

# 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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## Staffing by Consistent Assignment

Consistent assignment, also known as primary or permanent assignment, refers to the same caregivers (i.e., RN, LPN, STNA/ CNAs) consistently caring for the same residents almost every time they are on duty (at least 80% of their assigned shifts). It is not a very popular practice, as only about 10% of the nation's nursing home use it.

Instead, most facilities use a very different approach to scheduling. They rotate staff from one group of residents to another after a short training period so everyone is trained on most units allowing for them to be able to cover call-offs and open slots. Also, some managers believe that consistent assignments means that some staff "get stuck with the hard-to-care-for residents" due to resident movements and wear out.

Contrary to these beliefs, some recent studies, conducted by CMS and other healthcare researchers, identified that inconsistent assignments actually exacerbate instability in staffing. Conversely, consistent assignments foster stability and retention. In fact, in the majority of cases, call-offs and turnover were reduced when meaningful relationships developed in which caregivers knew they were being counted on by their residents. Therefore, they responded by making sure the care needed was given.

Other research results include the following:

- Staff members who care for the same residents form a bonding relationship and get great satisfaction from their work .
- When caregivers care for the same people daily, they become familiar with their needs and desires in an entirely different way. Their work is easier because they are not spending extra time getting to know what the resident wants.
- When caregivers and residents know each other well, their relationship makes it possible for care and services to be directed by the resident routines, preferences, and needs.
- Residents who are cared for by the same caregivers come to see the people who care for them as "family."

Before considering switching from rotating to consistent assignments, nursing managers should be aware that communication is the key to success. Prior to initiating consistent assignment, the following is recommended:

- Communicate to the caregivers that consistent assignments have improved the resident's quality of care and life, as well as the staff's quality of work.
- Encourage the STNAs and CNAs to participate in forming each "family" group or assignment.
- Form the "families" by degree of difficulty, not their location on the unit or pod.
- Start with switching to consistent assignment on one unit.
- Meet with the group of caregivers every three months and add another group each time until the program is initiated throughout the facility.

Resource: [www.CMS.gov](http://www.CMS.gov)



## Risk Factors: Identifying and Assessing Workplace Violence Hazards

Healthcare and social service workers face an increased risk of work-related assaults resulting primarily from the violent behavior of their residents. While no specific diagnosis or type of resident predicts future violence, epidemiological studies consistently demonstrate that inpatient and acute psychiatric services, geriatric long-term care settings, high volume urban emergency departments, and residential and day social services present the highest risks. Pain, devastating prognoses, unfamiliar surroundings, mind and mood altering medications and drugs, and disease progression can also cause agitation and violent behaviors.

While individual risk factors vary, depending on the type and location of healthcare or social service setting, as well as the type of organization, below are some of the risk factors.

### Resident, Client and Setting-Related Risk Factors:

- Working directly with people who have a history of violence, abuse drugs or alcohol, gang members, and relatives of residents or clients;
- Transporting resident and clients;
- Working alone in a facility or in residents' homes;
- Poor environmental design of the workplace that may block employees' vision or interfere with their escape from a violent incident;
- Poorly lit corridors, rooms, parking lots and other areas;
- Lack of means of emergency communication;
- Prevalence of firearms, knives, and other weapons among residents and their families and friends; and
- Working in neighborhoods with high crime rates.

### Organizational Risk Factors:

- Lack of facility policies and staff training for recognizing and managing escalating hostile and assaultive behaviors from residents, clients, visitors, or staff;
- Working when understaffed, especially during mealtimes and visiting hours;
- High worker turnover;
- Inadequate security and mental health personnel on site;
- Unrestricted movement of the public in nursing home settings; and
- Perception that violence is to be tolerated and staff victims will not be able to report the incident to police and/or press charges.



### Violence Prevention Programs

A written program for workplace violence prevention, incorporated into an organization's overall safety and health program, offers an effective approach to reduce or eliminate the risk of violence in the workplace. The building blocks for developing an effective workplace violence prevention program include the following:

- 1) Management commitment and employee participation
- 2) Worksite analysis
- 3) Hazard prevention and control
- 4) Safety and health training
- 5) Recordkeeping and program evaluation

A violence prevention program focuses on developing processes and procedures appropriate for the workplace in question. Specifically, a workplace's violence prevention program should have clear goals and objectives for preventing workplace violence, be suitable for the size and complexity of operations, and be adaptable to specific situations and specific facilities or units. The components are interdependent and require regular reassessment and adjustment to respond to changes occurring within an organization, such as expanding a facility or changes in managers, residents, or procedures. In addition, as with any occupational safety and health program, it should be evaluated and reassessed on a regular basis. Those developing a workplace violence prevention program should also check for applicable state requirements. Several states have passed legislation and developed requirements that address workplace violence.

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## Worksite Analysis and Hazard Identification

A worksite analysis involves a mutual systematic assessment of the workplace to find existing or potential hazards that may lead to incidents of workplace violence. Cooperation between workers and employers in identifying and assessing hazards is the foundation of a successful violence prevention program. A team that includes senior management, supervisors, and workers should make the assessment. Although management is responsible for controlling hazards, workers have a critical role to play in helping to identify and assess workplace hazards, because of their knowledge and familiarity with facility operations, process activities, and potential threats. Depending on the size and structure of the organization, the team may also include representatives from operations, employee assistance, security, occupational safety and health, legal, and human resources staff. The assessment should include a records review, a review of the procedures and operations for different jobs, employee surveys, and workplace security analysis.



Once the worksite analysis is complete, it should be used to identify the types of hazard prevention and control measures needed to reduce or eliminate the possibility of a workplace violence incident occurring. In addition, it should assist in the identification or development of appropriate training. The assessment team should also determine how often and under what circumstances worksite analyses should be conducted. For example, the team may determine that a comprehensive annual worksite analysis should be conducted, but require that an investigative analysis occur after every incident or near miss.

Additionally, those conducting the worksite analysis should periodically inspect the workplace and evaluate worker tasks in order to identify hazards, conditions, operations and situations that could lead to potential violence. The advice of independent reviewers, such as safety and health professionals, law enforcement or security specialists, and insurance safety auditors may be solicited to strengthen programs. These experts often provide a different perspective that serves to improve a program.

Information is generally collected through records analysis, job hazard analysis, employee surveys, and resident/ client surveys. Record analysis and tracking record review is important to identify patterns of assaults or near misses that could be prevented or reduced through the implementation of appropriate controls. Records review should include medical, safety, specific threat assessments, workers' compensation and insurance records. The review should also include the OSHA Log of Work-Related Injuries and Illnesses (OSHA Form 300), if the employer is required to maintain one. In addition, incident/near-miss logs, a facility's general event or daily log, and police reports should be reviewed.

## New Reports on Legionnaires' Disease



Recently, the CDC released a Vital Signs report that focuses on Legionnaires' Disease and how it can affect the healthcare system. The report discusses how a comprehensive water treatment and management program can be the most effective method to prevent this disease.

Legionnaires' disease is caused by the *Legionella* bacterium. Persons at risk for LD are those at least 50 years old, smokers, or who have an underlying medical condition (i.e., chronic lung disease or immunosuppression). The CDC made CMS aware of multiple recent LD outbreaks in hospitals and long-term care facilities. The outbreaks have been linked to environmental reservoirs in large or complex water systems, including those found in healthcare facilities such as hospitals and long-term care facilities. Transmission from these water systems to humans requires aerosol generation, as can occur from showerheads, cooling towers, hot tubs, and decorative fountains.

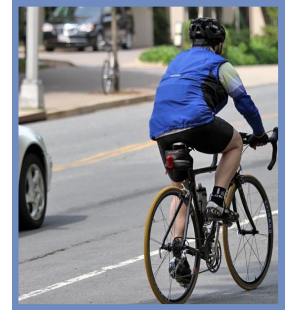
To reduce the risk and growth of *legionella* and other pathogens in water systems, CMS expects Medicare certified healthcare facilities to have water management policies and procedures in place. ASHRAE Standard 188, developed by industry professionals from the American Society of Heating, Refrigerating, and Air Conditioning Engineers, is available regarding the development implementation of water management programs. [Click here](#) to access the new standards toolkit titled, "Developing a Water Management Program to Reduce Legionella Growth and Spread in Buildings: A Practical Guide."

[Click here](#) for the complete CMS memorandum about requirements for reducing *legionella* in the healthcare setting. Also, [click here](#) for the CDC's Vital Signs report about this serious, and often deadly, disease. A [CDC Fact Sheet](#) is also available. If you need further assistance with managing this risk, please contact your RMS Risk Consultant today.

## Safely Share the Road with Bicyclists & Other Cyclists

A total of 817 bicyclists were killed in crashes with motor vehicles in 2015. This represents a 13% increase from 2014 and the highest number of bicyclist deaths since 1995. The following are some safety tips for motorists:

- ◆ Cyclists are deemed by law to be drivers of vehicles and are entitled to the same rights on the road as motorists.
- ◆ Patience, especially on the road, is a virtue, and can save lives.
- ◆ Do not pass a cyclist until you can see that you can safely do so. Allow ample space.
- ◆ Watch out for cyclists when you are turning right. The cyclist may be going faster than you think and may not be able to avoid crashing into the passenger side of your vehicle.
- ◆ Look for cyclists when making a left turn. Cyclists who are crossing straight through the same intersection in the opposite direction may be going faster than you realize.
- ◆ When backing out of your driveway always look to see if someone is riding in your path.
- ◆ After parallel parking, make sure the coast is clear for opening the vehicle door to exit.
- ◆ Do not to honk unnecessarily at cyclists. If you are too close to the cyclist, the noise itself can cause a cyclist to lose his or her bearings and create a hazardous situation.



Remember a driver of a motor vehicle has the responsibility to yield the right of way to all bicyclists. Most court decisions rule in favor of a bicyclist hit by a moving vehicle. Be courteous and share the road responsibly.

## An Exciting Collaboration ... from AHCA/NCAL



As we continue to soldier through the process of preventing unnecessary re-hospitalizations and nosocomial infections, AHCA/NCAL has partnered with Brown University's Center for Gerontology to involve members in a proposed study that seeks to evaluate if enhanced environmental cleaning will reduce the rate of infection among patients in skilled nursing centers and ultimately reduce hospitalizations.

AHCA has established a center devoted to introducing and testing quality improvement interventions in long term care settings and Brown is collaborating with a leader in this type of research from the University of California Irvine. They are seeking to work with several nursing home organizations, each with multiple centers in a regional market. As participants in this project, you will receive six (6) months of free cleaning disinfectants to use in your centers. If you are interested in more information, please email Vince Mor at

Vincent\_Mor@brown.edu or call him at Brown University (401) 863-2959.

If you are currently struggling with addressing an increase in infection rates or are not realizing a positive trend in reducing infections this might be a great opportunity for you and your team! Take a minute to think about how this could impact what you do in your center day in and day out. What chemical cleaning/disinfecting agents are you currently using? Are they effective? Maybe but maybe not! This study is only going to be successful if we have a good blend of participants with varying degrees of acuity and physical plant.

Consider taking the plunge, participate, contribute and enjoy the benefits of reduced infection and re-hospitalization rates plus the bonus of reducing costs to your environmental budget for the next six (6) months! Questions? Feel free to contact Mr. Mor at the email above and please be sure to share your experience with your peers!



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