

Long-Term Care Survey Alert

Risk Management: Get To The Root Of Problems So The Same Ones Don't Keep Cropping Up

Hint: Know when a puddle of urine on the floor needs far more than a mop.

Picture this: You're cruising the halls during a mock survey a few days before the real deal when you spot a urine spill in the dining room. What do you do?

Your first thought might be that housekeeping didn't do its job, but hold that thought. "Sometimes the obvious cause of a problem isn't really it at all," cautions **Laura Ferrara, RN**, corporate director of clinical services for **Metron Integrated Health Systems** in Grand Rapids, MI.

In this particular example, housekeeping reported that they had just mopped the floor and the spill wasn't there. The real cause of the urine spill had to do with shortfalls in the facility's toileting program, Ferrara told attendees at the most recent annual **American Health Care Association** annual conference in Miami.

Lesson learned: Convene all the players with a potential role in determining the root cause of a problem (including housekeeping in this case) to come up with a solution that will truly fix the issue.

Ferrara shares two more examples where the initial idea about a problem's cause can be a red herring:

1. Unintended weight loss. "When a resident loses weight, the tendency is to instantly think the problem is a dietary issue and refer the problem to the dietary department," says Ferrara. But that knee-jerk approach can miss the real problem, which means a resident loses more pounds and an early opportunity for needed treatment.

"You really need to an interdisciplinary assessment to look at the resident's mood, dental status - or even a metabolic problem, such as a new cancer or thyroid problem," Ferrara tells **Eli**.

Real-world solution: When a resident's intake drops from his baseline by 20 percent in a week, **United Helper Nursing Homes** in New York State implement dietary interventions immediately - and weigh the resident weekly for a minimum of four weeks.

If the resident's intake doesn't recover in two weeks or he loses weight, the interdisciplinary team does an in-depth assessment to determine the cause, reports **Colleen Aldridge, RD, CDN**, food service director for United Helpers Management Co.

2. Suspected drug diversion. One facility felt sure it had a drug diversion problem when the narcotics sign-out sheet didn't match the pain medications documented on the medication administration record (MAR). But when the administrative team looked closer, they found that nurses were administering the PRN medications but weren't charting them regularly on the MAR, reports Ferrara.

The team reached that conclusion by talking to residents and families who confirmed the nurses had given the medications. The nurses had even charted the drug's effectiveness in the nursing notes in many cases, Ferrara adds. Thus, the facility didn't have a drug diversion problem - it had an educational issue and needed to ensure nurses knew the importance of charting PRN pain meds on the MAR.

Tip: Ferrara's team dug even deeper to see if the documentation shortfall could be due to poorly written

policies/procedures - or nurse staffing shortages. Neither proved to be the case. "The facility had a policy written by the pharmacy supplier, but the staff involved in the problem weren't following it correctly," Ferrara says.