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Healthcare organizations use risk management methods to guard their assets against likely threats brought on by legal liability. An important component of risk management programs inside the long-term care setting is the ability to reduce the amount of avoidable accidents and injuries and to reduce the financial severity of claims. Long-term care facilities offer a wide array of services to residents, and possible injuries is significant to the frail, elderly population they assist.

Knowing how to recognize risks and plan proper methods and policies to lessen them necessitates frequent attention from leaders within the organization. The purpose of this summary is to focus on several examples of common risk elements in a long-term care facility and the ppolicymaking process used to evade or decrease their impact. Risk Management Risk management programs inside any organization involve a sthrong obligation from its leaders to be successful. Implementing documented processes for managing risk that supports the organization’s mission andgoalsaids leaders give employees and consumers self-assurance in the organization.

Directors and seniorleadershipbenefit from fostering functional collaboration promoting accomplishment of its programs among departments (Jones & Cotta, 2009). Risk management allows a facility to nurture a workenvironmentthat encourages growth through training andeducationreduces risk. Organizational strength demonstrates innovative decision-making and openness to change. Nurturing a work environment that encourages growth through training and education reduces risk (Chee, Kamal, & Wingender, 2011).

Loss prevention efforts help to decrease risk expenses, permitting more funds for medical equipment, hospital facilities, and physician’s salaries, therefore increasing the value of the organization. A get-up-and-go risk-management approach aids in meeting business expansion plans. Risk management helps to recognize risk factors vital to shareholders. Moneysaved through risk-management activities can be openly reinvested back into the organization and community (Ceniceros, 2008). By devising policies in place and following procedures arrange for documentation of action, an essential tool in any legal proceeding.

Quality Management A vital aspect of quality management is correct training of work processes. Implementing quality-management policies in agreement with regulatory guidelines helps guarantee quality of care in compliance with laws. Having solid leadership, committed to quality care helps to creates unity of determination and direction within an organization (Carroll, 2009). The organizationalcultureaffects outcomes, such as ethical decision-making, performance, and promise. High pperforming organizations support cultures that have goodcommunicationskills.

Knowing how one fits in with the rest of the organization gives employees a common sense of community and self-importance in one’s work (Chee, Kamal, & Wingender, 2011). Upholding a sthrong organizational culture helps to increase patient’s quality of care. Quality management policies help strengthen confidence in the quality of care given and make medical outcomes better while reducing lawsuits. Policies in place offer a process for handling adverse events and giving stakeholders assurance that difficulties are being dealt with properly (Carroll, 2009).

Identifying Risks Former lawsuits, allegations, and patient, or staff complaints first govern the documentation of health care risks in the long-term care facility. Data collected from sources, such as employee and staff incident reports, resident satisfaction surveys, workers compensation claims, and state licensure surveys are valuable in recognizing areas that pose risk (Candlin & Candlin, 2002). Through analyzing former loss exposures, leaders can anticipate future problems permitting them to improve proper standards and guidelines to improve the quality of care.

Risk analysis is the process of evaluating the possible loss linked by a specific risk identified and its probability of occurrence. Defining these two factors helps leaders select a suitable risk treatment ppolicy (Carroll, 2009). In a long-term care setting, management must have procedures in place for observing performance, both operational, and that connecting to the care of residents. Setting policies that bring into line with the organization’s mission and strategic goals, which consist of high-quality care will help safeguard compliance tthroughout the organization.

Common Risks Three shared risks inside a long-term care facility consist of resident well-being, employee grievance, and medical mistakes. Each of these risks conveys the would-be for negative consequences that may end in lawsuits, worker’s compensation claims, or potential loss of life. By examining each risk and determining their bad effects on the facility and its stakeholders, the risk management professional can improve and apply a risk management plan and make the essential changes to organizational policies (Carroll, 2009). Resident Safety

The expectation is for long-term care facilities to deliver residents quality care in a safe and secure environment. Making certain resident safety involves taking ample measures to offer an environment free of dangers, upholding safety standards by averting any type of injury to the residents’ physical, psychological, and emotional well-being (Rhodes, 2001). Continuing persistence in recognizing hazards and decreasing them must be a main concern of care giving. The most often reported incident in long-term care facilities is falls. Three out of four residents will fall each year and many result in a lawsuit.

The most common reason for falls is existing health conditions affecting muscle weakness or trouble walking (Occupational Safety and Health Administration, 2009). Even though falls are unavoidable in a long-term care setting, risks can be cut-down with fall prevention strategies as well as staff education, decreasing risk factors like low lighting, wet floors, and inadequately fitted wheelchairs, and bringing together exercise programs to strengthen muscles and increase balance. Most essential, everyone working inside the facility fromnursingto maintenance staff must be involved in fall prevention (Rhodes, 2001).

Employee Injuries The nursing home industry has a highest rate of employee sickness and injury amid all of the United States businesses according to 2002 Bureau of Labor statistics. The most widespread threats include musculoskeletal ailments, and contact of blood and other communicable materials (United States Department of Labor, 2005). Obeying Occupational Safety and Health Administration (OSHA) regulatory requests regarding education and safety procedures, help alleviate these risks. Giving care for residents is physically trying on nursing staff.

Activities such as lifting, moving, and walking residents increase the risks of injury to staff. Risk factors connected with these activities as defined by OSHA include: •Force- the amount of physical effort essential to do a task. •Repetition- regularly pperforming the same motions. •Awkward postures- Doing positions that put pressure on the body (OSHA, 2003). Recurring exposure to these risks can cause substantial musculoskeletal injury to employees. Loss linked with employee injuries include staffing shortages causing reduced quality of resident care, bigger workload for remaining staff, and workers compensation claims.

To lessen the severity and occurrence of employee injury and illness management must offer solid support by developing clear goals and provide essential resources (OSHA, 2009). Providing mechanical lifting devices and demonstrating training in good body mechanics are two ways of decreasing risk of musculoskeletal injury. Medical Error According to Kapp (2003), a medical error is “ defined as mistakes, inadvertent occurrences, or unintended events in health care delivery that may result in patient injury. The population living in long-term care facilities, on average, is elderly or disabled and necessitates assistance with three or more activities of daily living (ADL) for instance dressing, bathing, and eating. The likelihood of error in giving this care can be limitless. Furthermore, dementia, the most mutual health condition amid residents living in nursing homes, constrains the ability of many residents to take a significant role in planning and overseeing of their own care (Kapp, 2003). Errors come in many forms in nursing homes.

The high occurrence of illness amid residents calls for a significant amount of drugs ordered and dispensed. This leaves chance for meducation errors and adverse drug events (ADEs), which older individuals are most vulnerable. To increase resident safety, financial return, and clinical outcomes, policies, procedures, and systems that make sure safe meducation delivery are critical (Kapp, 2003). Another problem common in long-term care facilities is pressure ulcers, contained areas of skin damage over bony areas of the body, such as heels, buttocks, and hips.

Risk factors for pressure ulcers include immovability, resistance, shear, incontinence, and poor nutrition, which are all preventable. Steps to escape pressure ulcers should be iincluded in routine quality care. Regular repositioning, skin examinations, the use of pressure releasing surfaces, and suitable nutritional intake should be constant during each shift for residents at risk of developing pressure ulcers. If these actions are not taken, quality care does not happen, opening the door for a lawsuit claiming neglect (Kapp, 2003).

Conclusion Risk management efforts are difficult and leaders must attempt to safeguard every possible risk factor. These possible risk factors are linked with residents, medical staff, employees, and property that subject the long-term care facility to probable liability or loss. Risk factors need to be recognized and appropriate policies and procedures need to be put in place to reduce their occurrence. The high occurrence of medical error occurrences in long-term care has led to a highly controversial environment.