

Virginia Long-Term Care Clinician Network Monthly Forum

January 17, 2024



Welcome!

As you join, please turn on cameras and mic or unmute your phone and say hello to your Virginia colleagues. We all have a common bond: the choice to serve in a unique area of health care. During the presentation we can mute ourselves until it is time for more interaction.



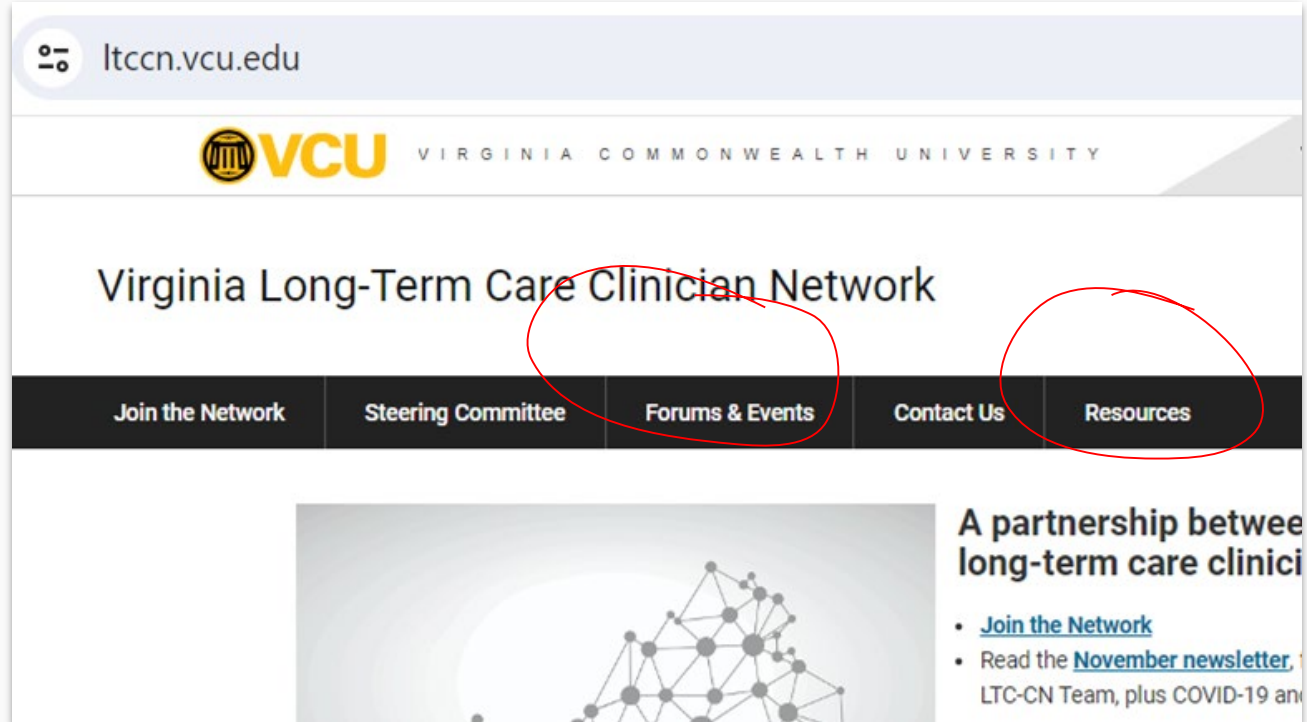
Let's Network!

Please use the chat box:

- **Your name and region/city/town**
- **Do you think you impact the stability of staffing? Has staffing gotten any better lately?**

*Thank you for taking care of Virginia's residents of PACE,
assisted living and nursing homes!*

To find us, resources or archived Forum presentations, come to our website.

A screenshot of the website itccn.vcu.edu. The browser address bar shows the URL. The VCU logo and name are at the top. The main heading is "Virginia Long-Term Care Clinician Network". A dark navigation bar contains five items: "Join the Network", "Steering Committee", "Forums & Events", "Contact Us", and "Resources". The "Forums & Events" and "Resources" items are circled in red. Below the navigation bar is a banner with a network diagram and the text "A partnership between long-term care clinicians". A list of links includes "Join the Network" and "Read the November newsletter".

itccn.vcu.edu

VCU VIRGINIA COMMONWEALTH UNIVERSITY

Virginia Long-Term Care Clinician Network

Join the Network Steering Committee **Forums & Events** Contact Us **Resources**

A partnership between long-term care clinicians

- [Join the Network](#)
- Read the [November newsletter](#), LTC-CN Team, plus COVID-19 and

Welcome New Members!

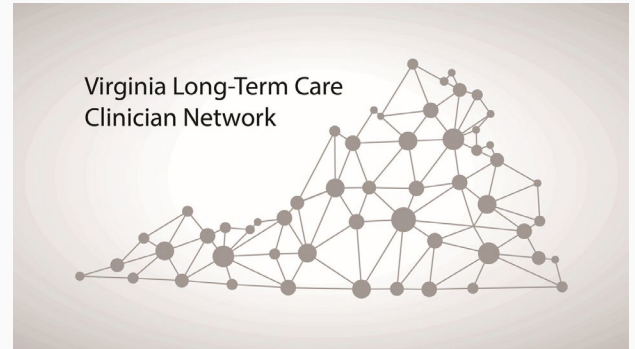
Debbie Bennett, Public Health Specialist

Denise Watson, RN

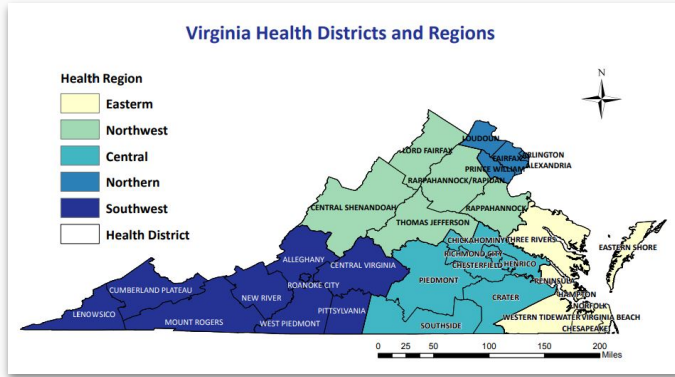
Lydia Brown, Mitigation Specialist

Tatsiana Khalmanskaya, FNP-C

Tizita Tefera, DON



Who are we?



Staff

Christian Bergman, MD - Principal Investigator
Bert Waters, PhD - Project Director
Laura Finch, MS, GNP, RN - Clinical Coordinator
Kim Ivey, MS - Communications / Administration
Jenni Mathews - Registration / Evaluation Coord.
Kristin MacDonald, MS, RD - News & Content Editor

Steering Committee

Eastern Region: Rob Walters, MD & Mary Mallory, NP

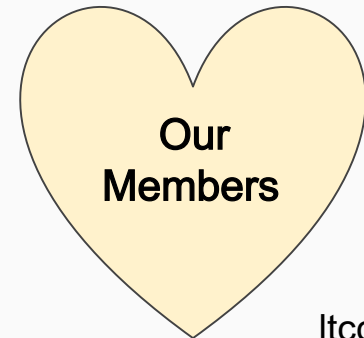
Northwestern Region: Jonathan Winter, MD

Central Region: William Reed, MD & Tangelia Crawley-Hardy, NP

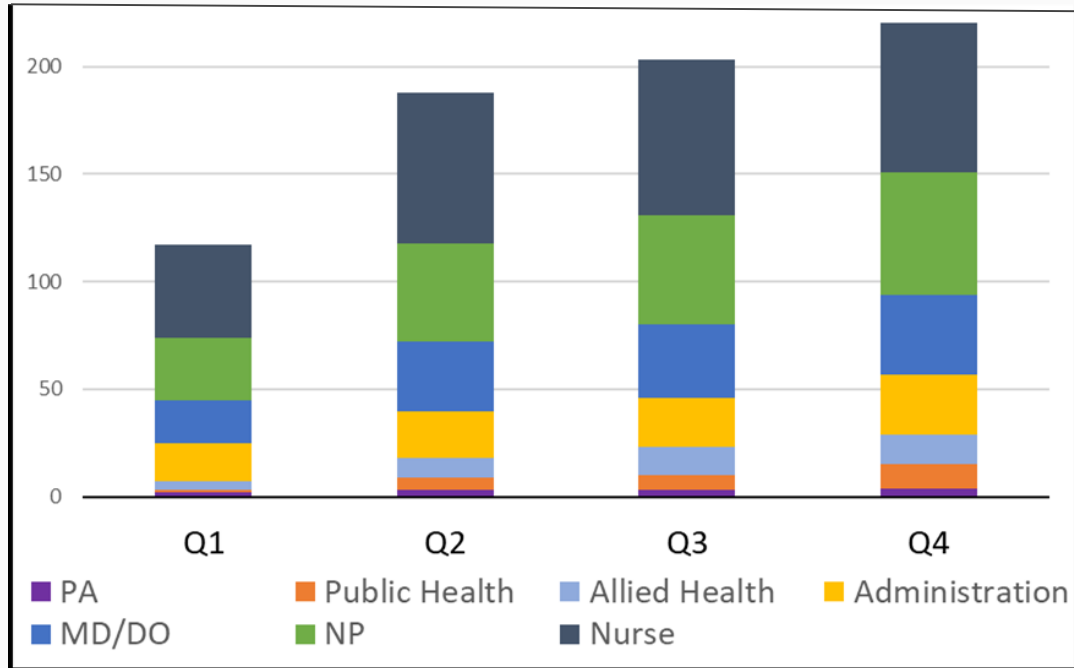
Southwest Region: Katherine Coffey-Vega, MD & Jamie Smith, NP

Northern Region: Aabha Jain, MD & Noelle Pierson, NP

Statewide: Shawlawn Freeman-Hicks, NP



Our Network is 227 members strong!



Poll Question: please comment further

What diagnoses are keeping you busy in LTC these days?

(Especially post-holidays!)

A - CHF exacerbations

B - Respiratory viruses

C - Seasonal depression

D - Sepsis

E - All of the above

Poll Question 2

Pediatric/adolescent and primary care offices are using mental health screenings when they obtain vital signs and medication lists. Is your LTC community incorporating mental health screenings during routine assessments?

1. Yes
2. No

Person-Centered Trauma- Informed Care with Nursing Facility Residents

Gigi Amateau, PhD

1/17/2024



VCU College of Health
Professions
Gerontology



Learning Objectives

- Identify key principles of person-centered, trauma-informed care.
- Identify practical strategies for integrating trauma-informed interactions with nursing facility residents.
- Know where to locate additional resources related to person-centered trauma-informed care in nursing facilities.

Trauma-Informed Care: Why Now?

- CMS Phase 3 regulations
- Extension of person-centered care
- Prevalence of PTSD and Mental Health conditions in nursing homes
- Health care settings, including long-term often traumatize or re-traumatize patients and residents
- Recovery, healing and growth as we enter a different phase of COVID-19



Mrs. G

Mrs. G, a 94-year-old woman, was admitted after a fall at home. Mrs. G's medical history included Alzheimer's disease. Mrs. G would become distressed particularly during personal care. This distress was characterized by verbal and physical aggression, including biting, spitting, punching, and grabbing staff. Four staff were required to assist Mrs. G with personal care. Staff reported being afraid of her and would attend to her personal care very quickly. Mrs. G's family were distressed by her behavior, telling staff that these reactions were out of character for her. Staff could not identify the triggers for this behavior until a family member asked for a private meeting and disclosed that Mrs. G had experienced sexual abuse in the past. Together, family and staff identified that personal care delivered by male staff was triggering for Mrs. G, and staff efforts to persist with care were interpreted by Mrs. G as disrespectful and untrustworthy.

Trauma-Informed Care Aims to

- Mitigate re-traumatization or trauma symptoms by providing safety
- Alleviate resident physical, social, spiritual, psychological stress
- Open pathways to healing and growth
- Improve health outcomes
- Increase resident engagement
- Attune to the distinct experiences of residents



*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 functioning and mental, physical, social, emotional, or spiritual well-being.

What is Trauma?

Potential Sources of Traumagenic Experiences Among Residents



Individual

- Adverse childhood experiences (ACEs)
- Intimate partner violence
- Death or loss of important person
- Abandonment
- Exposure to war or torture
- Bullying | Discrimination | Marginalization
- Relocating to a new home/ housing loss
- Accidents, medical events, crime victimization
- Exposure to human, animal, or environmental suffering

Collective

- Structural racism, ageism, and other forms of marginalization and discrimination
- Poverty
- Diaspora, exile, statelessness
- Intergenerational/historical suffering
- Acute events (COVID-19)
- Historical atrocities: slavery, genocide, the Holocaust

Principles of Trauma-Informed Approaches



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Safety: Does this cultivate a sense of safety?

Respect: Am I and others showing respect?

Trust: Does this build trust?

Awareness Sensitive Responsive: 3 Questions

Everyone experiences adversity differently.

Trauma's influence extends across the lifespan.

Trauma-informed care is not trauma treatment.

All have a role to play in creating trauma-informed cultures.

TIC asks, "what happened to you?" rather than "what's wrong with you?"

Trauma-informed change occurs at the individual, organizational and system levels.

Trauma-informed approaches offer universal benefits.

We can each take practical steps to ease, soothe, and comfort people in our care.

In Summary

Trauma -Informed Care Toolkit for Nursing Homes

**COMING
SOON**

Aging with a History of Trauma:

Strategies to Provide Person-Centered,
Trauma-Informed Care to Older Adults
and Family Caregivers



The Center on Holocaust, Genocide and Trauma Studies
Institute on Aging and the Elder



SAFETY

Physical and psychological safety are prioritized within the organization: for staff and people who are served. Understanding how people perceive safety is key.



TRUSTWORTHINESS & TRANSPARENCY

In its operations and decisions, organizational business is conducted with transparency. A goal exists to build trust among all who interact with the organization.



PEER SUPPORT

People's stories and lived experiences are valued as key to building safety, establishing trust, and growth after healing. Mutual self-help and peer support are valued as vehicles for recovery and growth.

6 Principles of Trauma-Informed Approaches



COLLABORATION & MUTUALITY

Everyone has a role to play in a trauma-informed approach. Power differences between staff and people being served and within staff are leveled in favor of shared decision-making.



EMPOWERMENT, VOICE, & CHOICE

Individuals' strengths and experiences are recognized throughout the organization. The culture fosters a belief in resilience and in the ability to promote recovery from trauma.



CULTURAL, HISTORICAL, & GENDER ISSUES

Moves past cultural biases; leverages cultural connections for healing; gender responsive services; policies and protocols respond to racial, ethnic and cultural needs of people served; recognizes and addresses historical trauma.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by
SAMHSA's Trauma and Justice Strategic Initiative
2014

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Open Forum

Share an idea. Anything
you need help with?

What's new in your
Virginia Health District?
Any announcements?



Chat Waterfall

*Answer in chat, but do not press
send until we count down:*

As we enter state budget time, if you had all the money in the world, how would you improve where you work in LTC?



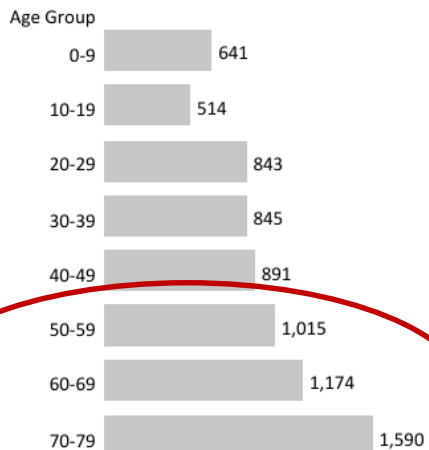
COVID-19 Update: ED Diagnosis, Case Rate/100,000 by Age, Inpatient Beds in Use

3.79 percent of emergency department visits were diagnosed for COVID-19 in the week ending 01/06/2024

4 week trend in COVID-19 Diagnosis in ED Visits



Case Rate per 100,000 by Age Group - 35 Selected Districts - Past 13 Weeks



5.08 percent of inpatient beds in use for COVID-19 for the week ending 01/13/2024

4 week trend in percent of total inpatient beds used by COVID-19 patients



Monthly Forum - Every 3rd Wednesday, 4-5 PM

Forum topics will be in areas of interest to clinicians working in long term care. We will continue to integrate COVID-19 topics in our discussion. Share the membership QR code with your work colleagues so they can get a unique link.

Upcoming Forums



- February 21, 2024 **COPD Update**

Do any of our Network members want to present a Forum topic?

Email us: ltccn@vcu.edu



Accreditation

 <p>JOINTLY ACCREDITED PROVIDER™ INTERPROFESSIONAL CONTINUING EDUCATION</p>	<p>In support of improving patient care, VCU Health Continuing Education is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.</p>
	<p>VCU Health designates this live activity for a maximum of 1.00 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.</p>
	<p>VCU Health Continuing Education designates this activity for a maximum of 1.00 ANCC contact hours. Nurses should claim only the credit commensurate with the extent of their participation in the activity.</p>
 <p>PA AAPA CATEGORY 1 CME</p>	<p>VCU Health Continuing Education has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 1.00 AAPA Category 1 CME credits. PAs should only claim credit commensurate with the extent of their participation.</p>

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Disclosure of Commercial Support:

We acknowledge that no commercial or in-kind support was provided for this activity.

Claiming Credit

Submit Attendance

1. If you have **not participated in a VCU Health CE program in the past:**
 - a. Go to vcu.cloud-cme.com to create an account – make sure to add your cell phone number
2. Once you have registered or if you **have participated before:**
 - a. Text the course code to (804) 625-4041.
 - b. The course code for today's event is: ##### (within 5 days of the event)

Complete Evaluation & Claim Credit, (within 60 days of the event)

- 1) Go to <https://vcu.cloud-cme.com>
- 2) Sign in using email address used above
- 3) Click “My CE”
- 4) Click “Evaluations and Certificates”

OR

- 1) Open the CloudCME app on your device
- 2) Click “My Evaluations”
- 3) Click the name of the activity to complete evaluation

Need help? ceinfo@vcuhealth.org

Thank you for joining us!

Next Newsletter - coming to you in **FEBRUARY**(date change)

Next Monthly Forum - **February 21, 4pm - a COPD update** Scroll down in the Zoom registration confirmation email you received today for a calendar link you can use to update your calendar automatically with your Zoom link for future meetings.

On your way out of Zoom, kindly answer a brief feedback survey.

Stay in touch! Email us at ltccn@vcu.edu

Invite your colleagues! They can register at ltccn.vcu.edu

Disclosures

The speakers and presenters for today have no relevant financial conflicts of interest.

Funding Disclosure: This work is supported by the Virginia Department of Health, Office of Epidemiology, Division of Healthcare-Associated Infections (HAI) and Antimicrobial Resistance (AR) Program and the Centers for Disease Control and Prevention, Epidemiology and Laboratory Capacity (ELC) Program under federal award number NU50CK000555 and state subrecipient number VCULTC603GY23 in the amount of \$820,002. The content presented is solely the responsibility of the authors and does not necessarily represent the official views of the Centers for Disease Control, the Virginia Department of Health, or Virginia Commonwealth University.

Virginia Long-Term Care Infrastructure Pilot Project (VLIPP) funding will be utilized in nursing homes and long-term care facilities to assist with the ongoing COVID-19 response and to bolster preparedness for emerging infections. The projects are based on identified needs that align with funding objectives



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