

# RISK MANAGEMENT QUARTERLY NEWS

Winter 2011

## Special points of interest:

- **What do “Policies & Procedures” mean to you?**
- **Risk Management in Long Term Care**
- **Keep The “Caring” In Healthcare**



## What do “Policies & Procedures” mean to you?

As you come to work each day, you aren't really thinking about what could go wrong are you? After all you've been doing your job a while and have become comfortable with its routine. It comes to you naturally; the med passes and wound care, the charting and education. However, when you do need direction in your duties; or a serious injury or other adverse event occurs and your supervisor isn't available, what do you do? Who do you ask for help? Do you ask a co-worker, or just “react” to the situation?

Did you know that every responsibility or action we perform in either a skilled or assisted living facility truly does come with a set of instructions; and I'm not just referring to the job description placed before you the day you were hired. Your facility has a book with direction and protocol, just waiting for you to access its pages; I'm speaking of your facility's “Policy and Procedure” Manual. You may have heard it discussed in a staff meeting or by a supervisor, but how often do you consider consulting it to see how your administrators and directors have dictated your actions and responsi-

bilities in any given situation. Prior to working with Uni-Ter as a Risk Consultant, I nursed at the bedside, worked as a transplant coordinator, worked in surgical services, and PACU. In those 8 plus years, the only time I opened a policy and procedure manual was to find an answer to questions on some type of annual recertification test in my hospital. The answers to day to day dilemmas were at my fingertips, and I just never opened the book. Knowledge is power, and understanding what is set before you in the pages of these manuals only make your job easier.

Policies and procedures are a set of documents that describe an organizations policy for operation and the procedures necessary to fulfill the policies. Typically, the format includes a purpose, persons affected, scope, sometimes a background section, a policy section, definitions, responsibilities and a procedure section. Bottom line: the topic or problem, its definition, and who performs what task to provide a safe and professional response to the situation. There are often separate manuals for adminis-

trative policies and nursing policies so it's important you know where to find the book (s) that most relate to your work area.

To date, the policies we discuss most with your supervisors include: Fall prevention, Smoking, Change in Condition, Documentation and Skin. *The topics I think may be most important to you in the halls, at the nurses' station, and at the bedside are: Documentation, Incident Reporting, and Workplace Safety. Skin Care, Pressure Sores and Fall Prevention are also vital to your day to day performance.*

I challenge each of you to find these books and take 5 minutes to flip the contents. You will probably find information you didn't even know was there.

**CONTINUED ON PG 2**





## What do “Policies & Procedures” mean to you? *Continued*

When you complete an incident report, are you following the guidelines of your facility’s P & P manual? When you identify the first signs of skin breakdown, do you follow protocol in reporting the “unstageable” wound? Are care plans initiated or updated to immediately address any and all

“changes of condition”? Is what you are doing--- your every action, in accordance with your facility’s policy and procedure in any given situation?

As a responsible and caring nurse, C.N.A, RA, or med tech, you may unintentionally put yourselves in harm’s

way; legally. By following the policies and procedures laid out by your administrative staff, you protect yourself and your residents. Working smart and safe keeps you employed, and your employers out of court.

*Shawnee Wallace, R.N.*

## Risk Management In Long Term Care

Before we address Risk Management, do any of you ever really wonder what we mean when we talk about risk related to long term care? Simply defined, “*Risk is the possibility of suffering harm or loss; danger. It is a factor, thing, element or course involving uncertain danger*”.

Risk Management (RM) is a critical component of any long term care facility since they are frequently looked upon with mistrust. Who do we “trust” to take care of our loved ones---really? Of late we find our “soon to retire” baby boomer population are not only dealing with the guilt of who will be taking care of their elderly parent or relative when they can’t, but what choice they will make regarding their own personal need to utilize the services of the long-term care industry; something their parents never considered. The boomers have the time and money to consider just where and how they will

live out their remaining years. Since we as a society have failed to find the “fountain of youth”, and diseases like Alzheimer’s are far from being eradicated, the populous must rely on LTC facilities to care for an elderly and often frail population. The greater the number of residents admitted into LTC, the greater the risk/liability to LTC staff,



management and ownership; that said, there is much that can be done to manage risks by preventing problems before they occur

and minimizing the chances of unwanted litigation and liability suits. This is why every employee must stay vigilant in regards to “risks”.

*Risk Management* is pretty straight forward. It is simply the steps you take to build a strong foundation of communication, documentation, safety and understanding with all parties involved; in this case, the LTC facility. The time it takes to develop good relationships with residents and families, plus the effective training of caregivers, is well worth the investment of time and resources. Aside from reducing risk, this process helps protect your facility from poor resident outcomes, and to avoid the expensive and painful “cure” of lawsuits.

If you ask anyone from the administrator to those of you who are responsible for direct patient care to define “*risk management*”, there

**CONTINUED ON PG 3**

## Risk Management In Long Term Care. Continued

would probably be a great number of different responses. It is critical that every employee understand that a well organized *risk management* program is the key to fewer negative events, better state survey results, lower insurance costs and improved relations with families of the residents. Every employee needs to realize risk management is part of their jobs too, not just the shift supervisor or DON. As a part of your facility's RM team, you should be able to identify areas of potential risk, and identify dissatisfied residents and family members. Your actions can help to avoid potential litigation. Potential risks include but are not limited to a resident unsteady on their feet that may be unattended or without an assistive device such as a walker; a wandering resident with short-term memory loss; and a resident with frail skin. Those three criteria, and there are many more, just described almost 100% of your resident population. Risk is all around you and you can't fail to see it because it becomes so very familiar. Careful assessments of residents in this

example should be documented and care plans must be implemented, or revised to address every diagnosis that poses a potential threat to the safety of the patient or is a health risk. Again, this includes pretty much everything. Avoiding potential litigation means excellent communication within the resident's care team, having consistent care providers, and including all involved, especially family members in decisions concerning the resident's health care. Additionally, the ability to identify dissatisfied residents or family members is vital to RM. Make note of any negative comments being made by a resident or family member; including comments about obtaining a lawyer, a family member or friend calling care "negligent" or their insisting that the residents "rights" have been violated. Most important, inform your supervisor immediately. An immediate response, a responsible plan of action, and a few kind words can often diffuse a situation before it become a matter to be handled by lawyers.

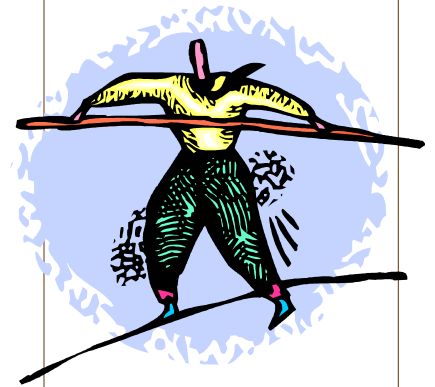
All employees should be

aware of potential areas of liability. Some of the most common examples of nursing home malpractice include:

- Emotional abuse or negligence
- Patient dehydration or malnutrition
- Pressure sores
- Infection
- Unexplained ailments
- Slip and fall accidents
- Medication errors
- Inappropriate physical restraint
- Financial malpractice
- Untreated pain

An effective risk management program will bridge the widening gap between external challenges facing long-term care providers and the internal reality of providing quality care with limited resources. Now is the time for facilities that are committed to optimizing their risk management program to discover their full potential and demystify their risk management initiatives. This involves everyone, especially you!

*Kathy Massing, R.N., B.S.N., L.N.C.*



***“Risk is the possibility of suffering harm or loss; danger. It is a factor, thing, element or course involving uncertain danger”***



### Vice President of Risk Management's Corner

#### Keep The “Caring” In Healthcare!

As we begin the new year, let's focus on the growing recognition that managing all risks improves patient safety and well being. It is time to make a commitment to the patient, facility, and yourself to keep the “caring” in healthcare!

*Susan Bugg, R.N., B.S.N., L.N.C.*  
Vice President of Risk Management

Ponce de Leon Risk Management Service  
3655 Brookside Pkwy., Suite 200  
Alpharetta, GA 30022  
Toll Free: (877) 901-8513  
Phone: (678) 781-2400  
Fax: (678) 348-7230