



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

Updated 10-5-2023

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.

I'm Okay/Safety Check Safe Table Advisory Group:

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>
 - 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.
 - 144G.08; Subd. 68: I'm Okay Checks defined as "Supportive Services" rather than AL Services.
 - Okay checks are not required but are often a customer expectation and are a good practice – an AL must disclose what is available.
- ✓ 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.

With the licensure of Assisted Living settings, a requirement for Senior Housing settings not licensed as Assisted Living, referred to as "covered settings," was added related to okay checks in 325F.721:

- ✓ 325F.721 Subdivision 1. Definitions.
 - (b) "Covered setting" means an unlicensed setting providing sleeping accommodations to one or more adult residents, at least 80 percent of which are 55 years of age or older, and offering or providing, for a fee, supportive services. For the purposes of this section, covered setting does not mean: ...(14) an assisted living facility licensed under chapter 144G....
- ✓ 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 is not licensed as an assisted living facility under chapter 144G and, notwithstanding 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>

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
<input type="checkbox"/>	<input type="checkbox"/>	1. A process is in place to clearly communicate, verbally and in writing, to potential and new residents (and their families, as applicable) our organization's policy and practice for Checks, including: a) Do we offer checks / Who receives Checks b) How frequently the Checks are performed c) How the Checks are performed d) What happens if a need is identified during the Checks	Tools: Sample Policy Sample Family Communication Safe Care for Seniors Pledge 5 Whys Implementation Tips: Training includes stories of how staff have made a difference through effectively completing checks.
<input type="checkbox"/>	<input type="checkbox"/>	2. A process is in place to track each time a Check is completed.	
<input type="checkbox"/>	<input type="checkbox"/>	3. A process is in place to conduct regular audits of the Checks, such as observational audits and rounding with staff, to understand any barriers to the completion of Checks.	
<input type="checkbox"/>	<input type="checkbox"/>	4. A process is in place to conduct regular audits of any technology used in the Check process and follow up on identified issues.	
<input type="checkbox"/>	<input type="checkbox"/>	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.	
<input type="checkbox"/>	<input type="checkbox"/>	6. Staff receive training on the I'm Okay/Safety Check process at hire and at least annually.	
<input type="checkbox"/>	<input type="checkbox"/>	7. Staff training includes reinforcing the <i>Safe Care for Seniors</i> pledge to " <i>Speak Up if I see something that may be unsafe or makes me feel uncomfortable.</i> "	
<input type="checkbox"/>	<input type="checkbox"/>	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	
<input type="checkbox"/>	<input type="checkbox"/>	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.	
	<input type="checkbox"/>	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.	
		<i>Notes:</i>	

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
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ol style="list-style-type: none"> 1. 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. 2. 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. 3. 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. 4. Document if a resident is offered, but chooses to "opt-out" of, I'm Okay Checks. 5. 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. 6. Review each resident's status for Checks on a set schedule and when there is a change in condition. 7. If there is a change in status for Checks, a process is in place for timely communication to all staff responsible for performing Checks. 	<p>Tools: Sample Daily I'm Okay opt-in/opt-out documentation</p> <p>Implementation Tips: For determining an Opt-In or Opt-Out approach to I'm Okay Checks, since Checks are not required, consider:</p> <ol style="list-style-type: none"> 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?
<p>Notes:</p>			

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
<input type="checkbox"/>	<input type="checkbox"/>	1. Implement a “strong” or “intermediate” approach (<i>see Hierarchy of Actions</i>) to performing Checks.	Tools: Hierarchy of Actions “3 dice” (3 failure points) Managing Behavioral Drift Safety Blocks Instructions
<input type="checkbox"/>	<input type="checkbox"/>	2. Build in redundancies to the Check process (<i>back-up/additional processes are in place to ensure that if part of the process is not working the resident check is still completed – for example, a staff role is assigned at the end of the day shift or beginning of the evening shift to review Check completion report and follow-up on any issues not addressed</i>).	
<input type="checkbox"/>	<input type="checkbox"/>	3. Clearly assign responsibility for each step of the process with back-up assignments for critical steps (<i>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</i>).	
<input type="checkbox"/>	<input type="checkbox"/>	4. Clearly define key tasks with a process to follow-up with questions or if issues arise.	
<input type="checkbox"/>	<input type="checkbox"/>	5. Provide training for staff completing key tasks.	
<input type="checkbox"/>	<input type="checkbox"/>	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.	
	<input type="checkbox"/>	7. Engage resident and/or family council in brainstorming ideas to keep themselves and their neighbors safe, for example, see the “Buddy Block” program in the toolkit developed in an IL setting by their resident council.	
<p>Notes:</p>			

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
<input type="checkbox"/>	<input type="checkbox"/>	1. 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:
<input type="checkbox"/>	<input type="checkbox"/>	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.	I'm Okay-Safety Check Response Process
<input type="checkbox"/>	<input type="checkbox"/>	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).	RET Toolkit
<input type="checkbox"/>	<input type="checkbox"/>	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).	Missing Resident Requirements
<input type="checkbox"/>	<input type="checkbox"/>	5. 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.	Sample Missing Client Policy
<i>Notes:</i>			



I'M Okay/Safety Check Action Plan

Action #:

Category: General Step 1: Who Receives Checks Step 2: How Checks are Performed Step 3: Follow-Up to Checks

Practice:

Action(s)	Target Date	Person Responsible	Notes