

Solutions for Risk Management

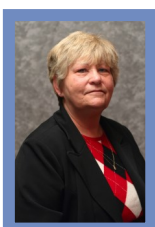
Issues directly or indirectly affecting the senior living industry can change overnight.

Solutions for Risk Management provides the latest news, updates, trends
and risk management tips.

- 1 A New Journey
- 1 New Survey Requirements
- 2 Fall Prevention Preamble
- 4 Fall Prevention Checklist
- 5 Legionnaires' Disease
- 5 Antibiotic Stewardship



A New Journey Has Begun...



Barbara Peterson, BSN, RN, MPH, RNAC-C, has started a new life journey. Barbara, who has served as the Business Development Director/Senior Risk Management Specialist for Risk Management Solutions since 2003, retired effective August 11, 2017. During her tenure with Risk Management Solutions, Barbara provided clinical risk management and consulting services to clients on a national level. Barbara was also a frequent guest speaker on topics important to the senior living industry for the Ohio Health Care Association (OHCA), Kentucky Association of Health Care Facilities (KAHCF), and other health care organizations. Barbara's sense of humor and ability to make others smile will be missed by everyone at RMS. We wish Barbara a fantastic and exciting new journey!

We are excited to announce that Peggy Morrison, MSN, RN, BCC, C.E.A.L., WCC, has rejoined RMS as our Business Development Director/Senior Risk Management Specialist. Peggy worked for Risk Management Solutions previously as a Senior Risk Management Specialist/Education Coordinator. In addition to her time with RMS, Peggy has over 27 years in the senior living industry. She has served in multiple positions including Director of Nursing, Regional Nurse, and Vice President of Clinical Operations. Peggy's goal is to continue to provide high quality clinical and risk management consulting services to our clients as we move forward. Please join us in welcoming Peggy back to RMS!

New Survey Requirements: Are You Ready?

CMS has expanded the requirements related to quality assurance and performance improvement (QAPI) requirements for long-term care providers, with Phase II set for implementation on November 28, 2017. Some key components that facilities will need to be prepared for include the following:

- Conduct a QAPI self-assessment to determine which components of QAPI are in place, as well as to identify areas requiring further development.
- Establish a written QAPI plan to guide the community's quality efforts. The written plan will also serve as the main document to support implementation of the QAPI program. It is important to conduct a periodic review of the QAPI plan in order to assure the community is on track.
- Submit the QAPI plan to the state agency for review and approval prior to November 28, 2017.
- Establish a purpose and guiding principles that tie the work being completed to a specific purpose or philosophy of the community.
- Educate stakeholders (i.e., residents, families, and employees) about the QAPI plan. Incorporate QAPI training into the general orientation process for new stakeholders to keep the message strong. Ensure ongoing education is held for all stakeholders regarding the QAPI plan and what it is all about.



[Click here](#) to access multiple resources available from CMS that can help guide your facility on this QAPI journey.

Falls Prevention Preamble

The purpose of a falls prevention and management program is to:

1. Identify residents at risk for falls.
2. Initiate preventative approaches.
3. Provide appropriate strategies and interventions directed to resident, environmental factors, and staff.
4. Provide learning opportunities.
5. Monitor and evaluate resident outcomes.



Preamble

The interdisciplinary team plays a significant role in falls prevention and management, promotes open communication, and monitors the outcome of the program. Below is a list of team members and their respective roles and responsibilities:

Director of Care of Designate —

- Ensures that fall and fall-related injury prevention is a standard of care.
- Enforces the responsibilities of staff to comply with interventions.
- Coordinates with facility equipment experts to ensure that equipment on the unit is working properly and receiving scheduled maintenance.
- Ensures all staff receives education about the falls prevention program at the facility and understands the importance of complying with the interventions.
- Collects data, analyzes statistics, identifies trends, evaluates outcomes, and presents quarterly statistics to an interdisciplinary committee.
- Conducts reviews for falls, including medications review, and recommends prevention measures.
- Seeks advice from experts (i.e., Ethics Committee, Falls Committee) for ethical issues.

Nursing (RN and RPN) —

- Completes a fall-risk assessment on admission (i.e., Morse Fall Scale).
- Initiates a plan of care to address residents identified as high risk and implements high risk strategies (i.e., specific color armband, assigned bed is close to the nursing station if possible, high fall-risk magnet or signage by the bed).
- Makes a referral to interdisciplinary team members.
- Completes fall-risk assessments upon transfer, after a change in status or fall, and quarterly.
- Ensures procedures for high fall-risk residents are in use.
- Provides education to the family and resident about falls prevention strategies.
- Evaluates the plan of care.

Health Care Aide/Personal Support Worker —

- Follows procedure and care plans for high fall-risk admissions.
- Monitors residents.
- Assists residents when transferring, ambulating, or walking.
- Recognizes and reports resident verbalizations and behaviors indicative of discomfort which may potentially lead to falls.
- Reports any risk factors identified.

Occupational Therapist (OT)/Physiotherapist (PT) —

- Conducts balance and mobility assessments for high fall-risk resident referrals.
- Assesses, develops a treatment plan, and implements rehabilitative, restorative, and/or maintenance balance and mobility interventions. Then, communicates the treatment plan to the interdisciplinary team.
- Advises staff on transferring techniques.
- Assesses and recommends assistive equipment (i.e., wheelchairs, walkers, and canes).
- Educates residents, family, and staff on how to use equipment safely.
- Evaluates and reassesses resident status.

(Continued on page 3)

(Continued from page 2)

OT Assistant/PT Assistant/Rehabilitation Assistant —

- Carries out the rehabilitative, restorative, and/or maintenance balance and mobility treatment plan.
- Monitors resident responses and reports responses to OT, PT, and the interdisciplinary team.
- Monitors and inspects assistive equipment (i.e., wheelchairs, walkers, canes) on a regular basis.

Registered Dietitian —

- Completes a nutritional risk assessment within seven days.
- Orders appropriate diet and supplements as described by the LTC Homes policy. A physician co-signature is required.
- Makes recommendation to physicians.

Recreation Therapist/Restorative —

- Involves the resident in group or one-on-one exercise, range of motion, and social programs.
- Recognizes and reports resident verbalizations and behaviors indicative of discomfort.
- Reports resident changes to the RN.

Physician —

- Identifies and implements medical interventions to reduce fall and fall-related injury risk.
- Takes the recommendations of pharmacists into consideration.
- Screens for risk factors for osteoporosis and follows-up as necessary.

Social Work —

- Provides support for the resident's psychosocial needs.
- Counsels and supports families.

Pharmacist —

- Reviews medications and supplements.
- Makes recommendations to physicians if a drug interaction or medication level increases the likelihood of falls.
- Provides consultation services.
- Provides education.

Audiologist and Optometrist —

- Assesses the resident's vision and hearing to reduce the risk of falls.

Podiatrist/Chiropodist —

- Assesses for nail care and advises for the prescription of appropriate footwear for the resident's individual needs.

Chaplain —

- Provides support for the resident's spiritual and cultural needs.
- Counsels and supports families.

Maintenance/Housekeeping —

- Supports a safe environment of care (e.g., preventative maintenance, environmental checks).

Family —

- Attends the multidisciplinary conference.
- Works with staff and the resident to support the plan of care.

Resources: www.cdc.gov; www.stopfalls.org; National Council on Aging



Prevention of Falls: Checklist for Resident Referrals Assessed Based on Level of Risk

		Care Plan Initiated/Updated		Indicate Referrals Made to an Interdisciplinary Team
		Yes	No	
Low / Moderate Falls Rate	Has the resident been oriented to the unit/ward, room and mechanisms for assistance, e.g., call bell? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is the resident using visual and/or hearing aides? Do they need reviewing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is the resident's environment uncluttered? Is the resident's bed at the correct height? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have the resident and family/visitors been given basic information on safety and risks (verbal/written)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are the resident's medication appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is the resident's footwear safe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are mobility aids appropriate and accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is there appropriate supervision of the resident when transferring/walking? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are regular toilet times scheduled for the resident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
High Falls Risk	Communicate falls risk to all staff (verbal and written) <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Staff education conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Conduct environmental rounds <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Has the resident been oriented to unit/ward, room and mechanisms for assistance, e.g., call bell? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is the resident using visual and/or hearing aides? Do they need reviewing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Have the resident and family/visitors been given basic information on safety and risks (verbal/written)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is the resident's footwear safe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is the resident's dietary intake appropriate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Review the need for hip protector and application. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Review the need for bedrail use. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are mobility aids appropriate and accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does the resident require assistance or supervision when transferring/walking? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Is the resident involved in an exercise program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does the resident have incontinence problems? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Reducing the Risk of Legionnaires' Disease

On June 9, 2017, CMS clarified Survey & Certification Memo 17-30 (S&C 17-30) "Requirement to Reduce Legionella Risk in Healthcare Facility Water Systems to Prevent Cases and Outbreaks of Legionnaires' Disease (LD)" to clarify the provider types affected by the memorandum. S&C 17-30 became effective immediately and requires that facilities develop and adhere to policies and procedures that inhibit microbial growth in building water systems to reduce the risk of growth and spread of legionella and other opportunistic pathogens in water.



Surveyors are now asking for these policies and procedures on Legionella's Disease as part of the annual survey process. So, what will they look for? According to CMS, surveyors will be evaluating a facility's policies, procedures, and reports documenting water management to verify that the facility has done the following:

- Conducted a facility risk assessment to identify where Legionella and other opportunistic waterborne pathogens (e.g. Pseudomonas, Acinetobacter, Burkholderia, Stenotrophomonas, nontuberculous mycobacteria, and fungi) could grow and spread in the facility water system.
- Implemented a water management program that considers the ASHRAE industry standard and the CDC toolkit, and includes control measures (i.e., physical controls, temperature management, disinfectant level control, visual inspections, environmental testing) for pathogens.
- Specify testing protocols and acceptable ranges for control measures, and document the results of testing and corrective actions taken when control limits are not maintained.\

The following available resources can assist facilities in meeting this requirement:

- Centers for Disease Control: <https://www.cdc.gov/legionella/about/index.html>
- Ohio Department of Health: <https://www.odh.ohio.gov/odhprograms/eh/LegEH/LegRecTrain.aspx>
- Ohio Department of Health Bureau of Infectious Disease: (614)995-5599 or email at ORBIT@odh.ohio.gov
- Ohio Department of Health Bureau of Environmental Health and Radiation: (614) 644-1390 or email at BEH@odh.ohio.gov

Antibiotic Stewardship: Who's at the Helm?



As part of the expanded federal infection prevention and control requirements effective November 28, 2017, nursing facilities are now required to have an antibiotic stewardship policy. Facilities will be required to provide a copy of the facility-specific antibiotic stewardship policy during their annual survey. When establishing this new requirement, each facility should collaborate with a specially-trained healthcare professional in the development of the antibiotic stewardship policy. If you need assistance with this new requirement, please contact your RMS Consultant today!



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