



Trauma-Informed Care



*Division of Nursing
Homes*

Welcome. This is the Trauma-Informed Care training. This presentation will provide training for F699 Trauma Informed Care and F656 Comprehensive Care Plans. For detailed information about these two new requirements, please refer to Appendix PP in the State Operations Manual (SOM).

Overview

- New requirements and guidance for F699 and F656
- The intent of F699 and F656
- Definitions associated with culturally-competent and trauma-informed care
- Key elements of noncompliance
- Investigative summary and examples of noncompliance
- Comprehensive Care Planning
- Where to investigate concerns related to culturally-competent and trauma-informed care

In this presentation, I will provide an overview of the requirements, intent, interpretive guidance, and investigative protocol for F699 and F656. In addition I will highlight where to investigate concerns regarding F656.

F699 Trauma-Informed Care

§483.25(m): *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.*



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Under F 699 Trauma informed care, the facility must ensure that trauma survivors receive trauma-informed, culturally competent care accounting for residents' experiences and preferences to avoid triggers leading to retraumatization.

Intent of Requirements



To ensure facilities deliver care and services which:

- Meet professional standards.
- Use approaches which are culturally-competent;
- Account for residents' experiences and preferences;
- Address the needs of trauma survivors; and

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Now lets discuss the intent of Trauma informed care. This requirement ensures that facilities provide care to trauma survivors that meets professional standards and is culturally competent. In addition, the care that facilities provide account for experiences and preferences of the residents and addresses the needs of trauma survivors.

Definitions

Trauma

- Results from an event, series of events, or set of circumstances
- Physically or emotionally harmful or life threatening
- Has lasting adverse effects on an individual's functioning, and mental, physical, social, emotional, or spiritual well-being

Trauma-Informed Care

- An approach to delivering care that involves:
- Understanding, recognizing and responding to the effects of all types of trauma;
- Recognizing the widespread impact and signs and symptoms of trauma in residents; and
- Avoiding re-traumatization

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In Appendix PP, we provide definitions of key terms. Here are 2 terms that I would like to highlight.

Trauma results from an event, a series of events, or set of circumstances. Can be physically or emotionally harmful or life threatening and Has lasting adverse effects on an individual's functioning, and mental, physical, social, emotional, or spiritual well-being.

Trauma-Informed Care is an approach to delivering care that involves understanding, recognizing and responding to the effects of all types of trauma; Recognizing the widespread impact and signs and symptoms of trauma in residents; and avoiding re-traumatization

Studies have shown that 70% of adults in the United States have experienced some type of traumatic event and there is a direct correlation between trauma and physical health conditions.

Trauma Survivors Include:

- Military veterans
- Survivors of disasters (natural and human-caused)
- Survivors of Abuse (physical, sexual, and/or mental)
- History of homelessness
- History of imprisonment
- Traumatic loss of a loved one

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Here are just a few examples of individuals who would be considered trauma survivors. Using a multi-pronged approach to identify a resident's history of trauma and cultural preferences, facilities should ask the resident about a history of trauma, observe the resident, use screening and assessment tools, and obtain social history/assessment.

Triggers and Re-traumatization

Facilities must identify triggers which may re-traumatize residents with a history of trauma.

“A trigger is a psychological stimulus that prompts recall of a previous traumatic event, even if the stimulus itself is not traumatic or frightening.”

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After the facility identifies who their trauma survivors are, the facility must identify what are the triggers that can prompt recall of the previous traumatic events. Even though triggers are highly individualized, there are a few common triggers that we should keep in mind such as sight, smell, sound and touch. For instance, the triggers for a survivor of abuse may be an object, perfume, body odor, tone of voice or physical touch.

Importantly, facilities must identify triggers which may cause re-traumatization of the resident.

Definitions

Culture

- Conceptual system that structures the way people view the world;
- Set of beliefs, norms, and values

Cultural Competency

- “A developmental process in which individuals or institutions achieve increasing levels of awareness, knowledge, and skills along a cultural competence continuum...”

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It is important to know what culture is and what cultural competency is.

Culture is a concept, beliefs, norms and values of what and how people view the world.

Cultural competence, also known as Cultural Responsiveness, Cultural Awareness, and Cultural Sensitivity, involves valuing diversity, conducting self-assessments, avoiding stereotypes, managing the dynamics of difference, acquiring and institutionalizing cultural knowledge, and adapting to diversity and cultural contexts in communities.

Key Elements of Noncompliance

Facility failed to do one of the following:

- Identify cultural preferences of residents who are trauma survivors.
- Identify a resident's past history of trauma
- Identify triggers which cause re-traumatization
- Use approaches that are culturally competent and/or are trauma-informed



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The demographics of the facilities are changing in these days. In addition to racial and ethnic diversity, the facility must also accommodate religious preference, sexual orientation, and gender identity. Therefore, surveyors should use the Facility Assessment to identify resident populations having unique cultural characteristics, such as language, religious or cultural practices, values, and preferences in that particular facility.

When determining the compliance of F699, surveyors should focus on the four key elements listed on the slide.

Did the facility recognize a resident's cultural preference, past history of trauma and triggers that cause re-traumatization? Did the facility provide interventions that are culturally competent and/or are trauma-informed?

Noncompliance severity levels

Severity Level 4

Severity Level 3

Severity Level 2

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If the facility failed to do any of the key elements from the previous slide, surveyors should consider the negative outcome to the resident and the facility interventions to address the resident's history of trauma. Because of the potential for psychosocial harm, noncompliance at F699 should generally not be cited at severity level 1.

CMS provides examples of severity level 2, 3 and 4 non-compliance in the interpretive guidance for F699. For details information, please refer to Appendix PP.

F656 Comprehensive Care Plans

§483.21(b)(3) The services provided or arranged by the facility, as outlined by the comprehensive care plan, must –

CULTURE



(b)(3)(iii) Be culturally-competent and trauma-informed

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Besides looking at F699, trauma informed care, CMS also adds a new requirement in F656 comprehensive care plan, which is for culturally-competent and trauma-informed.

F656 - Intent

To ensure each resident's person-centered comprehensive care plan includes approaches that address the resident's cultural preferences and reflects trauma-informed care when appropriate.



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The intent of this new requirement is to ensure that each resident's comprehensive care plan includes approaches to address the resident's cultural preferences and reflects trauma-informed care when appropriate.

F656 Comprehensive Care Plans

When reviewing a resident's care plan, the surveyor should determine if the care plan:

- Describes the resident's cultural preferences, values and practices;
- Includes approaches to meet the resident's cultural needs and preferences; and
- For residents with a history of trauma, if the care plan describes interventions accounting for the resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization.

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If concerns are identified related to how the facility addresses cultural needs and preferences, preferences, the surveyor should review the resident's care plan and determine if the care plan describes the resident's cultural preferences, values, and practices and includes approaches to meet the resident's cultural needs.

For concerns about how a facility cares for a resident with a history of trauma, review the care plan to determine if it describes interventions which take into account the resident's experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization and psychosocial harm.

Care Planning

To address trauma and cultural preferences, facilities should:

- Collaborate with survivors, family, friends, and other health care professionals to obtain history of trauma
- Identify triggers which may re-traumatize the resident and develop interventions to decrease or mitigate exposure to triggers
- It is important for facility staff to understand the cultural preferences of the individual and how they impact the delivery of care

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When care planning to address a resident's history of trauma and/or a resident's cultural preferences, there should be evidence that the facility collaborated with other trauma survivors, family, friends, and health care professionals to understand the resident's trauma experience. This includes finding out triggers that may re-traumatize the resident and developing interventions to help avoid these triggers.

With regard to care planning to address cultural needs and preferences, nursing home staff should consider aspects of cultural preferences which may include:

- Communication
- Food preparation
- Clothing preferences
- Physical contact or provision of care by a person of the opposite sex
- Cultural etiquette (voice volume, eye contact)

Where to Investigate

Refer to:

- F656: for concerns related to the development or implementation of culturally-competent and/or trauma-informed care plan interventions
- F699: for concerns related to outcomes or potential outcomes to the resident related to culturally-competent and/or trauma-informed care
- F726: for concerns related to the knowledge, competencies or skills of nursing staff to provide culturally-competent and trauma-informed care
- F742: for concerns related to treatment and services for resident with history of trauma and/or post-traumatic stress disorder

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The tags listed here show where to investigate concerns related to culturally competent care and trauma-informed care.

Refer to F656, Developing and Implementing the Comprehensive Care plan for concerns related to care planning address cultural needs and preferences and/or needs related to a history of trauma.

For concerns related to resident outcomes or potential outcomes from how the facility provides culturally competent or trauma-informed care, refer to F699, the new tag for Trauma-Informed Care.

For concerns related to the knowledge, competencies, or skills of the facility's nursing staff in providing culturally competent and trauma-informed care, refer to F726, the tag for Competent Nursing Staff.

Lastly, if there are concerns related to the treatment and services needed for or provided to a resident with a history of trauma and/or post-traumatic stress disorder, these concerns would be investigated at F742, the tag for Treatment and Services for Mental and Psychosocial Concerns

Summary

F699 and F656 are new Phase 3 requirements

Definitions have been included for key terms associated with culturally-competent and trauma-informed care

Key elements of noncompliance have been developed to direct surveyors when to cite deficient practices

Level of noncompliance

Requirements related to Culturally-competent and trauma-informed care are located in F699, F656, F726 and F742

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In summary, there are new requirements related to culturally competent care and trauma informed care which can be found at F699 and F656.

New key terms have been defined.

CMS has developed new key elements of noncompliance to help surveyors determine when to cite deficient practice. Surveyors will also need to determine the level of severity and new examples have been provided in the interpretive guidance.

Other requirements related to culturally competent and trauma-informed care can be found at F726 and F742.

Questions

If you have any questions, please submit them to the DNH Triage mailbox:

DNH_TriageTeam@cms.hhs.gov



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For questions about Trauma Informed Care, F699, please send them to the DNH Triage mailbox at: DNH_TriageTeam@cms.hhs.gov

Thank you for your continued efforts towards our shared goal in providing quality care to America's nursing home residents