



# Roadmap to Effective I'm Okay and Resident Safety Checks

Improving your organization's process for providing effective and consistent approaches to accounting for residents each day and ensuring they are safe

#### **Background:**

As part of Safe Care for Seniors, we started a process for collaborative learning and sharing called "Safe Tables." A Safe Table is a safe space to come together and explore a targeted safety issue by conducting a deep dive into the key factors contributing to the safety events and developing and sharing prevention strategies and tools.

Based on review of Minnesota OHFC substantiated report data, we set out to address the issue of I'm Okay and Safety Checks. We reviewed several substantiated events in which checks were not performed due to gaps in the process for consistently and effectively conducting checks.

Through the Safe Table process, we identified the need to develop recommendations and tools for implementing strong approaches to determining who should receive checks, how checks will be performed, and follow-up in instances in which a resident fails a check (resident/staff have not indicated that resident is okay or it is discovered that assistance is needed).

#### What is an I'm Okay Check?

A system to check on residents routinely (at least one time a day) to assure that no assistance is needed and to provide or summon assistance if indicated.

#### What is a Safety Check?

Checks initiated for an individual at a stated frequency due to a heightened concern for the person's safety due to physical or cognitive impairment. These types of checks are typically determined and defined through the resident Individual Service Plan process.

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Thank you to the I'm Okay/Safety Check Safe Table Advisory Group for committing their time and sharing their experiences and expertise in the development of these important resources.

#### Using the I'm Okay/Safety Check Roadmap

You can use the I'm Okay/Safety Check Roadmap to assess the practices currently present in your organization by clicking on the checkbox next to each practice.

There are some practices that are applicable to your I'm Okay and Safety Check processes and other practices that are only applicable to either the I'm Okay or the Safety Check process. You can choose to initially focus on strengthening your I'm Okay Checks or Safety Checks or work on both processes at the same time.

Based on the findings of your assessment, you can use the Action Planning Document (or another action planning tool) to create a plan to address one or more of the practices identified as an area of initial focus.

Toolkit items, and implementation tips, are included in each section to provide examples that you can use as a reference or to customize for your program.

#### Disclaimer:

Information shared in the I'm Okay/Safety Check Roadmap and tools are intended for purposes of sharing, learning and improvement only. The practices outlined in this document should not be interpreted as setting a standard of care.

#### I'm Okay Checks - What is Required?

- ✓ With Assisted Living Licensure (for contracts entered into on or after August 1, 2021) Definitions: https://www.revisor.mn.gov/statutes/cite/144G.08
  - o 144G.08; Subd. 26: I'm okay check services means having, maintaining, and documenting a system to, by any means, check on the safety of a resident a minimum of once daily or more frequently according to the assisted living contract.
  - o 144G.08; Subd. 68: I'm Okay Checks defined as "Supportive Services" rather than AL Services
- ✓ 325F.721 Subd. 2(a): A covered setting (not AL licensed) must prominently disclose in a written contract whether or not the setting itself, or through a provider with which the setting has a business agreement, offers "I'm okay" check services.
- ✓ 325F.721 Subd. 2(b): If the resident contracts for "I'm okay check services, the written contract must detail the nature, extent, and frequency of the provision of these services.
- ✓ 325F.721 Subd. 2(a): A covered setting must disclose to prospective residents that the facility in not license as an assisted living facility under chapter 144G and, not withstanding any contract for "I'm okay" check services, is not permitted to provide assisted living services, either directly or through a provider under a business relationship or other affiliation with the covered setting.

  https://www.revisor.mn.gov/statutes/cite/325F.721
- ✓ 144G.40, Subd. 2: Complete the Uniform Checklist Disclosure of Services (UDALSA) to inform potential residents of the types of safety checks available in your facility.

# **General Recommendations for I'm Okay Checks**

Safety Checks	I'm Okay	Practice (check box if practice is in place in your organization)	Toolkit Items
		A process is in place to clearly communicate, verbally and in writing, to	Tools:
		potential and new residents (and their families, as applicable) our	Sample Policy
		organization's policy and practice for Checks, including:	Sample Family Communication
		a) Do we offer checks / Who receives Checks	Safe Care for Seniors Pledge
		b) How frequently the Checks are performed	5 Whys
		c) How the Checks are performed	·
		d) What happens if a need is identified during the Checks	Implementation Tips:
		2. A process is in place to track each time a Check is completed.	Training includes stories of how staff have
		3. A process is in place to conduct regular audits of the Checks, such as	made a difference through effectively
		observational audits and rounding with staff, to understand any barriers to the completion of Checks.	completing checks.
		4. A process is in place to conduct regular audits of any technology used in the	
		Check process and follow up on identified issues.	
		5. A process is in place to regularly engage staff in reviewing the Check process to	
		identify opportunities for improvement and ideas to strengthen the process.	
		<ol><li>Staff receive training on the I'm Okay/Safety Check process at hire and at least annually.</li></ol>	
		7. Staff training includes reinforcing the Safe Care for Seniors pledge to "Speak Up if I see something that may be unsafe or makes me feel uncomfortable."	
		8. An I'm Okay/Safety Check lead(s) is assigned to oversee the process to act as a resource for staff if issues arise and to regularly revisit the process to look for	
		opportunities for improvement	
		9. A process is in place to conduct a Root Cause Analysis (such as the 5 Whys)	
		when adverse events occur, or any time there is a break-down in the Check	
		process, to understand and address process issues.	
		10. Residents receive information/education about I'm Okay Checks and ways in	
		which they can become involved and speak up if they have any concerns about	
		themselves or their neighbors.	
		Notes:	

# **Process Step 1: Determining Who Should Receive Checks**

## We have systematic processes in place to:

Safety Checks	I'm Okay	Practice (check box if practice is in place in your organization)	Toolkit Items
		<ol> <li>Determine if all residents will be included in a daily I'm Okay Check process, if Checks are focused on a subset of the residents, or if Checks are an opt in or opt out option.</li> <li>At minimum, set an expectation, and provide training to staff (both AL and IL) of the responsibility, and valuable role, that they all have in ensuring residents are accounted for and possible signs to look for (e.g., newspapers piling up outside the door; did not show up for an activity when expected) that a resident may not be "okay", and how to report concerns.</li> <li>For AL residents who are receiving AL services, complete I'm Okay Checks at least one time per day – this can be incorporated with other care provision if they have daily AL services.</li> <li>Document if a resident is offered, but chooses to "opt-out" of, I'm Okay Checks.</li> <li>Establish if you are using an optional I'm Okay Check approach for residents of Independent Senior Housing (not AL Licensed settings) and for AL residents who are not receiving AL Services.</li> <li>Review each resident's status for Checks on a set schedule and when there is a change in condition.</li> <li>If there is a change in status for Checks, a process is in place for timely communication to all staff responsible for performing Checks.</li> </ol>	Tools: Sample Daily I'm Okay opt-in/opt-out documentation  Implementation Tips: For determining an Opt-In or Opt-Out approach to I'm Okay Checks, since Checks are not required, consider:  a) What is your capacity to perform checks effectively? b) How will you cover the cost of performing checks based on the approach selected? c) How will you measure the success of your approach?
Notes:			

# **Process Step 2: Determining How You Will Perform Checks**

## We have systematic processes in place to:

Safety Checks	I'm Okay	Practice (check box if practice is in place in your organization)	Toolkit Items
		1. Implement a "strong" or "intermediate" approach (see Hierarchy of Actions) to	Tools:
		performing Checks.	<u>Hierarchy of Actions</u>
		2. Build in redundancies to the Check process (back-up/additional processes are in	<u>"3 dice" (3 failure points)</u>
		place to ensure that if part of the process is not working the resident check is still	Managing Behavioral Drift
		completed – for example, a staff role is assigned at the end of the day shift or	Safety Blocks Instructions
		beginning of the evening shift to review Check completion report and follow-up on any issues not addressed).	
		3. Clearly assign responsibility for each step of the process with back-up	
	Ш	assignments for critical steps (e.g., if the receptionist responsible for making	
		follow-up phone calls is unexpectedly out of the office for the next 2 days, the	
		clinical coordinator automatically steps in to make the calls).	
		4. Clearly define key tasks with a process to follow-up with questions or if issues	
		arise.	
		5. Provide training for staff completing key tasks.	
		6. Set clear expectations and engage staff in the development of the Check	
		process to address issues that can lead to staff drift in behavior and how	
		diligently they are completing each step of the process, every time.	
		7. Engage resident and/or family council in brainstorming ideas to keep	
		themselves and their neighbors safe, for example, see the "Buddy Block"	
Matas		program in the toolkit developed in an IL setting by their resident council.	
Notes:			

Process Step 3: Determining Your Follow-Up Process if Resident Fails Checks (resident/staff have not indicated that resident is okay or that assistance is needed)

#### We have systematic processes in place to:

Safety Checks	I'm Okay	Practice (check box if practice is in place in your organization)	Toolkit Items
		Follow-up on a failed Check (resident/staff has not indicated that resident is okay) in a timely fashion with a clear definition and expectation of timeliness and defined steps and staff roles.	Tools:  I'm Okay-Safety Check Response Process RET Toolkit
		2. Assign staff with follow-up tasks, such as completing follow-up calls, or visual follow-ups, and provide protected time to complete task with back-up if out of office or other issues arise that prevent staff from completing follow-up.	Missing Resident Requirements Sample Missing Client Policy
		3. If a resident issue is identified (for example, resident has fallen; resident death discovered), a clear process is in place for escalating the response (for example, how to respond if resident is in IL and is not receiving services; missing resident policy).	
		4. Clearly communicate to residents and families, the escalation process followed by the organization (e.g., will staff begin CPR or other interventions vs. calling 911).	
		<ol> <li>Ensure tools/resources (e.g., an escalation decision tree; a Rapid Evaluation Team process) are readily available to staff when making decisions on steps to take in the escalation process.</li> </ol>	
Notes:			



# I'M Okay/Safety Check Action Plan

Action #:						
<b>Category:</b> □General	☐ Step 1: Who Receives Checks	□Step 2: How 0	Checks are Performed $\Box$	Step 3: Follow-Up to Checks		
Practice:						
Action(s)		Target Date	Person Responsible	Notes		