

Long-Term Care Survey Alert

Risk Management: Vanquish Common Survey Vulnerabilities With 4 Strategies

Analyzing incident reports may help you in this way, says former survey agency director.

The best risk management plans improve care outcomes and steer clear of scenarios known to derail your survey and compliance records. So consider incorporating these sometimes overlooked strategies below, if you haven't already.

1. Heighten oversight during the admission period. As a first step, take a look at how you define that timeframe. "It's well known that the first 24 to 48 hours is a high risk period," says **Kurt Haas, RN**, CEO of Nursing Home Perspectives, and former director of the Ohio survey agency. But fewer people recognize that the seven to 10 days post admission "warrant a high degree of oversight," he adds.

Clare Hendrick, RN, CRNP, in fact, found when she worked for a large nursing home organization that "90 percent of mistakes with patients occurred within two weeks of admission."

You have to "plan for the unexpected," as it will likely happen, Haas stresses. "For example, if someone doesn't want to be in your facility, they will try and do something about it (think elopement). But a good intake assessment and H&P can be very helpful if they are done well" and care staff actually read them, he adds.

Tip: "Nurse practitioners can help with the admission process," suggests Hendrick, a consultant in San Clemente, Calif.

2. Home in on communication at shift change. Ask staff on each shift to identify the information they'd like to have from staff on previous shifts, Haas advises. If you analyze incident reports, you may see a pattern involving the challenges that staff face in getting information they need from the preceding shift, he adds.

3. Keep your policies and procedures current. You have to update policies and procedures on an ongoing basis to accommodate, for example, CMS changes to the survey process, advises **Joy Cornelius, ADC/MC/EDU, RMC**, a consultant with Robinson-Adams Insurance, a nursing home liability insurer in Birmingham, Ala. And now that the MDS 3.0 is in place, facilities should "review their policies/procedures as they relate to the MDS to see if they are using the right forms and have trained staff."

Example: Make sure the facility has a policy and procedure for staff to immediately report a resident who says he's suicidal during the MDS 3.0 mood assessment (Section D), Cornelius urges. If a resident indicates he's a suicide risk on Friday, "you can't wait until Monday to notify someone. To me, this is along the lines of a resident saying he has been abused. The process to investigate that kicks into place immediately."

4. Team up with hospitals to prevent pressure ulcers. For example, "there may be one hospital in the county that refers patients to a number of nursing homes," says Cornelius. "And if that hospital works with area nursing homes -- that benefits everyone."

"You always see things get better for patients when healthcare providers communicate ... and stop pointing fingers at each other," Cornelius observes. "Most people working at hospitals are really surprised when they hear what nursing homes and other providers have to go through and will ask what they can do to help. Once both sides realize the regulatory and staffing issues and hoops they have to jump through, the communication improves."

Quick tip: Nursing homes and hospitals in a New Jersey Quality Improvement Organization-sponsored initiative came up with ways to communicate a transfer patient's pressure ulcer risk.

One group devised a bright yellow sticker to put on the patient's transfer records to alert the receiving provider to pressure ulcer risk information in the chart, says **Bill Einreinhofen**, spokesman for the QIO. Another group used a bright piece of yellow paper in the transfer information to do the same. The alert is for pressure ulcers but could be modified to communicate other problems, such as fall risk, Einreinhofen adds.