

Back strain is a preventable problem

Solutions include training, proper lifting techniques

In most industries, having the ability to carry the load is a figurative phrase--in the health care industry, it's a literal phrase, and workers have the back problems to prove it.

According to the American Physical Therapy Association, more than

Tips to avoid back strain:

- Encourage employees to do flexibility and back strengthening exercises.
- Store frequently used items at waist height.
- Use carts to transport materials and supplies.
- Match the task to the employee.
- Provide adequate staffing to eliminate inappropriate one-person lifting.
- Avoid unnecessary lifting--depend on residents to participate in their transfers when possible; use a hose to fill pots in the kitchen instead of carrying them full of water; rely on assistive devices.
- Divide and conquer--break up large packages into smaller sizes.
- Avoid reaching--provide stools and ladders for overhead storage and tasks; use upright rather than chest freezers; encourage janitorial staff to clean small areas at a time.

80 percent of American workers will suffer back pain at some point in their careers, and in the health care industry, the percentage is even greater. U.S. Department of Labor statistics show the industry makes up six of the top 10 professions most likely to suffer a back injury.

These injuries are painful and expensive. The National Institute for Occupational Safety and Health estimates that back injuries cost \$20 billion to \$50 billion per year, and OSHA reports a per incident price tag of up to \$90,000.

Back strains can occur while performing a number of activities. The leading cause for Church Mutual customers involves resident transfers and assists. A disturbing fact is many of these injuries can be avoided with proper technique and training.

Injury trend analysis, training, supervision and consistently enforced lifting policies can help employees at senior care facilities avoid these injuries. Prudent reintroduction of procedures can prevent re-injury.

Mary Bates, human resources director at The Inn at North Hills in Zanesville, Ohio, looks to the past to prevent problems in the future.

"We analyze both the type of injury and who was involved," she said. "Sometimes, it's a matter of an employee lifting incorrectly. Other times, repetition is the problem."

For instance, an employee might be transferring the same resident multiple times a day. This could indicate that the resident's status needs to

Basic lifting rules:

- Create a wide base of support — squat and straddle items stored lower than hip level; stand with legs apart for items stored above waist level
- Use a "hip hinge" movement — bend at the knees and hips rather than the lower back
- Hold items close to the body
- Lift with the legs
- Avoid lifting above the head
- Avoid twisting, bending and overextending when lifting

be re-evaluated or that a variety of employees should be assigned to the resident. An assistive device, such as a gait belt or Hoyer lift, also could be needed.

Trend analysis can help to pinpoint tasks that need to be modified. After kitchen workers suffered strains at the Ohio facility, a can dispensing unit was installed. Another facility provided step stools when it realized that dumpster height forced its janitorial staff to lift garbage cans over their heads. At Country Care Manor in Fayette City, Pa., washing machines and dryers were mounted on waist-high stands to eliminate bending and lifting when dealing with heavy, wet laundry.

See back strain, page 4

Proper admissions agreement is smart first step

There are several reasons for the increasing cost of insurance and the reduction in companies providing coverage for assisted living facilities. One reason is many facilities have become the target of lawsuits.

An assisted living facility can do many things to reduce the plaintiff's attorney from targeting you. Proper loss control and risk management are key.

Communication

One of the most important responsibilities a facility has is communicating any health change that has occurred to the resident. In addition, the resident's family and physician also need to be informed. Up-front and open communications can reduce misunderstandings and frustrations among the resident, their family and your facility.

Proper communication needs to begin during the admission process. Done correctly, an admission agreement is a great risk management tool. It can provide clear communications to the resident and family along with giving you documentation regarding what was agreed to and outline the responsibilities of each party.

Know your limitations

You never want to oversell your facility's abilities in the admission agreement. Do not infer you can provide care greater than your facility has the ability to provide. This can cause liability claims from two areas:

- If you cannot carry out the care you promise, this can be viewed as false advertising.
- If you are providing care outside of your abilities, you could be opening your facility to a claim involving improper care.

Do not give the resident or the family unrealistic expectations of assisted living. You are not a

24-hour skilled care facility. The resident and family are choosing an assisted living facility over a skilled nursing facility, because they want freedom of choice, dignity and independence.

With the choice of an assisted living facility, the resident and family need to know there is inherent risk. You will not be providing one-on-one care and not continuously monitoring the residents 24 hours a day. Accidents and falls might occur.

Your admission agreement should state the risk involved. You want to make the resident and family aware of the risk thus transferring certain risk back to the family and resident.

Most states require a written admission agreement to be in the resident's file. What is required to be included in the admission agreement varies state to state. Your state regulations will outline the minimum requirements for the admission agreement.

Below are some of the items you should have in your admission agreement:

- The type of care you will provide the resident based on their health assessment.
- Outline how often and when health assessments will need to be done to assure the resident health requirements are not beyond your facility's capabilities.
- The resident's responsibilities and obligations.
- Fees and charges for services. Also, provide the number of days you will notify them if the fees and charges will change.
- The facility's policies/procedures including admission and when a resident will need to be transferred to a different facility.
- The grievance procedure available to the resident.

- Resident's rights.
- Clarifying what an assisted living facility is and the type of care and services you can provide.
- Inform the potential resident you do not provide one-on-one care or continuous 24-hour monitoring. Your staff can be accessed 24 hours a day if the resident needs assistance.
- Statement informing the resident and family that with freedom and independence, there are inherent risks they are choosing to accept.
- The resident and/or their legal guardian, along with a facility representative, must sign the admission agreement.

No resident should ever be accepted in your facility without having a complete physical and mental evaluation. This will prevent you from accepting a resident that might have needs greater than your facility's capabilities. Having residents beyond your ability to care for or outside your license is a major concern to insurance companies. This is a sure way to open your facility to lawsuits.

With the legal environment that currently exists in the long-term care market, you need to look at various ways to make your facility less of a target for the plaintiff's attorney. A well setup and executed admission agreement can strengthen the insurance company's ability to defend you and make you a smaller target for the plaintiff's attorney. You should have your legal counsel review your admission agreement and provide you with ideas and wording to improve your admission agreement and help transfer some of the responsibility to the resident and family. ■

Planning is key to keeping outdoor trips safe

As the summer season hits its peak, residents are heading for day trips to zoos, parks and outdoor concerts. Careful planning and a healthy respect for the effects of sun and heat will help to ensure that a safe and enjoyable time is had by all.

As with any outing, it's vital that each resident sign a consent form. This provides staff with access to the resident's medical history, a list of current medications and emergency contacts. This information should be brought on the outing in a sealed envelope to ensure HIPAA compliance.

Once residents have signed up, appropriate staff can be selected to accompany them. It's a good idea to have at least two--one person to deal with an emergency and a second to care for the other residents. Wendy Simons, administrator of Park Place Associates in Reno, Nev., recommends a 6:1 resident to staff ratio. "For outdoor trips, we like to keep the groups very small."

Decide which staff to assign based on resident mobility, whether wandering will be an issue and if any residents have conditions that make it necessary for a specific staff member to accompany them. Throughout the outing, at least one staff member should have access to emergency communication--a cell phone is the most logical and reliable choice.

Limit the length of the outing. Simons suggests a maximum of two hours, including 15 minutes each for loading and unloading.

"By keeping our outings short and in town, we're less likely to run into problems," she said.

Bring a first-aid kit and medications as needed. Be aware that some medications, such as insulin, are sensitive to the heat and need to be stored in an insulated container. The first-aid kit should include antibiotics, wipes, bandages, tape, gauze and Benadryl, which can often be used to treat allergic bee stings

with prior physician approval. When appropriate, residents should wear their medic alert bands.

To help ensure resident comfort, try to anticipate the conditions they'll encounter and make sure they're dressed accordingly. Hats and loose, lightly-colored clothing will help to ward off the heat; a sweater guarantees comfort if the weather changes or there's air conditioning. If much of the outing will be outdoors, it's a good idea to make sure there are shaded areas with seating.

Most residents should apply sunscreen, 30 SPF or above. Some medications, such as antibiotics and some hormone replacement therapies, can make people very sensitive to the sun. Residents taking these medications should be monitored and kept out of the sun as much as possible. Be sure that residents have adequate hydration throughout the outing. Encourage residents to drink small amounts frequently, even if they don't feel thirsty.

Consider resident mobility when planning activities and drop-off/pick-up locations. Although some residents might have no trouble getting around their room or to the dining hall, the distance covered on an outing is likely to be much greater. Provide wheelchairs or check to see if transportation is available at the site. Simons suggests that staff encourage participants to go for walks prior to the outing.

"This prepares them for the trip and gives staff a chance to evaluate their mobility and tolerance for walking distances," she said.

Extra help might be needed to get on or off the vehicle. Office and activities staff can be good choices at the residence facility, and employees at the outing site might be able to help if called prior to the trip.

Plan ahead for unexpected delays. To avoid complications, consider incontinence issues and pack extra food and drinks, which often can be kept on the bus or van in a cooler. ■

Transportation safety tips

Safe transportation can be one of the most important factors in a safe outing. Suggested driver/vehicle maintenance standards are listed below and can be used whether the vehicle is owned by a facility or rented as needed. Facilities using an outside company should choose one preferred provider based on a careful review of their hiring policies and vehicle maintenance standards.

Start with the driver. Check the person's license and driving history. It's typically a good idea to run a police profile--though only an FBI check will cross state lines. Check to see that the driver is licensed for the class of vehicle that he/she will be driving and has experience doing so. Drivers should be at least 25 years of age and in good physical health.

Plan the route ahead of time. If possible, avoid freeways. Establish a check-in system with the driver at

pre-determined points during the trip. Points should include when leaving the senior care facility, arrival at the destination, when residents are loaded for the return trip and upon return to the facility.

The vehicle should be inspected by the driver before each trip. Look at the overall condition, check the tires, look for any fluid leaks and check fluid levels such as washer fluid, oil and transmission fluid.

Once the vehicle is started, listen for any strange noises and test the brakes, emergency brake, horn, wipers and fan. A fire extinguisher and first-aid kit should be available on the vehicle at all times.

If there will be wheelchairs, canes or walkers on the vehicle, they should be marked with the residents' names and safely stowed. Strap them into place to prevent injury in case of a sudden stop or accident. ■

Training programs are another important tool. The Inn at North Hills requires its employees to watch a lifting video when hired, and the director of nursing then evaluates on-the-job lifting skills and provides feedback. Employees review the video on an annual basis, and the facility holds periodic lifting in-services.

All new employees at Country Care Manor receive an orientation package that includes detailed back safety instructions. Employees who assist residents spend their first days working as an "extra" to prove their understanding of proper procedures.

"Each new hire has a designee-- a senior person--who works with them and provides guidance," said Jeff Keffer, facility administrator.

Bob Agnew, a physical therapist at California Pacific Medical Center

in San Francisco, stresses the importance of teaching staff to maintain good body mechanics. "Focus on posture and keeping a neutral spine, one that's neither arched nor curved."

George Gruetzmacher, an environmental and civil engineer with the Bureau of Occupational Health, points out that employees should take precautions when lowering items too.

"People sometimes have the perception that they can lower more than they can lift," he said. "They end up injuring themselves or the resident or damaging the item they're trying to carry."

A lift policy is a crucial tool against back strains and re-injury. Most facilities state that if a resident falls, they are not to be lifted unless there are two people available to assist them. The

facility's human resources department must have a written policy that states this and spells out the consequences of repeated incorrect lifting.

An injured employee should only return to work with physician approval and should be assigned tasks that meet current ability levels. Risk management can be a useful light-duty assignment. The employee evaluates staff for good and bad lifting techniques and provides an analysis that benefits both the employee and the facility.

Additional information on recommended ways to perform lifting tasks can be found at http://www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html. ■



Long-Term Care Connection is designed to be a resource tool for the owners, operators and employees of long-term care facilities. Topics including insurance, risk management, health, safety and employment will be covered in the quarterly publication.

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This newsletter is printed by L&S Printing.

Published by Church Mutual
Insurance Company,
3000 Schuster Lane,
Merrill, WI 54452
1-800-554-2642
www.churchmutual.com