

IJ Teleconference

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IJ Task Force

- OHCA Committee meets Quarterly. Includes professional staff in the membership of OHCA
- All IJ's for the previous Quarter are reviewed.
- IJ Bulletin is produced by OHCA Staff

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IJ Task Force

- Reason for Teleconference
 - Repeated IJ's in same category
 - Increase Number of IJ's
 - Change in guidance for IJ's

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IJ Overview 2006 thru 1st Quarter 2008

- Falls/Accidents/Safety 17
 - Accident Hazards 3
 - Falls 5
 - Lifts/Lifting Equipment
 - Bed Rails 5
 - Water Temperatures 4

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IJ Overview 2006 thru 1st Quarter 2008

- Abuse 13
 - Sexual
 - Resident to Resident
 - Staff to Resident
 - Visitor to Resident
 - Physical
 - Resident to Resident
 - Staff to Residents

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IJ Overview 2006 thru 1st Quarter 2008

- Elopement 11
- Quality of Care 11
 - Emergency Services
 - CPR/DNR
- Medications Errors 9
 - Unnecessary Medications 4
 - Anti-Coagulants (Coumadin) 5

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IJ Overview 2006 thru 1st Quarter 2008

- Dietary 5
 - Diet Consistencies
 - Paid Feeding Assistants
 - Care of Tube Fed Residents
 - Swallowing/Choking Risks
 - NPO Orders

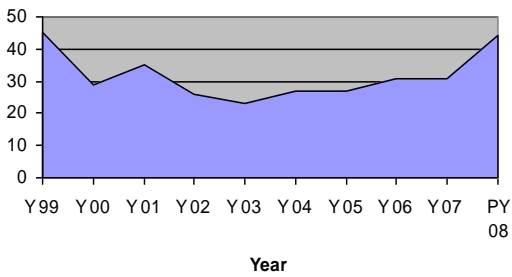
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IJ Overview 2006 thru 1st Quarter 2008

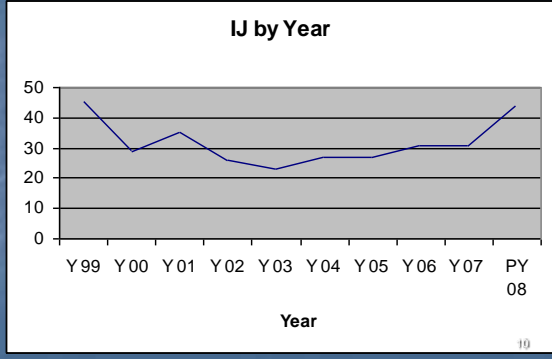
- Smoking 2
- Restraints 1
- Neglect
- Suicide 1
- Resident Rights 1

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IJ by Year



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General Comments

- Have an active Quality Assurance/Improvement Program in place
- Routine Auditing is an essential element
- Most IJ's are appear in the same categories- Start auditing in those areas.
- Use Regulatory Language for P&P- Quote the Regs.
- Make P&P's simple
- Utilize OHCA's website
- Educate, Educate, Educate!

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General Comments

- If you have negative occurrence in your facility:
 - Put a plan of correction in place as soon as you become aware.
 - Document that plan of corrective action
 - It is recommended to contact outside assistance. (Your LTC Specialty Law Firm, Consultants, OHCA Regulatory Contact)
 - Keep the time of exposure to a minimum

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Falls/Accidents/Safety

- Bed Rails
 - Follow FDA guidance to bed rails (<http://www.fda.gov/cdrh/beds>) OHD also recommends this in their "Guidelines for Restraint Use."
 - Specialized Mattress (Low air loss)- Use bed rails per manufacturers guidelines.
 - If any part of the bed, frame, mattress or side rails are changed the facility should completely reassess for safety.

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Falls/Accidents/Safety

- Falls
 - Make regular monitoring rounds to assure items on POC are in place
 - Method of Communicating new interventions to staff
 - Review the OHCA's "Fall Reduction and Injury Mitigation White Paper" and associated Manual www.ohca.org/content/view/409/

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Falls/Accidents/Safety

- Lifts/Lifting Equipment
 - Keep instructions on how to use equipment in an easily accessible place for those that will be using the equipment
 - Follow manufacturers guidelines for usage
 - Educate staff on how to properly use equipment and where instructions will be kept
 - Monitor for staff compliance

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Abuse

- Review Abuse Prevention and P&P to make sure they are compliant with current regulations
- Review the "Abuse, Neglect, Misappropriation and Injury of Unknown Source Definitions and Guidelines" (<http://www.odh.ohio.gov/odhPrograms/ltc/nurh/ome/annnc/nhannl.aspx>)
- Review Admission practices-
 - Sexual Offender Background Checks
 - Select appropriate Room assignments

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Abuse

- When Reported, Take Immediate Action
 - Protect the Victim from the aggressor (resident, staff, visitor)
 - Notify appropriate people (Admin, MD, LE, Family, ODH...) ODH notification is within 24 hours, if required.
 - Develop specific plan of prevention of future occurrences.

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Sexual Abuse Staff to Resident

- Immediate medical assessment of resident- usually includes ER Sexual Assault Assessment.
- Investigate all allegation or reports of suspicious behavior
- Facility Management should be see periodically on all shifts.
- Ongoing and periodic education

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Sexual Abuse Resident to Resident

- Resident with known sexual aggression cannot be left unsupervised with vulnerable residents.
- Use room assignments to place sexually aggressive areas away from vulnerable residents
- Use health care professionals for treatment
- Ongoing staff education

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Sexual Abuse Visitor to Resident

- Education- Observation and reporting of any suspicious circumstances.
- Develop a plan for unwanted advances
 - Supervised visits
 - Monitoring visitor's entrance to the facility
 - Communication to staff for observation and oversight.

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Elopement

- Review Admission process- Can this facility adequately meet the needs of this resident?
- Assess Resident and take protective actions for prevention. Cognitive level must be taken into consideration
- Review LOA Policies- Who requires supervision with outings? Who is qualified to Supervise?

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Elopement

- Secure Unit P&P
- Equipment and alarms must be functioning correctly and used properly
- Interventions must be attainable
- Conduct frequent elopement drills
- Use the "Elopement Prevention and Management Planning Guide" (www.ohca.org/content/view/320)

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DNR/CPR

- Develop a consistent and easily understood method of identifying Code Status
- At this point and time, only and Physician can stop a code.
- Board of Nursing Ruling

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Medication Errors

- Anti-coagulants-
 - Review OHCA Coumadin White Paper
 - Auditing and Oversight of Lab Ordering process.
 - Faxing PT/INR results are not recommended
 - Educate Nurses:
 - to check for lab results when administering an anti-coagulant
 - To monitor for drug interactions (ATB's)

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Dietary

- Diet Consistencies
 - Staff that are involved with the provision of food to residents, must be knowledgeable about the resident's diet.
 - Staff have to be educated regarding consequences to residents for consuming foods inconsistent with their ordered diet.
 - Audit "diet ticket" or diet order system
 - Resident's Rights or safety?

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Dietary

Paid Feeding Assistants

- Please follow all requirements for this program
- Paid Feeding Assistants:
 - cannot feed any compromised residents
 - They can perform duties for residents that do not require complicated feeding tasks
 - They must be supervised or RN or LPN
- Evaluate system of assigning PFA to residents

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Misc. IJ's

- Smoking Assessments and supervision of required residents
- Restraints- Should be working to minimize overall number, but still very high risk
- Neglect
- Suicide- Take all threats seriously. Anticipate as potential outcome
- Resident Rights

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