

Make Safety a Competitive Advantage





Safety is a “Non-Negotiable”

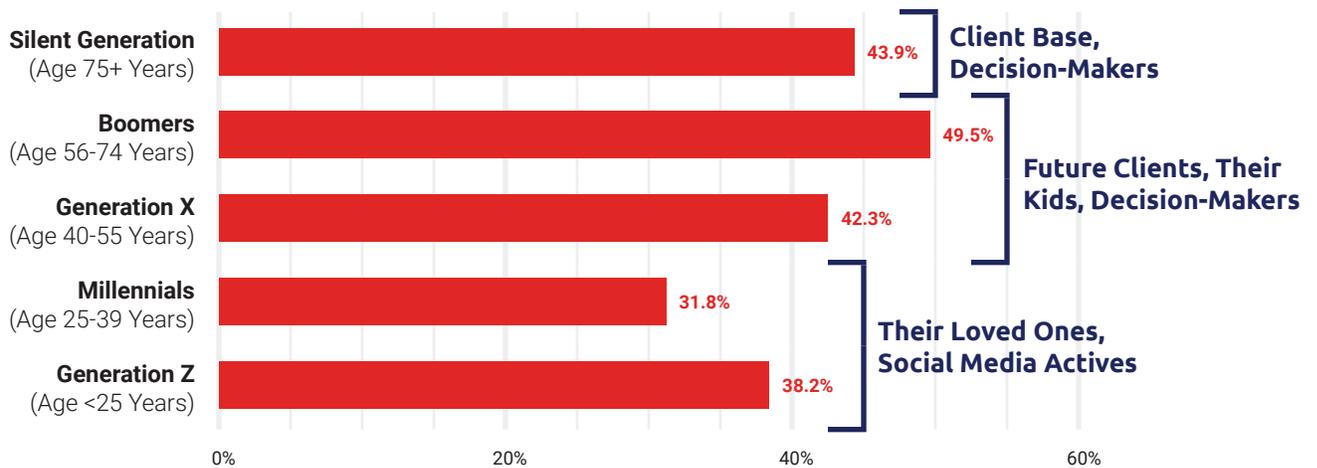
Running a Long-Term Care (LTC) organization – whether it’s nursing care, assisted living, memory care, or hospice – is an inherently risky proposition. As an operator, you are trusted with caring for residents and patients with complex and persistent medical, physical, and psychological conditions.

Residents (current and future) and their families place their trust with your organization to have strong safety processes and systems in place. In their minds, safety is a “non-negotiable.” Food menus, building décor, amenities, and social activities are all second-order priorities compared to basic safety.

COVID-19 Broke Consumers’ Trust

The COVID-19 pandemic has fundamentally broken the trust that seniors and their families place with long-term care organizations. In a survey, 44% of older seniors (75+ years) responded that they don’t trust safety at LTCs. Safety distrust is almost 50% among baby boomers (Chart 1).

Chart 1: Percent of Respondents Who Do NOT Trust Safety at LTC Facilities¹





Implications of the Broken Safety Trust

The broken trust has direct implications on a LTC organization's:

- Business performance
- Legal liability & regulatory scrutiny
- Staffing
- Brand reputation

Business Performance

Nearly all LTCs have already felt the impact of COVID-19 on their census/occupancy.

Prospective residents are wary of moving into an LTC facility until they have a higher comfort level about safety and risks. Their FUD (Fear, Uncertainty, and Doubt) is understandable given the lock-downs, limited social interaction, and the concern over a facility's infection control and safety standards. They need a compelling "reason to believe" before they elect to move in and may delay that move as long as possible.

According to Moody's National Senior Housing Quarterly Review, "The effects of COVID-19 have caused the sector to surpass record vacancy highs, as operators continue to struggle to reassure the tenant base that facilities have updated their safety protocols amidst the pandemic. Without significant attention to developing and implementing new and improved safety protocols in senior facilities, tenant demand will continue to erode for this property type."²



Legal Liability & Regulatory Scrutiny

The COVID-19 response has already generated a wave of negligence and wrongful death lawsuits. Fifty-five wrongful death lawsuits have been filed against LTC facilities as of early September based on law firm Hunton Andrews Kurth's tracker. And according to the ABA Journal, "More suits are on the way, with plaintiff's attorneys in Florida, Massachusetts and other states that have mandatory presuit screening periods saying they are investigating and preparing to file cases."³

"You are going to see that number grow exponentially over the next six months to one year," said Joseph Seiner, a law professor at the University of South Carolina with expertise in employment matters. "I think you are on the front end of a tidal wave."⁴

The safety concerns are also likely to drive additional state and federal level oversight and regulations. In other industries, it is not unusual for authorities to conduct unannounced audits which requires 24x7 audit-readiness.

Staffing Shortages and Morale

Staffing shortages have been a chronic issue in LTC and has been well discussed and covered. COVID-19 has just made the situation much more acute. After all, who wants to work for low wages doing difficult work at the "most dangerous job in America" when they can work at Wal-Mart for the same wages and better working conditions?

In fact, lack of safety is the key driver to the worsening staff shortage and higher turnover. Frontline caregivers simply do not feel safe working at a LTC facility. Even prior to COVID-19, the non-fatal injury rate in LTC was two times higher than working in construction or coal mining⁵. With COVID-19, the fatality rate for LTC workers is also higher than any other industry, including logging and fishing – the two industries traditionally with the highest fatality rate⁶.

The staffing shortages can also lead to a lowering of hiring standards and training quality which can impact risk behaviors.

"If we keep doing what we're doing, we're going to keep getting what we're getting."

Stephen Covey



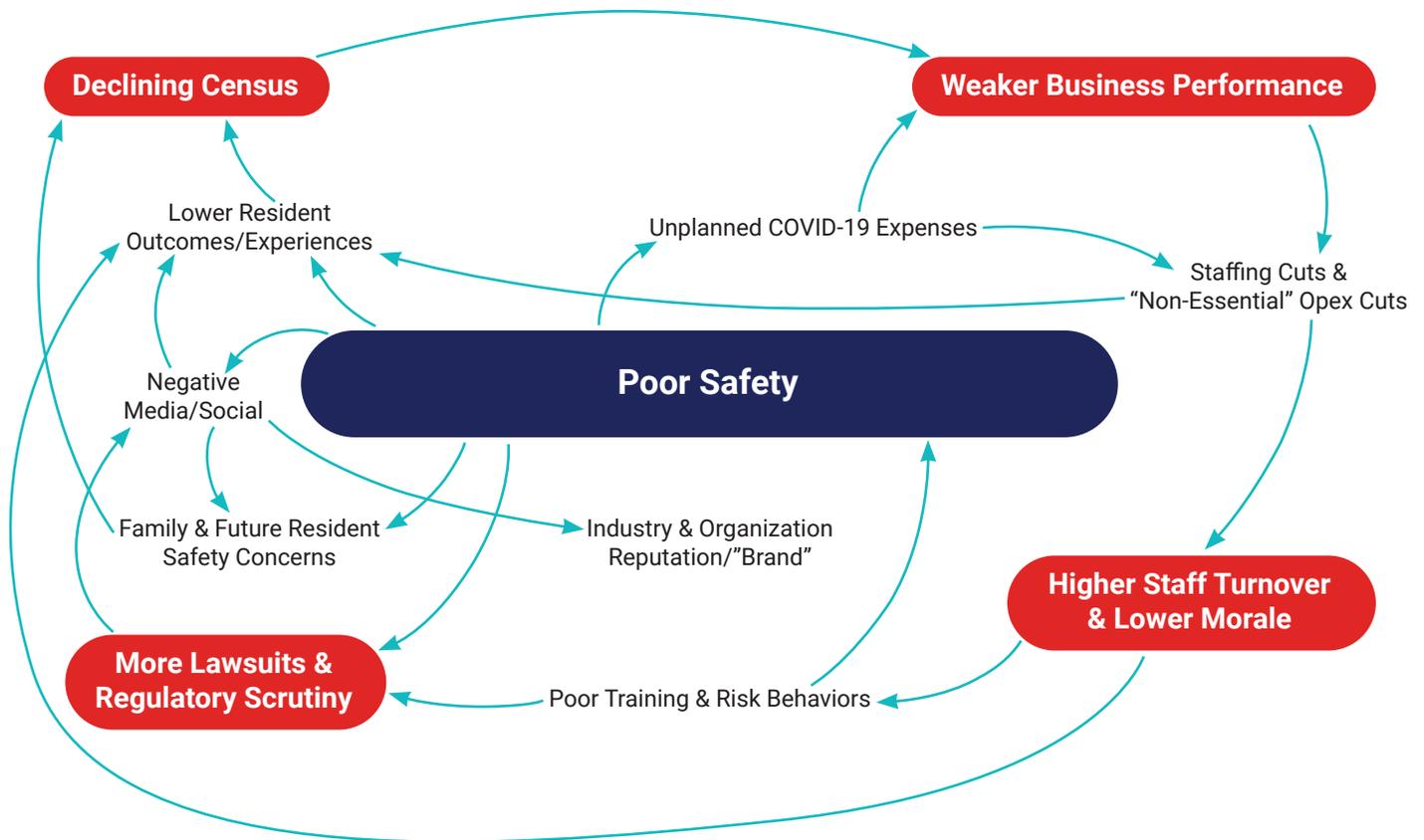
Brand Reputation

COVID-19 has negatively impacted the “brand” of the LTC industry and of each operator as news organizations and social media have extensively covered the pandemic’s impact on LTC facilities both locally and nationally.

It is not clear how quickly the brand reputation will rebound. Or whether it will be across-the-board or specific to those operators that are able to separate their safety messaging from their competitors. Forward-thinking operators will strategically invest in safety initiatives and proactive safety messaging (think Volvo for cars).

The above four implications are not isolated. In fact, they are all interconnected with safety. Chart 2 shows the causal loop that connects all these elements.

Chart 2: Safety Causal Loop Diagram⁷

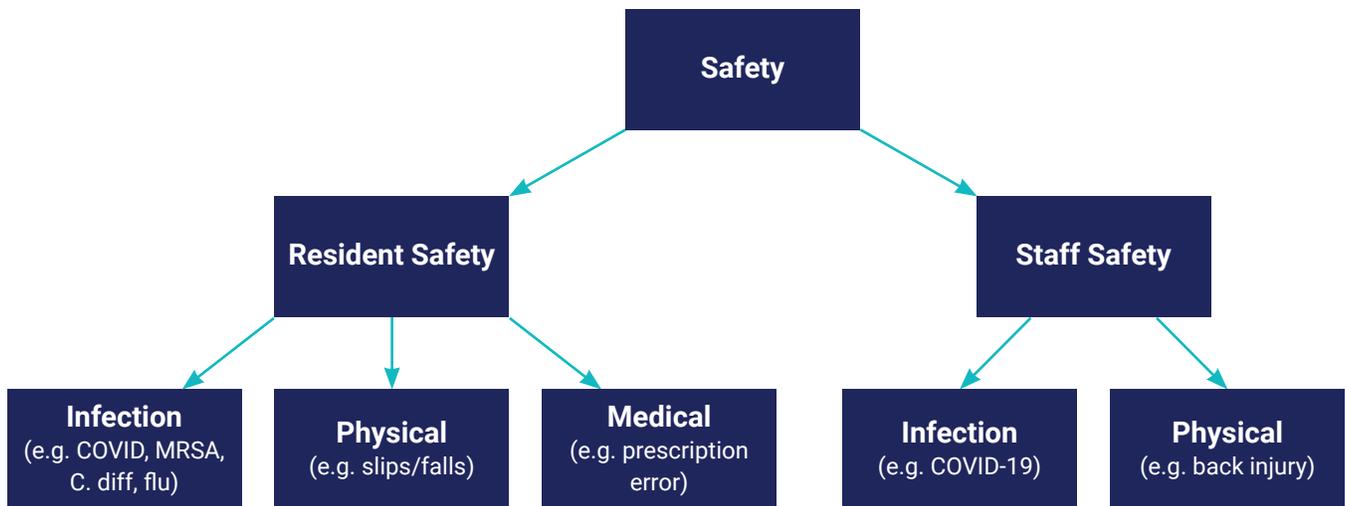




Safety as a Competitive Advantage

Safety is the state of being protected from danger, risk, or injury. For an LTC organization, safety has a broad scope that includes both resident safety (infection, physical, medical) and staff safety (infection, physical).

Chart 3: Safety Scope in LTC



“Safety-first” industries like manufacturing, construction, airlines, and food processing have made dramatic progress on safety and building a safety culture over the past decades. Taking their learnings and best practices, the senior care industry can also make similar strides in safety management.

In order to make safety a competitive advantage, LTC organizations need to:

- 1 Make safety a top strategic priority.
- 2 Take a systems-based approach to safety.
- 3 Assess risks more comprehensively.
- 4 Improve onboarding training and ongoing coaching.
- 5 Digitize safety program management.

Let’s explore each of these initiatives in more detail.



1 Make Safety a Strategic Priority

While safety has always been important in LTC organizations, it has not necessarily been considered a “top 3 strategic priority” in the C-suite or governing board. For any safety program to work, it must be a strategic priority on par with financial performance and operational efficiency. Safety starts at the top. If it is important to the C-suite, it will be important to the rank and file. As a leader, below are some questions to consider to assess if safety is a top strategic priority:

- Do we have a comprehensive safety strategy and plan for residents and employees?
- Do we have safety KPIs and metrics on par with our financial, census, and client sat metrics?
- How often do we discuss safety matters at the weekly executive meeting?
- How many safety risks do we actively manage to?
- How often do board/trustee meetings discuss the organization’s safety posture?
- Is there a single executive with oversight of all safety initiatives?
- Do we have a real-time dashboard of all safety risks, all action plans, benchmarks?
- Do we know the high-risk employees, functions, and facilities before an incident happens?
- How often does leadership personally communicate with frontline caregivers on safety?
- Is our safety risk assessment up-to-date and how often is it updated?
- During our annual strategic planning session, how much time do we spend on safety and risk?
- What is the hard cost of safety incidents (e.g., census impact, worker’s comp, lost time, lawsuits, staff turnover) and lack of consumer trust?
- If safety is not a top 3 priority, where does it/should it stand?

The airline industry provides a good case study on making safety a strategic priority. The U.S. commercial airlines fly about 2.5 million people a day (pre COVID-19) on thousands of flights. In the last 10 years, commercial carriers have only had two deaths, and the fatal accident rate is just 0.0001 per 100,000 departures (see Chart 4).

How did they take an inherently dangerous endeavor (flying 140 people on a metal tube at 400 MPH with 6,800 gallons of fuel in a Boeing 737) and turn it into the safest form of transportation? Airlines and their executives invest the time and resources to ensure passengers and crew safety. The C-suite understands the financial consequences that just one accident can have on the company. They can answer all of the above strategic priority questions.

As a leader, your commitment to building a safety culture will have a profound impact on the organization’s risk profile.

“What is important is seldom urgent, and what is urgent is seldom important.”

Dwight Eisenhower



Chart 4: Safety Record of U.S. Air Carriers, 2009-2019⁸

Year	Total Accidents	Total Fatalities	Fatal Accidents per 100,000 Departures
2009	26	50	0.010
2010	28	0	0.000
2011	29	0	0.000
2012	23	0	0.000
2013	18	0	0.000
2014	29	0	0.000
2015	27	0	0.000
2016	26	0	0.000
2017	29	0	0.000
2018	27	1	0.011
2019	36	1	0.010

2 Take a Systems-Based Approach to Safety

At many LTCs, safety has traditionally been managed at the departmental/functional level. Each department considers its own definition of safety risks, builds its own safety plan, runs its own safety processes, reports its own safety metrics. These “safety silos” also lead to “safety chasms” where important hand-offs are dropped.

Other safety-first industries take a holistic, systems-based approach to identifying all safety risks, building safety processes that span the entire operation, and systems that monitor all safety processes and incidents. It’s not a hodge-podge of safety procedures that each department or function develops in a vacuum. It’s a holistic, 360° approach that strategically considers ALL risk factors, regularly assesses these risk factors, and implements a continual improvement process that drives ever higher levels of safety and lower levels of risk.



3 Assess Safety Risks Comprehensively

All safety programs start with a comprehensive assessment of risk factors. These assessments are ideally built by safety experts, operations experts, government guidelines, and industry recommendations. They also take inputs from frontline employees who are “closest to the action.” And they are updated regularly as new risks emerge.

The decentralized approach to safety in LTC organizations results assessments that are limited in scope. For example, when we query facility leaders and nursing directors on how many COVID-19 risks they consider and manage, the typical answer is “I’m not sure” or “probably 20-25”. In comparison, CareSafely’s pre-built COVID-19 risk assessment includes 79 risk factors in 8 functional areas (Chart 5).

Chart 5: CareSafely COVID-19 Risk Assessment Areas for Skilled Nursing Facilities

- Program Management (4)
- Resident Care (15)
- Visitor Management (13)
- Staffing Management (6)
- Dining & Facility Management (9)
- Screening, Testing, Outbreak Planning (11)
- PPE Management (13)
- Stakeholder Communications (8)

For a multi-facility organization with dozens or hundreds of locations, this can be even more problematic as there is no consistency across all facilities.

Other “safety-first” industries like oil and gas refining take a 360° approach to risk assessments. The assessments are regularly updated, take input from all levels of the organization, and seek to **anticipate** risks and plan for them. Think of the dozen hurricanes that have battered the Gulf coast in the past few years. There are hundreds of refineries in Louisiana and Texas that were in the hurricane path and yet very few had a safety incident.

As a leader, consider your organization’s risk assessment process. Is it strategic? Is it comprehensive? Is it imaginative (i.e., considers “black swan” events)? Is it built with key stakeholders input or in isolation? Is it regularly updated to account for emerging risks?



4 Improve Onboarding Training and Coaching

Most of the LTCs we've interviewed acknowledge that onboarding safety training is weak due to high caregiver turnover and urgency to get new hires "on the floor" quickly. When onboarding training is provided, it's a few hours of classroom-style instruction or watching instructional videos. The training content is not based on adult-learning pedagogy, not visually engaging, and not multi-lingual. And on-the-job training typically just "do what Jane does" – even if "Jane" is taking safety shortcuts.

The food processing industry faces similar challenges with high turnover (40% - 120% annual) and urgency to get new hired employees on the floor as quickly as possible. But over the last decade, the industry has implemented robust onboarding safety training and ongoing coaching programs. The typical \$12 - \$15/hour food worker in a plant gets 6-8 hours of initial safety training and 1-2 hours of monthly coaching/training. It should be noted that the pressure to improve safety training (hand hygiene, pathogen awareness, slips/trips/falls, back injury) was driven by new Federal regulations that gave FDA, USDA, and OSHA stronger enforcement powers and mandated formal training programs. Given the safety situation in LTC, it is possible that unless the safety posture improves, similar legislative action is likely.

The training and coaching goal should be that every time there is a safety decision to make (e.g., lifting a patient, administering medicine, washing hands, donning PPE), 100% of the employees have the knowledge and confidence to make the right safety decision 100% of the time.

"An ounce of prevention is worth a pound of cure."

Benjamin Franklin



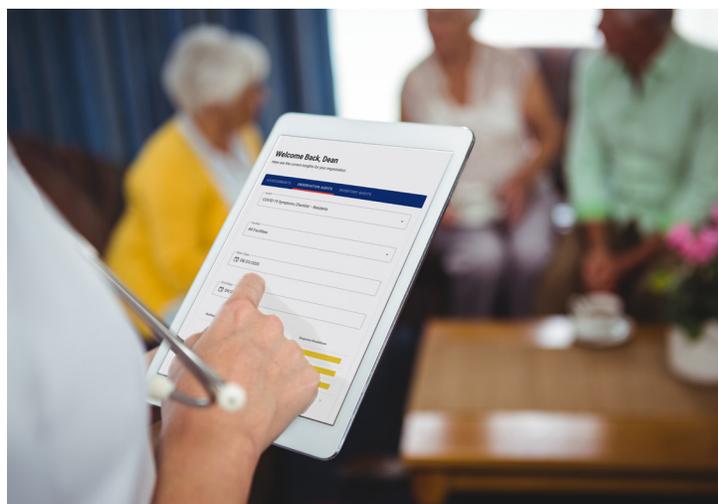
5 Digitize Safety & Compliance Management

Safety program management at almost all LTC organizations is highly manual and reactive.

- Assessments, audits and checklists are done on paper or Word/Excel files.
- Action plans are developed on spreadsheets and assigned via verbal discussion or email.
- Reports are built manually based on spreadsheet data that may be days/weeks old.
- 90% of all the data on paper is never digitized so not analyzable.
- Countless hours are wasted by supervisors/managers tabulating data, chasing employees on action plans, building management reports.
- There are no automated alerts or reminders on open action plans or incomplete audits.

This “stuck in the ‘70s” also means important safety mitigation activities fall between the cracks.

As a result of this manual process, safety management is also reactive. Most of the decisions are made **after** an incident because there are no systems to identify risks **before** they turn into incidents. For example, if employee competency checks (e.g., hand hygiene, donning PPE, medication admin) are conducted digitally, high-risk employees can be identified early. They can be given additional coaching and observed more often to ensure they change their behavior before an incident. Regional specialists can focus their limited time on the high-risk staff, departments, and facilities.



Over the past twenty years, other “safety-first” industries have adopted digital tools to better manage risk and safety programs. These tools replace the manual workflows (e.g., paper audits in binders, emails for action items, spreadsheets to aggregate data, and PowerPoints to report results) with digitized workflows. They are used for risk assessment, incident reporting, action planning, and deep analysis to identify high-risk areas. Digital workflows also cut the administrative workload by 40-50% because once the data is digitally in the system, it can automatically be aggregated, sorted, synthesized, and reported. For multi-facility organizations, this is especially critical to ensure system-wide consistency.

Most LTCs have already made the digital transition to EHR and financial management. It’s hard to imagine running a modern LTC operation without these systems – especially for multi-facility organizations. To manage safety effectively and efficiently, a similar transition to digital flows will be needed.



Closing Thoughts

The LTC community faces significant headwinds as it steers through the COVID-19 era. COVID-19 is a wake up call for senior living and skilled nursing organizations. As a leader, risk and safety needs a fresh look in light of the new operating environment. But its not just about “fighting the last war”, but preparing for the next one – hard to imagine while in the midst of COVID-19 response, but the “next one” could come without warning. Agile and thoughtful safety and risk management programs can provide the early warning and the quick response to ensure your organization can withstand the challenges.

Other safety-first industries have learned and adopted best practices from their own industries and other sectors. It may be time for our LTC community to do the same.

Comments, Criticism, Thoughts? We'd Love to Hear From You

Authors



Raj Shah is the CEO of CareSafely. He founded CareSafely with the mission to protect seniors and staff by leveraging modern technologies. Prior to CareSafely, Raj was

a senior executive at Alchemy Systems which built safety programs. He has 25 years of technology experience and started his career as an auditor. Raj earned his MBA from Northwestern.

Email Raj: raj.shah@caresafely.com



Kathryn Wallace is the Director of Infection Control and Safety at CareSafely. Kate has spent a decade working in LTC facilities as a LPN and leverages that experience to develop

CareSafely's pre-built assessments and audits. Kate earned her Executive Masters in Healthcare Leadership from Brown University and a JD from Massachusetts School of Law.

Email Kathryn: kate.wallace@caresafely.com



About CareSafely

CareSafely helps senior care organizations strengthen safety, compliance, and infection control programs. The complete solution includes easy-to-use software and expert content so that all safety and compliance activities are actively managed with 40-50% less administrative time. Communities use CareSafely's digital workflow platform to assess risk, conduct COVID-19 symptoms checks, build remediation plans, track PPE inventory, and more. Multi-facility providers can track all locations to mitigate risk, meet regulations, drive consistency, and safeguard their brand. Visit www.caresafely.com.

Sources

- 1 Qualtrics survey of 1,109 Americans, August 2020. <https://www.mcknightsseniorliving.com/home/news/41-dont-trust-assisted-living-nursing-homes-to-keep-residents-safe-during-pandemic-survey>
- 2 <https://www.reis.com/insights/cre-trends/q3-2020-national-seniors-housing-quarterly-view>
- 3 <https://www.abajournal.com/magazine/article/coronavirus-related-deaths-in-nursing-homes-lead-lawsuits-and-questions-about-whos-responsible>
- 4 <https://www.cnn.com/2020/09/11/business/coronavirus-lawsuits-covid-impact-on-workplace-invs/index.html>https://www.bls.gov/iif/oshwc/osh/os/summ1_00_2018.htm
- 5 <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg>
- 6 <https://www.washingtonpost.com/opinions/2020/07/28/nursing-home-workers-now-have-most-dangerous-jobs-america-they-deserve-better>
- 7 CareSafely Analysis
- 8 <https://www.airlines.org/dataset/safety-record-of-u-s-air-carriers>