

Improve through a commitment to training

When it comes to training senior care personnel, industry professionals agree that the best facilities generally go beyond the minimum state requirements. The payoff for extra training includes improved quality of life for residents, more efficient day-to-day administration and, in some instances, improved employee retention.

Training basics

State requirements, staff experience and education levels and residents' special needs should drive training content. Having programs in the following training topics would provide your facility with a good foundation:

- Universal precautions (OSHA)
- Residents' rights
- Needs assessments/creating an Individual Service Plan (ISP)
- Activities of daily living (ADL)
- Policies and procedures--including documentation and confidentiality (HIPAA); should address issues related to aging in place if appropriate
- First aid and CPR
- Fire safety
- Reporting abuse and neglect
- Aging sensitivity

All employees should be familiar with basic facility procedures and first aid, even if their job responsibilities don't typically include direct patient care.

"You don't know who might come into a room when a resident needs

help," said Debbie Pearson, training advisor for the ALFA University (Assisted Living Federation of America), a national training resource, and a former facility director. "It could be a CNA, someone from the maintenance staff or the administrator."

Beyond the basics, training should reflect the population and services provided. Other training areas to consider adding include:

- Ergonomics (a focus on lifting/avoiding back strains is especially appropriate)
- Medication management



- Alzheimer's/dementia
- Dietary needs
- Risk reduction

Medication is administered at many facilities, and Barb Mack, president of the Cambridge, Wisconsin-based Apple Tree Enterprises training company, would like to see more time devoted to this topic.

"I recommend 12 hours," she said. "It's important to give staff an opportunity to practice before they start passing medications. Too often someone goes right from training to the floor without any hands-on experience."

Creating a training program

When setting up a program, ensure that both the trainer--whether internal or external--and training materials meet state requirements for the services provided at the facility.

Where to get help

Resources for training materials include training companies, such as ALFA University (800-258-7030) and Apple Tree Enterprises (608-423-3844), state affiliates of ALFA (www.alfa.org), as well as your local technical colleges, Red Cross, hospitals, fire departments and government organizations such as OSHA or the FDA.

Impact of HIPAA varies in senior care market

As the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule marks its six-month anniversary, the state of health for HIPAA implementation is decidedly mixed. Some facilities have a good understanding of HIPAA, have effectively implemented the Privacy Rule and are well on their way to having document transmission under control. Others are still not certain if the regulations even apply to them.

Does a facility need to comply with HIPAA? It's not a simply yes or no answer.

Bill Fischer, an attorney with Denver-based Shughart, Thomson and Kilroy, said the crucial question to ask is whether the facility is a "covered entity."

Covered entities include health plans, health care clearinghouses and health care providers (the category that senior care facilities are most likely to fall under). Health care providers are considered to be covered entities and required to comply with HIPAA if they transmit protected health information (PHI) electronically in the course of completing certain transactions specified in HIPAA regulations.

"I caution facilities to carefully evaluate all of their transactions," Fischer said. "Are you really conducting your business strictly by paper? If a facility has a computer, it's likely they're not. One facility did all their billing by hard copy but was verifying health care coverage online. This made them a covered entity."

HIPAA applies even if a facility does not transmit data electronically itself but hires an outside company to do so on their behalf. If a facility shares PHI electronically in any instance, it becomes a covered entity in all situations. A vast array of items qualifies as PHI--even something as seemingly innocuous as a name if it's associated with a covered entity.

For online help in determining if your facility is a covered entity, visit: www.cms.gov/hipaa/hipaa2/support/tools/decisionsupport/default.asp.

Effective HIPAA implementation

Community Health Care - Wausau Hospital in Wausau, Wis., relied on a combination of auditing, education and management commitment to meet HIPAA regulations.

"One of our presidents was very dedicated," said Sandy Lakey, internal compliance auditor/privacy officer. "Because of this, we asked for, and got, the staff and resources we needed to ensure that HIPAA was taken seriously."

HIPAA Tips

- Move fax machines out of high-traffic areas
- Install screen savers
- Require employees to put away resident information when they are away from their desks or workstations
- Remind employees to limit conversations (including phone conversations) about residents in common use areas
- Coach employees on the proper information to share in voice mail messages and unsecured e-mails
- Control access to files and mailboxes

Neisha Balleck, health information manager at Christian Living Campus in Denver, Colo., found that a unique focus made the difference at her facility.

"HIPAA just seemed like a cumbersome government regulation until we realized that the required changes in our policies and procedures could improve the lives of our residents," she said. "We operate on a medical model, but we're trying to maintain a family atmosphere. By focusing on resident dignity,

we can meet HIPAA regulations and care for the person."

To implement HIPAA, both facilities worked with legal counsel, created internal teams to research HIPAA, performed audits of policies and procedures and involved employees in ongoing training sessions.

Wausau Hospital created "HIPAA Helpers" for their staff, incorporated HIPAA FAQs into their Intranet site and used both classroom training and an online training tool.

Christian Living Campus held all-staff and departmental educational sessions and used a "Be Alert" program to remind employees to safeguard resident information.

Resident knowledge and permission are important components of HIPAA. Christian Living Campus uses three forms to guarantee information is gathered and disseminated appropriately:

- Privacy notice - informs the resident of how information will be shared and used (e.g., to provide patient services and for billing purposes)
- Consent form - signed by the resident; gives facility permission to share information in ways cited in privacy notice
- Authorization form - signed by the resident. Allows facility to share information with other people that the resident designates (e.g., a family member or friend)

Facilities also must create a written document that spells out how PHI will be shared with and used by business associates--vendors who provide service to or perform functions on behalf of the covered entity.

For those covered entities that haven't complied with HIPAA, Fischer's advice is short and simple--get help now.

"Start with legal counsel--someone who's competent and informed about HIPAA privacy regulations," he said. ■

Take steps to prepare for a power outage

Spoiled food, suspended services can cost plenty

Recent power outages and weather-related loss of utility services are reminders that the interruption of your power supply and other utility services could cause a serious economic loss to your business.

Some of these potential losses are covered by insurance and some are not. If you are not sure about your situation, now is a good time to review your insurance coverages, disaster plan and emergency preparedness for your facility.

Consider if your business lost its source of electric power, what loss might occur? Recent power outages have forced businesses to temporarily close, caused perishable foods to spoil and suspended services.

At your senior care facility, if you do not have a generator to provide emergency power, where would your residents go for care? How would they get there? You also need to consider the heating and air conditioning systems. They don't run without power.

Although the massive power outage in the northeast earlier this summer, as well as recent weather-related power disruptions, caused economic damage, for the most part, it was not "insured." This article will answer some basic questions about coverages and exclusions and offer some tips

on how to protect your business from a loss caused by "utility interruption."

Commercial property insurance

The most common commercial property insurance available is the Special Cause of Loss coverage. This type of policy covers "all risks of direct physical loss not excluded by the policy."

However, one of the exclusions contained in this policy relates to utility services. It states that if the utility service to your business is interrupted for any reason as the result of an action or event that takes place away from your location, there is no coverage for any damage caused by the discontinuation of service. This exclusion also applies to loss of business income and extra expense.

An exception is that if the failure of the utility service causes a covered loss to your property, the policy will pay for the resulting damage. For example, if a fire started at your premises because of the utility interruption, the resulting fire and smoke damage would be covered.

Special coverage forms and endorsements must be added to the policy or purchased separately to cover any potential "gaps" and exclusions in coverage. One is the Utility Services - Direct Damages Endorsement.

This endorsement extends coverage to include damage to your covered property caused by the interruption of utility service

resulting from the direct damage to the utility company's property. The damage must have been caused by one or more of the covered causes of loss in your policy. Often this endorsement may be issued to apply to various utility services. Examples would be: water, steam, communication or power supply. In addition, some carriers offer coverage for outages caused by damage to the utility company's overhead transmission lines.

Are you ready?

Most standard insurance contracts provide a certain level of protection for some losses resulting from power outages, and coverage can be enhanced through special coverage forms and endorsements. However, exclusions will continue to eliminate coverage for damage caused by intentional interruptions or undefined causes of outages. Be sure to review your policies and discuss options with your insurance representative.

In addition to your insurance program, you should develop an emergency response plan and other risk management policies and procedures. Your disaster response plan should outline a comprehensive organizational response and crisis management plan in the event of an emergency or major community disaster. Focus on emergency back-up systems to maintain operations, evacuation and relocation of residents and training for staff and residents in emergency preparedness. ■

“Have an open line of communication with your state regulators,” said Kristi Oller, director of training for ALFA University. “They can help you interpret regulations and avoid problems.”

Training programs should accommodate differences in learning styles and can incorporate classroom sessions, videos, written materials and hands-on experience.

“My employees can read about a topic, but they learn best when they have a face-to-face training session where they can ask questions and have the opportunity to interact with a patient who has a particular condition,” said Nancy Buzzard, owner of Home 2 Me in Slippery Rock, Pa.

Dwayne Hartegan, owner and administrator of the Long Blum Retirement Center in Chillicothe, Miss., said he normally holds a classroom session and gives his employees homework for review.

“This combination is highly effective,” he said.

Facilities can opt to run training with an internal staff member--often a registered nurse or the administrator--or can hire an outside consultant.

“It’s important that facilities weigh where their employee has the most value,” Mack said. “It might be more cost-effective to send employees to an outside class than to have the RN pulled off the floor for the day.”

Training benefits everyone

An ongoing commitment to training empowers employees and creates a better environment for everyone.

Trained employees will know what to look for in terms of changes in a resident’s behavior or appearance.

“Training is our commitment to quality care for our residents,” said Peggy Jackelen, director at Bell Tower Residence in Merrill, Wis. “It helps us to run our facility more effectively and to maintain the standard of care that we want to provide.” ■

Evaluating training resources

Word of mouth is an excellent way to find training materials and consultants. A quick phone call to a trusted local facility is a good place to start. State and national industry associations also can be helpful.

When evaluating materials and programs that internal staff will use, consider the following:

- Are they consistent with the level of care the facility provides?
- Do they meet state standards?
- Do they include different types of materials (videos, written, classroom, etc.)?
- Do they include documentation and a testing mechanism?

Questions to ask when selecting a consultant include:

- What types of certifications and qualifications do the trainers have?
- Do trainers have “train the trainer” experience?
- What types of training services do they provide, and do they meet state requirements?
- How are records maintained if the company goes out of business?
- Does the class fee include all needed materials?
- Will they travel to a facility for larger groups?



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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