Checklist for Creating a Trauma-Informed Environment in Medical Respite
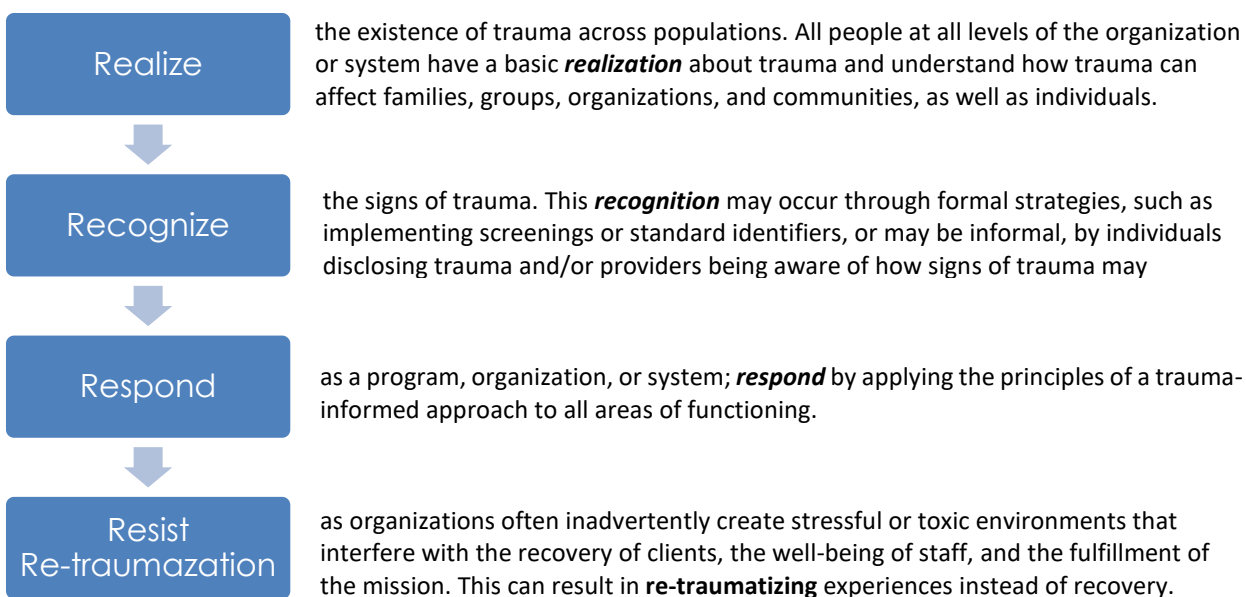
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NATIONAL INSTITUTE *for* MEDICAL RESPITE CARE

Introduction

Medical respite care provides post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in shelter, but who do not require hospital level care. This short-term, residential care allows people an opportunity to *rest, recover,* and *heal* in a safe environment while accessing needed clinical care and support services. In order to provide an environment for healing, medical respite programs should integrate trauma-informed care throughout their practices.

Implementing a trauma-informed approach uses 4 Key Assumptions developed by the Substance Abuse and Mental Health Services Administration [SAMHSA]:

Realize	the existence of trauma across populations. All people at all levels of the organization or system have a basic **realization** about trauma and understand how trauma can affect families, groups, organizations, and communities, as well as individuals.
Recognize	the signs of trauma. This **recognition** may occur through formal strategies, such as implementing screenings or standard identifiers, or may be informal, by individuals disclosing trauma and/or providers being aware of how signs of trauma may
Respond	as a program, organization, or system; **respond** by applying the principles of a trauma-informed approach to all areas of functioning.
Resist Re-traumazation	as organizations often inadvertently create stressful or toxic environments that interfere with the recovery of clients, the well-being of staff, and the fulfillment of the mission. This can result in **re-traumatizing** experiences instead of recovery.

There are many ways in which medical respite programs can integrate trauma-informed practices. **This guide focuses on the trauma-informed environment – or ways in which medical respite programs can set up the *physical space* to provide choice, safety, and promote health and well-being**.

If programs or providers are new to Trauma-Informed Care, it is recommended to view the following:

Trauma Informed Care in Medical Respite Online Course

Trauma Informed Care Webinar Series

For an introduction to facilitating a trauma-informed environment in medical respite, please view:

Trauma Informed Environment in Medical Respite Care Webinar

To learn about including people with lived experience in the design of medical respite, please read:

Design Considerations for the Development and Implementation of a Medical Respite for Older Adults Experiencing Homelessness in Metro Vancouver

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Components of a Trauma-Informed Environment

> "*Trauma-informed design aims to promote healing and improved physical health,*
> *and overall well-being of individuals and their communities.*"

The Trauma-Informed Design Framework, 2020

Within medical respite care, integrating trauma-informed design includes providing opportunities for **choice**, ensuring **safety**, and **promoting health and well-being**. Each of these concepts are defined further below, which will provide a helpful context for using the checklist in the next section.

Choice

Choice emphasizes individual access, agency, and ownership, along with elements of personalization and engagement with the space (Trauma-Informed Design Framework, 2020).

Due to the individual nature of trauma and traumatic experiences, it is important to remember that what is supportive or safe for one person is not necessarily safe or supportive for someone else. However, programs can offer choice in how consumers interact with the environment, requirements, and resources available within the space. Providing opportunities for choice can increase a person's ability to both avoid and manage triggers to trauma and trauma-related feelings.

Examples of **Choice** in medical respite programs include:
- Flexibility in the schedule of activities
- Option of whether to participate in certain activities or to be around others
- Different types of lighting
- Different seating options
- Options to add bedding (extra blankets, pillows) as needed

Safety

Safety involves the physical environment and emotional and psychological well-being, all of which are equally critical aspects of feeling safe (NHCHC, 2016).

Achieving agreement on a definition of safety (and safe spaces) is difficult, because it is highly influenced by personal perceptions, individual experiences, and personal reactions to stress and environments. However, it is possible to consider a wide range of possibilities that can have broad benefits, including common triggers and elements of safe and comforting spaces (NHCHC, 2017).

Examples of **Safety** in medical respite programs include:
- ADA accessible spaces (especially bathrooms, dining, and sleeping spaces)
- Emergency information and procedures easily accessible to all consumers
- Well-lit hallways and common areas free of clutter
- Installing reverse motion detectors inside of bathrooms
- Personal storage areas or containers that can be locked to hold consumers' belongings
- Privacy in spaces to complete health care and self-care related activities

Promotes Health and Well-Being

Health and well-being is defined as how people think, feel, and function—at a personal and social level—and how they evaluate their lives as a whole. How people think, feel, and function affects their beliefs about whether their lives have meaning and purpose (Promoting Health and Well-being in Healthy People 2030).

Specific to the physical space of a medical respite program, components of health and well-being include opportunities for:
- o   Health promotion, which is the process of enabling people to increase control over, and to improve, their health (Promoting Health and Well-being in Healthy People 2030).
- o   Community, which responds to the ways that residents may engage (with staff and other clients), through placement and design of programmatic, office, and public gathering spaces that can facilitate relationship building (Trauma-Informed Design Framework, 2020).
- o   Comfort, which includes aspects such as the quality and variety of materials; sensory experiences of light, sound, and smell; and elements of nature and art that can bring calm or spark joy (Trauma-Informed Design Framework, 2020).

Examples of **Promoting Health and Well-Being** in medical respite programs include:
- o   Opportunity for consumers to provide feedback on the environment/medical respite space and a process for responding to issues and recommendations
- o   Clean and habitable spaces throughout the program, supported by policies and procedures to address environmental issues (cleaning up spills, responding to maintenance needs, sterile spaces to complete health care and dispose of waste)
- o   Opportunity to participate in formal and informal social activities
- o   Spaces where consumers can go to be calm or quiet
- o   Spaces where consumers can go to engage in meaningful activities (such as leisure)
- o   Spaces where consumers can easily engage in priority activities for self and health management (e.g., laundry, completing paperwork, phone calls, outdoor spaces)

Using the checklist in the next section of this guide, programs can evaluate their spaces to identify ways in which they integrate strategies for a trauma-informed environment, and areas which can be focused for improvement.

Program Checklist

The program checklist is intended to be used by programs to evaluate their physical environment. This evaluation process can identify strengths of the program as well as areas for improvement. The checklist is divided into two sections: the Physical Space and Consumer Experience. Each of the different components of the trauma-informed environment are depicted by color.

Choice	Safety	Promoting Health & Well-Being

How to use this checklist:

- o Programs should use the checklist in each space of the medical respite program.

- o Programs are encouraged to engage consumers as part of the process, in addition to evaluating from the provider perspective.

- o Multiple program staff should engage in the process, as each person will interact with the space differently.

Each section includes a checklist of considerations that support a trauma-informed environment. For each item, programs can use the following rating scale:

☐ Yes – this exists within our program and is working well
☐ No – our program does not have this at all
☐ Needs improvement – this exists, but could use additional work, modification, or feedback

Once the review of the space is complete, programs can use the Plan for Improvements section to identify next steps to address issues or needed improvements identified through the checklist.

Physical Space
Structural elements of the program

Cleanliness		
Item to rate	**Rating**	**Comments**
Common areas are cleaned regularly (e.g., bathrooms, dining areas).	☐ Yes ☐ No ☐ Needs Improvement	
Individual or private consumer areas are cleaned regularly (e.g. bedrooms).	☐ Yes ☐ No ☐ Needs Improvement	
Consumers have access to cleaning supplies to clean personal use areas as desired.	☐ Yes ☐ No ☐ Needs Improvement	
Emergency cleaning issues are handled immediately (e.g., spills, used items).	☐ Yes ☐ No ☐ Needs Improvement	
Equipment and furniture are maintained and cleaned regularly.	☐ Yes ☐ No ☐ Needs Improvement	
There are written protocols to address infection control (Standard 2).	☐ Yes ☐ No ☐ Needs Improvement	
There are written protocols to address pests and infestation (Standard 2).	☐ Yes ☐ No ☐ Needs Improvement	
Waste and biohazard waste receptacles are easily accessible to staff and consumers and are emptied regularly.	☐ Yes ☐ No ☐ Needs Improvement	

Accessibility[1]		
Item to rate	**Rating**	**Comments**
Entrances and exits are accessible to consumers with varying mobility needs and devices [e.g., ramps instead of stairs, automatic doors, handles instead of knobs].	☐ Yes ☐ No ☐ Needs Improvement	
Spaces for ADLs are accessible, include or have space to include durable medical equipment (e.g., shower chairs, grab bars), and are safe to use by consumers with a variety of mobility and functional needs.	☐ Yes ☐ No ☐ Needs Improvement	
Spaces for ADLs include components to increase safety, such as non-slip flooring and bathmats, and adequate lighting.	☐ Yes ☐ No ☐ Needs Improvement	
Clear signage indicates emergency and central spaces.	☐ Yes ☐ No ☐ Needs Improvement	
Information regarding programming, requirements, and staff availability is easy to access.	☐ Yes ☐ No ☐ Needs Improvement	
Printed information and materials follow health literacy guidelines with large print.	☐ Yes ☐ No ☐ Needs Improvement	
Spaces offer a variety of seating (e.g., chairs with and without armrests, tables at varying heights or are adjustable, able to support heavier/varying weights).	☐ Yes ☐ No ☐ Needs Improvement	
Clear hallways with no or minimal clutter.	☐ Yes ☐ No ☐ Needs Improvement	
Adequate lighting throughout spaces, especially walkways and bathrooms.	☐ Yes ☐ No ☐ Needs Improvement	
Furniture can accommodate varying body types/sizes.	☐ Yes ☐ No ☐ Needs Improvement	

[1] *Please note, this is not a substitution for full ADA building compliance. Programs can review ADA guidelines for accessibility here: https://www.ada.gov/*

Accessibility[1]		
Item to rate	**Rating**	**Comments**
Communal spaces are accessible to ensure equal access to participation in group/social activities.	☐ Yes ☐ No ☐ Needs Improvement	
Programs can provide accessible transportation to consumers.	☐ Yes ☐ No ☐ Needs Improvement	

Navigation		
Item to rate	**Rating**	**Comments**
Entrances and exits are clearly marked, especially those to be used in an emergency.	☐ Yes ☐ No ☐ Needs Improvement	
Staff offices or meetings spaces are easily identifiable.	☐ Yes ☐ No ☐ Needs Improvement	
Options for signage/indicators that a space is "in use" or "occupied".	☐ Yes ☐ No ☐ Needs Improvement	
Visuals and listed information of staff and staff roles.	☐ Yes ☐ No ☐ Needs Improvement	
Visuals and listed information of where additional external resources are located (e.g., if meals are on a different floor, laundry services outside of the building).	☐ Yes ☐ No ☐ Needs Improvement	
Visuals, signage, or listed information of where consumers can access supplies and resources.	☐ Yes ☐ No ☐ Needs Improvement	

Design		
Item to rate	**Rating**	**Comments**
Colors of the space are welcoming or calming and avoid similarities to institutionalized spaces. (Note, different colors can be used in different spaces, e.g., cool/calming colors in sleeping areas versus bright, natural colors in activity areas)	☐ Yes ☐ No ☐ Needs Improvement	
Access to, or inclusion of, natural light throughout the space.	☐ Yes ☐ No ☐ Needs Improvement	
Inclusion of plants or other "green" elements throughout the space.	☐ Yes ☐ No ☐ Needs Improvement	
Design, art, or decorative elements are welcoming to those with a variety of cultural backgrounds, ages, abilities, and other characteristics.	☐ Yes ☐ No ☐ Needs Improvement	
The space avoids use of images or elements that are insensitive or reflect racist/oppressive imagery/ideas.	☐ Yes ☐ No ☐ Needs Improvement	
Fabrics and materials are comfortable and able to easily be cleaned.	☐ Yes ☐ No ☐ Needs Improvement	

Consumer Experience

How the person can interact with the space, meet personal needs, and the policies and elements of time that influence these.

Safety		
Item to rate	**Rating**	**Comments**
Spaces for personal care can be locked or prevent unexpected interruption or intrusion. (Note, staff may have emergency access via keys to monitor and ensure individual safety).	☐ Yes ☐ No ☐ Needs Improvement	
Individual and/or All Gender bathrooms and showers are available throughout the program.	☐ Yes ☐ No ☐ Needs Improvement	
Staff knock or make their presence known before entering private spaces. Policies around when staff may enter personal spaces (e.g., emergencies, concerns of overdose) are clearly communicated to consumers.	☐ Yes ☐ No ☐ Needs Improvement	
There is sufficient storage space for individuals to keep personal belongings while in the program.	☐ Yes ☐ No ☐ Needs Improvement	
Consumers have access to locked storage to keep valuable and priority personal items (such as documents, medications, cell phones).	☐ Yes ☐ No ☐ Needs Improvement	
Consumers have access to personal belongings without having to ask or engage with staff.	☐ Yes ☐ No ☐ Needs Improvement	
Medications are stored securely by the consumer or program. Program secured medications are accessible to the consumer 24/7.[2]	☐ Yes ☐ No ☐ Needs Improvement	
Policies and procedures are present to prevent loss of belongings and respond to consumer reports of missing/stolen items.	☐ Yes ☐ No ☐ Needs Improvement	
Having policies and procedures around weapons, storage of weapons, and actions when found onsite.	☐ Yes ☐ No ☐ Needs Improvement	

Privacy		
Item to rate	**Rating**	**Comments**
Consumers can complete self-care activities privately (e.g., doors/curtains for bathing, toileting).	☐ Yes ☐ No ☐ Needs Improvement	
Consumers have a private, clean place to complete medical care (individually and/or with providers).	☐ Yes ☐ No ☐ Needs Improvement	
Consumers have space to make private phone calls without others able to hear.	☐ Yes ☐ No ☐ Needs Improvement	
Consumers have space to meet with providers (both from program and outside of program) privately.	☐ Yes ☐ No ☐ Needs Improvement	
Consumers can decline disclosing personal information to providers (unless there is significant risk to non-disclosure).	☐ Yes ☐ No ☐ Needs Improvement	
Barriers, such as sound machines or removeable curtains, are used to create private spaces as needed.	☐ Yes ☐ No ☐ Needs Improvement	

Engagement		
Item to rate	**Rating**	**Comments**
The consumer can identify their own routine for personal care, self, and health management.	☐ Yes ☐ No ☐ Needs Improvement	
Space is available to engage in group and social activities, both formal and informal.	☐ Yes ☐ No ☐ Needs Improvement	
Communal spaces are equipped with ways to engage in leisure activities (such as reading, games, music, TV).	☐ Yes ☐ No ☐ Needs Improvement	
There is space for consumers to engage in quiet or calming activities, individually and away from others.	☐ Yes ☐ No ☐ Needs Improvement	
There are facilities and spaces to engage in IADLs and other activities (e.g., laundry, making phone calls, completing paperwork).	☐ Yes ☐ No ☐ Needs Improvement	
Outdoor space is available for consumer use.	☐ Yes ☐ No ☐ Needs Improvement	
Consumers have space and opportunity to meet with family/support systems.	☐ Yes ☐ No ☐ Needs Improvement	

Plan for Improvement

Use this form to identify strengths of the program and areas for improvement. This can help identify who can address existing issues and long-term goals for overall improvements in the space.

| Identified Strengths | General Strategies for Change | Identifying a Plan |
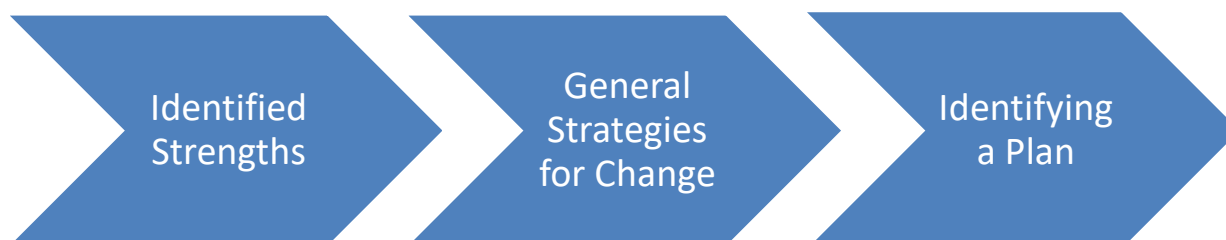
Identified Strengths:

List out what the program currently does well. What has contributed to this success? These strengths can be built upon or serve as examples for areas of improvement.

General Strategies for Change:

Strategies will be unique to each program and its available resources. However, the following can be used to generate thinking around how a program might identify and implement changes in their space:

- Have discussions and conversations with consumers to identify priorities and changes needed
- Develop or revise policies and procedures
- Train staff on trauma-informed care or identify more intensive supports to implement trauma-informed practices
- Use the Trauma Informed Organizational Toolkit to address organizational and systemic changes needed
- Use ADA technical assistance or consulting to improve accessibility of the space
- Engage with a universal design specialist, building modification specialist, or occupational therapist to determine structural and functional changes needed

Identifying a Plan

When determining next steps to address issues identified, it is helpful to consider:

- Who can approve and implement the change?
- What are the costs or resources needed for the change?
- What is the timeline or timeframe needed?

Next, use the following worksheet to identify specific actions/areas of improvement, resources, and time frame needed.

Areas for Improvement:

Physical Space	What Needs Improvement	Strategies for Improvement	Resources Needed	Timeline
Cleanliness				
Accessibility				
Navigation				
Design				

Areas for Improvement:

Consumer Experience	What Needs Improvement	Strategies for Improvement	Resources Needed	Timeline
Safety				
Privacy				
Engagement				

Areas for Improvement:

Other Areas Identified	What Needs Improvement	Strategies for Improvement	Resources Needed	Timeline

Recommended Resources

If you have specific questions about creating a trauma-informed medical respite space and would like technical assistance, please contact NIMRC through our "Contact Us" form.

Additional recommended resources include:

- ADA Technical Assistance Center

- Creating a Culture of Safety

- Design Considerations for the Development and Implementation of a Medical Respite for Older Adults Experiencing Homelessness in Metro Vancouver

- Designing for Healing, Dignity, & Joy

- Designing for Inclusion: Architectural Trends and Social Justice – webinar

- NYT Article – Why Shouldn't Housing for the Homeless be Beautiful?

- Safety in the Health Care for the Homeless Setting: Consumer Perceptions and Advice

- Trauma Informed Care in Medical Respite Care – online course

- Trauma Informed Care Webinar Series – online webinar

- Trauma Informed Design

- Trauma Informed Environment in Medical Respite Care – webinar