

Risk Report

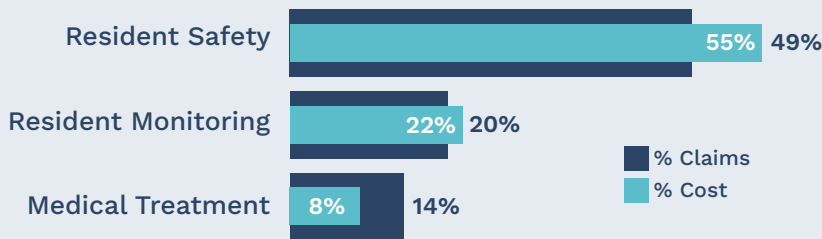
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Reducing Resident Harm Events

In an analysis of our professional liability claims* involving skilled nursing, assisted living and independent living facilities, the **failure to ensure resident safety—primarily falls—was the #1 most frequent allegation and #1 most costly.**

Top Allegations



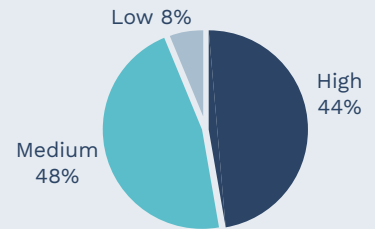
An 85-year-old woman with moderate dementia and a history of wandering walked out of her senior living memory care building after team members forgot to re-arm the exit doors following a fire drill. The woman was found on the ground in the driveway. She suffered facial and upper extremity fractures, and a brain hemorrhage as a result of the fall.

Did you know?

Many of the top contributing factors in these claims involve **errors in clinical judgment, failure to follow organizational policies, and breakdowns in communication among the care team.** A common theme in harm events was a team member leaving one resident to assist another. It is crucial for team members to know how to **apply critical thinking skills** to resident care situations. Investing time and resources in building up these critical thinking and communication skills in care team members creates a stronger team and can improve resident outcomes while reducing resident injury and reducing malpractice claims.

Injury Severity

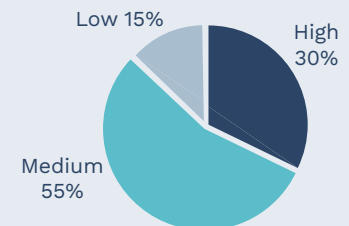
Skilled Nursing Facilities



Almost half (44%) of skilled nursing allegations involved high severity injuries with **10% of these resulting in death.** Top injuries include fractures, hemorrhage and hematomas.

Injury Severity

Assisted Living Facilities



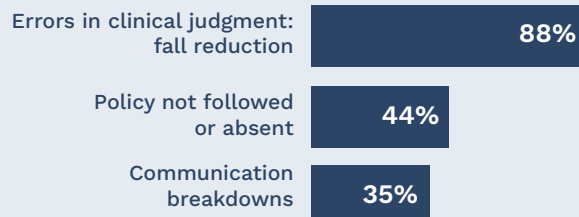
In assisted living, the majority (55%) of allegations involved medium severity injuries including fractures, infections, adverse reactions, contusions, burns and ulcerations.

42%

Almost half of all claims involved resident falls

Failure to Ensure Resident Safety From Falls

The top contributing factors in resident falls involved:



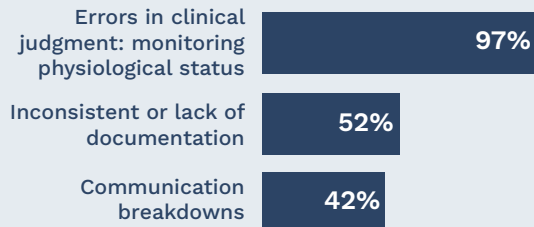
An 80-year-old resident with mild Alzheimer's and a documented risk for falls died following a fall in the shower when a care team member left him alone to respond to an alarm in a nearby room.

20%

Percentage of claims involving improper resident monitoring

Failure to Monitor Resident Physiological Status

Top contributing factors involved:



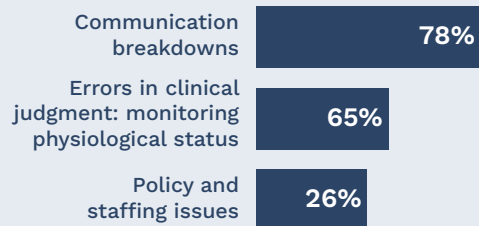
A 76-year-old woman with dementia was admitted to a skilled nursing facility due to debilitation. For several months she had steady weight loss, losing 15 pounds in five months. Her care plan did not include appropriate nursing interventions for nutrition and weight loss. She became fatigued with slurred speech and was transferred to the ED where she was diagnosed with sepsis, UTI, a softball-sized stool impaction and dirty, moldy dentures.

14%

Percentage of claims involving improper medical treatment

Improper Management of Treatment Course

Top contributing factors involved:



A 72-year-old woman transferred to a skilled nursing facility for rehab following ORIF of a femur fracture was placed in a leg brace with orders to remove it twice a week for hygiene and skin monitoring. Several weeks later, the leg brace was removed due to incontinence and three open pressure ulcers were discovered. Team members had not been removing the leg brace, cleaning or monitoring her skin condition because they didn't know how to remove the brace while protecting the leg position. They did not communicate with the orthopedic surgeon. She eventually had an above the knee amputation of the leg due to infection and non-healing wounds.

What You Can Do To Reduce Resident Harm

LEARN about the causes and contributing factors to resident harm

ASSESS your risk for resident harm and malpractice claims using our assessment tools

BOOST care team member critical thinking skills by watching our critical thinking webinar

OPTIMIZE team communication skills using INTERACT communication tools

IMPLEMENT a comprehensive fall reduction program using our fall reduction resources