

risk

Spring
2009

Vol. 10
issue 1

reporter

for senior living

A quarterly publication by Church Mutual Insurance Company



Industry's movement toward health information technology

As residents age in place, many assisted living facilities are moving from a social model to a more clinical one. One of the most critical changes this will drive is a more active staff role in the medication management process and an increased responsibility for medication safety.

An extensive study of assisted living facilities by USA TODAY from 2000-2002 showed that more than 20 percent of facilities inspected had been cited for at least one significant medication error, some of which led to resident death. A study by the Oregon Health and Science University in Ashland showed a medication error rate of 28.2 percent—though more than 70 percent of these errors were time related.

"Medication errors are a very serious problem," said Lyle Bootman, Ph.D., Sc.D., dean of the College of Pharmacy at the University of Arizona in Tucson and co-chair of the Committee on Identifying and Preventing Medication Errors. "Our data show that they harm at least 1.5 million people each year, and roughly 800,000 of these are in a long-term care setting. And for every dollar spent on medication, there's a parallel dollar spent on rectifying a problem caused by it."

But is the time right for assisted living facilities to go electronic?

A slow move to electronic tools

"Health care tends to lag other industries in technology adoption," said Jason Fradin, vice president of marketing for Infologix, a provider of health care enterprise mobility solutions located in Hatboro, Pa. "For instance, other industries have been barcoding supplies for the last 20 to 30 years, but we're just starting to see widespread adoption in a hospital environment. It will take a while for that to trickle down to long-term care."

Many in the industry expect health information technology (HIT) will make its way to the assisted living environment, but it's not there yet.

"I don't think we're at the point yet where we know what it should be or how it should be implemented," said Dr. Jerry Gurwitz, chief of geriatric medicine at the University of Massachusetts Medical School. "A critical component of better medication management is better communication and interaction between the medical practitioner, the pharmacist and the assisted living facility. A computerized system won't be the solution unless you have that in place too."

Luan Morrow, director of training and implementation for Minnesota-based Eldermark Software, a provider of software tools and services

(See health information, page 2)

inside

Seasonal Spotlight

Limiting your liability for resident loss

Managing Your Risks

Transportation safety

Q | A

Pets can make your facility more like home



(health information)

for the assisted living environment, estimates only 10 percent of all assistant living facilities have some level of an electronic information system in place. This includes everything from facilities who put information on Excel documents to those who have a completely integrated, computerized system.

"If you have a 10-bed facility, maybe you don't need an electronic system," she said. "But you don't have to be much larger to realize a number of benefits."

Benefits of an electronic system

On the medication end, a computerized system can improve efficiency and accuracy and save time.

"An electronic system eliminates the need to lug around a MAR (medication administration record) that's the size of a phone book and gives staff an easy, accurate way to tap into resident data and share information between shifts," said John Himmelstein, vice president of long-term care sales at Artromick, a provider of medication management and mobile technology products located in Columbus, Ohio.

Plus, computerized systems can integrate directly with your pharmacy.

"You can reorder meds right from the computer screen during administration in real time—no more notes in your pocket that you have to remember later," said Todd Ross, marketing director at Artromick. "This minimizes your exposure and liability and mitigates the potential for error."

"Once you're electronically connected to the pharmacy, you no longer have to spend hours every month manually reviewing and updating your MARs. It saves a huge amount of time and improves efficiency and accuracy," Morrow said. "There's still accountability on your staff's part, but it requires much less time to oversee everything."

Computerized systems also allow you to track and manage data in other areas, including resident assessments, service delivery, incident reports, billing, employee management and risk management.

"You enter the data once, and there is a huge range of reports and data that you can create from it," Morrow said. "And it helps protect against 'cost creep' because you can track exactly what it costs to care for each resident."

The systems also can improve staff and resident attraction and retention.

"Once health care providers have used an electronic system, they don't want to go back to paper so having this can help you hire and retain the highest level of talent," Ross said. "I've also seen that it can tip the scale for residents because tech-savvy facilities can be viewed as offering the best in care."

Important considerations

Make sure your systems "play nicely" together.

"The choice of software has to be a strategic decision that

starts at the top and considers the business objectives throughout the facility," Fradin said. "And then your hardware all has to work with it. Many facilities are pleasantly surprised to find that they already have some of the key elements in place—they seldom have to start completely from scratch."

Revisit your entire medication management process with the help of your hardware/software provider.

"Don't just automate a broken system—investigate. There might be a better workflow, or you might be able to consolidate steps," Fradin added. "Just creating an electronic system without proper workflow analysis and implementation won't achieve the results you're looking for."

Value of point-of-care documentation

To get a system's full benefit, mobilize your software.

"If there's a gap between the care event and when it's documented, you need a paper step, and this is clumsy, time-consuming and error-prone," Ross said. "Workflow and accuracy are greatly improved by taking this tool to the point of care."

"In many cases, caregivers are spending 40 to 50 percent of their time on administrative duties instead of resident care," Fradin said. "A mobile workstation can change that."

But being able to deliver that requires wireless access throughout your facility.

"If you don't have a rock solid wireless infrastructure, you're going to have dropouts as your staff are doing the med pass, and they're going to abandon the system," Fradin said.

Get staff buy-in and train effectively

Staff at all levels has to understand the benefits of using this system; otherwise, they'll use costly work-arounds that defeat the benefits of the system.

"There's a wide range of computer literacy, and different users will need to understand different portions of the system, so you can't train everyone the same way," Morrow said. "Train in increments and give staff a chance to practice and master each step."

Cost of technology

Software costs start in the tens of thousands and go up, depending on your facility size, needed capabilities and the number of users. Morrow says that her company's systems typically range in price from \$5 to \$10 per resident per month and that most customers lease rather than purchase software in order to get support and upgrades.

- Noncomputerized medication carts: \$700-\$3,000
- Carts that integrate computerization/power source: \$5,000-\$10,000

■ Resource

American Society of Consultant Pharmacists

Seniors at Risk: Designing the system to protect America's most vulnerable citizens from medication-related problems

<http://www.ascp.com/publications/seniorsatrisk/upload/AtRisk.pdf>



Managing Your Risks

Transportation safety

As the summer season nears, many facilities are busy planning resident outings. Before you finalize any plans, make sure to cover the steps to ensure safe transportation.

Driver selection, training and proper vehicle maintenance are the three key elements to a safe transportation program.

Drivers should be at least 21 years old—25 is better—and have a valid driver's license for five years. An excellent driving record should be required, with no moving violation in the last three years.

If your facility has a 15-passenger van, a driver with a commercial driver's license is recommended.

The training of your drivers needs to include vehicle operation, passenger assistance and emergency and accident procedures.

Vehicles designed to transport a large number of people handle differently than a typical automobile. Your drivers should log time behind the wheel without passengers to become accustomed to the differences.

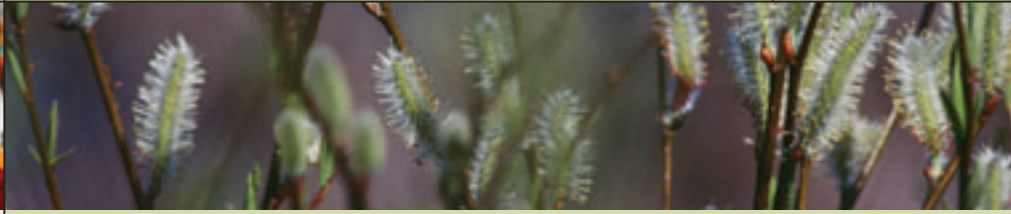
Assisting residents also is a training area. Assisting riders to enter and exit a vehicle without doing any lifting or awkward bending will help your drivers avoid injury.

Residents in wheelchairs may only be transported in vehicles designed for that use.

You can take all the precautions available, but if you fail to properly maintain your vehicles, it will not matter. In addition to following the manufacturer's recommended maintenance plan, the driver should inspect the vehicle before each trip. Check the tires for proper inflation and excessive wear, look for any fluid leaks and check fluid levels, including washer fluid, oil, transmission fluid and radiator coolant. It's also wise to test the horn, brakes, lights, wipers and fan before loading passengers.

For more transportation safety tips, go to www.churchmutual.com, click on Safety Resources and select 15-Passenger Vans.

Richard J. Schaber, CPCU, CRM
Risk Control Manager



seasonal spotlight

Limiting your liability for resident loss

If you're like most facilities, your resident agreement includes language that states your facility is not responsible for damage to or loss of residents' personal property. That language is critical, but is it enough?

"If you truly want to serve your residents and protect your facility, you need to go further," said Jo Ellen Bleavins, senior vice president of management for BMA Management Ltd., Bradley, Ill., a company that oversees 32 senior living facilities.

Draw attention to the topic of property liability

A resident agreement can be a long and complicated document that's challenging for the resident to understand.

"Your staff has to have thorough training on the issue of property liability and understand how important it is," Bleavins said. "We've created a 'cheat sheet' that highlights the areas to cover during the agreement review process, and personal property is one of them."

In addition, BMA facilities require that residents initial every important section, instead of having just one signature at the end of the document. This draws attention to all critical content and ensures that the resident and/or their family understand each section.

Recommend that residents have a renter's policy

"The resident agreement is very similar to what a person would have for a typical apartment building in that the individual is responsible for insuring their personal items," said John Barista, Church Mutual's senior regional representative—senior living specialist for the Chicago area. "Even if there was a tornado at the facility or the sprinkler system went off, it would be the residents' personal insurance that covered their items."

Help your residents limit loss

"When the resident first moves in, we suggest that they photograph any items of value and get appraisals on things like jewelry," Bleavins said. "We strongly recommend that if they have an item that would be impossible to replace—such as their parents' wedding picture or grandma's antique ring—that they do not bring it into the facility."

BMA also advises residents to have a personal lockbox in their room where they keep any jewelry, cash, etc. "Residents aren't always good about locking their doors, and this can help to protect their valuables," Bleavins said.

"Your facility should never offer to store or keep valuable items for a resident," Barista said. "It might be appropriate to keep a small amount of documented cash for them, but that's it."

As an extra preventive measure, BMA facilities have an annual presentation by local police to discuss ways that residents can protect their belongings.

Q | a

A Perspective

We are a nation of animal lovers. Their popularity isn't surprising given the well-documented benefits that can be attributed to animal companionship. The Merck Veterinary Manual lists protection against depression and loneliness, resistance to setbacks and even improved cardiac health. And according to the Doctors of USC Web site, a 1999 study in the Journal of the American Geriatric Society showed that owning a cat or dog helped maintain or even slightly enhance Activities of Daily Living scores and could help ward off psychological decline.

Dennis Cassidy, owner and director of Walden III in Wind Gap, Pa., has experienced the benefits of animal companionship firsthand. His facility is home to three cats, including his personal favorite, Denny.



Risk Reporter: Why do you have cats at your facility?

Dennis Cassidy: One of our most important goals is to make this feel like home—not a facility. For instance, if you go throughout our building, you'll see that we have a lot of smaller living and dining rooms instead of just big institutional rooms. Having pets is just one more way that we create a home-like environment.

Risk Reporter: What are some of the steps that a facility needs to take to ensure the safety of residents if they choose to have pets?

Dennis Cassidy: First of all, consider what kinds of pets are appropriate. For instance, we decided that dogs were not a good fit because even with a well-behaved dog, you run the risk of resident injury. All it takes is a little bump, and you've got a broken hip. If you're in an environment where your residents are in wheelchairs, a calm, relaxed dog might work, but with ambulatory residents, we think there is just too much potential for injury. Investigate state requirements for having a pet on site. In our case, there are required shots and documentation.

Risk Reporter: Do you allow residents or their family members to bring their pets to your facility?

Dennis Cassidy: We have had circumstances when we've allowed residents to bring their own cats to live here. Typically, these people have been shut-ins who never leave their rooms, and they had to take 100 percent responsibility for their pet. It's hard enough to give up your home but doubly hard when there's a pet involved—a living, breathing being that you have an emotional attachment to. We have also had situations where a family member has been allowed to bring a pet to the facility for a visit, but they can only do this if they bring in documentation from the vet to show that the animal is in good health and has all the proper shots, and the pet must be under their physical control at all times.

Risk Reporter: How do residents and their families respond to the presence of pets in your facility?

Dennis Cassidy: The reaction is typically very positive. Some of our residents are very attuned and affectionate with the cats; others like them but not as much. There's a certain amount of pride in being the person that the cat "chooses" to sit with. This isn't something that we especially promote when we're showing the facility to people as they're researching their options, but the cats tend to be met with pleasant surprise when people notice them wandering around.

Risk Reporter: Who is responsible for your cats?

Dennis Cassidy: The head of housekeeping takes responsibility for feeding and caring for them, but there's also a feeling of communal responsibility.

Risk Reporter: If a facility isn't ready to commit to an on-site pet, how else could they get the benefits of animal companionship?

Dennis Cassidy: I'd suggest they look for local resources that can bring pets into the facility for a visit or to conduct pet therapy sessions. We had someone bring in a dog that did tricks.