Five Steps to Improved Event Reporting

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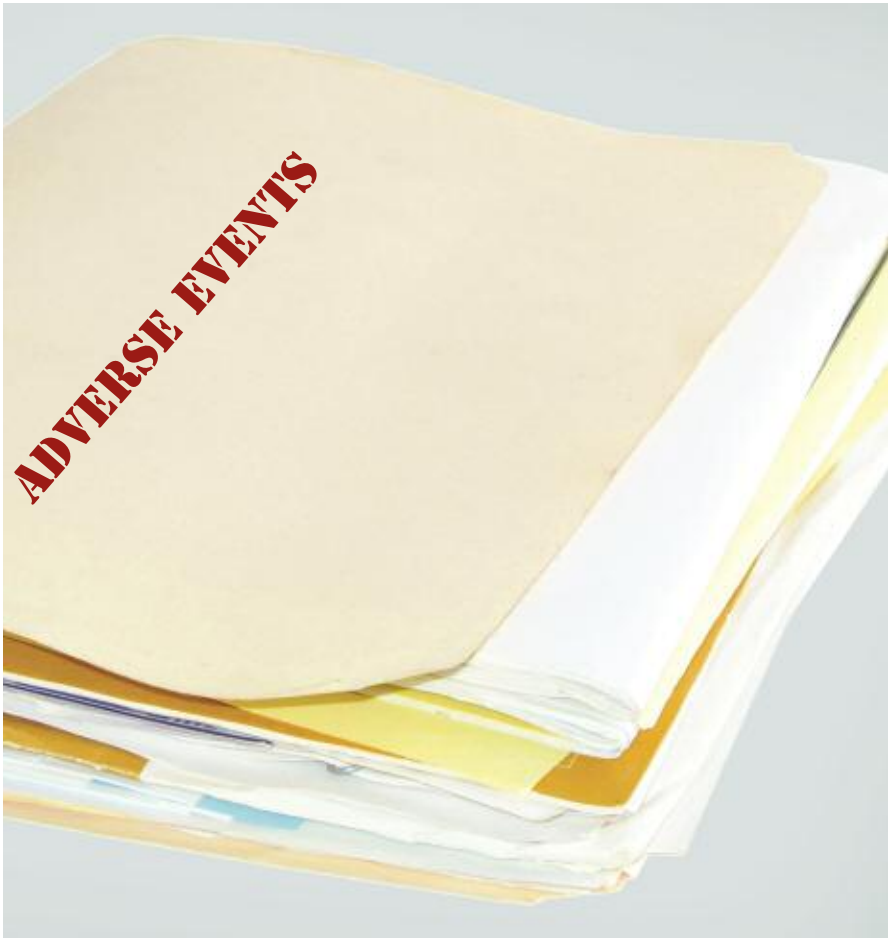
In recent years, assisted living (AL) facilities have evolved from what was once just a rudimentary concept to a booming industry that now cares for approximately 1 million of the country's elderly population. Some industry experts believe the rapid expansion occurred at the expense of adequate resident care. Not surprisingly, those experts can (and do) reference a variety of headlines to support their opinion. Indeed, the complete absence of national industry standards, well-defined risk management strategies, and proactive event-reporting processes, combined with the increasing acuity of the resident population, are elements of the perfect storm, as evidenced by mounting litigation.



Exponential Growth

The population of people 85 and older is growing at the rate of almost 15% per year compared to an overall population growth of approximately 4%. The US Bureau of the Census projects this population segment will more than double the 2008 population of 38.7 million by 2050.[1] More interesting, however, is the fact that the number of "nursing home" residents has remained constant since 1985.[2] Why? Many seniors fear nursing home environments—in some cases, more than death itself. Fortunately, in today's marketplace, seniors can select from a variety of community-based services and a multitude of AL options to balance their changing needs with their desire to live independently.

Assisted living is the fastest growing segment of the long-term care options for seniors who wish to live autonomously but who also require some form of assistance with daily tasks. It provides a home-like environment that can be adapted to meet the changing needs of individual residents. Such facilities (although the industry prefers the term "communities") began appearing in the United States in the mid-1980s and have grown rapidly in popularity. From 1992 to 1998, the number of seniors living in AL facilities and other residential care settings, increased 56% (from 266,706 to 416,768) while the number living in nursing homes marginally declined (from 1,413,596 to 1,346,119).[2]

Facility Challenges

The popularity of the AL environment, however, introduces an element of risk to residents with increasingly complex medical needs.

Once settled into an AL facility, residents often resist relocating to another institution—even if the current facility cannot support their changing needs. Family members are sometimes reluctant to force the issue and may be in denial regarding the resident's deteriorating condition.

On the facility side, administrators face tremendous financial pressure to maintain a full census. In certain cases, the confluence of these factors can create a perilous environment because the level of care provided varies tremendously from facility to facility.

An additional challenge is the difficulty of comparing apples to oranges. Industry professionals often say, "If you've seen *one* AL facility, you've seen *one* AL facility." With no federal rules or policies, individual states are responsible for regulating the AL environment. Consequently, the definition of AL and the standards of care vary widely between states. More than 2 dozen designations are used by various states to refer to what is commonly known as *assisted living*[4]:

- **California**: residential care facilities
- **New Mexico**: adult residential shelter care facility
- **New York**: assisted living program, adult care facility, adult home, and enriched housing program
- **Michigan**: home for the aged and adult foster care
- **Pennsylvania**: personal care boarding home

Until states can agree on the classification of "assisted living," more important consistencies regarding standards of care are unlikely.

Furthermore, many states are slow to develop regulations and implement meaningful oversight for AL, often because of budgetary constraints. For example, some states require a nurse to be in the facility at all times; other states require a nurse to be accessible, while some states have no nursing staff requirement at all. Some states set a maximum level of care, and residents exceeding that level of care must be transferred to a skilled nursing facility, while many states have no such mandate. Additionally, some states require annual safety inspections, whereas other states do not. Even states with extensive regulations are frequently unable to ensure compliance because of the shortage of inspectors.

Consequently, the burden of establishing policy (and monitoring its effectiveness) rests heavily on AL administrators. To lend a hand, 11 national provider organizations have collaborated with other organizations that hold a vested interest in long-term care. Together, they have launched the Center for Excellence in Assisted Living (CEAL). One goal of CEAL is to increase the availability of research on AL and create a national clearinghouse of relevant data. Access to national data is critical for administrators to measure themselves against other facilities and benchmark performance. While these initiatives are promising, the overall usefulness of data collection depends on each facility's ability (and willingness) to provide the necessary data: a new concept for AL facilities that view themselves as outside the medical community.

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Risk Management and Event Reporting

Assisted living facilities strive to present themselves as a social, not medical, environment. After all, the industry is consumer driven, and buyers seek an inviting atmosphere, not a hospital bed, in which to enjoy their golden years. However, as the resident population ages, their needs increase, and administrators are likely to see litigation skyrocket. In response, many facilities are adopting policies, procedures, and programs from traditional medical settings to reduce risks. Long-established risk management programs, found in all hospitals and most skilled nursing homes, are now appearing in high-quality AL facilities.

Risk management is defined as the process of minimizing risk to an organization by developing systems that identify and analyze potential hazards. Ideally, such systems should prevent accidents, injuries, and other adverse occurrences. When events do occur, risk management policies prescribe the steps for handling them in such a way that their effects and cost are minimized. An effective risk management strategy provides a unified approach that identifies, tracks, trends, and manages events and occurrences that represent risk. Concealed in this systematic approach is a fundamental element called *event reporting*.

Accurate, detailed, and timely reporting of events is essential for an effective risk management program. A solid reporting process encompasses 5 universal steps: evaluation, notification, investigation, intervention, and resolution. This root-cause analysis provides a knowledge base that helps connect the dots between risk management practices, event reporting, and event resolution.

Fortunately, in today's market, well-run AL facilities incorporate risk management programs to minimize the likelihood of resident events occurring. They also follow detailed protocols for handling adverse events when they do occur. Unfortunately, even these facilities sometimes drop the ball on diligent event reporting. Event reporting encompasses more than checking

boxes and completing mandatory state reports. Quite the opposite, event reporting is the underlying process that aids facilities in circling back from adverse events to risk management strategies. Rigorous event reporting allows a facility's leadership to accurately review the past and determine if anything could have been done differently to avoid the event.

Best Practices for Event Reporting

An effective event reporting process includes each of the following 5 steps: evaluation, notification, investigation, intervention, and resolution. A facility can choose to invest in sophisticated technology or paper and pencil to handle event reporting: either approach can work. What matters most is timeliness because memories fade quickly.

To illustrate each step of the recommended event reporting process, consider the most common event: a fall. According to the Centers for Disease Control and Prevention, falls are the leading cause of injury deaths among people 65 and older. In 2005 alone, 15,800 seniors died from injuries related to falls and 1.5 million were treated by emergency staff for fall-related injuries.[5] Needless to say, falls are a major contributor to the increase in litigation against long-term care providers. To mitigate risk, here is a 5-step process for event reporting:

1. *Evaluation*—A licensed staff member immediately examines the resident, documents a thorough evaluation of the resident's physical condition, and specifies follow-up medical treatment as needed. This step should mirror a standard nursing assessment process.
2. *Notification*—Staff immediately notify family members. Additionally, all staff personnel are made aware of the event to better accommodate the resident's changed health status. If the event requires reporting to the state, the report is immediately completed and filed.
3. *Investigation*—A multidisciplinary investigation is launched to determine the cause (or causes) of the fall. What factors led to the fall? Was there a recent change in medication? Has there been a noticeable change in the resident's diet? Has there been a change in the resident's sleep pattern? Was there an issue with the physical surroundings? This step is critical. Although most facilities document falls, few facilities do an adequate job documenting the details and findings of the investigation. Documented proof of the investigation can be critical in the event of litigation.
4. *Intervention*—Utilizing the documented evaluation and investigation, staff and administrators create an action plan to ensure that the resident does not have a repeat incident. All applicable staff are notified of the investigation's findings and given training and instruction on any changes necessary in their procedures. Ideally, the intervention plan circles back to risk management procedures so that future training can address the event. A follow-up interview with the resident is conducted to determine if the resident requires a higher level of care than is available at the facility.
5. *Resolution*—When each of the above steps is carefully followed, a resolution will be identified. A resolution should be provable through constant monitoring, analysis, and measurement of a facility's performance.

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Because no two facilities are alike, each facility will need to design an internal infrastructure to implement this 5-step process that is unique to its operations. The infrastructure defines polices and procedures to manage the reporting of all events, not just those required by the state. Interdisciplinary training (from licensed staff to dietary personnel) should be conducted to educate all staff in event reporting concepts and delineate accountability for each step of the process. Train staff to approach event reporting as if preparing a defense. In other words, if it is not documented, it was not done. Most important, the process should be supported by the facility's leadership and accountable to the facility administrator.

The implementation of this 5-step process needs to be rigorous, multidisciplinary, and timely. It represents a solidified approach that will work universally in all situations. If followed thoroughly, the benefits are two-fold. First, the process will strengthen existing internal processes for dealing with resident events. Second, diligent event reporting will strengthen a facility's defense position in case litigation occurs.

Event Reporting Roadblocks

The 5 steps to improved event reporting are simple; however, the implementation of any new process can be complicated by the many challenges facing AL facilities. One pervasive issue is finances. Many facilities operate on low margins, which creates a myriad of issues downstream. First of all, many administrators are overworked, short staffed, and overly involved in day-to-day operations. It's difficult to bring about forward-thinking change when just completing the day's tasks is unworkable. A second

major issue is the low ratio of licensed staff. Without a licensed staff person available 24 hours per day and 7 days per week, it is virtually impossible to accomplish even the first step of the process: an adequate and timely evaluation.

Turnover in staff is another hindrance. One resident commented, "In my 6½ years, we have had 7 executive directors, 5 activity coordinators, and countless RAs [resident assistants]. The turnover is disruptive. Just as you get used to the RA, she is gone. The work pressures, low pay, and amount of work are surely factors. To make ends meet, some of the staff take on second jobs. Cutting each RA's time by 1 day per week not only discourages loyalty, but also sends a message that they are not important to the home."[6] Staff turnover makes consistency difficult and the implementation of new processes challenging. Ironically, facilities with the highest employee turnover would benefit most from the heightened awareness provided by rigorous event reporting; and the benefits would be measurable.

Performance Improvement

Facilities capable of implementing the 5-step process will see improvement filter through performance measurements, including a key indicator: the voice of the residents. That's why it's important for facilities to establish resident councils. At a minimum, the grievance process is a good starting place to begin measuring performance improvement. Other indicators include staff turnover and empty beds. Charts, graphs, and other forms of data can be shared with staff and used to stimulate progress.

Not surprisingly, seniors want to "age in place," and their families may resist (even deny) the need for advancing along the continuum of care to a full-service nursing home. The effect of this resistant is evidenced in a recent study funded by the US Department of Health and Human Services (National Assisted Living Study). Hawes and her colleagues found that 1 in 4 AL residents required as much help as a typical nursing home resident, a trend that is likely to continue.[7] Given these facts, it is critical for AL facilities to face reality. While today's seniors desire an inviting home-like environment, many also require significant medical attention. Additionally, the provision of medical attention demands robust risk management strategies supported by rigorous event reporting. The "best practices" process delineated, if consistently applied, will not only strengthen internal procedures but also protect the well-being of residents and limit the facility's exposure to potential litigation. ALC

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