

# FHCA 2019 Annual Conference & Trade Show

## CE Session #30 – Camp No Complaint Surveys

Tuesday, August 6 – 2:00 to 3:00 p.m.

Windermere X – Legal/Regulatory/Survey

### Upon completion of this presentation, the learner will be able to:

- Discuss the anatomy of a compliant vs. grievance vs. allegation to differentiate
- Discuss changes in the regulatory requirements, new survey process and impact
- Define the Three R's of Risk (recognize, report and resolve) with RCA Strategies

### Seminar Description:

This session will provide an understanding of the key methods in being proactive to avoid the complaint survey through the organizational risk management process. This session embraces the understanding of complaints vs. grievances vs. allegations and management techniques that are proven to greatly reduce and reportedly eliminate the highest risk survey - the complaint survey. Attendees will leave this session with new ideas and a road map to support their success!

### Presenter Bio(s):

**Robin Bleier**, RN, LHRM, CLC is President of RB Health Partners, Inc., a clinical, risk, Medicare and operations consultancy firm. A featured state and national presenter, Robin is a special topics advisor to the FHCA Quality Cabinet, immediate past Chair of the FHCA Emergency Preparedness Committee, immediate past chair of the FHC PAC, past executive board member of FADONA, a vested long term care advocate through her volunteerism and affiliation with numerous state and national professional committees. Robin's firm, RB Health Partners, Inc. provides consulting services to the FHCA Quality Affairs Department.



# Camp No Complaint Surveys

Presented by:  
Robin A. Bleier  
RB Health Partners, Inc.

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# Camp No Complaint Surveys

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## Camp No Complaint Surveys



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## Identification is Key

To help all to identify let's review the difference between a:

- Comment and Concern (CC)
- Grievance (G)
- Allegation (A)

Then we will discuss reporting impact based on the level of care the resident resides in.

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## Comment and Concern

For the sake of our discussion let's presume the following is true:

- C-Comment and Concern is defined as something that can be corrected to the satisfaction of the person making the complaint 'immediately or at bedside' which is determined to be two hours or less based on the matter (e.g., a meal should be addressed immediately where as it may take an hour or two to locate missing clothes).

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## Grievance

For the sake of our discussion let's presume the following is true:

- G- Grievance is defined as something that cannot be corrected to the satisfaction of the person making the complaint 'immediately or at bedside' which is determined to be over two hours or less based on the matter and or based on the matter time has no relevance (e.g. does not feel they were spoken to respectfully).

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## Allegation

For the sake of our discussion let's presume the following is true:

- A-Allegation is defined based on the Abuse Neglect Exploitation Misappropriation Mistreatment Injury of Unknown Source (ANEMMI) based on federal regulation (e.g., abuse [physical, verbal, mental, sexual, neglect, etc.]).

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## Our Scenario

The scenario for today includes a male resident (Mr. Man) who is assisted to dine. His devoted wife of 52 years comes to assist her husband with lunch every day seven days a week.

Today you, enter the dining room and Mrs. Man flags you down. She thanks you for coming to her and proceeds to advise you that the lunch is not hot enough for her husband and asks if you

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## Your Response

You of course tell her you would be happy to help, remove the food, and after getting a new meal return it to Mr. and Mrs. Man. You thank Mrs. Man for alerting you to the concern and ask her to check what you have presented her with now. Mrs. Man advises you that 'yes' the food is now hot enough and thanks you.

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## Question

Is this a reportable event?

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## Response

Technically no, the example above would not be anticipated as reportable per requirements.

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## Leadership Discussion

On another level, you may want to discuss with leadership the value in perhaps a program (not a policy/procedure so it does not legally obligate you) to internally report a comment and concern like this as if the food was either not cooked to the right temperature, distributed accordingly, and or served appropriately, thus one would have to ask, 'why wasn't the food hot enough'?

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## Proactive Risk Management

This is a strong step in proactive risk management to use an indicator of an possible problem to review and evaluate risk factors as for instance in this case perhaps the staff both in the kitchen and in nursing may have done all they should have but there was an undetected mechanical matter resulting in the loss of temperature.

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## Proactive Risk Management

continued:

Having a program to internally report the identified comment and concern may help reduce a serious problem...why wait until something is serious to look into it, once you have knowledge such as in this scenario, it is prudent to evaluate swiftly...

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## Scenario Twist, Lingering Concern

Using the same scenario, but adding a twist, when you bring the new meal back to Mr. and Mrs. Man, Mrs. Man states 'yes, the food is hot enough now thank you'.

However, Mrs. Man then wonders out loud 'I wonder why this happens repeatedly'...

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## Scenario Twist, Lingering Concern

continued:

This type of response generally is determined as a grievance and is managed using the facility internal Grievance Program.

In this case while the concern is corrected to satisfaction of the individual making the complaint, a lingering concern exists...

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### Associated Outcome Twist

Using the same scenario, now adding an additional twist, when you bring the new meal back to Mr. and Mrs. Man, Mrs. Man affirms the food is hot enough now.

However, Mrs. Man says 'I wonder if the big weight loss my husband this month had is because the meals, I am not here for are not hot enough and my husband eats less and as reported to me by Sally his nurse, he has lost 12 lbs. in the last 30 days...

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### Associated Outcome Twist

continued:

This type of response tells us that the wife of your resident feels her husband is not having his needs met (food not hot enough) and when she is not there to defend his needs the SNF must not notice it and so the wife of your resident feels that her husband has lost a lot of weight (associated harm described) that she believes is because of the center failure.

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### Allegation Of Neglect

In this case yes, a SNF reportable would most likely be an allegation of neglect (facility failure to provide goods and services...).

Thus we would anticipate calling the designated state authorities and then completing an immediate and five day (even if the call in/electronic report to APS, etc. was not accepted).

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## When It Is A Reportable Event

Reportable event recognition is key in our professional environment. Often direct care or interdisciplinary team (IDT) members are the, or one of the first individuals that have the opportunity to identify the circumstances and possible reportable.

Our opportunity is to guide those we work with to recognize, to report, to resolve matters timely and effectively.

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## High Stakes

With the stakes so high, goal of providing highest quality of care, possible reportable events, and of course outside reports to the agency...it makes sense that when the initial comment and concern occurs that our centers uses that as an opportunity to evaluate the circumstances and hopefully correct them to avoid the continuation of the scenario.

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## Role and Responsibility

Our role in risk management includes identification of concerns as part of the interdisciplinary and facility management team.

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## Opportunity To Identify

There are various circumstances that gives us an opportunity to identify risk matters. An example might include during a resident council meeting, a family council meeting, during a one on one conversation, discussing resident status with a fellow staff member, making an individual observation, etc.

The key is being alert to the possibilities....

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## Reporting Considerations

External reportable events are complicated. There are various federal SNF reports and they may overlap such as allegations of ANEMMI and Suspicion of a Crime (SOC) based on the Elder Justice Act (EJA).

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## SNF Report Considerations

Adult Protective Services (APS)  
ANEMMI under federal law which is reported based on the allegation regardless if it is believed or not.  
SOC under the federal EJA which is reported only IF there is an actual suspicion of a crime as per the EJA.  
In addition to State specific reports.

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## SNF Reportable Reminders

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Some SNF reportable reminders:

Allegations of Abuse (believe it or NOT) are to be reported immediately but within two hours. This includes allegations for physical, verbal, mental, and or sexual allegations. It does NOT matter if the allegation is believed or not...just that it was made.

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## SNF Reportable Reminders

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continued:

Injuries of Unknown Source (often called IUS or IUO 'O' standing for origin) are also considered allegations of abuse and therefore are also to be reported immediately but within two hours.

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## SNF Reportable Reminders

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continued:

Allegations of Neglect Exploitation Misappropriation Mistreatment (NEMM) are a little different:

NEMM are normally reportable immediately but within 24 hours unless the allegation is associated with serious bodily injury (fracture, dislocation, head trauma such as a subdural hematoma) then it becomes an immediate but up to 2-hour reportable event.

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## The Three R's Of Risk Management

The three R's of risk management takes a TEAM to:

- Recognize to
- Report to
- Resolve

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## What We Do Is Risky

The reason for this is simple, the majority of seniors that we know are often confused, not reliable reportable, physically sick, etc. Most of us don't have many if any seniors in our non-work lives. The physiological, mental, emotional, and other needs of our residents are often different or more focused than the seniors that do not live in our external communities and neighborhoods.

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## Opportunity Knocks

Each of us has an opportunity to be part of the solution to help provide the safest and most quality driven environments possible. While we know it is not easy, we also know it is a blessing to have the ability to help those entrusted to our care!

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## Success Takes A Team

Success takes each of YOU and your full team commitment to the three R's and goal of person-centered care with a focus on quality enhancement and safety.

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## Summary

We hope that this session will assist you as you work with your team to their better understanding of the key methods in being proactive to avoid the complaint survey through the organizational risk management process. We also hope that this session will support the understanding of complaints vs. grievances vs. allegations and management techniques that are proven to greatly reduce and reportedly eliminate the highest risk survey, the complaint survey.

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## Q & A

Questions???



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Thank you for your participation



You may also contact Robin A. Bleier, President RBHP with regards to this or other services at [robin@rbhealthpartners.com](mailto:robin@rbhealthpartners.com) or call us at 727.786.3032. Click [HERE](#) for more info about this Presenter

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