Chat In

Please use the chat feature to share your name, organization and state.
The IPRO QIN-QIO

Our Coverage Area

**IPRO**: New York, New Jersey, Ohio

**Healthcentric Advisors**: Maine, New Hampshire, Vermont, Massachusetts, Connecticut, Rhode Island

**Qlarant**: Maryland, Delaware, District of Columbia

Working to ensure high-quality, safe healthcare for 20% of the nation’s Medicare beneficiaries
CMS’ Network of Quality Improvement and Innovation Contracts
Unique Tasks to Collectively Achieve 5 Aims

Aim 1: Increasing Access to Behavioral Health & Reducing Opioid Misuse
Aim 2: Improving Patient Safety
Aim 3: Preventing & Managing Chronic Disease
Aim 4: Improving Care Transitions
Aim 5: Enhancing Nursing Home Quality
In All Contracts, A Special Focus…

Health Information Technology

Health Equity

Patient & Family Engagement

Rural Health
QIO 12th Scope of Work Tasks

Improve Nursing Home Quality & Enhance the Health of Your Community

1,751 Nursing Homes

1. Improve the Total Quality Score
2. Decrease opioid prescribing
3. Reduce adverse drug events (ADEs)
4. Reduce hospitalizations for Clostridiodes difficile
5. Reduce healthcare-acquired infections
6. Reduce emergency department visits & readmissions

82 Communities

1. Increase access to behavioral health services
2. Decrease opioid prescribing and overdose deaths
3. Reduce adverse drug events (ADEs)
4. Prevent and manage chronic disease, with focus on cardiac care, diabetes, and chronic kidney disease
5. Enhance care transitions to reduce unnecessary hospitalization, with a focus on high utilizers
Step Up to Learn From Others

Learning & Action Network
Invitation only spotlight on success sharing, affinity groups & ECHO sprints – with peers from our 11 state & DC network

Community Coalitions*
Collaborative approach to improve overall health of community

Provider Based Quality Improvement
Refine internal processes and improve outcomes with evidence-based tools/resources

* Where Applicable
Jennifer McCarthy, EdD, EdM, MS, LCPC
Quality Improvement Specialist
Healthcentric Advisors (a member of the IPRO QIN-QIO)

• Credentials
  • Doctor of Education in Health Professions Education
  • Master’s in Education and Counseling
  • Licensed Clinical Professional Counselor

• Experience
  • Clinical Experience
  • Healthcare Quality Improvement
  • Trauma-Informed Care subject matter expert for the National Council for Behavioral Health & SAMHSA
Session Goals

Today we’ll explore

• connections between adverse childhood experiences (ACEs) and quality of care,

• promising practices for implementing trauma-informed care, and

• how to gain access to materials that will guide you through the process.
Chat In

What do you think of when you hear the word: trauma?
Car Accident?
15 Types of Trauma

1. Bullying
2. Community violence
3. Complex trauma
4. Disasters
5. Domestic violence
6. Early childhood trauma
7. Historical trauma
8. Medical trauma
9. Military service trauma
10. Physical abuse
11. Refugee trauma
12. Sexual abuse
13. Terrorism and violence
14. Transfer trauma
15. Traumatic grief
An event of actual or extreme threat of physical or psychological harm which an individual experiences as traumatic, and which causes long-lasting effects.
Why Trauma-Informed Care

Requirement

• Phase 3 Requirement of Participation - NHs

Standard of Practice

• In-patient and Community Behavioral Health
• SUD/OUD Treatment Centers
• Patient Centered Medical Practices
• Emergency Departments
• And more…

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.
• Will be implemented beginning November 28, 2019
Adverse Childhood Experiences (ACE) Study

- Decade long. 17,000 people involved.
- Looked at effects of adverse childhood experiences over the lifespan.
- Largest study ever done on this subject.
ACE Study Findings

Childhood experiences are powerful determinants of who we become as adults.
ACEs are Common

Of the 17,000 HMO Members:

- 1 in 4 exposed to 2 categories of ACEs
- 1 in 16 was exposed to 4 categories
- 22% were sexually abused as children.
- 66% of the women experienced abuse, violence or family strife in childhood.
The higher the ACE Score, the greater the likelihood of:

- Severe and persistent emotional problems
- Health risk behaviors
- Serious social problems
- Adult disease and disability
- High health and mental health care costs
- Poor life expectancy
Trauma can impact anyone, including:

- Patients, Clients, Residents
- Volunteers
- Staff
- Family & Caregivers
ACEs may cause...

- Anxiety problems and fears, avoiding people, places and things
- Sleep, memory, weight, breathing, cardiac, and metabolic problems
- Emotional problems
- Flashbacks
- Substance use, smoking
- Poor relationships with others
- Suicide attempts
Follow along… access the Change Package

healthcentricadvisors.org/tic
The Missouri Model

Trauma-Aware → Trauma-Sensitive → Trauma-Responsive → Trauma-Informed

A Developmental Framework for Trauma-Informed Organizations, page 6
Chat In

Where are you in your trauma-informed journey?

Are you considering? Somewhere along the path? Already there?
6-Steps

1. Complete organizational self-assessment (Trauma-Aware)
2. Educate staff (Trauma-Sensitive)
3. Engage leadership – policy, procedures & practice (Trauma-Responsive)
4. Screen for trauma (Trauma-Responsive)
5. Ensure safe environment (Trauma-Responsive)
6. Encourage the patient voice (Trauma-Informed)
1. Complete the organizational self-assessment

<table>
<thead>
<tr>
<th>Standards of Practice for Trauma Informed Care</th>
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<tbody>
<tr>
<td>1. Agency Commitment and Endorsement. Agency leadership acknowledges that an understanding of the impact of trauma is central to effective service delivery and makes operational decisions accordingly. (Includes Governance and Leadership, Policy, Finance and aspects of Engagement and Involvement*).</td>
</tr>
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<thead>
<tr>
<th>Leadership team (including administration and governance) has received information/training on trauma and trauma informed care. Describe the process.</th>
<th>1 = we haven’t started yet</th>
<th>2 = we’ve done a little</th>
<th>3 = we’ve done quite a bit</th>
<th>4 = we’re stellar!</th>
</tr>
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<tr>
<td>Ib. Trauma Informed Care appears as a core principle in agency policies, mission statement, written program/service information. Describe or provide examples:</td>
<td>1 = we haven’t started yet</td>
<td>2 = we’ve done a little</td>
<td>3 = we’ve done quite a bit</td>
<td>4 = we’re stellar!</td>
</tr>
<tr>
<td>Ic. Individuals with lived experience in your service system have leadership roles in the organization. What roles?</td>
<td>1 = we haven’t started yet</td>
<td>2 = we’ve done a little</td>
<td>3 = we’ve done quite a bit</td>
<td>4 = we’re stellar!</td>
</tr>
</tbody>
</table>
2. Educate staff to attain a sustainable trauma-informed workforce

- Consult Healthcentric Advisors' "Trauma-Informed Care for Professional and Direct Care" training
- Use Trauma-Informed interview questions
- Pre- and post-training surveys
- Healthy practices such as: EAP, PTO, and debriefing sessions

Trauma-Sensitive, pages 8-10
3. Engage Leadership/Board of Overseers infuse trauma-informed values

- **Safety**: How can we ensure physical and emotional safety for staff members throughout our system of care?
- **Trustworthiness**: How can we maximize trustworthiness as administrators and supervisors? Make tasks and procedures clear? Be consistent?
- **Choice**: How can we enhance staff members’ choice and control in their day-to-day work?
- **Collaboration**: How can we maximize collaboration and sharing of power with staff members?
- **Empowerment**: How can we prioritize staff empowerment
Policies to Consider

- Human Resources
- Environmental Services
- Care Planning
- Abuse and Reporting

- Quality Assurance
- Financial
- Communications

Trauma-Responsive (LeadingAge Maryland, 2019)
What’s Wrong with You?
Interactions that are humiliating, harsh, impersonal, disrespectful, critical, demanding, and judgmental

- Language barriers
- Referring by their condition
- “It’s not that bad”
- “Worse things have happened to people”

What Happened to You?
Interactions that express kindness, patience, reassurance, acceptance, and listening

- Ask for clarification
- Person-first language
- “I’m sorry this happened to you”
- “That must have been very scary!”

Trauma-Responsive
Vicarious or Secondary Trauma (Compassion fatigue)

- **Resident-related flashbacks**: troubling dreams, intrusive thoughts, sudden recall of frightening experiences, losing sleep

- **Burnout**: feelings of being trapped, hopeless, tired, depressed, worthless; unsuccessful at separating work from personal life

- **Budget constraints**: limited leave, supervision, increased caseloads

- **Personal trauma history**: ineffective coping skills; current stressors in personal life
Universal Precautions
We assume that everyone has experienced some type of adverse event, unless otherwise notified.

Trauma-Informed Lens
Involves everyone adopting a new way of thinking and acting (more than new information)
1. **Realizes** - widespread impact of trauma and understands potential paths for recovery

2. **Recognizes** - signs and symptoms of trauma in clients, families, staff, and others involved with the system

3. **Responds** - by fully integrating knowledge about trauma into policies, procedures, and practices

4. **Resists** - re-traumatization
4. Screen and assess for trauma

- Have you ever had an experience so upsetting that you think it changed you spiritually, emotionally, physically or behaviorally?
- Do you think any of these problems bother you now?
5. Ensure environment is safe, nurturing, and empowering

- **Physical** - reduce/avoid triggers and avoid retraumatization
  - *Implement changes based on the environment section of the organizational assessment*

- **Emotional** - create interactions that are kind, calm, reassuring, safe, strengths-based and respectful (psychologically safe)

Trauma-Responsive, pages 16-17
6. Encourage the patients’ voice and choice, monitor their perception of care, and sustain the work.
6-Steps

1. Complete organizational self-assessment (Trauma-Aware)
2. Educate staff (Trauma-Sensitive)
3. Engage leadership – policy, procedures & practice (Trauma-Responsive)
4. Screen for trauma (Trauma-Responsive)
5. Ensure safe environment (Trauma-Responsive)
6. Encourage the patient voice (Trauma-Informed)
Still fairly new (Nov) requirement – Nursing Home experts anticipate – focus on 4 key areas….

Is the site-
1. Assessing for past trauma
2. Developing care plan to address past trauma
3. Providing care to treat past trauma
4. Assuring staff competency in recognizing and caring for trauma survivors (Gifford, 2019)
Fun Way to Remember…

- What is an ACE? How many ACEs have you had?
- The 3E’s (definition of trauma)
- What happened to you? vs. What is wrong with you?
- Universal precautions and trauma-informed lens
- The 4R’s
- The core principles
Trauma-Informed Organizations

- Increases safety for all
- Improves the social environment in a way that improves relationships for all
- Cares for the caregivers
- Increases the quality of services
- Reduces negative encounters and events
- Creates a community of hope and health
- Increases success and satisfaction at work
Final Thoughts

- Trauma-Informed Care is not a destination; it is a process and a way of doing business.
- Use a “trauma-informed lens”.
- What kind of nifty mottos or slogans can you develop to represent your trauma-informed organization? **Hear with Your Heart**
  
  And finally…

- “Hurt people hurt people.”
Gather your implementation team and Complete the self-assessment
Begin Your Trauma-Informed Care Journey

Trauma-Aware → Trauma-Sensitive → Trauma-Responsive → Trauma-Informed

Download the Change Package

healthcentricadvisors.org/tic
Chat In

We’d love to hear from you…

Please share your questions, comments and experiences via chat or on the phone line *(to unmute line press #6)*
Before you go… we invite you to

Improve **Nursing Home Quality** & Enhance the **Health of Your Community**

Working with **1,751** of the nursing homes across the network – enroll today

Supporting **82** Community of Care coalitions across the network – contact us to see if there is a coalition in your community

Email … [QIO-Info@ipro.org](mailto:QIO-Info@ipro.org)

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References


