

## **Clinical Areas of Risk for MI facilities**

Mitigation Solutions, LLC

### **Resident to Resident Abuse.**

- Although in an MI setting this can be very common, it still must be reported.
- The residents must be given in writing what constitutes resident to resident abuse.
- This includes, verbal, physical and sexual.
- The key to loss prevention is recognizing those residents who escalate and/or have a pattern of picking on either the same resident or has a pattern of picking on anyone in their path.
- These people have to have careplans that address this, and letters given to them that outline what the consequences will be for continued hostilities.
- Even minor altercations can be a big risk if small issues lead to a resident injury.
- ***Prior acts of violence from a resident put the facility on notice.***
- ***You must have a plan in place on dealing with it.***
- Separating these residents by space, getting psych evaluations, even discharge may be needed.
- Family and Ombudsman notification is crucial.

### **Sexual Activity**

- You need to have documentation re discussions held with the resident on safe sex practices, privacy and definition of consensual sex.
- Your facility should have a policy on condom use and providing condoms
- Consider annual resident classes on sexually transmitted diseases and safe sex

### **Elopement.**

- Residents who are capable of leaving the facility must sign in and out.
- It should be part of the admission paperwork listing resident responsibilities.
- If residents are allowed to be gone for a two hour block, then that is what the policy should say.
- Any over that would result in the police being called, future privileges being revoked and possible discharge.
- Have a missing resident policy that details what needs to be done.

### **Change in condition**

- The use of a 24 hour report can lessen your risk of missing a resident change that can signal an impending medical crisis.
- This is especially important in the ICF because the staff may not be as in tune with medical conditions.
- Have inservices on early recognition of diabetic crisis, UTI, CHF, heart attack, stroke, etc.

### **Falls**

- Residents do fall.
- The KEY is to identify possible causes and list new interventions on the Careplan.
- Family members need to be called and given the Careplan to see if they have any better ideas.
- Send a letter to those families who don't attend.

### **Reporting**

- Use the MPIC guidelines.
- **Use Risk Watch™ to enter all incidents.**
- The reports will allow us to: trend identification, risk level and resident record reviews.
- If in doubt, report.... Injuries requiring outside care, even if it's ER and back, any record request and any family member who is upset or transfers their person to another facility.