

# Risk

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# Reporter

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## Ongoing assessments critical to resident safety

Business people learn quickly to look for ways to say yes to customers. But when it comes to care of the elderly, sometimes it might actually be better to say no. One good example is when it comes to admitting and retaining residents.

Your facility faces enormous pressure to keep occupancy levels high, and residents and families are often eager to be admitted or to stay in a comfortable and familiar environment.

But you're not helping anyone when you accept or retain a resident whose care needs you can't meet—and you could even find yourself in legal trouble.

"This is one of the most common reasons for negligence claims," said Sharon Christie, a lawyer in Timonium, Md., who also is a registered nurse with extensive experience in the long-term care environment. (See Seasonal Spotlight, Page 3.)

To avoid potential problems and make the admittance and retention process go as smoothly as possible, experts recommend you do the following:

### **Provide complete information about your facility**

In its 2004 Assisted Living Facilities (ALFs) Position Statement, the American Geriatrics Society (AGS) recommended that facilities provide the following information to prospective residents and their families:

- Services provided
- Facility limitations
- Resident functional decline they can accommodate—including what criteria a resident needs to meet to continue to live at the facility
- Staffing levels and expertise

"Most families recognize that this might not be their loved one's final move, but they certainly don't want this to be a short-term situation," said Barney Spivack, M.D., medical director at LifeCare Inc., a human resources firm in Shelton, Conn., and one of the authors of the AGS position paper. "This is a significant decision, and it's critical for the family to have the best information possible when making it."

"We never want to overpromise on our abilities," said Christy Anderson, director of nursing at The Colony at Eden Prairie in Eden Prairie, Minn. "Our policy is to underpromise and overdeliver."

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*Risk Reporter talks with Bob Baker, indoor air quality professional*

## ( ongoing assessments )

During an initial meeting with the resident or his/her family, you should also outline any behaviors or changes in health that would necessitate a move to another facility.

"You have to be very realistic about the care level that your staffing levels and facility layout and resources will allow you to provide," Anderson said. "Sometimes it might be possible for a resident to continue to live at your facility if the family is willing to arrange for outside resources to provide services, but this should all be discussed up front."

### Perform a baseline assessment

"Most changes in a person's abilities, personality, etc., have their origin in cognitive problems," Spivack said. "Before admitting a resident, I strongly recommend having a geriatric evaluation—ideally, by someone with specific geriatric expertise. This is valuable information that will help to determine if the resident is a good fit and drive the initial care plan.

In Spivack's home state of Connecticut, the basic rule of thumb when accepting an ALF resident is that they are chronic and stable—they have care needs that your facility can meet, but there are no day-to-day changes at this time. "Don't rely on a medical assessment that's a few months old because people's needs can change rapidly," Spivack said.

The AGS recommends that the initial evaluation include an analysis of the resident's physical, medical and psychosocial needs and a detailed review of all medications.

Families are an excellent resource too.

"They can offer insights and firsthand knowledge that no one else is likely to have," said Anita Cornelius, executive director at The Colony.

### Conduct ongoing assessments

Residents' needs will change over time as they age in place and deal with various health issues. The only way to determine if you're still able to meet their needs is with ongoing evaluations.

Spivack recommends formal, follow-up evaluations at least quarterly; at The Colony, residents who are receiving care services (help with dressing, eating and medication) automatically have a scheduled nurse's visit every 62 days.

"As you gather new information about your residents, you must always ask yourself, 'Can we continue to meet this person's needs in the best way possible?'" Spivack said.

These formal assessments are particularly valuable because of the big-picture perspective they offer.

"The staff might be making small adjustments to how they deliver care to accommodate a resident's needs without realizing just how much they've changed," Christie said. "A for-

mal assessment—especially by someone other than the day-to-day caregiver—creates the opportunity to measure and document that change."

### Change indicators

- Elopement issues
- Inability to find their way throughout the facility
- Behaviors that risk injuring themselves or others
- Ongoing care needs that your current staff isn't qualified/able to provide

### Track and trend incidents

It is important to complement formal evaluations with data gathered on an ongoing basis.

"We track a number of things like falls, who's used their emergency pendant to call for help and incidental charges—for example, who's now asking to have their meals on a tray instead of coming to the dining room, which might indicate a change in physical or mental health or cognitive function," Anderson said. "We put this all into an Excel document so that we can track it and look for signs that we might need to re-evaluate a resident's needs."

Train your staff to recognize and track things that might be a red flag for a physical problem or cognitive decline, such as if a resident is less interactive or newly incontinent, this could signal an infection.

"Everyone on your staff should recognize and know to report issues like these—not just your medical staff," Spivack said.

Having numbers and hard data also help you to build a better case if a resident's needs have changed enough to drive a facility change. "In isolation, an event might not seem that important, but when you can compare events over time, you have a better picture of what's actually happening," Christie said.

### Determining level of care

As residents age in place, a facility that originally started out as a resource for fairly independent people might find itself morphing into something that's just short of a nursing home.

"That's typically not what your residents signed up for, and it may not be what you want to become," Spivack said. "It might be better for an individual's quality of life to be able to stay at your facility, but you have to look at whether that's also best for your facility overall."

- **For a copy** of the 2004 Assisted Living Facilities Position Statement from the American Geriatrics Society, go to [http://www.americangeriatrics.org/products/positionpapers/ags\\_alf.shtml](http://www.americangeriatrics.org/products/positionpapers/ags_alf.shtml)
- **For more information** on the value of tracking and trending, please see the winter 2009 issue at [www.churchmutual.com](http://www.churchmutual.com), click on Safety Resources, Risk Reporters, Risk Reporter for Senior Living Communities.



## Managing Your Risks

### Online resource library

*Risk Reporter for Senior Living Communities* recently celebrated its 10th year of being published. Over that time, we've covered a multitude of topics and have interviewed numerous experts in the field.

The topics covered in each issue of the quarterly risk management newsletter are selected by an editorial board, consisting of Church Mutual employees in Sales and Marketing, Underwriting, Claims and Risk Management. Our customers have submitted many story topics, but the majority are developed through an analysis of our claims files to identify key trends.

As editor of *Risk Reporter*, I've had to create an index to keep track of what the publication has covered over the last 10 years. That topic list is quite extensive, including:

- Benefits of pets
- Fitness programs
- Indoor air quality
- Elevator safety
- Lighting issues
- Construction issues
- Holiday decorating
- Dealing with mold
- HVAC tuneup
- Hazardous substances
- Environmental hazards
- Hiring policies
- Work force challenges
- Fire prevention
- Elopement

This is just a small sample of the list.

Recently, a customer called with the suggestion that an index be created for the reader. This has been done.

Church Mutual recently completed a revision to the *Risk Reporter* page on our website, [www.churchmutual.com](http://www.churchmutual.com). By clicking on the *Risk Reporter* topic index link, you will find a list of categories. Within each category are numerous subcategories featuring the stories. The files can be viewed, printed or downloaded for your use.

Take a look, and I'm sure you will see the benefit of this index.

**Richard J. Schaber, CPCU, CRM**  
Risk Control Manager



# Seasonal Spotlight

### Emphasize safety to avoid negligence charges

Resident safety is the most critical concern at your facility, but are you taking the proper precautions to achieve it? The following steps can help you prevent tragedy and protect your facility from negligence charges.

#### Set care criteria and only accept and retain residents who meet them

Assisted living originally meant serving relatively independent residents but that has changed in recent years.

"The assisted living model is moving to a higher acuity level, and facilities are expected to meet a broader range of needs," said Eric Carlson, director of the long-term care project at the National Senior Citizens Law Center in Los Angeles, Calif. "You need to be realistic about where you want to fall on the continuum of care and how that will impact who your residents are and what resources you'll maintain."

#### Market your services appropriately

Information shared through any channel—from one-on-one information sessions to your website and printed materials—should be carefully reviewed to make sure that it's consistent and true.

"When a family comes to me with a potential negligence claim, the first thing I do is go through the facility's website and their marketing materials to compare what was promised with what was delivered," said Sharon Christie, a lawyer in Timonium, Md., who also is a registered nurse with extensive experience in the long-term care environment.

#### Admission agreements do not immunize your facility

"You can't run an operation where bad things happen and think that your contractual language will protect you," Carlson cautioned. "Waivers of liability are generally unenforceable—and inappropriate—in a health care context."

#### Maintain appropriate staffing levels and training

Sufficient numbers of well-trained staff play a critical role in your ability to keep residents safe.

"This is where I see the most egregious examples of negligence," Christie said. "Staff are asked to handle situations that are beyond their abilities and training, and in too many cases, staffing levels are lower than they need to be to provide adequate care."

"It's a good idea to have consistent staff assignments so that it's easier to spot changes in resident health and behavior," Carlson said.

#### Develop a proactive safety culture

Involve staff at all levels in safety issues, plus residents and their families. Establish a safety committee that includes a cross section of staff and put a system in place so that complaints and concerns easily reach the right people and are acted on quickly.

"This is also helpful when it comes to managing expectations," Christie said. "If families have a better understanding coming in of what to expect in terms of care and the appropriate channels to go to for help, they're more likely to talk to you and less likely to call someone like me to complain."

# Q | A

## A Perspective

*After a winter that has dumped near-historic amounts of snow on virtually every area of the country, it's no surprise that we're all thinking about spring and that well-loved rite of the season: the HVAC (heating, ventilation and air-conditioning) tuneup! Considering the impact that a well-run HVAC system can have on everything from energy usage to air quality and building comfort, the right maintenance and replacement schedule can make an important difference at your facility. To learn more about HVAC maintenance, Risk*



*Reporter spoke with Bob Baker, indoor air quality professional and owner of BBJ Environmental Solutions in Riverview, Fla. Baker has decades of experience in the HVAC industry and was chair of the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) Standard 180, Standard Practice for Inspection and Maintenance of Commercial Building HVAC Systems, Committee.*

**Risk Reporter: What are some of the things that a facility should be doing in the spring to ensure that their HVAC system is running at peak performance?**

**Bob Baker:** There isn't one set list. Each facility should come up with its own tasks and the frequency at which they should be done based on their equipment and the needs of their facility. To create this list, you can refer to the manufacturer's directions, but I think that the better reference is ASHRAE/ACCA/ANSI Standard 180. Go to [www.ashrae.org](http://www.ashrae.org) and search for Standard 180. This document represents the consensus of the most qualified experts in the industry and lists detailed tasks and how frequently they should be carried out so as to balance maintenance effectiveness with cost control. The listings are by component type; frequency should be tailored to the individual facility and will vary from every 90 days to once a year or more, depending on the task and equipment.

**Risk Reporter: A facility's maintenance staff should be able to handle most if not all of the Standard 180 inspection tasks. Where can staff go for additional training?**

**Bob Baker:** Technical colleges are a great resource, and most maintenance organizations—such as the Refrigeration Service Engineers Society—will have a local chapter that you can join. I'd also recommend taking a look at the American Society for Healthcare Engineers (ASHE). This is a bit more technical but could be helpful, depending on the needs of your residents and expertise of your staff.

**Risk Reporter: If there is a task that internal staff can't handle, how can they find a resource to help them?**

**Bob Baker:** There isn't a credentialing body for contractors, but generally, the more professional and credible ones will belong to one of the industry trade associations. There are certifications for technicians so ask the contractor how many of their technicians have certification and with which accrediting agency, such as NATE (North American Technician Excellence). However, the best qualification for a contractor is the recommendation of a trusted associate who has experience with that service provider over a long period of time.

**Risk Reporter: How can a facility improve the efficiency of an existing system, and when should they replace it?**

**Bob Baker:** Maintenance is critical. If you're already on a good schedule, keep it up. If past maintenance was poor—or your equipment is more than 15 years old—bring in a contractor or engineer and ask them to help you assess your current equipment and make recommendations for updates. Don't assume that you should keep a piece of equipment just because it's still functional—consider your operating costs. Often, there have been so many improvements in energy efficiency that new equipment will pay for itself in a very short time.

**Risk Reporter: If you had to pick one area to focus on when it comes to HVAC, what would it be?**

**Bob Baker:** Keep your system and its components clean. Buildup of contaminants is responsible for more problems and failures than any other factor.