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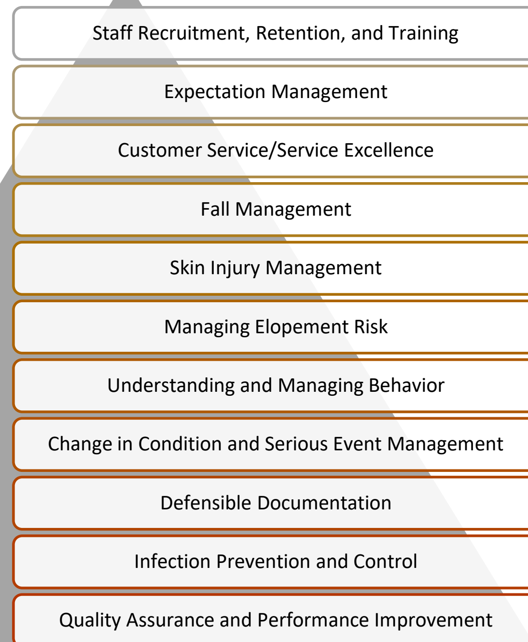
Top Ten Risk Issues for Senior Care

Author: Cyndi Siders *MSN, RN, CPHRM, CPPS, DFASHRM*
Executive Consultant | Siders HealthCare Consulting, LLC

Building Your Resident Safety Net

"One-Hundred Ifs"

Mrs. Sally Smith, an active 83-year-old, had a mild stroke in January. Her right side was affected as well as her speech. Sally has been in rehab for the past two weeks, and while she is improving, she is still very weak. Sally tells you on admission that she is excited about the possibility of returning home as soon as possible. Her son and daughter have expressed to you, in private, that they are concerned about Sally's ability to continue to live alone.



Sally is being admitted today for continued rehab at your facility. Her expectations are high that she will be home to plant her spring flower beds. Her dream of returning home may be a possibility, based on her medical condition and recovery from her stroke, and:

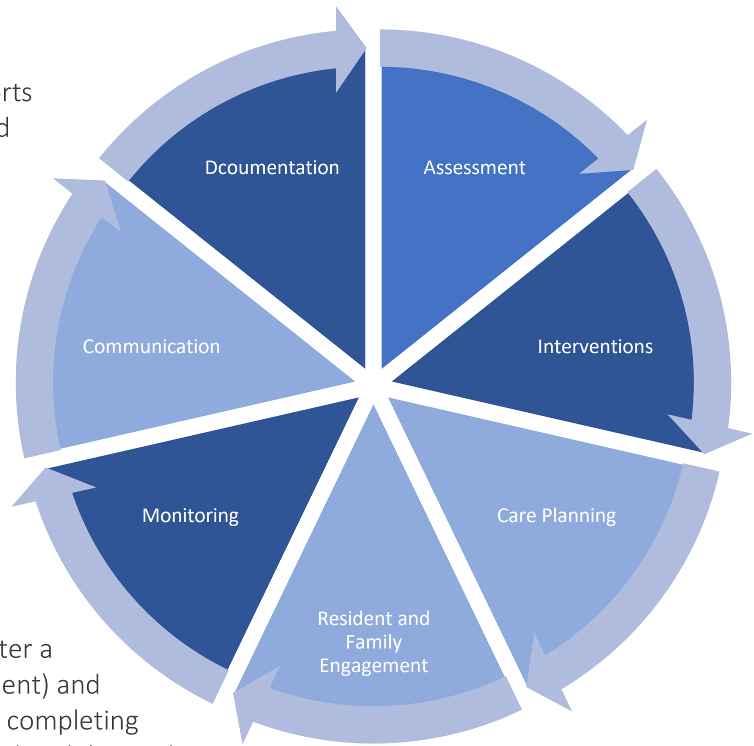
- IF her fall risk is managed through appropriate interventions
- IF it is recognized on admission/medication reconciliation, that some of her home meds were held in the hospital and not reordered on discharge, including her anti-hypertensive medication
- IF the reddened area on the side of her foot is recognized early and treated with appropriate skin integrity measures
- IF it is recognized that Sally's appetite is significantly diminished (she lost ten pounds while hospitalized) and that she has been having a bit of a hard time taking fluids

IF, many IFs are recognized and managed with appropriate interventions, and IF her clinical condition does not change and IF she is able to progress in therapy, then MAYBE she might be able to move home to plant her spring flowers.[1]

Risk Management Considerations

A resident-centered care delivery model that supports person-centered care needs, early identification and response to clinical risks, and daily safety observations are critical elements of a Resident Safety Net.

Often when there is a higher-level scope and severity cited deficiency related to clinical care or a legal claim related to clinical care that is more challenging to defend, one or more elements of the resident-centered care delivery model are often incomplete or not completed. The resident-centered care delivery model includes:



- ✓ **Assessment** – Complete assessments at critical junctures in care including but not limited to admission, readmission, change in condition, after a significant event (e.g., fall or attempted elopement) and quarterly. Use multi-factorial information when completing assessments (e.g., physical assessment, observed mobility and behaviors, review of resident history, review of resident medications, and resident and family provided information.) Follow facility policies and procedures for completing assessments.
- ✓ **Interventions** – Implement interventions that support resident care needs and identified risks (e.g., fall risk, skin injury risk, elopement risk, behavior management). Assess and document the effectiveness of interventions.
- ✓ **Care Planning** – Develop care plan goals and interventions that are resident-centered, realistic, measurable, and attainable. Noting that a resident with a history of falling or a resident with a declining health condition will not have any falls during a review period is likely not a realistic or attainable goal for many, if not most residents. Using language such as minimize, manage or reduce risk supports attainable goals.
- ✓ **Monitoring** – Monitor resident condition on admission, after a change in condition, and after an incident with injury (e.g., fall) following facility policy and procedure (e.g., every shift for 72-hours).
- ✓ **Communication** – Communicate clear and concise information during hand-offs, bedside reporting or shift report, and provider communication. **Ask the question – What does the next person need to know to continue to care for this resident?** The information will be different depending on the purpose of the hand-off communication. For example, physical therapy would need to know about any changes in fall risk, changes in skin integrity, changes in medications that may impact balance and movement, and changes in clinical condition that may impact physical and cognitive response. The emergency department would need specifics about current condition (e.g., vital signs, cognition), recent changes in clinical condition, new medications and medication response, pertinent resident history (e.g., diabetic), risk factors for injury (e.g., fall risk, skin integrity) and interventions that are in place to minimize risk.
- ✓ **Documentation** – Document assessment, monitoring, interventions, and resident response to interventions, care, and treatment. Note clinically pertinent observations and findings, resident and family instructions and education, provider notification of changes in condition, incidents (e.g., fall), adverse events (e.g., medication reaction), and resident non-compliance. Document at the point-of-care delivery whenever possible.
- ✓ **Resident Engagement** – Engage the resident in care planning, care decisions (as they are able), and care choices. Support physical, emotional, cognitive, and spiritual needs. Support opportunities for personal growth and fulfillment.

- ✓ **Family Engagement** – Families can be your strongest advocate, or they can be your strongest adversary. Families are often the ones that call the State or call plaintiff attorneys when they have complaints, or an adverse event occurs. Invite residents and family members to share their concerns as they occur. Update family members regularly with changes in condition and when adverse events occur (even minor events). Regular communication helps to establish trust and confidence in the care that is being provided. Engage interested family members in planning activities that involve quality of life, quality of care, and safety for their family members.

Situational Awareness

"Situational awareness is the state of knowing the conditions that affect one's work. This awareness is achieved by constantly monitoring the ever-changing situation"[2]

- ✓ **Team Member Support** – A team of healthcare professionals with **Situational Awareness** can adjust work processes and flow to support one another. Situation awareness is the extent to which team members are aware of the following: **Status of the Resident, Status of the Team, Status of the Environment, and Status of the Plan.** Situational Awareness is a key element in building your resident safety net.

Top Ten Risk Issues for Senior Care

Staff Recruitment, Retention, and Training

Staff and leadership turnover is being recognized as a significant professional liability risk.

Risk Management Strategies

- Maintain a current Recruitment Plan

Current Workforce Needs Analysis

Current Wage and Benefit Analysis
- Competetive wages and benefits
- Health and wellness benefits
- Educational benefits

Organizational Opportunity Profile (Value of Working for your Organization)

Marketing Plan including Community Opportunities (Clinical Rotations)

Effective Interviewing

Staff Onboarding

Staff Training

Job Coaching and Advancement Opportunities

Source: Rural Health Innovations, Recruitment and Retention Plan Guide: https://www.ruralcenter.org/sites/default/files/Recruitment%20and%20Retention%20Plan%20Guide_10-2016.pdf

- Maintain a current Retention Plan

Resources:

- Onboarding New Employees: A Manager's Checklist
- Managing Stress and Maintaining Wellness
- Managing Stress Poster

Expectation Management

Residents and family members will likely have expectations when moving into your senior community. Having a discussion and written materials on services provided, room options, activities, culinary/dining options, and how the facility responds to a resident change in condition will help to create a smooth transition to your senior community.

Addressing expectations that may not be realistic for their loved one, (e.g., "Now my mom won't fall anymore," "My dad's memory will improve") is an important admission and ongoing discussion to have with residents and family members. Addressing expectations early and often including with changes in condition and during Care Conferences helps to develop trust and confidence in the care and services provided by your senior community.

Risk Management Strategies:

- Aging Process - Include a discussion regarding the aging process and physical changes that occur with aging as part of the admission discussion and Care Plan Meetings. For example – As individuals age, the risk of sustaining a fall with injury increases. We work with each resident to have a Care Plan in place to help manage their fall risk. We also encourage activity and mobility. We know that injuries may still occur even with a Care Plan in place. Our goal is to partner with residents and their family members to help manage fall risk. Document the discussion, written materials that have been reviewed by facility legal counsel are recommended.
- Changes in Condition - Proactively address changes in condition including adding interventions that support resident safety, such as physical therapy and occupational therapy with changes in ambulation safety.
- Communicate Early and Clearly - Communicate early and clearly with residents and family members regarding the resident's change in condition including the plan of care and interventions that are in place and planned.

Customer Service/Service Excellence

Residents and families have choices, and there are often many organizations competing for the same opportunity to serve a growing number of seniors. In addition to looking for a clean and comfortable environment, quality and affordable services, and an atmosphere that supports personal growth and fulfillment; residents and families are looking for a place for their family member to feel “at home.” Socially skilled staff play a key role in service excellence. Socially skilled staff are **Engaged, Focused, Professional, Responsive, Passionate, and Empathetic individuals** that communicate and interact professionally and treat others with **Dignity and Respect.**

Risk Management Strategies:

- Develop Service Standards for your organization. Resource
- Provide Customer Service/Service Excellence training on orientation and at least annually
- Provide frequent opportunities for resident and family communication and feedback (e.g., regular surveys, family council meetings, resident council meetings, open-door policy for family members)

Fall Management

Each resident has intrinsic (e.g., medications, health conditions, cognition) and extrinsic risk factors (e.g., mobility devices, condition of glasses) that potentially increase their risk for a fall injury[3] A resident-centered plan to manage fall risk begins with pre-admission discussions and history review and is formalized on admission and with resident changes in condition.

Risk Management Strategies:

- Complete a fall risk assessment on admission, readmission, change in condition, after a return from an emergency room visit, change in mobility, and after a fall event
- Implement safety interventions, provide resident and family education on fall interventions, and monitor the effectiveness of fall interventions. Document resident and family education.
- Review fall risk at Morning Clinical Meetings including new admission/readmission resident fall risk, fall events, and residents with change in condition that impact mobility
- Analyze fall risk and fall interventions as an interdisciplinary team (e.g., repeat falls, resident comfort and compliance with interventions)
- Report changes in mobility and new fall management interventions at shift report
- Implement a formal process for hourly Purposeful Rounding[4], consider staggered licensed staff and CNA rounding. For senior care, the "6 P’s" are common to prompt purposeful rounding:
  - Pain
  - Positioning
  - Personal needs (bathroom, hunger, thirst)
  - Periphery (personal items in reach—call light, phone, glasses)
  - Prompts (safety reminders)
  - Pick-Up (cords, trash, clutter)
- Conduct scheduled Manager Room Rounds addressing resident safety, room condition, resident concerns, and resident condition
- Provide fall management education and training during orientation and at least annually for all team members
- Provide fall management education for residents and family members on admission and at care conferences. Consider fall management education at resident council meetings.

Skin Injury Management

During the aging process, physical changes occur, such as loss of skin elasticity, thinning of the skin, and loss of normal sensation. All of these changes may contribute to skin concerns, including bruising, skin tears, or other more serious wounds like pressure ulcers.[5]

Risk Management Strategies:

- Complete a skin injury risk assessment on admission, readmission, change in condition, and at least quarterly using an evidenced-based scoring tool (e.g., Braden Scale)
- Document a resident skin check by a licensed nurse weekly
- Document wound assessments and measurements at least weekly by a licensed nurse
- Review skin injury risk at Morning Clinical Meetings including new admission/readmission resident skin injury risk and wounds present of admission, new skin injuries and wounds, and residents with change in condition that impact skin integrity
- Maintain a weekly wound log and review the effectiveness of interventions at weekly interdisciplinary team meetings
- Provide skin integrity and wound management training on hire and at least annually.

Managing Elopement Risk

The news headline reads, "Resident walked away from their senior living community and was found frozen in the snow…" or body found in an abandoned building or wooded area. Having a comprehensive program for managing elopement risk is a critical element of resident safety.

Risk Management Strategies:[6]

- Conduct and document elopement risk assessments on admission, readmission, change in condition or behavior, quarterly and after an elopement event
- Maintain environmental controls – e.g., alarmed exits, secured courtyards, active electronic monitoring
- Check and document electronic bracelet placement every shift and function daily
- Check and document door alarms and door sensors daily
- Maintain a current picture and description of at-risk residents in a central location
- Conduct an elopement drill on each shift quarterly. Evaluate response and opportunities for improvement
- Provide elopement management education on orientation and at least annually

Understanding and Managing Behavior

"All behavior is a form of communication and has meaning"[7] A resident-centered approach to understanding the meaning and communication associated with behavior supports a safe environment for residents and staff.

Risk Management Strategies:

- Review the resident's medical history prior to admission including the use of psychotropic medications. Note if the resident has a history of suicidal ideation and or suicide attempts, physical aggression, sexual aggression, history of wandering and elopement, or violent outbursts.
- Review the resident's care needs, including behaviors, and medications as part of the pre-admission process. Visit the resident in person (if possible) as part of the admission review process.
- Complete and document a national sex offender check on all residents prior to admission. United States Department of Justice National Sex Offender Public Website (nsopw.gov)
- Develop a behavior management policy, include guidance for behavioral emergencies
- Provide staff education and training on hire and at least annually on understanding and managing behaviors and de-escalation techniques.
- Develop a person-centered care plan that supports each resident's behavioral health care needs. Conduct an Interdisciplinary Team review of the effectiveness of interventions.
- Review behavior events/incidents at Morning Meeting. Understand precipitating factors and behavior triggers associated with the event/incident. Modify interventions and the resident-centered care plan as needed to support resident safety.
- Maintain a formal process for psychotropic medication review by the contracted pharmacist and mental health providers.

Change in Condition and Serious Event Management

Change In Condition – Changes in resident condition may be subtle and progress over several hours, shifts, or days. Change in condition risk includes failure to recognize, monitor, and appropriately respond to the resident's condition.

Risk Management Strategies:

- **Competency-Based Education** - Provide competency-based education and training on change in condition recognition, reporting and response. Provide training that includes possible high-risk clinical presentations for the residents being served (e.g., diabetic patients, dialysis patients, cardiac and respiratory presentations).

- **Policy and Procedures** - Develop policy and procedures that provide guidance for emergency response and reporting.

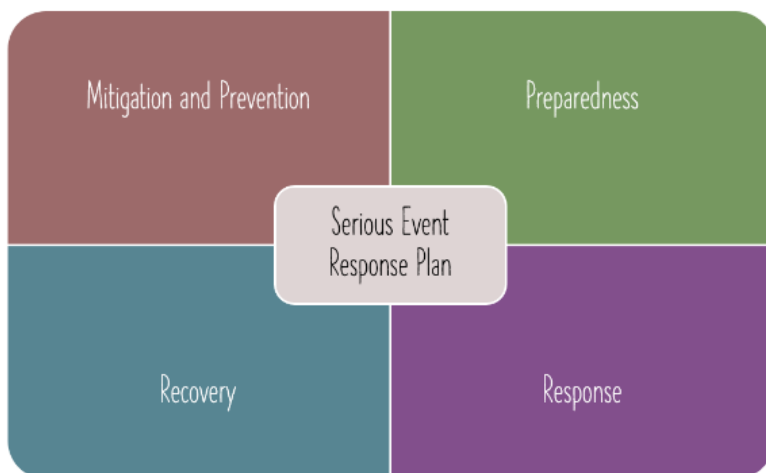
- **Shift Report** - Ensure that shift report includes Resident Safety Status, Changes in Health, and Emotional/Social Needs. Some examples to consider:

Resident Safety:	Health Changes:	Emotional/Social:
▪ Mobility Changes/Fall Risk ▪ Skin Injury Risk ▪ Observed Behaviors That Pose a Safety Risk (e.g., wandering, restless, not using their safety equipment, confusion, aggression, talking about going somewhere - home, to work, etc.)	▪ Nutrition/Hydration ▪ Elimination changes ▪ Dizziness ▪ Pain ▪ Medication response (e.g., reactions, side-effects) ▪ Digestion changes (e.g., nausea, vomiting, diarrhea) ▪ Skin changes ▪ Behavior/cognition changes ▪ Weakness/fatigue ▪ Slurred Speech	▪ Depression, Sadness, Withdrawn ▪ Self-Harming, Suicidal Thoughts/Actions ▪ Anger ▪ Declining Care and Services

- **Structured Communication Process** - Utilize a structured communication process such as SBAR (Situation, Background, Assessment, and Recommendation) for transitions in care and hand-off communication. (Source – Institute for Healthcare Improvement. SBAR Tool)

- **Change in Condition Transfers** - Evaluate change in condition transfers to the emergency room or hospital through the quality improvement process including timely recognition and response of the resident's change in condition.

Serious Event Management – A failure mode often identified in serious event management is not having a clear plan, early recognition, reporting, and guidance for response.



Source: J. Conway, F. Federico, K. Stewart and M. Campbell, Respectful Management of Serious Clinical Adverse Events, Institute for Healthcare Improvement (IHI), IHI Innovation Series White Paper, Cambridge, MA, 2010, citing N. Augustine, "Managing the Crisis You Tried to Prevent," Harvard Business Review, Vol. 73, No. 6, 1995, pp. 147-158.

Risk Management Strategies

- Develop a serious event response plan. This can be developed based on similar organizational plans.
- Train key shift leaders in the Serious Event Response Plan (e.g., Charge Nurses, Supervisors). Have a readily available resource with response and reporting information. To the right is one example of information that could be maintained on a clipboard for easy access 24-hours a day.
- Develop a Serious Event Checklist - Resource
- Define Documentation Guidelines - Resource
- Create a Follow-Up Plan that includes monitoring the effectiveness of resident interventions, resident and family communication, required reporting, staff support, documentation, etc. Resource

Fall Management
Elopement Management
Abuse Investigation and Reporting
Resident-to-Resident Injury
Suicidal Thoughts and Actions

Defensible Documentation

Documentation that is incomplete or inaccurate impacts quality resident care and can create legal, financial, regulatory/licensure, and reputational risk.

Risk Management Strategies:

- Document the Facts – Document accurate information about the event, including assessment, monitoring, interventions, actions, communications, and resident response. Include relevant comments from the resident and family regarding the event (e.g., “My family brought my new glasses yesterday. I have been having balance issues since I started wearing my new glasses”).
- Timeline of Care - Document the timeline of care and treatment during and after a significant adverse event including communication and actions/interventions (e.g., requesting an ambulance, as appropriate). Documentation should include acute symptom management (e.g., complaints of shortness of breath or difficulty breathing after a fall), vital signs as applicable, and pain management. Document the transition of care if the resident is transferred to the emergency room or an acute care facility, including a hand-off report to the accepting facility.
- Clear, Concise, Complete - Ensure that documentation regarding the event is factual, concise, and complete. Avoid assumptions, opinions, or accusations about the care and treatment. Do not blame or criticize the resident, family, other care team members, the facility, or other healthcare organizations.
- Communication - Clearly document communication with the primary care physician, the resident, and the family (as appropriate). Assign responsibility for post-event follow-up communication with the resident and family.
- Interventions – Ensure an updated assessment of risk is conducted after an event (e.g., fall risk, skin integrity risk, elopement risk). Current interventions should be evaluated for effectiveness and new interventions implemented to manage the risk (e.g., physical therapy assessment). Update the resident’s care plan.

Infection Prevention and Control

In the elderly, infections may present with symptoms that include loss of appetite, dehydration, weakness, and confusion. Common infections in the elderly include, but are not limited to: urinary tract infections; skin infections (e.g., herpes zoster – shingles, bacterial or fungal foot infections, cellulitis, and drug-resistant infections like MRSA); bacterial pneumonia; influenza; and gastrointestinal infections.[8] Proactive measures including hand hygiene, personal protective equipment, appropriate cleaning protocols, visitor screening during periods of infection risk, and resident and family education are important elements of minimizing infection risk.

The Centers for Disease Control and Prevention noted the following Key Points (February 2, 2022)[9]

- Older adults living in congregate settings are at high risk of being affected by respiratory and other pathogens, such as SARS-CoV-2.
- A strong infection prevention and control (IPC) program is critical to protect both residents and healthcare personnel (HCP).
- Even as nursing homes resume normal practices, they must sustain core IPC practices and remain vigilant for SARS-CoV-2 infection among residents and HCP to prevent spread and protect residents and HCP from severe infections, hospitalizations, and death.

Risk Management Strategies:

- Maintain a written, current infection prevention and control plan, including a written pandemic preparation plan
- Conduct an annual facility infection control risk assessment based on infection control professional organization (e.g., APIC, SHEA) guidelines
- Designate a facility Infection Preventionist and provide resources for specialized training
- Maintain current infection prevention and control policies and procedures which are written based on current nationally recognized evidence-based guidelines
- Provide mandatory infection prevention and control (IPCP) training which includes the (IPCP) written standards, policies, and procedures on orientation and at designated intervals during the year based on resident care needs.
- Conduct regular infection control audits including but not limited to hand hygiene, availability and use of personal protective equipment, appropriate transmission-based precautions, and cleaning and disinfection protocols
- Maintain documentation that the Quality Assurance and Assessment Committee oversees action plans to address incidents of communicable disease identified during the review of infection surveillance, staff adherence to infection prevention practices, and antibiotic stewardship data[10]

Quality Assurance and Performance Improvement

A robust Quality Assurance and Performance Improvement process is not only required for regulatory and licensure compliance, but is also a cornerstone for resident-centered care and safety.

Risk Management Strategies:

- Maintain a current, facility-specific quality assurance and performance improvement plan
- Establish a formal process for survey readiness, conduct regular audits, and provide timely feedback on results
- Provide regular staff training on the QAPI program and team participation
- Monitor sustained improvement of repeat deficiencies

Resources

- Skilled Nursing Facility Quality Assurance and Performance Improvement Checklist
- Quality Assurance and Performance Improvement Website Resources
- DON Monthly Report
- Resident-Centered Care Cycle
- Morning Clinical Meeting
- Leadership Stand-Up Meeting (Sample Agenda)

Sources

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