

# Proactive Risk and Quality Management: Key Elements of Your Culture of Safety

## Strategies For Proactive Risk and Quality Management Communication



### DAILY, WEEKLY, AND MONTHLY MEETINGS

#### Daily Meetings

Structure your Daily (e.g., Stand-Up Meetings), Weekly At-Risk [e.g., Wounds, Weight Loss and Falls) and Monthly Meetings (e.g., QAPI and Safety) to Proactively Identify Risk, Quality and Safety Issues.

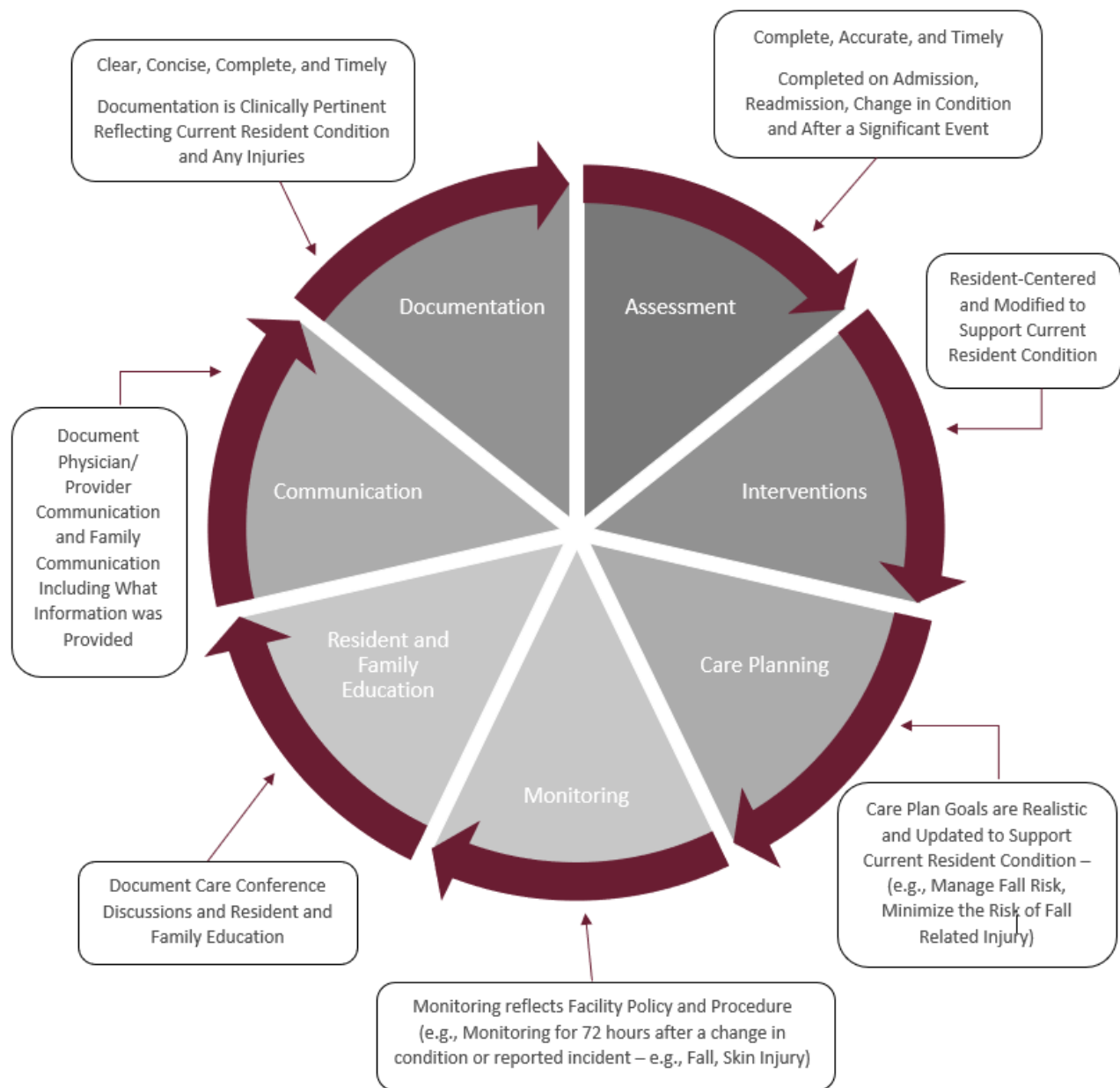
Create a Standard Agenda for the Morning Stand-Up Meeting Including:

- Incidents and Resident Safety Events, Near Misses
- New Admissions Including the Resident’s Assessed Safety Risks (e.g., Fall Risk, Skin Injury Risk, Elopement Risk, Behaviors)
- Residents with a Change in Condition
- Resident and Family Concerns/Complaints
- Staffing Employee Safety Concerns
- Building and Operational Issues Impacting Resident Care



## Weekly Meetings

Include the Resident-Centered Care Cycle as Part of Interdisciplinary Team Discussions (e.g., Weekly At-Risk Meetings). Concurrent Review of Incident Reports, Medical Record Documentation and the Care Plan Supports Early Identification of Gaps in Resident-Centered Care.



Incomplete, Inaccurate, or Delayed Assessments, Interventions, Care Planning, Monitoring, Communication and Documentation are Often Primary Contributing Factors for Higher-Level Deficiencies, Licensure Challenges, and Professional Liability Claims.

## Monthly Meetings

Include a Review of Incident Trend Details and the Effectiveness of Sustained Process Improvement as Part of the Monthly Quality Assurance and Performance Improvement Committee.

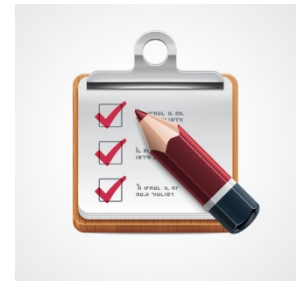
- Example: Number of Residents with Repeat Falls, Number of Significant Injuries, Number of Residents, Accurate Fall Risk Assessments, Number of Residents with Resident-Centered Interventions



## ROUNDING AND STRUCTURED COMMUNICATION

### Manager Rounding

Manager Rounding is an excellent opportunity to proactively communicate with residents, family members and staff. Rounding also provides an opportunity for direct observation of the safety of the environment and care delivery.



### Purposeful Rounding

Purposeful Rounding Supports Situational Awareness of Current Resident Care Needs. The Six P's is an Example Of Purposeful Rounding for Each Resident Encounter

- Positioning
- Peripheral Items (glasses, hearing aid, phone, call light within reach)
- Personal Needs (thirst, hunger, toileting)
- Prompts – Safety Reminders
- Pick-Up – Address any Safety Issues (spills, cords)

### Structured Communication Process

A Structured Communication Process for Shift Report Supports Clear, Concise, Timely, and Accurate Information Exchange. An Example of A Structured Shift Report Includes Resident Safety Status, Clinical Status, Emotional/Social Status, New Orders, Family Communication and Physician/Provider Communication.

<b>Safety Status</b>	<ul style="list-style-type: none"> <li>• Fall Risk</li> <li>• Skin Injury Risk</li> <li>• Behaviors</li> <li>• Elopement Risk</li> </ul>
<b>Clinical Status</b>	<ul style="list-style-type: none"> <li>• New Medications</li> <li>• New Treatments</li> <li>• Change In Condition</li> <li>• New Symptoms</li> </ul>
<b>Emotional/ Social Status</b>	<ul style="list-style-type: none"> <li>• Depression</li> <li>• Sad</li> <li>• Lonely</li> <li>• Fearful</li> </ul>



## POLICIES AND PROCEDURES

A Formal, Documented Process for Policy and Procedure Review is a Key Element of An Effective Risk Management Program. Best Practice is to Review Your Policies and Procedures At Least Every Two Years and with Regulatory and Licensure Changes.



### Questions for Proactive Risk Management

Do Your Policies and Procedures Support Proactive Risk Identification and Do They Provide Direction for Concurrent Recognition, Reporting and Response for Operational and Resident Care Needs?

#### Questions to Ask:

- Do Your Policies and Procedures Reflect Current Practice?
- If Policies and Procedures are Purchased, Have They Been Modified to Reflect Facility Practice?
- Have Key Policies and Procedures That Every Clinical Team Member Should Know Been Identified? (Suggested Examples are Noted Below)

Skin Injury Management	Fall Management
Emergency Response (Medical, Behavioral, Weather, Building)	Abuse and Neglect Recognition and Reporting
Infection Prevention	Behavior Management
Pain Management	Medication Administration
Documentation	Resident-Centered Care Plan
Incident Reporting	Responding to a Complaint



## Best Practice

---

Does Orientation and Annual Competency Validation Include a Review of Key Policies and Procedures?

### Critical Questions:

- Do You Have Gap Between Policy and Procedure and Actual Practice?
- Do You Have a Way to Quickly Identify and Correct Identified Gaps?
- Are Corrective Action Plans Reviewed for Sustained Process Improvement Through the Quality Assurance and Performance Improvement Committee?

### The Gap

What Does the Policy/ Procedure Say?	What is General Practice?	What Happens During and After an Incident?	What are the Regulations?	What is the "Gap"
--------------------------------------	---------------------------	--	---------------------------	-------------------

Risk, Quality and Resident Safety Can Be Proactively Managed With A Situationally Aware Team

*This document, which does not reflect any official policy or opinion for Vaaler Insurance, a Marsh & McLennan Agency LLC company or Siders Healthcare Consulting, LLC, is provided for informational purposes only. It is not intended to provide legal or medical advice. © 2021 Marsh & McLennan Agency LLC*