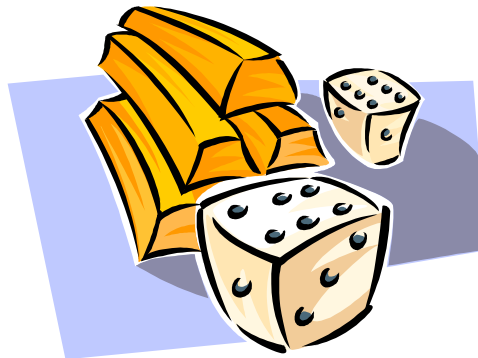


SENIOR LIVING/A

## Overcoming Adverse Risks: Enhancing Your Risk Management Program in Senior Living



11/18/2024

  
AssuredPartners

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OVERCOMING ADVERSE RISKS: ENHANCING YOUR RISK MANAGEMENT PROGRAM IN SENIOR LIVING

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### Objectives

- Discuss how to enhance your risk management program in the absence of a dedicated risk management department
- Discuss common high-risk adverse events within the senior living care environment that may negatively impact quality outcomes, customer satisfaction and lead to negative regulatory and litigation activity
- Review common action steps to aide in improving your risk management program

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## Risk Management

- Process of planning, organizing, directing, and controlling the resources and activities of an organization in order to minimize the adverse effects of accidental losses on that organization at the least possible cost
- Structured process for reducing uncertainty about risks and for controlling losses
- Not just a “top down” approach....

## Risk Management Program Goals & Objectives

- Survival of organization
- Pure Team Function:
  - Responsibility throughout the organization
  - Control of outcomes
  - Goal oriented
  - Rationale decision making process

## Risk Management Program Goals & Objectives

- Continuously improve the culture of safety and prevent the occurrence of accidents, injuries, and other adverse events to residents, staff, volunteers, visitors, and others, through proactive risk and quality management activities
- Minimize adverse effects of injuries or accidents when they do occur
- Minimize loss to the organization overall by proactively identifying, analyzing, and intervening in potential clinical, business, and operational risks
- Facilitate compliance with regulatory, legal, and accrediting agency
  - Office of Inspector General, Centers for Medicare and Medicaid Services [CMS] requirements, State Regulatory Agency, State Board of Pharmacy, etc.
- Protect human and intangible resources (e.g., personal and organizational reputation)

## Risk Management Program

- Adopt an organization-wide risk management plan
- Approved by the governing body
- Update risk management plan annually or as organizational changes occur
- Disseminate / communicate the risk management plan to all stakeholders

## Risk Management Plan

- Purpose
- Guiding Principles
- Governing Body Leadership
- Definitions
- Program Goals and Objectives
- Scope / Function of the Program
  - Functional Interfaces
- Risk Management Program Functions
  - Functional responsibilities of the risk management department

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## Risk Management Plan

- Administration and Committee Structure/Process for Coordination:
  - Reporting structure
  - Designated Risk Manager
    - Multifacility Organization: Corporate Risk Manager
    - Single facility Organization: Administrator or D.O.N.
    - Chairs activities of the Risk Management Committee
    - Coordinates risk activities with each department
  - Risk Management Committee Composition:
    - Daily Clinical Risk QA Meeting
    - Stand alone or QAPI subcommittee?
    - Risk Management & Safety Committee?

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## Risk Management Plan

- Corporate/Facility Risk Management Committee:
  - Reviews risk management activities and reports activities and outcomes regularly to the governing board (e.g., claims activity, risk and safety assessment results)
  - Data reporting which may include trend analysis, frequency and severity data, credentialing, and relevant staff education and risk management/resident safety activities, and results of predictive and reactive analyses
  - In accordance with the corporation's bylaws, recommendations from the risk management committee are submitted as needed to the board for action or nonaction
  - Performance improvement goals are developed consistent with stated risk management and culture of safety goals and objectives
  - Documentation is in the form of quarterly risk management reports to the CEO and governing board on risk management activities and outcomes.

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## Risk Management Plan

- Facility Risk Management Team:
  - Involves all departments
  - What risks are specific to your department?
  - What policies and procedures are in place to address department specific risks?
  - Establish policies and procedures
  - Collaborate with other departments to achieve department specific objectives

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# So, What Does the Data Say?

## CNA Aging Services Claim Report: 12<sup>th</sup> Edition

- Analysis based on 2,265 aging services professional liability claims that closed between January 1, 2021, and December 31, 2023.
- Closed claims with an indemnity payment of less than \$10,000 were excluded, as were claims from adult day care programs and home healthcare providers.
- The data include only CNA-insured aging services organizations
- Indemnity and expense payments include only monies paid by CNA
  - Deductibles or other possible sources of payment in response to the claim are not included
- Data reflect \$1 million claim limit

CNA Aging Services Professional Liability Claim Report: 12<sup>th</sup> Edition

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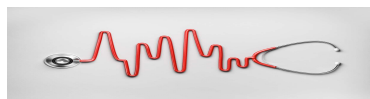
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# So, What Does the Data Say?

## Top 5 Highest Severity Allegations

Top 5 Highest Severity Allegations	
<b>1. Resident Abuse</b>	<b>- \$384,088</b>
<b>2. Failure to Move to Higher Level of Care</b>	<b>- \$312,107</b>
<b>3. Failure to Follow Physician's Order</b>	<b>- \$311,480</b>
<b>4. Medication Errors</b>	<b>- \$306,373</b>
<b>5. Elopement</b>	<b>- \$303,883</b>



CNA Aging Services Professional Liability Claim Report: 12<sup>th</sup> Edition

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## So, What Does the Data Say?

Top 5 Allegations - Assisted Living: Closed Claims with Paid Indemnity => \$10,000

Allegation	2021	2024
Resident fall	54.8%	53.0%
Improper care (excluding falls)	7.4%	10.8%
Resident abuse	6.8%	8.0%
Pressure injury	5.8%	6.6%
Elopement	4.5%	5.9%

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## So, What Does the Data Say?

Top 5 Allegations – Skilled Nursing: Closed Claims with Paid Indemnity => \$10,000

Allegation	2021	2024
Resident fall	36.1%	37.6%
Pressure injuries	28.8%	26.7%
Improper care (excluding falls)	16.0%	20.5%
Failure to monitor (excluding falls)	6.3%	4.5%
Resident abuse	1.4%	3.2%

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## So, What Does the Data Say?

Average Total Incurred for Top Allegations By Bed Type: Closed Claims with Paid Indemnity => \$10,000

Allegation	Assisted Living	Skilled Nursing
Resident abuse	\$396,263	\$375,338
Failure to monitor (excluding falls)	\$225,315	\$285,472
Pressure injuries	\$330,196	\$261,678
Improper care (excluding falls)	\$248,348	\$245,272
Resident fall	\$267,455	\$228,034
Elopement	\$344,184	\$166,862

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## Fall Facts – Older Adults

- One out of every five falls results in a serious injury such as broken bones or a head injury
- Each year, three million older adults are treated in Emergency Departments for fall related injuries
- Annually, at least 300,000 older adults are hospitalized for hip fractures
- Falls are the most common cause of traumatic brain injuries (TBIs)

CDC "Facts About Falls"  
[Facts About Falls | Older Adult Fall Prevention | CDC](#)

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## Fall Risk Management Best Practice Recommendations

- Pre-Admission Screening
- Family and Resident Expectations:
  - Admission
  - Signed attestation
- Fall Risk Assessment:
  - Admission/readmission, quarterly and post fall
  - It's more than paper compliance!
- Person centered fall risk care/service plan:
  - Admission/readmission
  - Daily with change in condition/new order set
  - Post fall

## Fall Risk Management Best Practice Recommendations

- Communication:
  - Direct care staff
  - Family member/legal representative
- Resident monitoring:
  - Purposeful Rounding – 1 hour versus 2 hour?
  - All staff response to call lights
- Environmental controls:
  - Surveillance for safety concerns
  - It takes a village!!

## Fall Risk Management Best Practice Recommendations

- Immediate fall management:
  - Head – toe assessment/evaluation prior to movement
  - Vital signs including blood glucose monitoring for residents with Diabetes
  - Emergent medical care
  - Physician and family member/legal representative notification
  - Immediate new/revised intervention by charge nurse post fall based on preliminary root cause
  - Neurological assessment/evaluation
  - Post fall 'Huddle'
  - Incident/Risk Management Report and investigation
- Incident/Risk Management Report and investigation
- State Agency notification if required by regulations

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## Fall Risk Management Best Practice Recommendations

- Daily Clinical Risk QA Meeting:
  - Admission/readmission
  - Post fall
  - High risk residents
- 72-hour post fall assessment/evaluation with vital signs and resident response to new/revised intervention(s):
  - Be sure your nurses are doing what you think they are!
- Fall Committee Meeting:
  - Weekly to evaluate effectiveness of interventions
- QAPI Committee:
  - Establish internal fall benchmark
  - Summary of monthly fall data – what's going on?
  - Fall rates per 1,000 days of care

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## Pressure Injury - Facts

- Allegations related to pressure injuries continue to be a frequent cause of claims within senior living facilities
- Severity remains high:
  - SNF – \$261,678 average total incurred
  - ALF - \$330,196 average total incurred
- Often an avoidable injury
- Significant regulatory citations for both SNF and ALF providers!!

CNA Aging Services Professional Liability Claim Report: 12<sup>th</sup> Edition

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## Pressure Injury - Facts

- One of the most common harms experienced by patients/residents
  - 2.5 million people develop a pressure injury each year
  - 60,000 people die each year as a direct result of pressure injuries
  - Patients with a hospital acquired pressure injury (HAPI) have a median excess length of stay of 4.31 days
  - Patients with HAPI have a higher 30-day readmission rates - 22.6% versus 17.6%
- Prevalence Rates by Setting:
  - 25.2% Long Term Acute Care Residents
  - 12.0% Rehabilitation Center Patients
  - 11.8% Long Term Care Nursing Home Residents
  - 9.7% Acute Care Patients

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## Pressure Injury

- Pre-Admission Screening – know what you're getting!
  - Critical for ALFs!
- Family and Resident Expectations:
  - Admission
  - Signed attestation
- Pressure Injury Risk Assessment:
  - Admission/readmission, quarterly and post pressure injury development
  - It's more than paper compliance!
- Pressure Ulcer Scale for Healing (PUSH) Tool

## Pressure Injury Best Risk Management Practices

- Immediate preventive interventions: To document or not to document?
  - Pressure reducing/redistribution mattress
  - Pressure reducing/redistribution seat cushion if chairfast
  - Routine incontinence care
  - Offload pressure/float heels
  - Individualized repositioning plan vs. TAP Program
  - Assistive devices
  - Limit HOB elevation – if necessary, raise legs to prevent “noddle effect”
- Person centered impaired skin integrity/pressure injury care plan:
  - Admission/readmission
  - Daily with change in condition/new order set
  - New skin integrity issues

## Pressure Injury Best Risk Management Practices

- Communication:
  - Direct care staff
  - Family member/legal representative
  - Resident observation of wound during treatment
    - Verbal description
    - Mirror to facilitate
  - Family member/legal representative observation of wound during treatment
- Resident monitoring:
  - Purposeful Rounding – 1 hour versus 2 hour?
  - Resident repositioned?
  - Preventative interventions in use?
  - All staff response to call lights

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## Pressure Injury Best Risk Management Practices

- Skin inspection:
  - Weekly by licensed nurse
    - ALF: Weekly Home Health Nurse
  - Daily by CNA/caregiver during routine care delivery
  - Scheduled showers/bathing activities
- Wound Assessment:
  - Admission – 2 hours
  - New pressure injury
  - Weekly
  - Change
  - ALF: Weekly by Home Health Nurse

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## Pressure Injury Best Risk Management Practices

- Pain Management:
  - Pre-treatment
  - Change if ineffective!
- Treatment Order:
  - Time of discovery
  - Every 14-days – physician/PCP to document rationale if treatment extended
  - Change in pressure injury
- Surveillance for use of interventions:
  - It takes a village!!
- Person centered impaired skin integrity/pressure injury care/service plan:
  - Admission/readmission
  - Daily with change in condition/new order set
  - New skin integrity issues

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## Pressure Injury Best Risk Management Practices

- Incident/Risk Management Report and investigation
- Daily Clinical Risk QA Meeting:
  - Admission/readmission
  - New pressure injury development
  - Deterioration in pressure injury
  - High risk residents
- QAPI Committee:
  - Establish internal benchmark
  - Summary of wound/pressure injury data – what's going on?
  - Inhouse acquired pressure injury rates per 1,000 days of care

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## Pressure Injury Best Risk Management Practices

- Wound Photography:
  - Policy and Procedure
  - Staff training on use of equipment
  - High resolution digital cameras
  - Specialized software
  - EMR upload
  - May enhance treatment and aid in defending against allegations of substandard wound care or breaches in professional standards of practice
  - Inconsistent or unsecured digital imaging techniques may result in privacy breaches and/or low-quality photographs which may potentially diminish credibility and inflate damage awards

CNA Aging Services Professional Liability Claim Report: 12<sup>th</sup> Edition

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## Elopement - Facts

- Limited frequency but more prevalent in Assisted Living
- Average Total Incurred By Bed Type:
  - SNF - \$166,862
  - ALF - \$344,184
- Average total incurred cost - \$303,883
- Elopement related injuries:
  - 45.5% of elopements result in death with an average total incurred of \$417,141
  - 31.8% of elopements result in fracture
  - 22.7% of elopements result in other injury

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## Elopement Best Risk Management Practices

- Pre-Admission Screening
  - ALFs: How to respond when a resident requires a secured unit
- Family and Resident Expectations:
  - Admission
  - Signed attestation
- Elopement/Wandering Risk Assessment:
  - Admission/readmission, quarterly and post elopement
  - It's more than paper compliance!
- Person centered elopement/wander risk care/service plan:
  - Admission/readmission
  - Daily with change in condition/new order set
  - Post elopement

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## Elopement Best Risk Management Practices

- Communication:
  - Direct care staff
  - Family member/legal representative
  - Elopement Risk Binder
- Resident monitoring:
  - Purposeful Rounding – 1 hour versus 2 hour?
  - All staff response to exit door alarms
  - Wander Guard: Verify placement every shift, test function daily/per manufacturer recommendations, transmitted replacement prior to expiration date. Document in the medical record
- Environmental controls:
  - Surveillance for safety concerns
  - Preventative Maintenance Program: Wander Guard system sensitivity, exit door alarms, audible alarm at furthest point, plan for door/system failure
  - It takes a village!!

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## Elopement Best Risk Management Practices

- Immediate elopement response/management:
  - Elopement/Missing Resident Search Kit
  - Head count
  - Search protocol – immediate deployment to begin interior and exterior search
  - Notification to Administrator, D.O.N. and local law enforcement
  - Resident located: head-toe assessment/evaluation, vital signs
  - Emergent medical care
  - Physician and family member/legal representative notification
  - Immediate new/revised intervention by charge nurse post elopement
  - Fall during elopement incident activate fall best risk management practice
  - Incident/Risk Management Report and investigation
  - State Agency notification if required by regulations

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## Elopement Best Risk Management Practices

- Documentation:
  - Description of incident
  - Resident head-toe assessment with vital signs
  - Clothing
  - Ambient outdoor temperature
  - Notifications
  - 72-hour monitoring
- Quarterly elopement drills
  - Days, evenings and nights
  - Weekend
- Alarmed exit door response drills

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## Elopement Best Risk Management Practices

- Daily Clinical Risk QA Meeting:
  - Admission/readmission
  - Post elopement
  - High risk residents with frequent exit seeking behavior
- QAPI Committee:
  - Establish internal benchmark
  - Summary of elopements - what's going on?
  - Elopement rates per 1,000 days of care

## Key Take Aways....

- Structured comprehensive orientation and training program
- Clinical documentation
- Standardized processes
- Innovative Care Delivery Models
- Response Protocols
- Communication

## The How-To's – Disclosing Adverse Events

- Prepare in Advance
- Right Setting
- Honesty and Transparency
- Active Listening
- Support and Assistance

## Remember.....

**PREVENTION SHOULD ALWAYS BE THE FIRST THING  
YOU THINK ABOUT, NOT THE LAST**



## Resources

- CNA Aging Services Professional Liability Claim Report: 12<sup>th</sup> Edition
- CDC “Facts About Falls”  
[Facts About Falls | Older Adult Fall Prevention | CDC](#)

# Thank you!

Peggy Morrison, MSN, RN, GERO-BC, CEAL, WCC, QCP, CDONA/LTC  
Peggy.Morrison@AssuredPartners.com  
[www.assuredpartners.com](http://www.assuredpartners.com)

THANK YOU KAHCF/KCAL/KSLA

11/18/2024



**2024 Annual Meeting**  
**Session #11: Overcoming Adverse Risks: Enhancing Your Risk**  
**Management Program in Senior Living**  
 November 20, 2024



*Scan this code with your phone to access the training's evaluation form!*

**How to scan QR Code:**

1. Open camera app
2. Point the camera at the QR Code center and focus on code until link pops up
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4. Follow the instructions on the link to complete the training evaluation
5. **Samsung/Android users: Hold down the "Home" button and swipe up to reveal the options at the bottom. Select "What's on my screen?"** The short URL connected to the QR Code's information will then appear.

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