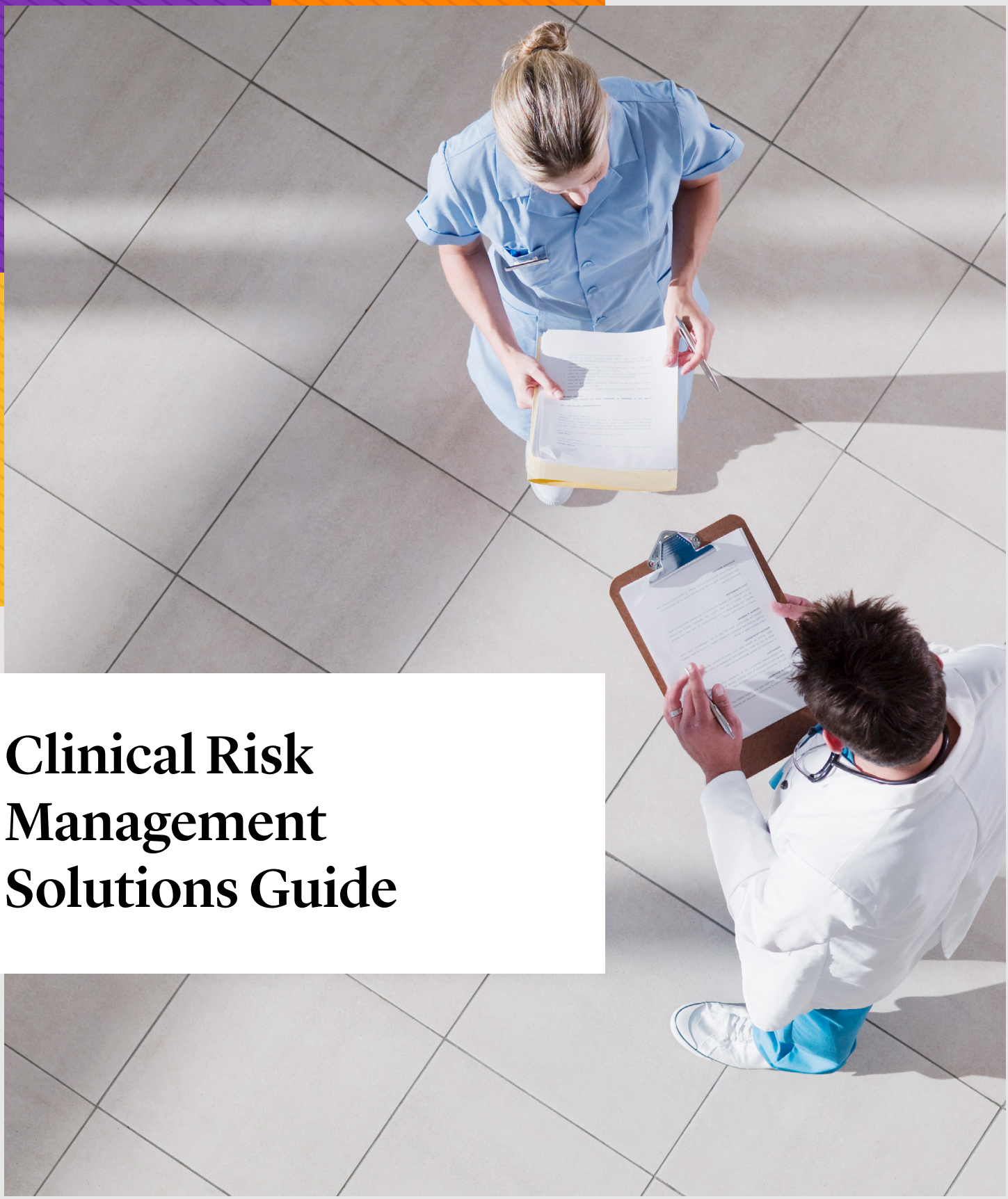

Clinical Risk Management Solutions Guide

The Senior Living 2022 Claims Benchmarking Study identified many clinical areas that resulted in claims activity. As the senior living industry faces a challenging environment, many of the challenges are related to the increase in aging demographics and the need for more care-intensive treatments and interventions.

The guide addresses clinical interventions effective in mitigating claims that result from the most frequent loss causes and assist in creating awareness of proactive acuity management at the onset of a resident's community stay.

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Admissions

Focus on the admission process and conduct resident assessments to ensure residents are in the correct care setting.

Assessments should include:

- Cognitive assessment
- Physical assessments — Actives of Daily Living (ADL) and or Instrumental Activities of Daily Living (IADL)
- Fall assessments
- Bowel and bladder assessments
- Skin assessments

Conduct a thorough review on the resident's provider health records including recent hospitalization, infection control, cognitive screening scores, and behavioral health records.

Additionally, assess for acuity creep indicators such as:

- Cognitive capability
- Physical limitations
- Recurring hospitalizations
- Three or more comorbidities

If admission status is questionable
Prior to admission, trial a respite stay to determine how the resident functions in the assisted living or memory care setting.

Set expectations for:

- Care transitions
- Fall management
- Cognitive declines

Educate residents and families to expectation management. Residents' conditions can vary and is an everchanging and fluid situation. Residents and families need to clearly understand what services are and are not offered in assisted living and memory care. Residents and families must be informed about transitions of care and when it is appropriate to move the resident from one level of care to a higher level of care.

Fall management

Communities must have well developed fall management policy and procedures. Policies and procedures should be reviewed and updated annually or as needed.

Some helpful tips for fall management mitigation and assessment:

- Fall policy must adhere to incident reporting policy and prompt reporting of fall incidents.
- Conduct a policy and procedure fall gap analysis to determine opportunities for policy fine tuning and compliance to regulations.
- Complete a root cause analysis after every fall event.
- Prompt reporting of fall event and post resident assessment to resident family and physician.
- Track and trend fall incidents to determine trends related to time of day, location, staffing and environmental and physical.
- Review falls trends with safety committee, implement policy changes and environmental factors. Ensure that all fall and near miss events are reviewed on a weekly/ monthly basis.
- Conduct resident service plan meetings on a consistent basis and use this time as an opportunity to educate the resident and family and measure where a resident falls on an acuity scale.
- Report resident condition change reviews with family to better coordinate care and determine if setting continues to be the optimal setting for resident safety.
- Consider utilizing technology as a solution for fall management and prevention programs.

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Choking

Choking in the elderly is one of the leading causes of death for adults over the age of 76. Additionally, choking rates rise rapidly beginning at about age 78.

Common causes of choking include:

- Eating too fast
- Swallowing large portions of food
- Eating foods that are the wrong texture
- Dentures
- Medical conditions like Parkinson's, stroke, dementia, Alzheimer's, brain or spinal cord injuries, muscular dystrophy and multiple sclerosis
- Difficulty swallowing

Some of the signs and symptoms of dysphagia include:

- A hoarse voice
- Coughing or gagging when swallowing
- Cutting food into small pieces to help with swallowing
- Drooling
- Frequent heartburn
- Inability to swallow
- Pain while swallowing
- Regurgitation
- The sensation of food stuck in your throat or chest

Signs of choking include:

- A panicked look on the face
- Coughing or gagging
- Hand signals like pointing at the throat
- Inability to speak
- Loss of consciousness
- Turning blue around the face, lips, and fingernails as oxygen depletes
- Wheezing

Mitigation strategies for choking:

- The community should have a policy and or protocols on choking
- Staff should be trained in observing residents during meals for coughing, gagging, turning blue in face and lips, passing out, increase in running nose and watery eyes
- Keep staff aware of special dietary restrictions, either for allergic reasons or choking hazards
- Note any changes in behavior during eating
- Staff must receive training on the Heimlich maneuver and safe feeding practices
- Competency records on feeding and training should be maintained

If a resident is exhibiting symptoms of choking the resident's physician must be notified and an evaluation by a speech pathologist should be conducted.

Other choking prevention tips are as follows:

- **Environment:** be sure eating area has adequate lighting and is free from distractions (e.g., television on) to enhance the senior's focus on eating.
- **Chew food well.**
- **Take small bites** — Use smaller spoons to control portion size of each mouthful — only $^1/_2$ to 1 teaspoon at a time.
- **Chin tuck** — Turn head down, tucking the chin toward the chest, and bending the body forward when swallowing food. This often provides greater swallowing ease and tilts the epiglottis (the hinge like flap at the base of your tongue that keeps food from entering your windpipe) backward and prevents food from entering the airway.
- **Sit up straight** while eating. Do not eat lying down.
- **Eat slowly.** Do not rush.
- **Don't talk while eating.** Talking may cause the epiglottis to open vs. close and accept food vs. air.
- **Do not drink liquids while eating.** You may alternate between eating and drinking — using small sips at a time.

In the event a resident or family is non-compliant with the residents required diet, a shared and negotiated risk agreements should be completed and negotiated and well documented after discussions with the resident and family about the consequences of non-compliant behaviors. When a resident wants to participate or engage in a risky behavior.

Develop negotiated- or shared-risk agreements where appropriate. Identifying residents who are at risk for a problem, such as a choking, a fall or elopement, before it occurs is much more important than addressing it afterward.

The community should obtain legal counsel on shared and negotiated risk prior to issue.

Medical management

The claims that were noted under medical management fell into the following categories:

- Failure to assess
- Failure to report condition change
- Negligent/improper care
- Dehydration/malnutrition

As noted in the claims study, the complexity of residents' health is far greater today than before. Resident acuity is on the rise. As residents admitted into senior living organizations now have acute healthcare needs, and more complex medical and behavior types of needs, the care must be supported by staffing and clinical associates to carry out measures necessary to provide safe care and treatment.

Senior living communities should implement programs and procedures that require regular resident assessments, prompt incident reporting, incident escalation, and reporting on all events that result in an unusual occurrence, incident, and adverse events.

Policies should provide guidance on conducting resident assessments, reporting of condition changes, nutrition and hydration, and abuse and neglect. Community associates should receive training on policy and procedures and competency skill checked if their roles require direct resident care.

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Incident reports

The following is a list of the types of events where a completed incident report is required. Immediate reporting is suggested when these events occur:

- Medical treatment or hospitalization required
- Police notification
- State notification as required
- Resident or family threatens to sue
- Incident attracts or may attract media attention
- Unexplained/unexpected death or suicide
- Fire of any degree
- Allegation of abuse (physical, mental, sexual)
- Activation of emergency preparedness/disaster plan/ evacuation plan activated including intake of community neighbors

Medication errors

As resident acuity levels increase, assisted living facilities, must have the ability to manage complex medication regimens. Although medications can improve the functional status and quality of life for residents, improperly managed medications can also cause serious adverse consequences. The frequency of preventable medication errors is cause for concern.

Medication errors can include mistakes involving prescription drugs, over-the-counter products, vitamins, minerals, or herbal supplements. Medication errors can occur in a fraction of a minute, and the results can be devastating.

Mitigation strategies to reduce medication errors are:

- Clinical associates should question practitioner's orders that are unclear or appear to be incorrect
- Ensure all medication techs or medication nurses fully understand orders before administering medications
- Avoid unnecessary distractions while administering medications
- Provide adequate staff levels and sufficient staff time for uninterrupted medication administration
- Ensure all staff understand and follow proper medication procedures
- Do not allow inexperienced, untrained staff to administer medications
- Associates responsible for medication pass should complete a thorough orientation and completed competency records to validate understanding of community medication distribution policies and procedures
- Provide accessible medication resources (i.e., drug books, pharmacy drug information)
- Teach residents about their medications and listen to residents who question a medication
- Don't take shortcuts
- If a medication error is made, never cover it up
- Never pre-pour medications
- Document medication administration after the resident has received and swallowed their medication
- Document side effects and contact the physician to report side effects and discontinue medication until physician is notified

Medication errors include:

- **Wrong medication** — occurs when a medication is given that is not prescribed or has been discontinued or the medication label is incorrect
- **Wrong dose** — occurs when a resident receives a medication in a dosage other than what was prescribed by the practitioner
- **Wrong time/omission** — occurs when a resident does not receive medication at the time prescribed by the practitioner
- **Wrong route** — occurs when a resident receives a medication via a route other than what was prescribed by the practitioner
- **Wrong technique** — occurs when a medication is altered by crushing but should not be crushed, not given with or without food as prescribed, incorrect timing between doses of eye drops, ear drops, nose drops, inhalers, etc.

Residents have the right to choose to self-administer their medications. Community's must follow state guidance and adhere to state regulations for all medication administration related content.

Self-administration of medication suggests that individuals are functionally and cognitively competent to take and manage their own medications independently. Residents who wish to self-administer medications must be assessed to determine if they can do so safely. A thorough assessment may include such factors as dexterity, comprehension, recall and visual acuity. Residents should be re-assessed at least annually, and whenever there is a change in their physical, cognitive, functional status or desire to self-administer medications.

Pressure ulcer/skin impairment

Pressure injury claims has risen sharply since 2018 within assisted living, according to a new report published by CNA.

A total of 535 claims related to pressure injuries were recorded for 2021, with an average of total incurred damages of $254,108. Although pressure injuries predominantly remain an issue for skilled nursing, they also occurred in assisted and independent living facilities as residents in those settings age in-place.

Altered skin integrity increases the chance of infection, impaired mobility, and decreased function and may result in the loss of limb or, sometimes, life. Skin is affected by both intrinsic and extrinsic factors. Intrinsic factors can include altered nutritional status, vascular disease issues, and diabetes. Extrinsic factors include falls, accidents, pressure, immobility, and surgical procedures. Ensuring skin integrity in the elderly requires a team approach and includes the individual, caregivers, and clinicians.

For many elderly patients, pressure ulcers may become chronic for no apparent reason and remain so for prolonged periods, even for the remainder of the patient's lifetime. Many grade 3 and 4 pressure ulcers become chronic wounds, and the afflicted patient may even die from an ulcer complication (sepsis or osteomyelitis).

Sitting in a chair or lying-in bed for long periods can decrease the flow of blood to the skin, which can cause the skin tissue to deteriorate and eventually die. The erosion of necrotic tissue from the area can form a hole in the skin. The ulcer becomes vulnerable to bacteria, allowing infection to destroy healthy tissue while infecting the bones and blood.

Clinical mitigation techniques for skin impairment and pressure ulcer

The following are The Joint Commission Assisted Living Standards for Prevention of Pressure Ulcers for High-Risk Residents:

- Skin inspection, skin cleansing, care for dry skin, use of moisture barriers and massage.
- Nutritional support based on an individualized nutritional needs assessment.
- Avoidance of skin injury from friction or shear forces using positioning, transferring, and turning techniques.
- A plan to maintain and, when appropriate, to increase mobility and activity level.
- Improvement in positioning, repositioning, transferring, and turning techniques to reduce skin injury caused by friction and shear force.
- Use of repositioning devices, and mechanical loading and support surfaces to reduce skin injury caused by friction or shear force.
- Staff educational programs on the assessment, prevention, and treatment protocols.
- Hand off communications should include relevant information about the resident's risk of developing a pressure ulcer, or the treatment and status of any existing pressure ulcers.

Other mitigation techniques:

- Gather admission history and physical information to determine a resident’s nutritional status.
- Determine if resident is a high risk for developing wounds or has a current wound if the community has the capabilities to treat and monitor or if the resident requires a higher level of care.
- Conduct skin assessments at the time of admission and on a routine basis.
- Early physical therapy evaluations or interventions regarding repositioning, strengthening, surface quality and wound care to assist in preventing and treating skin conditions.
- Family and associate education on reposition techniques that will assist in reducing pressure points.
- Educate associates providing personal care about impaired skin integrity and early identification of skin breakdown.
- Report skin breakdown as soon as possible to the resident’s physician, and family and state authorities when necessary.

Infection control

The CDC reports that infections are the second leading cause of hospitalizations in adults 65 and older. Also, long-term care facilities report resident infections average between one to three million per year and are the most common cause of hospital admission and death.

State regulations require assisted living providers to have infection control practices and systems to identify and manage infections. Although operators are not fully aware of the impact that the COVID-19 pandemic will have on future regulatory changes, operators do know, when infectious outbreaks occur, quality and safety concerns surface and may result in increased scrutiny from regulatory bodies, families, the public, and insurers.

Mitigation strategies:

- Appoint infection preventionist
- Conduct annual infection control risk assessment
- Conduct annual pandemic preparedness audit
- Implement CDC core infection control practices
- Ongoing surveillance and tracking of community outbreaks
- Educate associates and family members to infection prevention techniques and organization polices
- Ongoing influenza and other CDC recommended vaccine program for associates and residents
- A plan for vaccines and anti-viral medications
- Communicate all infection control outbreaks
- Incorporate infection control into the resident admissions process
- Develop a communication plan for infection control
- A plan for associate absenteeism
- Surge capacity plan for staffing and supplies
- Protocols for monitoring pandemic symptoms in associates, residents, and new admissions

Staffing

The American Health Care Association and National Center for Assisted Living recently conducted a survey finding that 94% of nursing home providers reported a shortage of staff, and 58% of nursing homes and 28% of assisted living facilities were limiting admission because of the shortages.

Weakening workforce conditions, increased turnover, and limited retention is leading to facility closures. This is a harsh reality for 78% of nursing homes and 71% of assisted living communities.

According to the survey, 59% of nursing homes and 30% of assisted living facilities have called their staffing shortages 'severe'—making the labor crisis the biggest threat to senior living. If organizations are slow to enhance their internal operations, it will be evident in their employee's satisfaction and longevity.

Mitigation strategies for staffing shortages

While there is no quick fix for this crisis, there are solutions organizations can implement immediately to lessen the impact:

- Assess associates for psychological safety
- Evaluate the effect of staffing on incidents and outcomes
- Map workloads on each shift utilize care extenders where possible and offer flexible hours
- Develop flexible action plans to deliver safe resident care during staff shortages including closing units or diverting residents
- Deliver career progression pathways to promote growth of clinical leaders within the organization
- Conduct staff surveys to improve job satisfaction
- Conduct exit interviews
- Conduct a wellbeing diagnostic
- Design a benefit programs or lifestyle accounts based on associate feedback
- Conduct a financial benchmark study to determine if your organizations benefits are competitive
- Assign associates a career specialist coach and mentor
- Consider a technology platform that assist with staff vacancies and touch points on employee satisfaction
- Be aware of Employee Assistance programs wait times and utilization of wellbeing programs

For more information please contact:

Rhonda DeMeno, RN, BS, MPM, RAC-CT, A-IPC, CPHRM
Director, Clinical Risk Services, WTW
+1 312 288 7704
rhonda.demeno@wtwco.com

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