Risk Insights: Senior Living & LTC

Episode 2

Reducing Preventable Incidents with a Culture of Safety

Welcome to the Risk Insights: Senior Living & LTC podcast, hosted by Tara Clayton with Marsh's Senior Living & LTC Industry Practice. Each month, Tara, a former litigator and in-house attorney speaks with industry experts about a variety of challenges and emerging risks facing the industry.

Tara Clayton:

Hello, this the Tara Clayton and thank you for joining us Hello, everyone. Welcome to Risk Insights. I'm your host, Tara Clayton. In today's episode, I want to step back a little bit from our normal discussions of various risk management tools that you'll frequently hear myself and the guests that I have on the episode today and others within Marsh talk about that we feel are very important in mitigating risk in the senior living and long-term care space.

Instead, I want to take today's episode to dive into a concept that really, to me, drives making a risk management program a priority of an organization, and thereby really helps those tools that we outline be more effective when you're implementing those different risk management tools overall. What I'm talking about is this concept of a 'culture of safety'. To help me with that discussion today, I have two top-notch industry leaders from Marsh and very close friends of mine.

They're going to chat with us today on what this topic of a culture of safety is and why it's important to understand that in the senior living industry when we're talking about how to mitigate various risk exposures that the senior living industry faces.

I'm going to jump right in and welcome my fantastic guests today. Both again, they're truly wonderful team members with me on the Marsh senior living and long-term care industry practice group. First, JoAnne Carlin. She's the senior vice president of clinical risk. JoAnne, hello and thank you for joining us today.

JoAnne Carlin:

Hi, Tara. I'm thrilled to be here and to be a part of this podcast. This is such an important topic and it's one that's very near and dear to my heart. As you know, I have a lot of experience in healthcare operations. I'm a nurse and have been a nurse for many decades and have had administrative roles in hospitals and traditional healthcare, but moved into the long-term care sector and ran resident care and quality for a national company for well over a decade.

Also, have been a nursing home administrator, have then moved into being a consultant for senior living and long-term care practice at the insurance broker level and have been with this practice for over eight years. I know again that this topic is very important, so I'm thrilled to be a part of it. Thanks for having me.

Tara Clayton:

Thanks JoAnne. Yes, I know it's very dear to your heart, this topic, at least. Then also joining us today is Doris Fischer-Sanchez. She is also a senior vice president of clinical risk here in our Marsh senior living and long-term care industry practice group. Doris, hello, and thank you for joining the show today.

Doris Fischer-Sanchez:

Hi, Tara and JoAnne. Great to be with you today. Just a little bit about myself. My training in clinical practice is I'm a psychiatric and family nurse practitioner, as well as I have my doctorate in nursing and systems. I definitely enjoy the concept of the culture of safety.

In my background, I was director of risk management at a very large academic medical center here in Chicago and we instituted a culture of safety. As far as senior care is concerned, I was also director of resident care for a CCRC and so I truly understand limitation of resources and the high quality that we're trying to afford all of our residents and their families, but I know that it's difficult.

So concept of a culture of safety is extremely important to me as well and I think a natural fit for our communities based on a number of the practices that we already have.

Tara Clayton:

I opened with, I think all of us frequently talk with clients and partners in the industry about various risk mitigation. I'll call them tools, right?

But there's different exposures and there's different thoughts that we all have on how to help mitigate and prevent those exposures from happening. I think pulling back, and JoAnne, you hit a little bit on this as well just a few minutes ago, but pulling back and really understanding this concept of what we're saying is this culture of safety.

Why that's so important to making sure that you can put tools in place, but if you don't have this underlying culture, those tools may not be quite as effective as you're hoping that they're going to be. Before we dig into that, JoAnne, we keep throwing this phrase, culture of safety around, and it's a pretty amorphous broad phrase. I want to start first with asking you what is a culture of safety? What do we mean by that?

JoAnne Carlin:

I'm glad to start there because we all know the term culture and it's really hard to describe culture and what we mean by it until we start identifying some of the manifestations of a culture. I want to start with saying, first of all, culture of safety is not life safety. I've had

individuals confuse culture of safety and life safety terms. They're very different.

Culture of safety speaks to individual and group values and beliefs and competencies and attitudes. Whereas when you're talking about life safety, and that's not what we're talking about today, that is really a documented set of rules and requirements to keep an environment safe and have building codes and all things like that. Culture of safety is less concrete and has characteristics that are founded on mutual trust.

When we talk with one another, it has, again, shared beliefs, especially around the importance of safety. Then we all create policies and procedures and training, but the culture of safety, the individuals in that culture that makes up that culture believe that those policies and procedures around safety are going to work. They believe in the efficacy of preventative measures.

You'll see in a culture of safety when you evidence that, that there's teamwork, that people have each other's back, that the priority is safety. Everything that is done, is done to ensure that the environment, the practices, the training and the way that individuals care for one another and look out for one another is all done because we want a safe operation. That's the beginning of helping to define culture safety.

Again, it's not like this clear-cut thing. Industries that have a very well-defined culture of safety ultimately are called a high reliability organization. I'll just give you a couple of industries that you can think to yourself, "Oh, okay. That's what you're talking about." Nuclear energy, that has to have a high reliability. Airlines have to have a high reliability. You've heard terms like zero defect in things that are in other industries.

But when we talk about senior living and long-term care, and we're talking about culture of safety, we're talking about things that are really a culmination of our attitudes, our beliefs, and then our behaviors and when it's there, it's palpable and when it's not there, there's problems.

Tara Clayton:

Understanding it sounds like some of the defining characteristics for what is a successful culture of safety is the teamwork, the buy-in from top-down to the importance and priority that's made on safety, Doris, I'll turn to you.

Hearing some of the examples that JoAnne laid out on some industries that we could look to to see where has this been successful, are there any resources or tools that you could think of for specific specifically that senior living and long-term care organizations could look to who are looking at, do we have a culture of safety? Is it strong enough? Are there things we can do to strengthen it? What are some suggestions that you would have of where they could start to start piecing that together?

Doris Fischer-Sanchez:

Yeah. There's a variety of resources out there, but I would say to our audience, I would invite them to reach out to JoAnne or myself and start to have that conversation about what their interest level is.

In its purest form, it's what's done at many levels, in many communities on a daily basis, like starting with how visitors and residents are greeted when they come through the door, what's the philosophy of that community? How are you interacting with one another and with all of those around you, and how does that translate into the work you do and the care you provide to the residents in the community?

Then stand-up in the morning, ironically, JoAnne and I were having a conversation just the other day about what a perfect forum for the beginnings of true culture of safety.

While normally a lot of the conversations held in a stand-up for example, have to do about sales and marketing, and what tours are available for that day, but what other opportunity during the day do you have for the comprehensive huddle of all the divisions and department heads coming together in one place and having that opportunity to discuss what things might really matter on a day-to-day basis, aside from the things that keep the business flowing?

Of course, that's important, but what are the other things that make that community the best that it can be?

Tara Clayton:

The stand-up, I think that's a great opportunity that it sounds like both of you were flagging in some discussions the other day, because when else do you have all those department heads together? That really can talk about a variety of different things, not just on

the resident level, but at the associate level, the physical plant, et cetera, you've got them all in one place and they're all interconnected, right?

But knowing some of the tools that are out there and I think your point about you and JoAnne really probably are some of the best resources I think, to have that information. But what about on a barrier standpoint? To me, if this was such an easy concept, everyone would be doing it, right?

Are there barriers that you all have seen particularly in senior living and long-term care that you would want to flag for people to be thinking through and keeping your eyes wide open and knowing they're out there, so if they start approaching, you're ready to pivot or address them head on?

JoAnne Carlin:

Yeah. I'll talk a little bit about that. We have to keep in mind that perceptions and attitudes and opinions about what's really important is what happens in the community. It's what drives the organization. As much as we like policies and procedures, it's not that, it's what's done. What is actually done? What are the unwritten rules?

Then as I think, especially as we've come through COVID and we've had all of the extra responsibilities put on care staff for screening residents, for caring for residents, for testing and setting up vaccination clinics and all of that, all of that work is added into the routine in programed care and services that we supply. So what happens? We either add staff, which we know is really hard to do right now because staff aren't plentiful, or do we create workarounds?

To me, the enemy to culture of safety is the workaround. Those processes and workflows that aren't necessarily trained or part of the policy or sanctioned, but are done out of necessity. So I guess the logical next question is, well, how do you prevent that? It has to start at the top. It has to start with the CEO, the head of operations who are going to look at what is needed. Do the communities prioritize safety?

Does safety come before the FTE count? Does it come before your overtime? Does it come before all of the other constraints and KPIs that communities have to measure up to? What are your staff's ability to... What's the capability to comply with the policies and

procedures? There is ways to communicate this. There's ways to do things efficiently.

Then ultimately you have to have outcome measures and monitors through your quality assessment process, but without giving staff the priority, the resources and the approval to do what they have to do to follow your policies and procedures that are designed for safe outcomes, you're really undermining your culture of safety.

Doris Fischer-Sanchez:

What I'll just add to what JoAnne just said very briefly is also in a true culture of safety, however, when workarounds do happen or other types of efficiencies potentially are created, if we want to call them that, the culture of safety allows for staff to speak up and to say why that might have happened or what the rationale was behind them, feeling the necessity to do something like that.

A culture of safety will take that into account, reevaluate what the current policies and procedures are, and might some of these workarounds... although not sanctioned currently is there some value in looking at why, how come, and could that be something that changes policy and procedure?

Tara Clayton:

Doris, that's a point, and JoAnne, I wanted to get your thoughts on this too because I know you and I have talked about this, just culture concept. Doris, I think you were going down that path of how a true culture of safety encourages staff members to voice up when they see things.

To me, that's the underlying piece of where a culture of safety helps promote risk mitigation. Frequently on the claim side, we see things in a hindsight perspective.

The event has happened and now we're working backwards to understand what happened. A lot of times the solution is had X been communicated, we could have potentially put some things in place to mitigate against the event from happening. JoAnne, that's my next question to you, maybe expanding upon where Doris was going about this concept of what this just culture concept is and why it plays an important role in a culture of safety.

JoAnne Carlin:

Yeah. Just culture really needs to be understood and worked into the culture of safety because we all know that there's going to be incidents and events that happen and we want our staff to come forward to talk about them, to identify what happened, to let us know. We want to look at the system, not at the person, but when we do look at the person, we want to have a non-punitive, but an accountable response to situations.

By that, we mean we want to help learn and identify ways to improve any weaknesses in the system without necessarily just turning to a person and saying, "Well, if it wasn't for this individual, this thing wouldn't have gone wrong." We know that's not true. On the other hand, there are situations that we say, "Okay. There's been a learning deficit, a knowledge deficit. That individual makes a mistake. They're admitting it. They may be remorseful, but they understand what happened and they learn from it or they need more support and more training."

There's individuals who may take chances. They're going to do a workaround that short-circuits the procedure. I always use the example for pre-pouring medications and some of you out there might say, "Well, it's legal in our state." Well, it might be legal in your state, but it's not a good, safe practice. It's going to save time perhaps, but it does open you up to more possibility to make a mistake when administering and passing out meds.

If there's a workaround that creates an incident or an event that's called 'risky behavior," we want to, again, coach and train and mentor the individual. There are times when people act recklessly, when they do things knowingly that is unsafe. Now they may have justified this in their mind. They may have done this multiple times, and it hasn't resulted in an incident or event, but those individuals really are putting the resident and the organization at risk.

There's a different type of sanction that has to happen with those folks. Getting back to the base idea of a just culture, it's to look at the system to be non-punitive, but again, hold individuals accountable for what they're supposed to be performing and doing. That has to be done uniformly. You can't pick and choose because you like someone or let's say, because you need them on that shift.

You don't have anyone to fill the Friday night at 11:00 PM shift, so regardless of an action that a person takes, you're going to let them work. Then the next day you have enough staff and someone does a similar situation and you term that person or you suspend them, that's an inconsistent approach. Tara, you and I have talked about the number one rule with employment practice is you have to be consistent and you have to follow the policies for managing and dealing with employees.

Your other staff are going to know that, and that's what they call fair. You hear employees talk about fairness. They look to their managers to treat people fairly. The only way to do that is to consistently follow your policies and procedures for employment practices.

Tara Clayton:

Yeah. I know it's that fine line to your point, JoAnne, you want to have a just culture where that's not punitive because you want to encourage the reporting of things that you can address. But at the same time, you do have to, from an employment / HR standpoint, work closely with your HR and employment law resources and making sure you're staying compliant with your policy and procedures.

You also don't want to give the appearance to staff that you don't care either. Sometimes we see that when disciplinary actions don't happen, it sends a message to other staff members and associates in the community as well. I think anytime you and I talk about the just culture, it's a strong emphasis on working very closely with human resources and employment attorneys on that aspect.

I can think of a few claims that we were able to get resolved early and quickly because of the relationship and the culture that that executive director had established. I'm wondering though from your all's perspective, because again, it's hard to prove a negative, but have you seen a situation where you all were brought in because a staff member, an associate, they bubbled something up the right way and of course we're hypothetically theorizing where it could have gone had it not been bubbled up.

But here's an example of where the community was able to learn about this practice that wasn't condoned, it was against policy. Because of that, they were able to respond versus had they not had this culture where that staff member felt safe to bubble it up, it would've kept

happening, could have been undetected and a serious outcome could've happened from it.

JoAnne Carlin:

We talk about doing environmental rounds and what that is, is a checklist of multifactorial environmental situations that you may not think are askew in the community. For example, the memory care door doesn't tightly when you leave, the threshold is uneven, the carpet is torn. Those are real examples. What does that prevent? It prevents your physical falling.

JoAnne Carlin:

A lot of the environmental rounds are for fall prevention, low lighting, or a light bulb out that causes it to be dark at four o'clock in the afternoon in the middle of winter. To me, that's a tangible example that we endorse with our clients, that they institute environmental rounds that really is led by their safety committee.

So in addition to identifying these environmental issues, we also want to institute and empower the staff members who are doing those audits to correct those problems quickly.

If they can't do it, then go to the person who can, ultimately the executive director. Let's say I'm the care leader and I do rounds and I see that there's threads pulled out of the carpet and I can't fix that, but I go to facilities and they put some kind of barrier over that that isn't a trip hazard. Environmental rounds, I think is a really tangible example of demonstrating culture of safety.

It reinforces it to the leadership and staff who are doing those audits. It reinforces it to the individuals who are correcting the problems and it results in a better outcome because you're not having an incident or an event. Like I walk around, I see a door propped open, I close it. That's done on either my walking rounds as the executive director or the environmental rounds audit.

I mean, we can get into a lot of things that I see in a community that has a culture of safety. A locked front door.

I went to a company's community and it was all memory care and the front door is locked and I'm like, "Praise God, someone gets it. Someone realizes that you don't go to somebody's home and just walk in their house."

JoAnne Carlin:

When I went through the entire community, there was such evidence of a culture of safety. It was just overwhelming to me because everything the community did was based on safety in that environment.

Doris Fischer-Sanchez:

The other thing I like is I love stand-up. It's a natural in this genre of care. My recommendation always is if I can get the plug in is I appreciate you do this in the office every day at 9:00 to 9:15, but can we agree that at least once a week stand-up is a walking rounds? Because the safety rounds that JoAnne's talking about they're prescribed and they may be monthly or every other month, but this is the commitment to truly elevate that.

JoAnne Carlin:

Did fixing a carpet prevent a fall? Absolutely. But not if no one walked over it. Again, it's like proving the negative, but I do think they're good examples of what you might expect to see in a community with a strong culture of safety.

Tara Clayton:

Obviously, there's a huge role that associates play when it comes to implementing a culture of safety for the organization, for the community. What about residents and family members? Where is that intersection in this concept of a culture of safety and how do they play a role in this process?

Doris Fischer-Sanchez:

I think the uniqueness of senior living and long-term care is that it's not only a care environment in certain instances for particular residents, but it's also for everyone, their home. That differentiates the broadness of the extent of this culture, because yes, patients and hospitals, of course do, but residents in their own communities have a truly vested and invested interest as well as families. That's really been exhibited.

If you think about it, JoAnne mentioned earlier, COVID, it's a perfect example of when we were unable to have visitors and so on within our communities and now with relaxation of pandemic and things changing again, it's going to be critical that we catch our families up to speed and re-involve them and have residents be able to express themselves and contribute to their own safe care management.

Because after all, as I just said, it's their home, we're a guest in their home, we're there to provide care, but certainly we have to respect that the notion of this culture, it really has to resonate with them and have meaning.

JoAnne Carlin:

That brings up a good point because all of the interventions we implemented during COVID really was to keep everyone safe. We kicked into high gear when it came to implementing the culture of safety regarding infection control and prevention. I think families learn to appreciate that. And reinforcing that in other ways, I always use the example of propping open an egress door so that the daughter can come in through the back entrance instead of having to come all the way around to the front and having to walk through the building to get to the mother's apartment.

That's against the culture of safety because we know that access control is huge in our senior living communities especially. Building on this foundation that we've established where all effort is focused on, what can we do to keep residents and associates and visitors safe has to move into all aspects of the operation. It really is foundational to all aspects of the operation.

The other point that we might want to touch on briefly, Tara, when it comes to talking to residents and families, and that's a big part of culture of safety, is disclosure when untoward events happen. Now, I don't know if you want me to go into that a little bit further, but there's a lot around that.

Tara Clayton:

Yeah. I do want you to get into that and I guess, let me lead into because this is the other thing that both of you have... My wheels are spinning. The little mouse in my brain is running through the wheel at the moment. I'm thinking from a claim standpoint again, frequently what I see are these allegations that there was a failure to provide a promised or implied safe environment, right?

The families are asserting through these claims that this culture of safety did not happen. That's where my head starts to go to, did we properly set expectations? And

my question with how do we involve residents and family members into our culture of safety? Setting the expectation of what their role is in this process, because we've seen it leads to claims. JoAnne, you gave a great example with doing an egress that typically we wouldn't do, but we're doing as a benefit for a particular family member, but we know what can happen from that.

What's that dialogue on the front end preventatively with family members? But then you're raising a great point, JoAnne, that I do want you to talk a little bit about as well is there's also some dialogue on the back end after an incident happens that I think plays into this culture of safety, which I know is another topic. We probably will do another episode as well as other sessions on it.

Briefly talk to us a little bit about where that intersection comes in post-event as well.

JoAnne Carlin:

Yeah, I'll start. I know Doris has a lot to add to this too. When I started talking about the culture of safety, I talked about communication is founded on mutual trust, and that extends of course, to your associates, but to the residents and to their families. Community leaders, I think it's stymied when they have to explain to a resident and mostly to the family about a situation that was untoward, an incident, an event that happened. We know number one is a fall, but it could be a lot of things.

It could be an altercation with other residents. It could be a medication that wasn't given appropriately or missed. There the whole emphasis is on disclosure. First and foremost, tell the individuals what happened in a timely manner. You may not have all the facts, you may not have all the data at the time, but you want to at least apprise them to let them know something happened.

When you disclose things timely, when you give the facts, as you know them at the time, it starts building trust. It starts signaling to the resident and their families that you have nothing to hide. That you're here to solve this, to identify what system breakdowns could have occurred, if that's the case, and to really work with the family and the resident to get to the bottom of it and make things right.

That's going to really promote the reputation of you as an individual and a leader, but your community and your company. Doris, anything to add to that?

Doris Fischer-Sanchez:

I agree with everything you said, JoAnne. I just want to reemphasize, we talk about this in various webinars on separate topics. Like if it's falls management or medication management or wound care, but really and honestly it's before the person ever comes through the door. What is the relationship between the executive director, the sales and marketing staff, the care staff, housekeeping, maintenance, everyone across the board?

Do you all understand what the services are that are available within the IL, the AL, the memory care, or if you even have a higher level of care within your community, and are you consistent with that throughout? Are your practices consistent? Because you're practicing this culture of safety, if there is something that's pushing up against a boundary or against scope where you don't have that level of care available, let's say 24/7, and the acuity is a little too high, are you able to express that?

Are there ways to discuss what is acceptable within your community? What are you really able to accomplish? Then in the end, I think families will also follow that lead because you're not overpromising and under-delivering, right?

You're doing what you said you were going to do to start out with and when there's an issue that arises, you're in communication with the family, you've documented appropriately, and you manage that resident according to the appropriate standard of care.

I think that just encompasses all of the whole notion of what the need of a culture of safety is. Again, I can't recall right now if I said it before, but I do think it's risk management in its purest form. We're all risk managers, right? Not just the person that comes in to see what's happened after an event. If you're practicing this culture of safety, and as JoAnne mentioned, things do happen.

We understand that, but at least we have a roadmap to follow, and we understand what the philosophy of the community is and how something potentially could arise.

Tara Clayton:

Great point, Doris. I want to emphasize the comment both of you all were making. To me, it's critically important that all associates in the community, not just the caregivers, but housekeeping, dietary, any person who is providing some type of service to residents and/or family members there in the community, understanding what the expectations are, what the culture is, what their role in providing safety in the community and how to communicate that information up is so critically important from a multitude of reasons.

From protecting the residents, providing safe care, protecting associates, but also mitigating in claims. Often we see different associates talk to different people, and if they don't understand where to take that information, you don't have the opportunity to address it, but someone's going to hear it. It comes out at some point, maybe not in the way that you necessarily want it to come out.

I think just really wanted to emphasize the importance of making sure, especially knowing some of the workforce challenges that we're dealing with now, such an important topic that associates are trained on and understand what your culture is and the expectations. With that, I just want to end on a open-ended question to both of you, if there's any last takeaway, final thoughts that you would want to part with listeners.

I know, again, this is big picture on the topic. We'll have other resources for our listeners and clients on these different things that we've talked about, but any last parting thoughts on this, JoAnne or Doris, from your perspective?

Doris Fischer-Sanchez:

I think that any community that has good rapport with its residents and its workforce and the families and visitors that are involved in approaching the community and spending time already have the building blocks toward a culture of safety intuitively, there's very few pieces left, I think, to incorporate.

I think taking credit for all that you do and recognizing the pieces of the puzzle that everyone creates to make that big picture is what really makes you that community and that family, and that's what contributes to that culture.

JoAnne Carlin:

Well said, Doris. I have a couple of points to make as a leader looks to establish the culture of safety in their community. It starts with just being transparent and open about what the culture is in their community and that a culture of safety is so important and is necessary for the success of the community.

The leader should reinforce the reasons for the culture of safety, explain the specific goals and objectives that make that up and keep the staff updated on any kind of progress and any actions and activities that are really moving the culture to be more safety-oriented. Model the behavior. Doris talked about all the different departments. All the leadership across the entire community has to walk the talk.

If we're talking about reporting situations that could be unsafe or cause harm, the leaders also have to do that to the executive director and the executive director to the corporate office. Involve your staff. We want the staff's information, their opinion, the things that they identify. If they're not involved, they're not committed. Their input has to be viewed as valuable and important, especially as they see that their concerns are acted upon.

Finally, we have to reward the desired behavior. We know that it's expected of them, and you might think that we don't need to do anything extra regarding reward and recognition, but it's important.

It's important to not only the individuals involved in being recognized for identifying a situation that could have caused harm, but it also helps to explain to the rest of the staff what's expected of them.

Recognition and reward for achievement are really important motivators in the community.

Those are things that I think leaders in the senior living and long-term care communities can start role modeling and behaving in that way that is going to really reinforce their culture of safety.

Tara Clayton:

Both fantastic points. JoAnne, Doris. JoAnne first, thank you so much for joining us today. I know it's been a very informative conversation for me.

JoAnne Carlin:

Oh, you're welcome. I'm thrilled to be on the podcast today. Of course, invite anyone listening to reach out to us if they want more information on this topic and more tools. Thanks for having me, Tara.

Tara Clayton:

Yeah. Thanks. Doris, thank you so much for joining and sharing all of your knowledge and information.

Doris Fischer-Sanchez:

Thank you, Tara, and thank you, JoAnne. I always enjoy having this type of a conversation because it lets me know that we're all thinking about the next level and communities just play such an important role in the lives of residents and their families. I think this is another way to also help accentuate and appreciate what staff does for residents and families.

Tara Clayton:

Yeah. For our listeners, JoAnne has referenced we have a number of resources, and JoAnne and Doris being two of those great resources. You can find a link to reach us to get more information on those resources in the show notes. Also, don't forget, our risk summit will be held on September 28th and 29th in Chicago, Illinois. We have two packed days of sessions covering a number of risk topics in the senior living and long-term care industry.

More information about the risk summit, including the specific sessions, can be found on our website listed in the show notes. Lastly, be sure to subscribe so you don't miss any future episodes. You can find us on your favorite podcast platforms, including Spotify and Stitcher. I would love to hear from you.

If you have any topics you'd like to listen to on the podcast, please email us your ideas at the email address provided in the show notes. Thank you so much for tuning in, and I hope you join us again for our next risk insight.