

Long-Term Care Survey Alert

Risk Management: 4 Risk Management Strategies That Can Save Your Next Survey

Hint: What's good for the employee is good for the resident.

Facilities that take a proactive approach to ensuring employee safety and well-being often find they get less than they bargained for -- lots less -- like fewer resident falls, F tags and staff resignations, for starters.

The bottom line: "Good risk management that protects frontline workers and establishes an environment where certified nursing assistants (CNAs) feel valued and cared about translates into better care," emphasizes **Stephen Trosty, JD, MHA**, a risk management expert in East Lansing, MI. So take a load off caregivers' backs -- literally -- and watch your resident falls and other injuries take a nosedive. "Several nursing homes have told OSHA that they have made the connection between implementation of their ergonomics plan and ... reductions in staff and resident injuries," notes **Steven Witt**, director of the

Occupational Safety & Health Administration's Directorate of Standards and Guidance.

OSHA's Ergonomic Guidelines for Nursing Homes include 22 solutions for problems associated with resident lifting and repositioning (visit www.osha.gov/ergonomics/guidelines/nursinghome/final_nh_guidelines.html).

Go to the source: Frontline workers often can come up with the best ideas for preventing patient injury because they know the most about the individual resident and situation, Trosty observes. For example, the CNA may have ideas for the care planning team on how to safely transfer a particular resident and knows what has and hasn't worked in the past. Conversely, CNAs who don't know how to meet the specific activities of daily living needs of a particular resident can be an accident waiting to happen. In fact, oftentimes when a nursing assistant gets injured or a resident gets hurt during transfers or toileting, etc., it's due to lack of communication from management about how to do a task, in the experience of corporate compliance nurse **Treva Boydelatour, RN, LNC**, with **Royal Manor Healthcare** in Middlebrook Heights, OH. To combat this problem, Royal Manor Healthcare has developed an "ADLdirective" that tells the care-giver how to transfer, bathe, walk, toilet, etc., each resident. "The form is a communication instrument that allows the nursing assistant to see if she/he has any questions about the resident's care and how to perform it most safely," Boydelatour says.

Give CNAs a New Take on Infection Control

When teaching CNAs about infection control, Royal Manor Healthcare stresses that the policies/procedures can also prevent staff from getting sick, says Boydelatour. That training paid off recently when residents in one building developed an outbreak of the Norwalk virus. "Once CNAs involved in the units affected by the virus received education [on infection control techniques], they no longer developed the infection," she tells **Eli**.

As part of IC training for nursing staff, the corporation stresses hand hygiene and provides hand wipes in the nursing stations, on the nursing carts and in residents' rooms.

Close this revolving door:

Facilities that penalize CNAs or other staff who don't come to work when they have signs of acute respiratory illness, including fever, are shooting themselves in the foot. This policy creates a vicious cycle where staff transmit illness to other staff and residents, says Trosty. Then the facility ends up short-staffed when residents are sick and need extra attention to prevent pressure ulcers and dehydration. The next thing you know, the facility has a survey and litigation disaster in the making. "In addition, staff members who work when they are ill are more likely to be irritable with

residents and less likely to be as attentive to safety standards," Trosty cautions.

Support Caregivers Through Difficult Times

Dedicated and skilled CNAs are hard to come by these days, so staffing-conscious facilities are finding ways to support these frontline workers to keep them on the job -- and working safely and effectively -- during personal crises or economic hardships when one problem tends to lead to another.

Try this: One way to do that is by providing employee assistance programs (EAPs), says **Francis Battisti**, a social worker and nursing home consultant in Binghamton, NY. "Even small facilities are adding EAPs," he says, which have become more affordable to offer these days due to the competition crunch of managed care contracting. "In some parts of the country, clinical social workers or psychologists are willing to do so many sessions a year for say \$3,000, which may, at \$30 an hour, come to 100 sessions," Battisti notes. The focus of EAP assistance for frontline caregivers is on problem-solving and coping skills -- and tapping social and economic resources in the community. "When you consider that a facility invests, on average, about \$4,000 in training a new employee who only stays a short while, the investment in an EAP to help staff work out problems interfering with their work may pay off in the long run through lower attrition," Battisti says.