF- MANAGEMENT

- Increase instances of adequately diagnosed and controlled hypertension
- Increase use of cardiac rehabilitation programs
- Reduce instances of uncontrolled diabetes
- Identify patients at high-risk for kidney disease and improve outcomes



CARE COORDINATION

- Convene community coalitions
- Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits
- Identify and promote optimal care for super utilizers



COVID-19

- Support nursing homes by establishing a safe visitor policy and cohort plan
- Provide virtual events to support infection control and prevention
- Support nursing homes and community coalitions with emergency preparedness plans



IMMUNIZATION

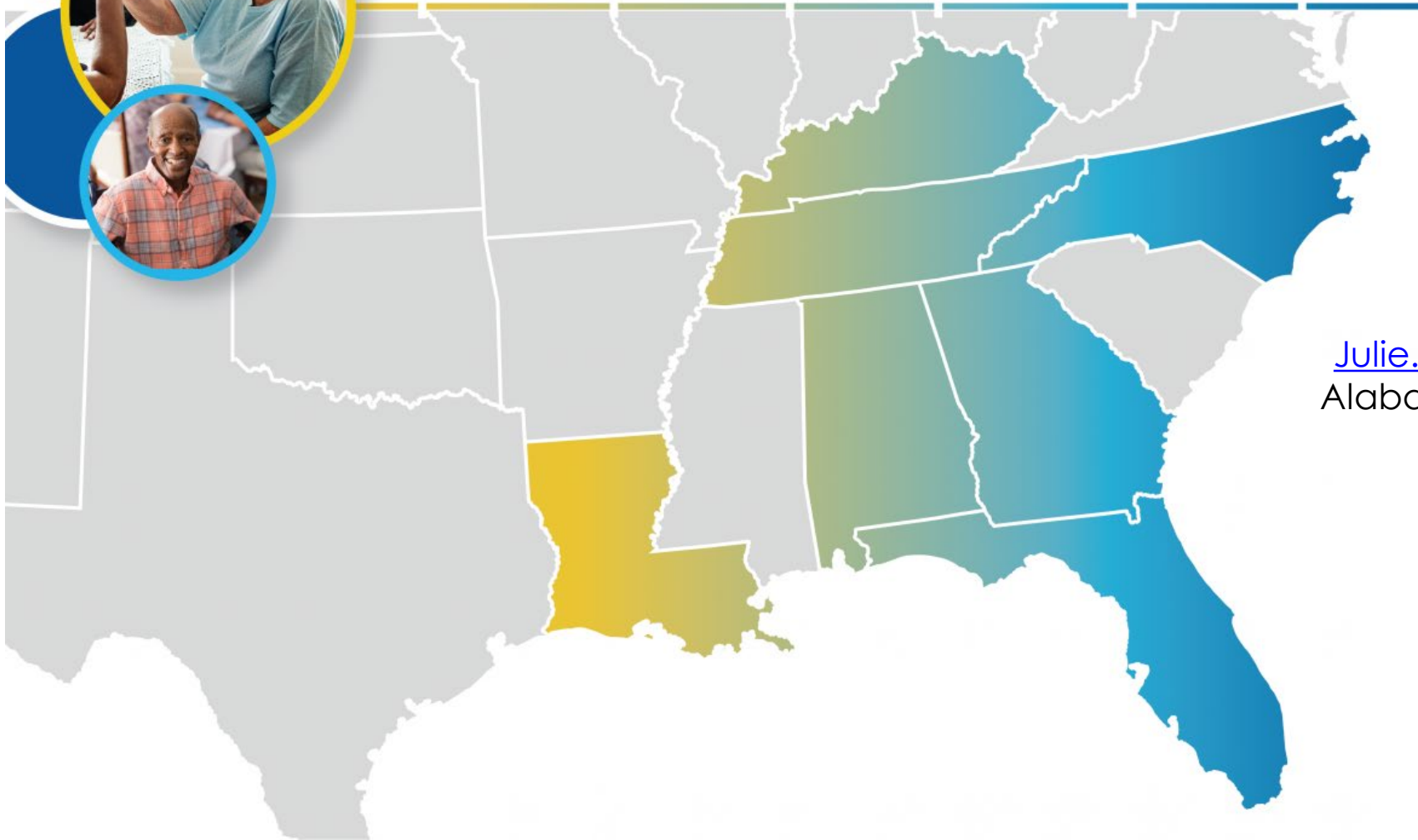
- Increase influenza, pneumococcal, and COVID-19 vaccination rates



TRAINING

- Encourage completion of infection control and prevention trainings by front line clinical and management staff

Making Health Care Better *Together*



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