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Solutions for Risk Management

Issues directly or indirectly affecting the senior living industry can change overnight. *Solutions for Risk Management* provides the latest news, updates, trends and risk management tips.

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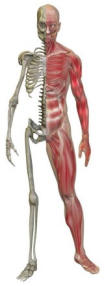
Musculoskeletal Disorders Evaluation



Among many OSHA updates that have been published, a Musculoskeletal Disorders (MSD's) Program Evaluation has been made available. As these continue to be leading drivers of employee injuries, we urge you to review your systems as OSHA is stepping up its focus on causes of these injuries.

Inspection Procedures for Focus Hazards and Other Hazards in Inpatient Healthcare Settings

Ergonomics: MSD Risk Factors Relating to Patient/Resident Handling

This section provides guidance for conducting inspections in workplaces in NAICS Codes 622 and 623 as they relate to risk factors for MSDs associated with patient and resident handling. These inspections shall be conducted in accordance with the FOM, and other relevant OSHA reference documents.

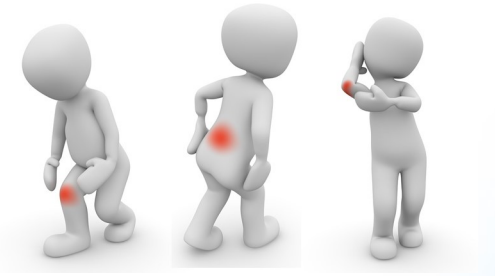
a) Establishment Evaluation. Inspections of MSD risk factors will begin with an initial determination of the extent of patient and resident handling hazards and the manner in which they are or are not addressed. This will be accomplished by an assessment of establishment incidence and severity rates and whether the establishment has implemented a process to address these hazards in an effective.

CSHOs should ask for the maximum census of patients and residents permitted and the current census during the inspection. Additionally, CSHOs should inquire about the degree of ambulation of the patients and residents, as this information may provide some indication of the level of assistance given to patients and residents or the degree of hazards that may be present.

Note: If there is an indication from injury records, or from employer or employee interviews, that other sources of ergonomics-related injuries exist (e.g., MSDs related to office work, laundry, kitchen, or maintenance duties), the compliance officer must include the identified work area and affected employees in the assessment.

b) Program Evaluation. Compliance officers should evaluate program elements, such as the following:
   i. Program Management
      1. Is there a system for hazard identification and analysis?
      2. Is there a system for development of strategies to address identified hazards?
      3. Who has the responsibility and authority for administering this system?
      4. What are the credentials or experience of the individual who is responsible for administering the program?
      5. What input have employees provided in the development of the establishment's lifting, transferring, or repositioning procedures?
      6. Is there a system for monitoring compliance with the establishment's policies and procedures and following up on deficiencies?

7. Are there records of recent changes in policies and procedures, and an evaluation of the any positive or negative effect they have had on resident handling injuries and illnesses?



ii. Program Implementation

1. How is patient or resident's mobility determined and how is the mobility determination communicated to staff?
2. What is the decision logic for selection and use of lift, transfer, or repositioning devices?
3. When and under what circumstances can manual lift, transfer, or repositioning occur?
4. Who decides how to lift, transfer, or reposition patients or residents?
5. Is there is an adequate quantity and variety of appropriate lift, transfer, or reposition assistive devices available and operational? (Note: No single lift assist device is appropriate in all circumstances. Manual pump or crank devices may create additional hazards.)
6. Are there adequate numbers of supplies (i.e., slings, batteries, charging stations) for lifting devices? (Note: Use a minimum of one sling per resident that needs the device and have some extras to account for laundering and repair. An adequate quantity of batteries should be on hand to accomplish all necessary lifts during a shift. The facility should have appropriate types and sizes of slings specific for all patients or residents.)
7. Are there appropriate quantities and types of the assistive devices available within close proximity and maintained in a usable and sanitary condition (including, but not limited to, slip sheets, mechanical lifts, sit-to-stand assists, walk assists, or air-hover transfer pads)?
8. Do policies and procedures exist that are appropriate to eliminate or reduce exposure to the manual lifting, transferring, or repositioning hazards at the establishment?

iii. Employee Training

1. Have employees (i.e., nursing and therapy) been trained in the recognition of ergonomic hazards associated with manual patient or resident lifting, transferring, or repositioning, the early reporting of injuries, and the establishment's process for abating those hazards?
2. Have the employees (nursing and therapy) been trained in proper techniques and procedures to avoid exposure to ergonomic risk factors? Can they demonstrate competency in performing the lift, transfer, or repositioning task using the assistive device?

c) Occupational Health Management

i. Is there a recognized process to ensure work-related disorders are identified and treated early to prevent the development of more serious problems and whether this process includes restricted or accommodated work assignments?

ii. After evaluating the facility's incidence and severity rates and the extent of the employer's program, a decision will be made about the need to continue the ergonomic portion of the inspection. Where there is a need to address these issues, the AO will follow OSHA reference documents in determining whether to send an Ergonomic Hazard Alert Letter (EHAL), other communication, or issue citations. In all cases, the AO will notify the Regional Ergonomic Coordinator (REC) of the result of the inspection.

iii. OSHA will contact all employers who receive an ergonomic hazard alert letter to determine whether the deficiencies identified in the letter have been addressed. Refer to CPL 02-00-144, Ergonomic Hazard Alert Letter Follow-up Policy, for the process for contacting employers who receive an ergonomic hazard alert letter. During this contact, OSHA may again provide information on available consultation and compliance assistance. In appropriate cases, OSHA will consider conducting another compliance inspection.

iv. Some states (e.g., California, Alaska, Minnesota, Washington, Oregon) have existing regulations or codes that can be applied to ergonomics-related injuries. In these cases, state or local regulations may support the 5(a)(1) element of industry recognition.

d) Citation Guidance: Refer to the FOM and other OSHA reference documents prior to proceeding with citation issuance. When conditions indicate that a General Duty Clause citation relating to patient or resident handling may be warranted, the Area Office will contact the REC and collaborate with the Regional Solicitor (RSOL) on the case prior to issuing a citation. Attachment 3 is provided only as an example of the language that may be used in an Alleged Violation Description (AVD) for patient or resident handling-related incidents.

Please let any RMS team member know if you are in need of assistance in managing any program gaps.

"We Have the Questions, But Not All the Answers"

Many nursing home residents have been identified as being at high risk for adverse consequences related to medications. Therefore, effective October 1, 2018, per the SNF Quality Reporting Program, additions will be made to the MDS 3.0 Section N-Medications.

Here is what we know →

The following question(s) will be included in the five-day PPS assessment: "Did a complete drug regimen review identify potential clinically significant medication issues?" If yes, "Did the facility contact a physician (or physician designee) by midnight of the next calendar day and complete prescribed/recommended actions in response to the identified potential clinically significant medication issues?"

The other additional question, as follows, will be included in the Nursing Home Comprehensive Assessment (NC), Nursing Home Quarterly Assessment (NQ), Nursing Home PPS Assessment (NP), Nursing Home Discharge Assessment (ND), Nursing Home Other Comprehensive Assessment (NOC) and the Nursing Home Part A PPS Discharge Assessment (NPE):

- "Did the facility contact and complete physician (physician designee) prescribed/recommended actions by midnight of the next calendar day each time potential clinically significant issues were identified since the admission?"

CMS defines "Medication Regimen Review (MRR)" or Drug Regimen Review as a thorough evaluation of the medication regimen of a resident, with the goal of promoting positive outcomes and minimizing adverse consequences and potential risks associated with medication. It includes a review of the medical record in order to prevent, identify, report, and resolve medication-related problems, medication errors, or other irregularities. The MRR also involves collaborating with other members of the IDT, including the resident, their family, and/or the resident representative. Medication Reconciliation is a different process. CMS defines "Medication Reconciliation" as a process for identifying the most accurate list of all medications that the patient is taking (including name, dosage, frequency, and route) by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.

What we do not have at this point is an updated RAI User's Manual identifying the intent, rationale, steps for assessment, coding instructions, coding tips and examples for the new questions of Section N-Medications. An updated Resident Assessment Instrument User's Manual is expected in the fall of 2018.

What to do while waiting on answers →

- Review and revise the facility's Drug Regimen Review Policy to ensure inclusion of the following:
  - ◊ The pharmacist performing the medication regimen review, which includes a review of the resident's medical record, at least monthly;
  - ◊ The pharmacist reporting any irregularities in a separate written report to the attending physician, medical director, and director of nursing; and
  - ◊ The attending physician reviewing and acting on any identified irregularities.
- Update all definitions and new terms: adverse consequence, clinically significant, dose, excessive dose, duration, excessive duration, irregularity, medication interaction, medication regimen review (MRR), pharmacy assistant or technician, and monitoring.
- Review and revise, as needed, the facility's pharmacy consultant agreement to align with new requirements and expectations. Remember, it may be necessary for the pharmacist to conduct the MRR more than once a month depending on the resident's length of stay, condition and the risks for adverse consequences related to current medications. Also remember, the regulations prohibit the pharmacist from delegating the medication regimen review to other staff.
- Ensure pharmacy recommendations are communicated to the healthcare practitioner in a timely manner. Document communication in the resident's medical record.
- Ensure pharmacy recommendations are part of the resident's medical record or are kept in the facility for reference.

Controlling Infections for Resident and Financial Health

With the implementation of the Phase II "Mega Rule" that went in to effect on November 28, 2017, nursing homes are now required to focus on healthcare-associated infections (HAIs) in an effort to reduce the number of resident infections. The cost of HAIs on the long-term care industry is estimated to be between $700 million and $2 billion annually for antimicrobial therapy and hospitalization fees. For nursing homes, controlling these infections is critical for both the resident's well-being and the financial well-being of the facility.

According to the most recent CMS data, F880 Infection Prevention and Control is the most frequently cited F-tag since November 28, 2017, with the implementation of the revised long-term care survey process. Nationwide, 15.6 % of facilities have been cited (2,567 of 15,695 centers) in the area of infection prevention and control.

A random review of available national survey data reveals several common citations under F880, including the following:

- Hand hygiene during medication administration, IV therapy and after providing incontinence care.
- Failure to follow proper perineal care technique.
- Failure to implement and adhere to isolation policy and procedures.
- Management of urinary catheter tubing to prevent infection.
- Failure to cleanse and disinfect glucometers between residents.
- Less frequently cited was the failure to complete the facility TB risk assessment and/or the Legionella risk assessment.

Centers should take the time to review their current practices and competency requirements related to hand hygiene, incontinence/perineal care, urinary catheter management and glucometer cleansing/disinfecting procedures. Ensure that an annual review of the facility-specific TB Risk Assessment and the Legionella risk assessment is completed. For assistance with regulatory compliance, reach out to an AssuredPartners Senior Living Risk Solutions expert.

Sources: CMS QCOR and AHRQ Safety Program for Long-Term Care: Preventing CAUTI and Other HAIs

When a Resident Expresses Discontent, Try the SMILE Technique!

State your positive intention. Tell your patient you want to understand his situation and are willing to help.

Make them feel important. Reinforce your patient's feelings by telling them you understand why they are upset.

Involve them in the solution to the situation. Offer your patient the chance to give their own solutions to the problem. Allow them to communicate their needs before offering your solution.

Let them know you care. Use empathy and compassion in communication. Apologize for the inconvenience and offer alternatives.

Encourage dialogue, questions, and discussion. Listen to your patient's concerns. Sometimes listening can provide more comfort than a solution. Be sure to provide honest answers to your patient's questions.

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