

RISK WATCH

THE QUARTERLY NEWSLETTER OF
HealthCap RMS

We're Back!

We've Heard You!

We are very excited to announce the return of HealthCap RMS! Why the change you ask? Because it isn't "just a name", it is who we are. Our team of consultants are here to serve the members of HealthCap so it is a natural fit! What does this mean to you, a valued member of the HealthCap family?

Over the past 15 years we have enjoyed success in assisting our members with managing risk in their communities. However, we have identified many needs aside from risk management including regulatory consulting, pre-survey visits, corporate compliance program development and auditing, quality award reviews, etc. With an average of over 30 years experience in post-acute care, we have the knowledge and the depth to help.

Visit our website at www.HealthCapUSA.com and click on the Risk Management link to see what we can do for you! Thank you for your partnership and remember, we are only a phone call away!

WINTER BLAHS AND SLIPS AND FALLS

Remember the old song "Slip Sliding Away"? Well those of us in the Midwest are enjoying yet another fun filled winter of ice and snow! Every year we think it can't get worse and voila it does, so what are we doing to cushion the pain?

Winter weather can impact all aspects of our operations from staff call ins, power outages, delayed food and service deliveries, etc. but, what about falls? I'm not referring to resident falls because hopefully when there is inclement weather you aren't allowing your residents to be outdoors!

I am referring to staff and visitor falls. This may shock you but visitors and staff "assume" that your parking lot and walkways are going to be "safe" when they arrive to visit a loved one or punch in for their shift.

There is an old adage that "the first dog bite is free" but I'm here to tell you the first fall is far from free! Visitor falls are a general liability issue and can be very costly especially if there is a significant injury. So how do we manage these unpredictable events while maintaining some level of safety in our communities? To start, have a policy and procedure in place that reflects the goal of maintaining walkways and parking lots clear of ice and snow. Be careful to not be too prescriptive on timeframes though, as weather is unpredictable! For example, if it is a continuous snow event there is no physical way to keep walkways completely clear at any given point in time. The same is true for ice storms, as the freezing rain is falling, there is increased risk of falls however it would be all but impossible to keep all ice from accumulating on walkways.

Many of our communities in the snow belt region of the country keep large, plastic garbage bins filled with salt and scoops at entrances of the parking lot/center. With appropriate signage indicating "Use Me", visitors and staff can feel free to spread some salt if they notice there is ice accumulating on walkways. How about that less than dependable snow removal company? Get rid of them! There is no latitude for a lack of dependability, especially if you are on notice that the parking lots are not maintained per expectations. There are many options for snow removal, don't settle for less than what you need based on cost, penny wise and dollar foolish!

So a fall does occur in your parking lot and a visitor sustains significant facial injuries requiring a 911 call and transport to the ER. Don't panic, however your investigation needs to begin immediately and the first thing you want to document is "what were the weather conditions for the 24 hours prior to the event and at the time of the event". This is helpful in determining if the ice or snow involved with the slip and fall was predictable or not. Remember, if it is a continuous storm we may have an argument that the walkways were as well maintained as possible for the weather conditions. The remainder of your investigation should flow like any other investigation including interviewing witnesses who were present.

This may also be a good time to review your current Disaster Preparedness manual to determine if the current policies reflect your actual practice. Remember, policies are often used to defend a claim so it is critical that these be current and that staff are compliant. In the event your policy was not followed per expectations, initiate your progressive disciplinary process and document in the personnel file.

Your QA Reader team hopes you enjoy the winter months and do not experience any fall events on your property however if you do, feel free to reach out to our team for assistance.

CONGRATULATIONS! WE EXCEEDED EXPECTATIONS!



Per the CMS Blog (blog.cms.gov), posted on January 2017, we have enjoyed a sharp reduction in avoidable hospitalizations among long-term care residents.

CMS states “for long-term care facility residents, avoidable hospitalizations can be dangerous, disruptive and disorienting. Keeping our most vulnerable citizens healthy when they are residents of long-term care facilities and reducing potentially avoidable hospital stays has been a point of emphasis for the Centers of Medicare & Medicaid Services (CMS). Specifically, between 2010 and 2015, the hospitalization rate for potentially avoidable conditions decreased by 31 percent for Medicare and Medicaid dually-eligible beneficiaries living in long-term care facilities.”

So what does this mean to us? Well to start, our “communities” are doing a better job in many areas including falls, however the re-hospitalization data only focuses on six (6) specific conditions: bacterial pneumonia, urinary tract infections, congestive heart failure, dehydration, chronic obstructive pulmonary disease/asthma and skin ulcers. Bottom line? We are identifying subtle changes in condition earlier, which assists in initiating earlier treatment and stops the progression of the disease process.

Can we do better? Is there room for improvement? Of course, but isn't this a great start? CMS is recognizing by tracking the data (and data never lies) that our communities are working toward the same goal, quality care for all residents! Now let's move forward and continue to improve the outcomes for our frail residents. How?

We can start by educating staff to be alert to subtle changes that we often overlook. In a recent visit to a center the Administrator asked “do I need a special software program to help me identify change in condition?” The answer

was “no but maybe go down and find out why Mrs. Smith refused to go to lunch today. Your staff member came and talked to you about the refusal and said it was unusual for this resident.” This is the ah ha moment, the staff member identified something “out of the ordinary” and we didn't react! Sure this resident could be having a “blue moment” but did we investigate?

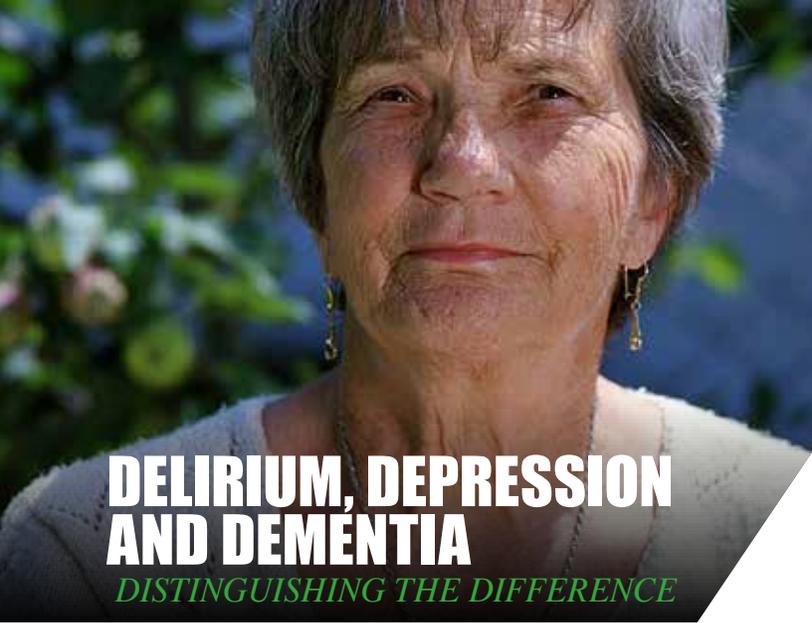
What about the resident who gets up, eats breakfast and climbs right back under the covers and doesn't get up the rest of the day? Is he “tired today” or is there something brewing under the surface? Bottom line, changes can be very subtle, don't wait for the resident to become lethargic, diaphoretic and unresponsive before you notice a change! Listen to the roommates/tablemates, they often identify changes in their friends earlier than we do!

Do we need a fancy system to help us? NO! We need to continue “caring”, being alert and LISTEN to our staff and residents. There is a lot to be learned from everyone who interacts with your residents from licensed staff to housekeepers, dietary aides and family members!

Go to the link above, download the information and share it with your staff. If you are managing a skilled nursing community review your Quality Measures and re-hospitalization rates and see if there is room for improvement! Many centers post employee injury days and challenge staff to use safe body mechanics while providing care and celebrate when injury days decrease. Consider doing something similar with re-hospitalization rates, post statistics, set goals and celebrate successes! This will encourage staff to be more alert and know that you are watching and care about resident outcomes!

Remember, if your job was easy everyone would be doing it!





DELIRIUM, DEPRESSION AND DEMENTIA

DISTINGUISHING THE DIFFERENCE

How often have you admitted a resident from an acute care setting with a recent diagnosis of dementia and antipsychotic medication orders? Did you ever wonder how a diagnosis was determined when the acute care stay was only 3 days long? It has always intrigued me as there is a distinct difference between each diagnosis, the risks associated with each AND the plan of care!

As with any medical diagnosis, the importance of an early, accurate diagnosis can make a difference in outcomes for your residents. There are many scholarly articles written on this however they focus more on the scientific side of the disease process. The Lake Superior Quality Innovation Network has developed a “cheat sheet” to assist caregivers in distinguishing the differences in an effort to improve care outcomes!

One question on the cheat sheet that I found interesting was the question regarding disorientation. We all know that residents who are disoriented are at a higher risk for falls, however did you know that disorientation is not evident in residents with dementia until later in the disease process? That surprised me because in my experience most residents with a diagnosis of dementia appeared to be disorientated!

That said, the attention span of residents with dementia are not characteristically reduced until late stages. When we assess a resident for fall risk we often determine whether they are able to retain what we are teaching them. This cheat sheet indicates that residents with delirium have a strikingly short attention span and residents with a dementia diagnosis have a normal attention span. Interesting! So when you develop your fall risk plan of care for a resident with dementia are you still saying they have the inability to retain information due to a short attention span?

The other area of interest was “are there any changes in the sleep/wake cycle”? So why is this important? There are many recent studies that have shown that disturbing the sleep cycle increases a resident’s risk for falls. Why? Because the REM cycle that we hear about so often is even more important than we previously thought! This is the time during sleep that the resident has a sound/undisturbed/dream state of sleep where they are truly “rested”. If this cycle is disturbed, their sensorium can be affected during the day. This makes total sense when you look at this cheat sheet as residents with any of the three

diagnoses (delirium, depression or dementia) all experience disturbances in sleep cycles! Wow, that is fascinating as it is the only symptom that presents consistently in all three diagnoses. So what do we do about sleep disturbance? There is a lot of discussion on this and the bottom line is, to ensure good sleep hygiene, by promoting an environment that supports it. Some ideas include:

- Use night time briefs so that residents don’t need changing during the night (remember, you not only disturb the resident being changed but any other residents in the room).
- Use of red or blue flashlights for bed checks (versus white lights). Studies have shown that these types of lights do not disturb the sleep cycle.
- Bedtime rituals. These are very important, not dissimilar to your routine, brush your teeth, wash your face, say your prayers, etc.
- Do your residents always go to bed immediately after a big evening meal? Consider serving the main meal of the day at midday and offer a lighter meal, i.e., soup and sandwiches in the evening.
- Wake cycles – if a resident is awake during the night, try to determine the reason. If they worked midnights their entire life, don’t force them to sleep at night, adjust their sleep schedule over a period of time to decrease daytime napping.
- Lifestyle choices, determine if the resident always had a cup of cocoa or a glass of wine before bed. Of course you would need a physician order but it might be worth investigating.

Remember, any resident diagnosed with delirium, depression or dementia is at a greater risk for experiencing falls with significant injuries. HealthCap Risk Management Services and QA Reader have some great tools to assist your caregivers in identifying risk prior to an event. Please contact us if we can assist in improving outcomes in your center and access the Cheat Sheet tool at the link below!

<https://www.lsqin.org/wp-content/uploads/2017/01/differences-delirium-depression-dementia.pdf>



STAFF RECRUITMENT AND RETENTION



As we travel around the country one of the biggest areas of concern and risk we consistently identify is difficulty recruiting and retaining quality, compassionate caregivers. It is frustrating and can be demoralizing when you bring in the “perfect” employee, spend weeks training them and then have them leave for a position at a neighboring home.

We often ask “what are we doing wrong?” and “how can we do better?” Well, CMS also understands the impact of staff instability and is focusing on this area from a quality perspective. The truth is, the more familiar our caregivers are with the residents the better the care will be! So what are we doing “wrong”? Maybe nothing, many recent studies cite “millennials” as being a difficult generation to manage from an employment perspective. The needs of previous generations were not as “me” focused as they are today however all excuses aside let’s talk about what we CAN change!

The old adage “hire slow, fire fast” rings true in our centers as well! We seem to always be under the gun to fill a position versus making a good hire. If we are more proactive with predicting vacancies in staffing and planning appropriately for them we might be able to take our time and really do our due diligence to avoid a “bad hire”! We can also follow the advice of TMF Quality Innovation Network at nhnetwork@tmf.org

This quality improvement organization has developed a “Change Package: Strategy 2 – Recruit and Retain Quality Staff”. This package provides you, the employer with great information and suggestions for recruiting and retaining quality staff versus filling positions with warm bodies. In the packet there is a new employee feedback communication tool with instructions on using it. This is great because the probationary period is the time to really focus on nurturing our newbies, make them feel appreciated and providing guidance and support for meeting quality delivery.

The New Employee Feedback and Communication form asks the questions we tend not to ask! The tool is intended to be used as a collaborative approach to employee retention and facilitate two-way

communication between a supervisor and employee. The employee is asked to actively participate in the communication activity and the manager is responsible for maintaining the timelines for completion of the form. Once completed, the administrator submits the form to the quality improvement team to review and it is filed in the employee’s personnel file.

When opportunity for improvement in the orientation process, job satisfaction, work environment, etc. are identified, the supervisor and employee will work together to identify a course of action and agree on the steps to take to improve the areas of concern. Simple? Maybe! So take a look at your hiring process and ask honestly if it is where it should be. Look at your turnover rates, remember, CMS will be!

Another telling way to determine your success or lack of success is to walk through your center and talk to your caregivers. Do you not recognize some of them? Do you ask the DON “who is that”? If so that can mean a couple of things. One, maybe you aren’t out and about enough and aren’t familiar with who is working in your center which can be a huge problem! Remember, staff want to be recognized and appreciated, if they never see you they won’t feel the love! Another reason you may not recognize staff: You have a turnover problem!

So, what is your hiring and onboarding process? Are you asking the right questions and being realistic about your expectations and goals? Are YOU nice? Seriously, are you? Nice matters and gets a ton of mileage when it comes to employee satisfaction and loyalty. Do a little investigating, ask the hard questions, review the TMF website for ideas and go take a few laps around your center! As always if you should need assistance with reducing your turnover rates contact your HealthCap Risk Manager!

