Risk Conversations — A Senior Living Podcast: Episode 7

JOANNE CARLIN: You have to have a structured, organized way to understand what's going on in your community so that you can analyze it and understand where your falls program is working and where it's not working.

[INTENSE MUSIC]

SPEAKER: Welcome to Risk Conversations, a senior living podcast. Your host, Tara Clayton, is a consultant with Willis Tower Watson's Senior Living Center of Excellence. She gained many insights from her prior experience as a litigator and in-house counsel. While no longer providing legal advice, she now offers clients strategic and useful risk management advice. Tara talks to industry partners about the challenges they face and the solutions they seek as part of our mission of helping seniors thrive.

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TARA CLAYTON: Hello, and welcome back to Risk Conversations. I'm your host, Tara Clayton. And in today's episode, we are going to discuss the importance of a falls management program in senior living. And the key component is to ensure you have an effective program in place.

I'm really excited to welcome today's industry expert, my colleague and friend, JoAnne Carlin, who is the Vice President of Clinical Risk Services for Willis Towers Watson's Senior Living Center of Excellence. Hey, JoAnne, welcome to the show.

JOANNE CARLIN: Hi, Tara. I'm so happy to be on the podcast with you, and especially to talk about the topic that we're going to cover today.

TARA CLAYTON: Awesome. Thanks, JoAnne. JoAnne, I've had the privilege of working with you very closely, actually, for a few years now. So, I personally know just how impactful you

have been with our clients and in the senior living space as a whole. But if you could kind of in your own words just take a few moments to talk to our audience about your role here at Willis Towers Watson.

JOANNE CARLIN: Well, I'm privileged to work in the Senior Living Center of Excellence at Willis Towers Watson with people who are dedicated and really focused on the senior living industry. As you know, I'm a nurse and a licensed nursing home professional, and I've been serving and working in administrative roles throughout my career in traditional health care, which is acute care hospitals, long-term care in the senior living industry. And I've had many, many executive roles and really have the perspective of what the operators are contending with as they try to provide the right kind of environment and services for their residents.

And my privilege was to come to Willis Towers Watson and help our clients if they identify the risks in some of the issues that they're struggling with. And I'm able to use my knowledge of senior living industry, risk management, and help the clients look at ways that they can mitigate those risks, and exposures, and losses.

TARA CLAYTON: Thanks, JoAnne. And we're going to talk a little more detail about some of the roles that you play and how you're helping clients and impacting them as it relates to falls. But to kind of get that discussion going-- and I was just looking at the CDC'S website, and a couple of statistics that I saw, one of the things it points out is every second of every day, an older adult over the age of 65 suffers a fall in the United States, which according to the CDC makes it the leading cause of injury and injury death in that age group.

And there's also a financial toll component to it, as well, also indicated on the CDC. And some of the stats they point out are each year three million older adults are treated in emergency departments for a fall injury. One out of every five falls cause an injury. And more than 95% of hip fractures are caused by falling.

Those stats, I think, go to the heightened issue around falls with this population of adults. And this doesn't really even get into the financial claim impact that you and I see for our clients in the litigation space. So obviously, this is a public health concern.

So, I want to kind of start, JoAnne, talking about this heightened likelihood that those individuals, residents moving into senior living, are likely to experience a fall based on those statistics that we see. One area that you and I talk very frequently about in the risk management area is the concept of a falls management program. So, if you could, let's kind of start there. And what is a falls management program, and how does that relate in the senior living space?

JOANNE CARLIN: Yeah. Tara, I'm going to start this off by something I heard a while ago that stuck with me, and it goes like this. When a toddler falls, it's expected. When a young adult falls, it's funny. And when an older adult falls, it's tragic.

And that's what we have to keep in our minds when we think about the topic of falls management. You mentioned about the financial impact. As a nurse in a health care provider, we don't often want to think about cost of care. But when you think of the billions of dollars that go into treating and taking care of older adults because of falls, you say to yourself, that money could have been used in other ways that would have been more beneficial for well-being and the prevention of other illnesses or complications.

Instead, we're actually spending billions and billions of dollars on these falls. Now, a falls management program is-- it's important to think of falls management in a programmatic way, because there's not one thing, there's not specific device or a new innovation, or a-- if you do this training, or if you have huddles, or have these specific things, that your falls issues are going to go away or reduce.

You have to think of it in a comprehensive, programmatic way that is part of how you operate. So, when we say having a falls management program-- and by the way, we don't say fall prevention because we're not thinking that all falls are actually preventable. But we do say falls management.

The goal is to, of course, reduce the number of falls, but mainly to prevent injury from falls. Start with how you think about it. It's a program. It's not a specific task that you do to help manage falls. And we can talk more about some of the important aspects of an element of a falls program.

TARA CLAYTON: The takeaway I'm hearing is falls management program, it's not a one policy, here's our program. It's multiple components and elements that go into, as a company, this is how our falls management program works and is successful for us. So, knowing that, what are some of those elements or components that any senior living operator should look at to consider to have as part of a successful program?

JOANNE CARLIN: I always start with the leadership who sets not only the mission and the vision for the company, but the philosophy of care and what they believe in in terms of providing the lifestyle, the care, the services for residents. So that starts with a culture of safety. What does the leadership believe in in terms of safety?

Do they want to be a high reliability organization where people feel like everyone has a role and responsibility in safety? And we know a lot of our residents are having issues and struggles with memory. They have mild cognitive impairment in assisted living, or even in the memory care unit where we know people have dementia.

So, their safety awareness isn't really helpful in that regard. So, starting with the leadership, putting resources into falls management program, making it a priority. And it's not just this year's priority. It's the ongoing, everlasting priority that becomes part of your culture.

After that, there are specific pieces and activities that have to continually go on that has to be integrated into how you're training staff, how you're onboarding new employees. How you discuss with prospects and new residents and families who are coming in. And do those kinds of assessments, not just for an assessment of the residents, but an assessment of the environment, and how frequent that happens.

And what do you do with the information? So, there's a lot there. And when I am asked to help a client for-- with their falls management program, the first thing I do is ask them, what do you have in place? What are you currently doing so that we can build on that and help develop some of the aspects that they're not doing, or not doing fully or completely?

It's a very complicated topic that we can simplify by understanding what's currently happening, and then putting other actions and activities in place based on what their falls management

experience is. I always talk, first and foremost, how are you measuring your falls rate? Are you calculating?

Do you have a formula for calculating the falls that are happening in your community? You want to collect that data. Of course, you're going to do incident reporting, an incident report-- what was the environment like, where did this fall happen, what time of day. But then what happens with that information?

It goes to a safety committee or people. It goes to the ED and it sits on a desk. You have to have a structured, organized way to understand what's going on in your community so that you can analyze it and understand where your falls program is working and where it's not working.

TARA CLAYTON: JoAnne, that's a great point, and I want to dig into the data collection piece of it and that-- the formula, kind of some recommendations on how to analyze the data. But before we move to that piece, I wanted to back up. You mentioned one of the important elements of a successful program is the leadership and that culture of safety.

And my question is, when you talk about the leadership buy in, are you just talking about at the community level, or is there any importance-- how do you see the connections and where successful programs are as it relates to leadership and culture of safety outside of individual communities?

JOANNE CARLIN: Yeah. The community's going to pay attention to what the corporate office, the home office, establishes as important aspects of their job. We all know that occupancy is important. That doesn't happen just at the community.

The corporate office says, this is your goals for occupancy how you're going to be bonused This is how we're going to recognize and reward. The same has to happen on other topics, like falls management.

Now, if you think about the economic piece of running and operating senior living, we haven't talked in depth yet about the high number of claims that comes from falls. But that's a huge cost. So, on the one hand, you have companies focused on revenue, vis-á-vis, the occupancy.

On the other side is the cost. And so, controlling and managing expenses and costs are important. Both of those have to happen.

So with the corporate offices, the home office, when they establish key performance indicators, when they establish what's going to happen in terms of bonuses for the year, when they establish some of the goals in how people are rewarded, that has to come from there. Why? Because that's the area that allocates the resources in order to allow the community to carry out the activities that are needed for a falls management program.

So, it has to start at the very top of the organization-- the president, the CEO, has to walk and talk about falls management continuously. It's-- and there has to be identified champions at the corporate office. Is it HR?

Is it your Ops people? Is it the clinical leader? Is there a committee? Do you have a quality council at the corporate office that talks about falls management? Those are systems pieces, processes, that are in place to sustain the emphasis of falls management in a company.

TARA CLAYTON: So that hits the vertical piece, right, JoAnne, of the importance of-- it really is from the top down to your point driving home the importance of a falls management program. But then I also kind of-- I look to, and I know we've talked about even within the community itself, the importance of an interdisciplinary approach.

So, can you talk a little bit about how this really isn't just-- this isn't just a clinical piece, right? This is all hands-on deck, so to speak. So how do you see different disciplines playing a role in a falls management program?

JOANNE CARLIN: Yeah. And I also like to reference some committee structures that community have ongoing. Almost all of them have some group meeting with the community managers that should have an agenda item about safety. And typically, it's called the safety committee, or it can be safety or quality committee.

It could even just be a management team committee where you talk about safety in the community. And who's there? Your director of facilities, your housekeeping leader, food and

beverage leader, your activities or lifestyle leader, sales and marketing. And sometimes people forget about adding the salespeople into it, but don't forget, they are the ones that have to message what the community is doing.

And of course-- and your clinical leadership, but everyone-- your business office manager, who often tracks training and onboarding of new hires-- everyone has a role and responsibility in safety on the campus, in the community itself. And safety includes slips, trips, and falls from visitors, from staff, and your residents, which we're talking about today. It's really the residents falls management. Again, because they're more predisposed to fall.

So, what are the responsibilities? I talked about the environment. We have-- routinely, someone should be walking through with a checklist to look at the extrinsic factors that can cause falls.

What are some of those? Is there a glare from lighting? Are places in the community not lit well? Are there patterns on the floor in the carpeting that make it look like a trip hazard? Is there torn carpet or some unlevel flooring?

So environmental rounds that can be done, not only by the management team, but by others in the community. And this is where it comes down to resources. You have to allocate the time for people to do a walk through with a prescribed checklist trying to identify any areas that could cause a fall or a trip hazard.

And we have those lists. We have those tools. And that information then, of course, needs to be acted on as soon as possible to remediate any kind of issues.

But then, you bring it to the committee to look and say, hey, the last three, four audits we've done, we see a trend, or a pattern, or wet floors, for example, and no one putting up wet floor signs or cleaning up spills right away. And, of course, that brings in housekeeping. The other thing that's important that I want to get into this discussion today is having your caregivers and anyone who enters a resident's room make purposeful rounds.

Purposeful rounding isn't just popping your head in and say, oh, is the resident OK, or are they sleeping, or what have you. It's looking at the resident, looking to see, OK, do they have proper footwear. Looking at the room, is it cluttered?

Is there oxygen tube being strung across the room that they-- an oxygen tubing is translucent, so they could not see it and trip. Is the bathroom floor wet? Is there any other things that for-- let's say the resident uses a walker and the walker-- the resident's sitting in their recliner taking a rest, but the walker's on the other side of the room.

And if they have to get up, how are they going to get to that assistive device? Sometimes it's those little things that we can do, and it has to be done all the time. It's not one and done.

Because the minute the next person enters that room, something could have changed. So those purposeful rounds, they have purposeful understanding of what am I looking for in terms of hazards in that environment. And of course, then there's the clinical people.

They have to look at some of the intrinsic factors, resident's medication, their visual issues. Do they have diabetes, so their feet don't really feel right when they walk? So, there's all kinds of medical conditions that can contribute to that. And all that comes through the assessment that the clinical folks do.

I talked about the business office manager's role and responsibility. What-- they assign training. Are they tracking and making sure people are trained on this topic adequately? Is the orientation stressing falls management to the new hires?

And I don't want to miss the sales piece of it. What we started helping our clients focus on is discussing realistic expectations. This is such a huge issue.

When people decide that they're going to move into an assisted living environment, for example, the family often comes with the individual who's going to move in, and the family is saying, I don't like my mother living alone any longer. She doesn't have a lot of people assisting her, and she needs help with meals and things like that. The question is-- sometimes families say, yeah, my mother fell at home.

The salespeople have to be clear that we have systems and processes in place to keep the environment safe, to help your loved ones be safe. But if they fell at home, even if they didn't, doesn't mean that they're not going to fall here. So, what are the realistic expectations?

And it's easy to get statistics and information off the CDC to discuss that. And it's also important that not just the clinical person, but the EDs, the salespeople, talk about the move-in process. Are you going to bring all of mom's tchotchkes, and all of her afghans and blankets and all of that?

It might be too much clutter for this size of room in the apartment she's moving into. So, there's so much that has to start at that front end, having realistic discussion about falls management, and then of course, the clinicians come in and do the fall risk assessment using some of the clinical parameters. So, lots of hands on deck.

And that's why, again, we call it a program. It's company wide. I like to call it companywide, again, starting from the top. But then in the community, everyone has a role and responsibility involves management.

TARA CLAYTON: It feels like a lot of times when we think about falls management, we think clinical. And I think you made an excellent point about-- really to me, it's situational awareness and training everyone-- housekeeping, our nurse aids, therapy, anyone who walks into that resident's room, or even sees the resident in the common area. It's training to always be on - to look for something that seems out of place, right, that could result in-- you mentioned a walker being on the wrong side of the room or seeing oxygen tubing.

Because we see a number of claims that come from those simple, had we-- had we seen this and responded in some fashion, could have maybe helped mitigate the exposure from a fall happening. And then the other piece, JoAnne, that I think you raise is an excellent point. And we'll talk here in just a moment about some thoughts around practices that would help in the mitigation of claims, because falls is such a big claim that we see.

But it's setting realistic expectations. And what I want to highlight is your point about the importance of everyone's role in setting those expectations, because I do think sometimes, we may lose sight. I can tell you-- my experience has been when I've deposed certain family

members, there is a misconception of what services can be provided, and what may or may not happen in this type of setting thinking, well, it was happening at home, but now this won't happen because you've moved somewhere else, right?

So, I really wanted to drive home that point you made about how important it is to provide education to family members as part of that move in process, and really throughout the entire residency, right? That's part of having discussions about the disease process, if there's an underlying disease. Or really just as we age, we know certain things start to change. So great points.

I want to also go back, JoAnne. You had started talking about the -- analyzing falls data. And so, I know this is a topic you and I have had some conversations about, especially with some clients, and that is how to properly look at or create the formula to analyze the falls data.

How do you recommend an operator, if they're collecting this data, what do they do with it? What's the best way to analyze it?

JOANNE CARLIN: I always-- almost always, the senior living operators collect raw numbers. So, they can tell me how many falls they had last month, or the-- going back for a year. But there's a couple of things that are missing.

One is, what was your occupancy like So if you had 12 falls last month, and you have 30 residents, that's a scary number. If you had 200 residents and you get 12 falls, that's less of an alarm. It's still a high number of falls, but if you don't adjust the falls rate according to the occupancy, or what we like to call resident days, you don't have a good understanding of overall what's the trend.

So, a falls rate is really important to identify a trend line. And it has to be done by, of course, looking at the number of residents in the community for that month. So those are your resident days. And that's the denominator.

The numerator is the number of falls. And then that's multiplied by 1,000. And that's where you get your rate. OK. Why did-- did JoAnne come up with that? No. This is established by CMS.

It’s not, of course required in assisted living to calculate the falls rate like that, but it is in skilled nursing. So, it's good for us to take things that are out there in long-term care, and at least let it inform us in senior living, if not give us a template. I also have seen carriers suggest that that's the way the fall rate should be calculated.

And so, if you're consistently calculating the fall rate according to what I'm going to call an industry norm, that's a good place to start. Now, that said, I also like to see the fall rate calculated for each acuity, or each level of care. So assisted living should have its own, memory care should have its own.

And if you have a CCRC, you're going to do independent living and skilled nursing. Why is that important? You're going to see different numbers, different trends, because of-- as I mentioned-- the acuity, the program.

So, memory care dementia residents have a lot more intrinsic issues that are going to make them higher fall risk. If you see higher falls there, it's good to analyze the data separately. The other way that falls should be calculated and looked at is by injury and no injury.

So why is that important? Those with injury, you've got to report those as potential claims. Those are going to be the ones that you're going to have to act on quickly, because they're very serious when something bad happened to a resident.

And you can't really have a claim without injury. Why do we care about no injuries? Because after so many times falling, eventually, a resident will get injured.

So, you have to look at, are we having individuals with multiple falls? And that's-- why do we analyze it? So that we can put solutions that are specific to that individual, and then the trend is so that we can see if we have a problem overall.

Do we have a problem with wet floors? Do we have a problem in the middle of the night with bathroom lights not going on automatically, things like that? So, in order to analyze what's going on with this fall, you have to calculate the falls rate. And that's really step one in any falls management program. How are you collecting the falls data?

TARA CLAYTON: So that gets me into this claim discussion we've referenced a few times, how impactful falls are from a litigation standpoint. The majority of our lawsuits in the senior living space come from falls. So, I want to talk through-- we've talked a little bit about that realistic expectations, which I think is crucial in any type of risk management against claims.

Because if you set expectations in the beginning, that helps take some of the steam out of someone being angry and filing a suit. What I want to get into on your side, what you see are some rooms for opportunity or things that you think are important on a falls management program that can later help defend if a lawsuit comes. And I'm thinking like documentation or different things like that.

JOANNE CARLIN: I want to start with, obviously, we have to have good documentation on a resident assessment. Why do we do an assessment for fall risk? So that we can help identify intervention, things that are going to manage and help them not fall, right?

So, it's specific to that individual, and It's on a service plan. So, we have kind of two layers. One, the whole company, the whole community is going to have the environmental safety measures in place.

But then we get to the individual, and we have specific, unique to that person, intervention. Those are documented on a service plan. The staff, the caregivers primarily, who are caring for that individual need to be aware of what those interventions are, need to understand what they are.

Let's face it, our caregivers are not highly trained professionals. They have to be trained and understand what some of these interventions are, and then do them. Well, they do them, but how do we document that?

Many companies do not capture that ongoing documentation of interventions that have been put in place. I see more and more doing that using some of the automated documentation tools and having caregivers document on it. But the industry, by and large, is not documenting that the interventions were in place because most of the companies document by exception.

That means that they're only documenting when things don't go according to plan. And so, with the topic of falls, I recommend that there be ongoing documentation every day, that interventions were in place, and what the resident's response is to that, those interventions. So, is that-- does it have to happen for every resident?

Well, perhaps not every resident, but we know every resident is at risk for falling. We do know that some are at higher risk than others. And we know some have already fallen. So, especially for those that have already experienced falls, you have to reassess, you should put new interventions in place because the old ones didn't work, right? So, you should document that you put in new interventions.

And then continuously document not only the resident's well-being over the next three days to make sure that there wasn't some sort of internal injury, but also document that the interventions are in place and they seem to be working. So, I hear more often than not that the claims for falls are not easy to defend because there's no proof that what we said we were going to do for falls management was done. And sometimes the caregivers who were doing that aren't even working in the company anymore.

So how do you prove that those things that you know should have been done were done without having some system for documenting? I can't stress that enough. And I'll tell you something else, when you have to document that, you also remember to do those things. Think it, act it, become it, right?

So, you-- when you think about it, you see the responsibility for implementing something, you do it, and now you document it. That's all reinforcing behaviors that you want to see your staff, and it helps reinforce with the residents the safety measures. Let's face it, the residents aren't going to remember from day to day what they're supposed to do to be safe. We have to continually remind them.

The expectation on the part of the staff member is that the resident needs that information and reminders continually. The environment needs to be inspected continually. The interventions need to be documented. And if caregivers are responsible enough to take care of the residents, they're responsible enough to document.

The documentation should be retained as a permanent part of the record. That's the other thing I see often. They document on a log that's kept for maybe, at best, a year and then discarded.

And of course, we know claims or lawsuits don't really come to fruition for two, sometimes three years. So, when you discard that documentation that-- you're throwing your defense in the garbage. So, documentation is important.

The other documentation that has to happen is-- I'm going to go back to staff training. Another thing that I check when I go to communities and do a site visit, I pull caregiver's records to look at their training documentation. You can say in your brochures, yeah, our staff are trained on safety and dementia care and all of this.

But if you don't have that documented in their profile, in their employee file, and really demonstrate what you've been training them on, that's another area that's hard to defend when you're asked to prove not only that they were trained, but what were they trained on, and you don't have that documentation saved anywhere. So those-- documentation is very important.

Again, training, not just one and done, not just on higher, it's a high-risk topic that has to be trained minimally every year. Also, when you're putting in those interventions and those changes to a resident service plan, include the frontline caregivers and ask them what is needed to help the individual reduce their risk for falls.

It not only-- you're going to hear things that you never expected. And a lot of times, there's one or two nurses and the one nurse is expected to come up with all the service planning. But if they don't ask the caregivers who are with those individuals, with the residents all the time, they're going to miss some important opportunities.

It helps inform what needs to be done for the residents. It gives the caregiver a higher sense of responsibility and accountability at the same time. And I think there's a lot of self-respect that a caregiver gains when they're being asked to contribute to how we're caring for an individual.

So those are things that I think sort of we slip by, we glaze over, but they're very, very important. The importance we put on every detail of a falls management program is going to pay off in the long run.

TARA CLAYTON: Absolutely. And, JoAnne, I think it almost is kind of full circle, you mentioned the documentation and I know we could have a whole series of podcast episodes on claims and lawsuit trends that I've seen, and the importance of documentation in a variety of different ways. You mentioned how it helps drive home that situational awareness, or that putting the interventions in place from the caregiver side. And I think it's full circle to your comment about it's the culture of safety, right?

And we're building that culture of safety within every individual at the community and outside of the community. But with that, JoAnne, I want to kind of end on a note-- I tend to end all of our episodes on a positive note about how impactful I know being involved in the senior living industry has been for me, and you have worked in a variety of different roles for quite some time now specific to senior living.

I'd like to ask you what is it about this industry that drew you to it and has kept you here?

JOANNE CARLIN: That's a good question. When I look at the senior living industry and why I am still in it, and why I'm so passionate about helping in any way I can, it's really because of residents and because of helping them have a life, a fulfilled life, and in leveraging their well-being, leveraging their strength and helping them to really be fulfilled until the end of their time.

I started out, as I mentioned, in acute care. I became a nurse executive early on and ended up having an extended care unit in the hospital. And I had to get my nursing home administrator's license for that.

And at that time, I realized the trend in health care was that acute care was shrinking, long-term care was growing, ambulatory care-- ambulatory care was growing, and I'm a nurse because I want to help people. So that's-- as the trajectory of acute care was changing, I thought, where is my career path going to go? And it's probably going to go to long-term care.

However, I wasn't thrilled with the nursing home because it's so structured. It really doesn't allow for the consumer to have a lot of choice and a lot of say so. And the structure of the regs are good, they're needed in a lot of ways for a lot of reasons. But it's frustrating if you want to be person-centered rather than centered, and you want the consumer to have a say so.

I was introduced to senior living, and I thought to myself, that's exactly the way it should be. I can remember having that epiphany and saying, this is really facilitating the ability for older adults to live in an environment that is good for them, that supports not only their physical and medical needs, but their social and emotional well-being. And I call it worthy work. And that's why I love it and I love doing what I do.

And then you put on top helping the caregivers learn the best way to do their jobs, give them the resources and the tools and the understanding they need, and that's where I find my joy in my career.

TARA CLAYTON: Thanks, JoAnne. And I can say that passion absolutely shows through in everything that you do. So, thank you not just for being on the podcast today, but thank you for being such a great colleague and doing everything that you're doing for the industry.

JOANNE CARLIN: Oh, you're welcome. It's my pleasure, and it is my honor to work with you, as well, Tara. You're truly have a heart for this industry and for what you're doing. So, we're a good team.

TARA CLAYTON: We are. Thanks, JoAnne. Well, as we covered throughout today's discussion, efforts to mitigate falls and resulting injuries and claims are an area that should be a part of every risk management program. JoAnne mentioned some of the resources we have here at Willis Towers Watson, and you can find other resources and thought leadership on this topic, as well as others, by visiting our resources page at www.willistowers watson.com/seniorliving.

Also, save the date as we will be hosting our Annual Senior Living Risk Symposium on October 19 and 20. At this virtual event, we'll have some additional sessions that are also going to dig a little bit deeper into falls management as we discussed today. I hope you found today's episode to be informative and helpful.

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