

Simple precautions reduce many risks

Hindsight is always 20/20, and although looking back cannot change the past, what you learn can impact the future.

Many risky situations are often overlooked until something occurs to bring them to the forefront. It is at this time that one learns that many of these losses were preventable through simple loss control measures.

Some of the more common risky situations that often result in losses at long-term care facilities include falling on ice, dryer fires and medication errors. Here is a more in-depth look at those scenarios.

If only we had kept the parking lot plowed and salted

A family member was visiting her grandmother. While leaving, she slips on an icy spot in the parking lot and falls. She has to be taken to the hospital where X-rays show she has a fractured ankle.

A facility's general liability insurance usually covers \$5,000-\$10,000 in medical expenses for injuries that occur to visitors. However, the facility's exposure does not stop there. If it is determined there was negligence for not maintaining a safe parking lot, the facility could face a costly lawsuit.

Although management might be troubled by the experience, now is the time to reduce the chances of additional accidents from happening due to ice. The facility should implement a new policy for snow removal, salting or sanding the parking lots and sidewalks.

A written log should be initiated to document the date and time services were provided. The log would show due diligence in maintenance of the parking lot and sidewalks as the weather conditions change.

If only we had cleaned the back of the dryer on a scheduled basis

Lint buildup on the dryer is easily ignored. It often-times occurs out of sight. However, this unseen danger often results in a fire that damages or destroys the dryer and damages the facility.

In one such case in Arkansas, the dryer was destroyed, and the room which housed the equipment sustained damage. The fire marshal said the fire could have been caused either from the friction of the rotating drum or from the accumulated lint against the heating element.

Building and personal property insurance would cover the replacement of the dryer and repair of the damages to the building, but the facility would have out-of-pocket expenses to cover the deductible. Insurance deductibles range from \$250 to \$50,000. Common deductibles at long-term care facilities are \$250 to \$1,000.

With the damage done, the facility needs to implement loss control measures as the new dryer is being installed. Position the dryer away from the wall to provide easy access



Judy Germain, a certified nursing assistant at Bell Tower Residence in Merrill, Wis., prepares a medication cart prior to making rounds. Taking the time to carefully arrange medications prior to dispensing them is a good way to avoid giving a resident the wrong medication.

for cleaning the equipment, eliminating the need to move the dryer. A policy also should be established regarding the frequency of all dryer maintenance.

Another cause of dryer fires is created from solvents remaining on cleaning cloths. If not properly degreased, these cloths can spontaneously combust while in the dryer. Loss control steps here include soaking the cloths in a degreasing agent before being washed and placed into a dryer.

See Risks, page 3

Request, utilize feedback from residents and families

Evaluating a facility's relationship with the residents and their families is vital to the success of a long-term care facility. Referrals and word-of-mouth advertising can be the difference between a facility thriving or closing its doors.

One way to identify resident and family needs is through the use of surveys. Surveys can evaluate specific issues an administrator wants to target, as well as opinions of the overall care provided.

"Resident and family surveys give us a chance to get feedback," said Sandy Mayberry of Pine Tree Place, Clarkston, Mich. "It identifies those staff who deserve recognition for a job well done."

Facilities also can hold resident council meetings or use suggestion boxes to promote feedback. Some administrators prefer to make walking rounds. During the rounds, the administrator asks open-ended questions to residents and families. How are you? How is everything going for you? How do you like the food? Can we do anything for you?

Surveys can be the most efficient technique because the questions can be directed toward specific areas, and people are usually more honest with their assessments than they are in face-to-face interviews.

Some states specify survey topics to be addressed while others have no requirements. Survey topics include: preferences of care, treatment, services and activities. Other criteria to consider are the quality, quantity and variety of the food

and management of resident funds. Another survey might focus on the adequacy of living quarters, furnishings, and cleanliness of the facility, the resident's safety and comfort at the facility.

Surveys can be distributed at the facility or through the mail. If the resident has a cognitive impairment, a family representative is requested to complete the survey. If the resident has poor vision or cannot read, oral interviews should be conducted. If your facility has residents who do not speak English, have the survey written in another language or use an interpreter.

The frequency of surveys depends on the facility. Some perform them annually while others conduct them on admission and discharge. Those conducted on admission are used to determine resident preference and to identify needs to establish a resident plan of care. Surveys completed upon discharge identify areas of strength and weakness.

Some states have requirements for when surveys are to be conducted. For example, Wisconsin requires surveys one month prior to annualization of the admission date of the resident.

Other helpful hints:

Keep in mind that the surveys are intended for the residents. The print should be large enough for an elderly person to read. Use a point size of at least 12.5. Most surveys are one page in length but never more than two. Having a section at the end reserved for comments gives the resident and their families an opportunity to address issues

not identified in the selected criteria.

For the best possible results, surveys need to have clear and easy directions. If sending a survey in the mail, enclose a stamped, return envelope. If the survey is conducted orally, the surveyor needs to write down what is said and not interpret the information.

When the surveys are returned, tabulate the information. Identify an action plan to correct real and perceived problems. Of course, actual issues need to be identified and dealt with quickly and efficiently, but perceived problems also must be dealt with in prompt fashion.

Positive information from surveys also can be an advertising tool to promote aspects of resident care and the facility. Like a grandmother's brag book of pictures of grandchildren, posting comments or results from the surveys shows others what people think about your facility.

Mayberry has had a positive experience using surveys. Although surveys are not required in Michigan, he conducts them annually. He likes to share this information with his staff at regular meetings.

By making it personal, the staff become involved in the issues presented and are able to offer solutions, Mayberry said. The staff meeting provides an opportunity to recognize staff members for outstanding performance. Mayberry also uses the surveys to validate management observations and actions. He said the results are rarely a surprise and are a positive reinforcement to all. ■

Commitment agreement helps employees focus on values

Commitment — a state of being bound emotionally or intellectually to someone or something.

Building a culture of commitment takes strong leadership and the ability to illustrate the values of the organization. It takes open communication and a willingness to serve the residents, families and co-workers.

Kevin and Jackie Freiberg, co-authors of “Nuts!” tell the story of how Howard Putnam took the failing Southwest Airlines in 1978 and was able to triple the revenues and profitability in three years. The commitment of administration and the employees has been unprecedented. The airline has broken records for being profitable every quarter for more than 20 years.

Today, the Freibergs and Putnam are motivational speakers, consultants and mentors on corporate leadership, customer service, change and ethics. They challenge leaders to “create unmatched productivity, customer service and profitability by becoming faithful, devoted, hardworking servants of the people they lead.” Jackie shows how to create cultures of commitment where sensational service, unparalleled productivity and sustained profitability are the norm.

One way to ensure all employees are aware of the facility’s values is to have all-staff meetings to communicate the commitment to provide the highest quality service. Challenge the staff to identify the daily characteristics of this value in action. Some examples they might bring up include acting professionally, maintaining good work habits, proper attire, prompt arrival at work, working scheduled hours and giving each other and the residents the respect they deserve. Administrators can give examples of employee responsibility of reporting theft, abuse or neglectful treatment.

To reinforce the values, have staff members sign and date a commitment agreement to support the facility, each other, residents and visitors. Although not binding by law, the statement provides an emotional and mental commitment to provide the highest quality care.

Commitment statements are known by a variety of names, including Commitment to Resident Security, Values Agreement, Quality Care Statement and others.

Here is one example:

Commitment Agreement

In order for XYZ Retirement Village to provide care that is of highest quality, a certain degree of professionalism must be shown by all those employed by this facility. A major contributor toward provision of professional care is the desire each associate has in assuring a clean, comfortable and secure environment.

Upon your first day of employment, you will be expected to take on those practices that characterize professional care giving. One such practice is every associate’s responsibility to report abuse or neglect of a resident.

Reports of this nature, either verbal or written with a signature, must be sent immediately to the administrator or charge nurse. Notification also must be sent to the proper regulatory agencies according to government statutes. Failure to report cases of abuse or neglect promptly is grounds for immediate dismissal.

It is our desire as a quality care provider that each employee take this responsibility seriously to preserve the high standard of care and security which is representative of XYZ Retirement Village.

Employee Signature _____

Risks, from page 1

If only the medication technician had not given the wrong medication to the wrong resident

Dispensing medications might seem like a menial task, but it is one of the most important duties at long-term care facilities. For example, many residents receive blood-thinning medications for a variety of conditions, but to give the medication to someone who doesn’t require it can be devastating.

This happened recently at a facility in the Midwest. The resident had to be hospitalized for a bloody nose, receiving nasal packing, a Vitamin K injection and monitoring. Fortunately, there was no other consequence to the error.

An investigation showed that the new medication technician did not verify the resident’s name or look at the photo identification in the medication book before giving the medication.

The resident’s transportation and hospital costs would be covered by insurance. However, litigation costs could be a burden on the facility well into the future.

Loss control measures needed include reinforcement of the six rights of medication administration:

- The right resident
- The right drug
- The right dose
- The right route
- The right time
- The right documentation

Current medication policy should be amended so all new medication technicians are monitored and mentored until they demonstrate competency. All medication sheets should be accompanied with a resident name printed on a photo ID.

Looking back, there are many steps all facilities can take to reduce losses. Looking at your losses this past year, what should you be doing differently? ■

Certificates of insurance offer protection

Hiring someone as a contractor rather than an employee can be a good way for a long-term care facility to operate efficiently. However, it is as important to check this person's proof of insurance as it is their references.

Anytime your facility enters a contract with an outside party, you want to make sure they have insurance coverage in place. The best way to do this is to demand the contractor provide you with a certificate of insurance before their first day on the job.

If an independent contractor does not have insurance with adequate limits, your facility could end up being liable for damages or injuries caused by the contractor. Making sure they have proper insurance limits in place before they start working can reduce this from happening.

There are many types of contractors a long-term

facility might hire, such as for building maintenance or grounds upkeep, but your most important hiring is for those who will be providing care or service to your residents.

Information on a certificate of insurance includes the name of the insurance company, what type of policies they have with the insurance company, the limits of the insurance policies and the policy term or period.

A certificate of insurance is relatively straightforward, but here are some key items to look for when reviewing a certificate of insurance.

First, check to see that the insurance coverage is current. The policy term will include a start date and expiration date—normally 12 months. If the expiration date will occur while the person is working at your facility, make sure to request a new certificate before the old policy expires.

Next, check the type of policies the contractor has. They should include general liability, professional liability, products/completed operations and, if it is a company, workers' compensation for their employees.

The limits of insurance that they carry might vary by the type of work they do. For general liability, professional liability and the products/completed operations, it is best to see insurance limits of \$1 million for each coverage type. For the workers' compensation coverage, there is no recommended limits but make sure the contractor has coverage for the employees.

Requesting and reviewing certificates of insurance is one easy risk management tool you can use to protect the financial well-being of your facility. ■



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.

For more information on receiving *Long-Term Care Connection*, or to submit a comment or story idea, please call Karen Osman at 1-800-554-2642, Extension 4459, or send her an e-mail at kosman@churchmutual.com.

For information on products and services available through Church Mutual Insurance Company, please call your regional representative at 1-800-554-2642, Option 1.

Production Staff

Editor: Rick Schaber

Writers: Karen Osman, RN, BSN
Jim Mootz, Long-Term Care Underwriting Coordinator

Word Processing: Mary Akey and Michelle English

Distribution: Tammy Gruling

This newsletter is printed by L&S Printing.

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