Assisted Living Nurse’s Role in Data Collection

Assisted living nurses are engaged in almost every element of long-term care operations and day-to-day resident management. Data collection of incidents involving staff and residents, including near misses, is an important component of your duties. This session will discuss why and how you should perform proper data collection, and how to use these data to make your facility a safer workplace and improve the quality of life for those in your care.

Curt Shaw, President/CEO
Succeed Management Solutions, LLC
Direct: (503) 783-1915
curt.s@succeedms.com
www.succeedms.com
• Started in 1996 as CIH/CSP-based risk management consulting company

• Built web-based Risk Management Center to service clients with risk mitigation tools

• 70,000 clients worldwide
The Importance of Data Collection

Session Topics:

- Data Collection
  - Proper Methods and Procedures
- Use of Data to Mitigate Losses
  - Data Trending
  - Effective Mitigation Approaches
- Question & Answer
The Importance of Data Collection

Objectives

1. Reporting Compliance
2. Improving Care
3. Preventing Injuries to Staff and Residents
The Importance of Data Collection

Analytics (claims, near misses, unsafe acts) Need to be Used to Mitigate

- Residents
  - Projected 2015 GL and PL loss rate is $2,030 per occupied bed
    - This means that an operator with 100 beds can expect $203,000 in liability expenses in 2015
      - AON Study
  - Unintentional falls are the most common cause of nonfatal injuries for people older than 65 years
  - Reported 32 percent of community-dwelling individuals over the age of 65 fall each year
    - Patient Safety and Quality: An Evidence-Based Handbook for Nurses, by Leanne Currie, D.N.Sc., M.S.N., R.N., assistant professor, Columbia University School of Nursing
The Importance of Data Collection

- Workers (BLS)
  - Total OSHA recordable @ 7.3 per 100
  - Compared to 3.3 across all industries
  - >2X the national average
  - Average time loss injury cost ~$55,000
Proper Methods and Procedures for Data Collection
Best Practices

Need:

• Leadership Buy-In
  – *Zero Loss Culture*
  – Commitment to Continual Improvement

• Formalized Incident Reporting Process

• Training and Collaborative Effort on Incident Reporting and Investigation
Best Practices… Incident Reporting Process

1. Report Claims Promptly
2. Investigate and Document Incident
3. Identify Root Cause
4. Assign & Track
5. Implement Preventative Measures
6. Follow Up and Monitor

Report Claims Promptly
Best Practices

- Must manage by facts, not blame
- Focus on areas for improvement
- Without focus on facts we create an atmosphere of blame
  - Problems are hidden
  - People are blamed
  - Corrective actions then missed

It’s a team effort!
All staff are important in quality improvement
Best Practices

✓ Complete and consistent reporting of data is **crucial** for:
  ✓ Root cause identification
  ✓ Effective trend analysis
  ✓ Predictive modeling
  ✓ Focused mitigation approaches

✓ Staff must work together for continuous improvement

✓ Behavioral and environmental factors drive incidents & claims (BBS)

“Control what you can control”
Meet Reporting Requirements

- Insurers...
  - General and Professional Liability
  - Workers Compensation, etc.
- Timeliness of Reporting
  - Minimize “Claims Lag Time” to reduce litigation potential
- Regulatory Agencies
- Joint Commission
- OSHA
  - Recordable
  - Serious Accidents
Use of Data & Mitigation Approaches

Use of Data to Mitigate Losses & Effective Mitigation Approaches
Using Data to Mitigate Risk

- Residents &
- Staff
Why Mitigate?

Loss Reduction(!)... Residents and staff

Loss Reduction & Zero Loss Culture Results:

- Enhanced care; customer experience scores
- Reputation
- Staff stability
- Enhanced Compliance...
  - IIPP
  - Regulators
  - Joint Commission
  - Showcasing your Performance to Insurers

Reduce Your Total Cost of Risk (TCOR)
Use of Data & Mitigation Approaches

Financial Benefits of a Mitigation Focus (TCOR):

1. Reduce Insurance Premiums… all lines
2. Reduce Retained Losses… costs not covered in insurance policies; e.g., deductibles, plus
3. Reduce Hidden and Administrative Costs

Total Cost of Risk for Businesses on the Rise: RIMS

- July 29, 2014 - The average total cost of risk (TCOR) for businesses rose two percent from $10.70 per $1,000 of revenue in 2012 to $10.90 per $1,000
- About five percent more in 2012
- About 1.7 percent in 2011

Source: Risk & Insurance Management Society (RIMS) Benchmark Survey
Steps:

1. Develop your TCOR

2. Identify Major Loss Sources for all lines of coverage (AS Rx)

3. Perform a Risk Assessment/Gap Analysis/Opportunity Assessment…review tasks and exposures, and needed controls (AS Rx)

4. Prepare & Deploy the “Plan of Attack”… the Risk Management Plan

Who Does What by When
**Element 1: Hiring Practices**

<table>
<thead>
<tr>
<th>Element</th>
<th>Applicable (Yes/No)</th>
<th>In Place Effectively? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertisements used and indicate drug testing requirement</td>
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<td>Applications used</td>
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<td>Multiple/team interviews</td>
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<td>Pre-placement physicals</td>
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<td>Behavior screens</td>
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<td>Drug &amp; alcohol testing</td>
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<tr>
<td>Reference checking</td>
<td></td>
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<tr>
<td>Application verification/ background checking</td>
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<tr>
<td>JHAs used in the interviews</td>
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<tr>
<td>Leased employees used for screening</td>
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<tr>
<td>Job descriptions including physical demands</td>
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<tr>
<td>Medical Benefits</td>
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<tr>
<td>Drug &amp; Alcohol EAP</td>
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<td>Dental Benefits</td>
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<td>401K</td>
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<td>Disability Insurance</td>
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<td>Vacation provided</td>
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<td>Sick Leave</td>
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<tr>
<td>Element II</td>
<td>Applicable (Yes/No)</td>
<td>In Place Effectively? (Yes/No)</td>
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<tr>
<td>Orientation Process</td>
<td></td>
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<tr>
<td>Review of safety rules and applicable procedures, and accountability process</td>
<td></td>
<td></td>
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<tr>
<td>JHA reviewed with new hires</td>
<td></td>
<td></td>
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<tr>
<td>Safety mentor established</td>
<td></td>
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<tr>
<td>When training, has employees demonstrate tasks to ensure a thorough understanding</td>
<td></td>
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<tr>
<td>JHA evaluations done frequently for new hires</td>
<td></td>
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<tr>
<td>Explanation of Return-To-Work Program; packet provided, instructions on designated provider and injury reporting</td>
<td></td>
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<tr>
<td>Introduction to First Aid provider and station</td>
<td></td>
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<tr>
<td>Specific machinery/ equipment safety training</td>
<td></td>
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<tr>
<td>Documentation of all training</td>
<td></td>
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<tr>
<td>Introduction to SDS and lock-out materials</td>
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</tbody>
</table>
### Element III.
**Safety and Health Programs/Procedures**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Applicable? (Yes/No)</th>
<th>In Place Effectively? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specific machine/equipment safety instruction</td>
<td></td>
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<tr>
<td>Lock-out, Tag-out</td>
<td></td>
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<tr>
<td>Confined Space Entry</td>
<td></td>
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<tr>
<td>Safety Committee</td>
<td></td>
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<tr>
<td>Bloodborne Pathogens</td>
<td></td>
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<tr>
<td>Emergency Evacuation</td>
<td></td>
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<tr>
<td>Emergency Spill Response</td>
<td></td>
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<tr>
<td>Fall Protection</td>
<td></td>
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<tr>
<td>Process Safety Management</td>
<td></td>
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<tr>
<td>Ergonomic committee with hazard analysis and procedures/controls</td>
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<tr>
<td>Hearing Conservation</td>
<td></td>
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<tr>
<td>Personnel Protective Equipment/ Hazard Assessment by job</td>
<td></td>
<td></td>
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<tr>
<td>Job Hazard Analysis for position</td>
<td></td>
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<tr>
<td>Exercise guidelines and requirements</td>
<td></td>
<td></td>
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<tr>
<td>Forklift certification</td>
<td></td>
<td></td>
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<tr>
<td>Hazard communication/ Chemical Handling Training specific to chemicals handled</td>
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</tr>
</tbody>
</table>
### Accident/Incident Investigation Procedures

<table>
<thead>
<tr>
<th>Element</th>
<th>Applicable? (Yes/No)</th>
<th>In Place Effectively? (Yes/No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero-incident culture set</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accountability of personnel in place for incidents</td>
<td></td>
<td></td>
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<tr>
<td>Perform near miss reporting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JHA is reviewed to ensure issue addressed</td>
<td></td>
<td></td>
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<tr>
<td>JHA Evaluations reviewed to assure issue addressed</td>
<td></td>
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<tr>
<td>Investigation conducted within the first 24 hours</td>
<td></td>
<td></td>
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<tr>
<td>Includes direct and indirect costs of incident and correlation to production</td>
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<td></td>
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<tr>
<td>Trend to industry benchmarks</td>
<td></td>
<td></td>
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<tr>
<td>Incident trending reports to upper management</td>
<td></td>
<td></td>
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<tr>
<td>Upper management meets with front line supervisory personnel to address incidents</td>
<td></td>
<td></td>
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<tr>
<td>Key management receives copy</td>
<td></td>
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<tr>
<td>System in place to ensure that corrective actions are followed-up on</td>
<td></td>
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<tr>
<td>Corrective actions are followed-up on by upper management with front line supervisory personnel</td>
<td></td>
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<tr>
<td>Incident trending and tracking performed</td>
<td></td>
<td></td>
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<tr>
<td>Element V: Return to Work Process</td>
<td>Applicable? (Yes/No)</td>
<td>In Place Effectively? (Yes/No)</td>
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<tr>
<td>Treating physicians established</td>
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<tr>
<td>Treating physicians have visited facility</td>
<td></td>
<td></td>
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<tr>
<td>Treating physicians have Return-To-Work packets</td>
<td></td>
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<tr>
<td>RTW posters used</td>
<td></td>
<td></td>
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<tr>
<td>Treating physicians have Job Analysis</td>
<td></td>
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<tr>
<td>Treating physicians names, addresses, map to facility posted</td>
<td></td>
<td></td>
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<tr>
<td>All employees aware of treating physicians and Return-To-Work process</td>
<td></td>
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<tr>
<td>Treating physicians understand goal for full release, and 100% return to work goal</td>
<td></td>
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<tr>
<td>First Aid Providers posted</td>
<td></td>
<td></td>
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<tr>
<td>First Aid providers always on site</td>
<td></td>
<td></td>
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<tr>
<td>Procedure for IMMEDIATE report of injuries PRIOR to physician visit clear to ALL employees</td>
<td></td>
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<tr>
<td>All employees know who the First Aid Providers are</td>
<td></td>
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<tr>
<td>First Aid supplies fully available</td>
<td></td>
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<tr>
<td>First Aid Providers have Return-To-Work packets</td>
<td></td>
<td></td>
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<tr>
<td>Element VII</td>
<td>Applicable? (Yes/No)</td>
<td>In Place Effectively? (Yes/No)</td>
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<tr>
<td>Onsite Hazard Evaluation</td>
<td></td>
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<tr>
<td>Equipment guarded</td>
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<tr>
<td>Electrical systems adequate</td>
<td></td>
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<tr>
<td>Walking working surfaces</td>
<td></td>
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<tr>
<td>Forklift operation appropriate</td>
<td></td>
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<tr>
<td>Slip &amp; fall hazards</td>
<td></td>
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<tr>
<td>Lighting adequate</td>
<td></td>
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<tr>
<td>Storage</td>
<td></td>
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<tr>
<td>Preventative Maintenance Program</td>
<td></td>
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<tr>
<td>Security</td>
<td></td>
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<tr>
<td>Housekeeping</td>
<td></td>
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<tr>
<td>Hand tools-cords</td>
<td></td>
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<tr>
<td>Ventilation adequate</td>
<td></td>
<td></td>
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<tr>
<td>Locks used, documented procedures</td>
<td></td>
<td></td>
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<tr>
<td>Confined spaces signed, permits in place</td>
<td></td>
<td></td>
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<tr>
<td>Respirators used correctly, maintained</td>
<td></td>
<td></td>
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<tr>
<td>Grinders adjusted</td>
<td></td>
<td></td>
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<tr>
<td>Compressed gases/control</td>
<td></td>
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<tr>
<td>Fall protection</td>
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<tr>
<td>Cranes, Hoists &amp; Slings</td>
<td></td>
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<tr>
<td>PPE assessment completed</td>
<td></td>
<td></td>
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<tr>
<td>Powered presses-procedures/guarding</td>
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<td></td>
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<tr>
<td>Robots</td>
<td></td>
<td></td>
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<tr>
<td>Spray booths</td>
<td></td>
<td></td>
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<tr>
<td>Ladder &amp; stair conditions</td>
<td></td>
<td></td>
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<tr>
<td>Emergency maps posted, assembly points designated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety signage in place/readable</td>
<td></td>
<td></td>
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<tr>
<td>Plant layout is effective?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Element (GOAL - develop a Safety and Quality Culture within the organization that supports the continued improvement of safety behaviors and conditions, as well as production quality)</td>
<td>Primary Responsibility</td>
<td>Target Date</td>
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<tr>
<td>Review</td>
<td>Ray</td>
<td>March 15, 2023</td>
</tr>
</tbody>
</table>

**Safety and Workers Compensation ACTION PLAN**

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- Primary Responsibility: Ray
- Target Date: March 15, 2023

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Reducing Your Total Cost of Risk

Importance of Complete and Consistent Data
Use of Data & Mitigation Approaches

Incident Data Collection

- **Incidents and claims** - events resulted in an injury, claim, or loss
- **Near misses (or “close calls”)** - events that did not result in an injury, claim, or loss, but could have
- **Unsafe Conditions** - circumstance that exists that increases the probability of an incident
- **Unsafe Acts** - critical safety behavior not followed that increases the probability of an incident
Proactive risk mitigation management addresses Essential Behaviors and Root Causes.

- **1 Major Claim**
- **10 Serious Claims**
- **100 Incidents**
- **1,000 Near Misses**
- **10,000 Unsafe Acts and Conditions**
**Risk Management Plan (RMP)** - based on the Risk Assessment and Loss Trend Analysis, the RMP summarizes actions prepared to foresee risks, estimate impacts, and define controls and responses to issues.

- Needs **continual review**, oversight, updating and audit
- Contains an **analysis of exposures and risks**, their probability and severity, and **control approaches**
- Includes a risk control strategy:
  - **Prioritize** needs
  - **Identify actions** to minimize the exposures
    - Policies (procedures) & respective trainings needed
    - Implement a BBS process to reduce at risk behaviors
  - **Set measurable goals** and track performance
  - **Audit & communicate** results
    - **Adjust** priorities & actions

**Reducing Your Total Cost of Risk**
Risk Mitigation - Leadership Collaboration Cycle

Executive Director/ Director of Nursing/ Senior Staff

Loss-Related Data
- Major Loss Sources
- Near Misses
- At-Risk-Behaviors
- Root Causes

Mitigation Process
- Predictive Analysis
- Prescribe & Deliver Solutions
- Training and Policies
- Monitor Deployment
- Monitor Impact
- Refine Approaches

Staff
The average cost of a disabling injury in America is $54,000

Use of Data & Mitigation Approaches

OSHA Recordable Incidence Rate vs. Industry Average

Your performance impacts what you pay
Organizational Systems & Controls

Understanding the Total Cost of Risk is essential to reduce exposures, save time & money

Can you answer the following questions?

• What are the significant incidents and cost drivers?
• What direction are losses and insurance costs trending?
• Is there a Risk Management Plan in place focused on driving down your losses?
Real Client Example:

- With a MOD of 1.18 you are paying ~$220,000/year extra based ONLY on your MOD
- @ 5% Profit margin your group needs to produce ~$4.4 MILLION in product JUST TO PAY FOR YOUR EXCESS PREMIUM
- PLUS, indirect costs, load issues, etc.
Proactively Manage Resident and Workplace Safety, Enable Operational Efficiencies, Improve Compliance, and Reduce Costs with AGING SERVICES™
“There are a continuing number of evolving pressures on long-term care. The ability to have one centralized platform to assess and mitigate those risks is an ideal solution for facilities of any size.”

Neil Kjeldsen
CEO
Mariposa Training

“The Aging Services Rx Platform will assist facilities to improve their deliverables. This platform will assist from an operations perspective by providing them the tools they need to track and trend incidents, and provide the training that is necessary. Thereby enhancing not only the quality of care, but also the quality of life of our residents.”

Dr. Keith Savell, Ph.D., CTRS
President of Mariposa Training &
CEO of Geriatric Healthcare Consultants
Proactive risk mitigation management addresses Essential Behaviors and Root Causes.

Risk Mitigation Pyramid:
- **1 Major Claim**
- **10 Serious Claims**
- **100 Incidents**
- **1,000 Near Misses**
- **10,000 Unsafe Acts and Conditions**
HIPAA Privacy, Security, and Mental Health Online Training Courses

Get your organization compliant with Health Insurance Portability and Accountability Act.

You can accomplish this from within your risk management platform:
- View a Management Overview Video
- Learn more about HIPAA Training

Aging Services Rx™ helps automate and manage your resident and workplace safety efforts. Designed by industry experts, the platform addresses issues specific to healthcare organizations. This solution helps lower the day-to-day costs of resident care, employee management, resource administration, and regulatory compliance.
Platform Benefits

- Claims, near misses, BBS reports off one system
- Allows a proactive, mitigation approach
- Loss trending & analysis… near misses and claims
- Your data; not affected by carrier switch
- Triggering events
- Claims lag time reduction
Needed Software

- Training Track™
- Incident Track™
- Job Description Track™
- BBS Track™
- SDS Track™
- COI Track®
Incident Track™

- Help minimize report times
- OSHA reporting
- Trend losses, generate near miss and claims reports
- Provide focused resources to mitigate risk, reduce claims and lower litigation costs
- Own your data
- Document incident progress
Complete incident management system
Select the incident type below:

- **Work-Related Illness**
  - Start a new Work-Related Illness incident.

- **Work-Related Injury**
  - Start a new Work-Related Injury incident.

- **Auto/Fleet**
  - Start a new auto/fleet incident.

- **General Liability**
  - Start a new General Liability incident.

- **Environmental**
  - Start a new Environmental incident.

- **Property**
  - Start a new Property incident.

- **Professional Liability**
  - Start a new Professional Liability incident

- **SIMPLE**
  - Step-by-step wizard
  - All lines of coverage
Easy entry

- Enter as much detail as needed
Easy entry

- Questions specific to the exposures your organization faces
- Document Incident Details
Sophisticated graphing system
- Includes templates
- Customizable
- In depth graphing & tracking
  - Date(s), time
  - Accident cause
  - Injury nature
  - Body part
Print & distribute to multiple sites
Enables targeted proactive training response
Investigation/Corrective Actions

Incident Track allows Corrective Actions to be specified and tracked

Regulatory requirement
Now You Know Your Major Loss Sources

How do we Push Best Practices & Train Staff to Critical Safety Behaviors
Use of Data & Mitigation Approaches

**Incident Track®**
- Track and trend incidents and near misses

**My Content & Training Track™**
- Assign Required Policies & Trainings
- Track and automate employee training

**BBS Track®**
- Build J HAs (includes library of J HAs)
- Perform Safety Observations
Training Track™

- Automatically notifies you of upcoming training
- Generates compliance reports
- Streamlines the training process
- If you don’t Document it, You Cant Prove You Did It!
Resources are created especially for the Aging Services industry
- In-services
- Best Practice Policies
- Online Trainings
Worker and Resident Safety Solutions
In-service Training

**ABC of Behavior Management**
Managing Challenging Behaviors. Understanding the ABCs.

**Activity - Elder Fall Prevention in Skilled Nursing Facilities**
Fall Prevention Recommendations for Activity Programming.

**Activity - Theme Kits for Memory Care Programs**
Sensory Stimulation theme kit ideas for activity programming.

**Ancillary Services - Guidelines to Effectively Manage Ancillary Services**
Guidelines to support ancillary service's needs.

**Behavior Management - Understanding the Language of Dementia and Delirium Based Challenging Behavior**
Gain the knowledge and abilities necessary to identify dementia/delirium based behavioral triggers (antecedents) and the skills necessary to prevent their onset. During this webinar, participants will learn to: Understand the language of dementia and delirium based behaviors, Understand the importance of identifying behavioral triggers or antecedents, Understand the A-B-C's of the Behavior Management Process. Understand the process of Antecedent Behavior Monitoring.

**Behavior Management Meeting Guidelines**
Search for any item in the library

Example search term: Bloodborne

Add any document to My Content
- My Content
- Assign In-Services, Policies, Trainings
- Automated Documentation
Weekly In-Service

Weekly Email

- Timely and important topics
- In English and Spanish
Online Trainings

Automate and assure needed training is occurring!

- Employees receive automatic notification
- Managers notified when trainings due
- Receive Red Flag reports
Comprehensive Trainings

✓ Trainings are thorough and interactive, ensuring employees understand the material

✓ Completed training is recorded in Training Track
✓ Employee Portal
✓ Training is automatically tracked
Dementia of the Alzheimer’s Type

3) Reduced production and utilization of neurotransmitters

- Neurotransmitters are formed in “sacs” at the end of the axon and pass through the synaptic gap to bind with a dendrite (receptor site) at the head of the next neuron.

- Neurotransmitter used by neurons in the hippocampus and cerebral cortex for memory storage, language and reasoning is called acetylcholine.
Delirium

Changes in the Human Condition

- Depression
- Social isolation
- Over-medication
- Under-medication (especially for pain)
- Change in medication
- Dehydration
- Malnutrition
- Constipation
- Undiagnosed illness (such as a urinary tract infection)
- Etc.

And now, let's speak about changes in the human condition. This is the second bucket, the second major category, under which we may see changes, we may see delirium. Depression, social isolation over- and under-medication, change in medication, dehydration, malnutrition, constipation, undiagnosed illness and a number of other factors may lead to delirium from the perspective of change in the human condition, things internal to the resident. Let's take these one at a time. Depression and delirium are often misdiagnosed or misdiagnosed. Social isolation, I already spoke about. If a resident is isolated for even a short period time - a day - you may see delirium. Over-medication. Now when you think it, how many of our residents are on nine or more meds? Are our residents at risk for over-medication? That could lead to delirium. And you know, that very rarely do pharmaceutical companies test new medications in combinations of nine or more, let alone nine or more, and even more rarely are medications tested on individuals over 65. So now you have residents who are on multiple medications that were never tested together and medications that may never have been tested on the geriatric population. Now under-medication is another precipitator, or potential reason, for delirium - especially for pain. Change in medication. Do you know that even a change from a name brand to a generic may represent a significant enough change in formulary that we may see a change in behavior? Dehydration. Do you know that even a 2% drop in hydration levels can lead to cognitive impairment, a change in cognitive functioning? So you should all be reaching for a refreshment at this moment! How many of our residents with dementia, how many of our residents with cognitive impairment, recognize when they're thirsty? And if they are able to recognize that, how many of our residents know where to go to get a refreshment, a beverage, to quench their thirst, to reduce their risk for dehydration? It's up to us - especially those of us who live in warm environments - it's up to all of us during the summertime, to ensure that our residents are well hydrated. And then delirium.
Certificate of Completion

Awarded to

John Smith

FOR COMPLETING THE
Dementia and Delirium: Diagnosis, Misdiagnosis and what WE NEED TO KNOW
TRAINING PROGRAM

✓ Certificate of completion recorded and printable
Use of Data & Mitigation Approaches

**Incident Track®**
- Track and trend incidents and near misses

**BBS Track®**
- Build J HAs (includes library of J HAs)
- Run Safety Observations
Identify Loss Sources

Major Loss Sources
BBS Track™

- Create job hazard analyses, as well as safety observations
- Behavior-based safety application… drive down losses!
- Assure proper procedures are followed to mitigate loss!
Use of Data & Mitigation Approaches

Claim Costs

$0.00
$10,000.00
$20,000.00
$30,000.00
$40,000.00
$50,000.00

MEDICAL $

INDEMNITY $
Use of Data & Mitigation Approaches

MOD Impact... Where You Could Be

Current

Lowest Possible

1.30
Proactive risk mitigation management addresses Essential Behaviors and Root Causes

- 1 Major Claim
- 10 Serious Claims
- 100 Incidents
- 1,000 Near Misses
- 10,000 Unsafe Acts and Conditions

10,000 Unsafe Acts and Conditions ◼️
1,000 Near Misses
100 Incidents
10 Serious Claims
1 Major Claim

Risk Mitigation Pyramid
Create, manage & edit your Hazard Analyses

- Use our built-in Hazard Analysis library to help build your own
- Export into a PowerPoint or PDF format for Training

- Simple & easy wizard
- Run Safety Observations
### Current Job: CNA

<table>
<thead>
<tr>
<th>Step</th>
<th>Issue: Strains and sprains</th>
<th>Job Requirement</th>
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<tbody>
<tr>
<td>General Lifting and Material Handling</td>
<td>Use legs, not back - keep back vertical during lift</td>
<td>Do NOT twist when lifting; move your whole body instead</td>
<td>Set work area up such that weights are at waist level</td>
<td>Pre-shift and post-break stretching exercises</td>
<td>Limit weights lifted as much as possible and report any difficult lifts for re-design action</td>
<td>Use two-person lift for heavier and awkward loads; and assist equipment (Vera, Vander, Argo, etc.) to eliminate lifts</td>
<td>Rotate to other tasks throughout the shift</td>
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<tr>
<td>Resident Transfer</td>
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<td>Lift/Transfer Assist Equipment</td>
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<td>Resident Interaction</td>
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<td>General Duties</td>
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- Fully customizable
- Great tool to drive down losses
Option allows you to:
- Print to PDF or PPT!
- Create online training
- Synch to Training Track
- Electronic distribution & reporting
Developing a Successful Safety Process

1. **Identify** Loss Sources and Needed Controls

2. **Train...** Assure all exposed are aware of the hazards and needed controls

3. **Observe & Communicate**

4. **Analyze** Continual Improvement
**New Employees**

Use JHA In Interview
- Sets tone and precedent for safety
- Provides discussion material for interview
  - Assess “Safety Behavior/ Attitude”

Orientation
- Explain each hazard & behavior
- Safety mentoring

**Existing Employees**

- Monthly Refresher in One Step of JHA
• When a Near Miss or Incident Occurs, Do Incident Report and Review JHA & Observations

• Discuss and Correct Behaviors and Conditions
## Process Audit

**Date Evaluated:**

**Score (%):**

**Location/Dept.:**

**Dept. Head:**

**Evaluator:**

### Safety / JHA Process Element

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<tr>
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<th>OK</th>
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</table>

**PRE-HIRE**

1. Uses JHA in interviews to assess safety behavior, previous work experience and safety attitude?

**ORIENTATION**

2. Provides comprehensive orientation training using the JHA. Explains each job requirement from the JHA to the employee before they perform the respective duties?

**SAFETY TRAINING**

3. From day to day work with crew, completes the "Safety Observation" reports to refocus employees to 100% adherence to JHA?

**MONTHLY MEETING**

4. Performs monthly refresher training for all employees covering one STEP of the JHA; and Incident Reporting and RTW Process?

5. Discusses findings of "Safety Observation" At Risk Behavior results at monthly meetings?

6. Positively Recognizes employees with NO TIME LOSS INJURIES, and no "Safety Observation" reports?

**INCIDENT MANAGEMENT**

7. If an incident occurs,
   1) reports to Risk Management IMMEDIATELY for support on RTW
   2) reviews the JHA to assure that the issue is adequately addressed on the JHA
   3) attaches JHA to Incident Report noting area of hazard
   4) reviews the Safety Observation Reports that have been completed for that person/ dept. to assure that the Job Requirement has been properly evaluated
   5) develops controls to address the hazard in a timely fashion

List areas for improvement in process and training:
✓ Offer fresh insight into relevant aging services issues
✓ Understand how to implement Aging Services Rx™ effectively
✓ Topics: Globally Harmonized System (GHS), Injury and Illness Prevention Programs (IIPPs), Driver Safety, and more
✓ All classes are free
Ask The Expert

Need professional risk management advice? Submit this form and a risk management expert will contact you right away.
Looking for help using our software? Visit the Help & Training Center.

Category:  
Subject:  
Issue:  

You can also upload a file or video with your question (optional):

Attach Files

Submit

Please note that you may not use the Ask the Expert Feature to report a claim or to give instructions to place, bind, change or terminate insurance coverage.
Aging Services Rx Benefits

- Incident Track to identify Major Loss Sources
- Assign needed polices
- Assign needed trainings
- BBS Track… for needed behaviors
Under federal nursing home regulations, nursing homes must:

- Have sufficient nursing staff. (42 CFR § 483.30)
- Conduct initially a comprehensive and accurate assessment of each resident’s functional capacity. (42 CFR § 483.20)
- Develop a comprehensive care plan for each resident. (42 CFR § 483.20)
- Prevent the deterioration of a resident’s ability to bathe, dress, groom, transfer and ambulate, toilet, eat, and to communicate. (42 CFR § 483.25)
- Provide, if a resident is unable to carry out activities of daily living, the necessary services to maintain good nutrition, grooming, and personal oral hygiene. (42 CFR § 483.25)
- Ensure that residents receive proper treatment and assistive devices to maintain vision and hearing abilities. (42 CFR § 483.25)
- Ensure that residents do not develop pressure sores and, if a resident has pressure sores, provide the necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing. (42 CFR § 483.25)
- Provide appropriate treatment and services to incontinent residents to restore as much normal bladder functioning as possible. (42 CFR § 483.25)
- Ensure that the resident receives adequate supervision and assistive devices to prevent accidents. (42 CFR § 483.25)
- Maintain acceptable parameters of nutritional status. (42 CFR § 483.25)
- Provide each resident with sufficient fluid intake to maintain proper hydration and health. (42 CFR § 483.25)
- Ensure that residents are free of any significant medication errors. (42 CFR § 483.25)
- Promote each resident’s quality of life. (42 CFR § 483.15)
- Maintain dignity and respect of each resident. (42 CFR § 483.15)
- Ensure that the resident has the right to choose activities, schedules, and health care. (42 CFR § 483.40)
- Provide pharmaceutical services to meet the needs of each resident. (42 CFR § 483.60)
- Be administered in a manner that enables it [the nursing home] to use its resources effectively and efficiently. (42 CFR § 483.75)
- Maintain accurate, complete, and easily accessible clinical records on each resident. (42 CFR § 483.75)

**State Nursing Home Regulations**

Nursing homes receiving Medicare or Medicaid funds must, at a minimum, comply with federal nursing home regulations. Some states, however, have adopted tougher laws. Check with your local health department for specific regulations in your state. Information about each state's laws can also be found online.
The Patient Safety and Quality Improvement Act of 2005 (Public Law 109-41), signed into law on July 29, 2005, was enacted in response to growing concern about patient safety in the United States and the Institute of Medicine’s 1999 report, To Err is Human: Building a Safer Health System. The goal of the Act is to improve patient safety by encouraging voluntary and confidential reporting of events that adversely affect patients.

The Patient Safety and Quality Improvement Act signifies the Federal Government's commitment to fostering a culture of patient safety. It creates Patient Safety Organizations (PSOs) to collect, aggregate, and analyze confidential information reported by health care providers. Currently, patient safety improvement efforts are hampered by the fear of discovery of peer deliberations, resulting in under-reporting of events and an inability to aggregate sufficient patient safety event data for analysis. By analyzing patient safety event information, PSOs will be able to identify patterns of failures and propose measures to eliminate patient safety risks and hazards.

Many providers fear that patient safety event reports could be used against them in medical malpractice cases or in disciplinary proceedings. The Act addresses these fears by providing Federal legal privilege and confidentiality protections to information that is assembled and reported by providers to a PSO or developed by a PSO (“patient safety work product”) for the conduct of patient safety activities. The Act also significantly limits the use of this information in criminal, civil, and administrative proceedings. The Act includes provisions for monetary penalties for violations of confidentiality or privilege protections.

Additionally, the Act specifies the role of PSOs and defines “patient safety work product” and “patient safety evaluation systems,” which focus on how patient safety event information is collected, developed, analyzed, and maintained. In addition, the Act has specific requirements for PSOs, such as:

- PSOs are required to work with more than one provider.
- Eligible organizations include public or private entities, profit or not-for-profit entities, provider entities, such as hospital chains, and other entities that establish special components.
- Ineligible organizations include insurance companies or their affiliates.

Finally, the Act calls for the establishment of a Network of Patient Safety Databases (NPSD) to provide an interactive, evidence-based management resource for providers, PSOs, and other entities. It will be used to analyze national and regional statistics, including trends and patterns of patient safety events. The NPSD will employ common formats (definitions, data elements, and so on) and will promote interoperability among reporting systems. The Department of Health and Human Services will provide technical assistance to PSOs.

Sign up for AHRQ’s Patient Safety Organizations E-mail updates to receive automatic notifications of new and updated information relating to Patient Safety Organizations.

To contact PSO Office staff, go to the PSO site at http://www.pso.ahrq.gov/contact/contact.htm