



Healthcare

ALERTBULLETIN®

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Serious Adverse Events: Creating a Sound Crisis Response Plan

High-risk events in aging services settings, such as elopement, sexual assault, suicide attempts and physical violence, pose a significant threat to residents and signal the need for a coordinated, facility-wide response, as well as prompt investigation and review. Such incidents – referred to by the Centers for Medicare & Medicaid Services (CMS) as “reportable events” – can swiftly overwhelm an organization that is unprepared to manage a crisis of this magnitude.

Customary incident response protocols may not suffice in emergency situations involving death or grave injury to a resident, or an external threat that affects the facility as a whole, such as an armed intruder. For events such as these, a comprehensive crisis response plan should be in place to help administrators and staff contain the situation, aid victims, and communicate with residents, family members, first responders, regulatory agencies and others. In the absence of such a plan, organizations may be more vulnerable to lawsuits, regulatory actions, and erosion of trust among residents, families and the community as a whole.

No matter the type of situation, effective risk control depends upon sound and tested response measures, implemented by a well-trained staff. This edition of *AlertBulletin*® focuses on the essential elements of crisis management before, during and after a serious adverse event.

Before the Event

Identify potential high-risk events. The most disruptive incidents are those that occur apart from the natural course of a resident’s illness or condition, as well as near-misses involving errors or equipment failures. The following situations, among others, should be considered serious adverse events:

- **Homicide**, whether at the hands of someone within the facility or an intruder.
- **Suicide**, attempted suicide or an act of self-harm resulting in serious injury.
- **Death or serious injury due to medication error**, contaminated drugs, medical device malfunction or some other source.
- **Elopement**, leading to injury or death.
- **Sexual abuse or assault** by a caregiver, visitor, vendor or other resident.
- **Physical assault**, leading to severe harm, disability or death.
- **Equipment-related fires or electric shock** occurring over the course of resident care.
- **Serious falls**, resulting in a fracture, neurological damage, grave injury or death.
- **Inappropriate use of physical restraints or bed rails**, resulting in death or serious injury.
- **Prolonged power failures** that adversely affect residents.

Incidents involving significant harm to facility staff or visitors, such as accidents and physical assaults, also are viewed as high-risk events that should trigger crisis response and reporting protocols.

Appoint a crisis management team or coordinator. Larger organizations often create a crisis management team, which immediately convenes in response to a serious adverse event. In multi-facility entities, such executive-level teams generally include the chief operating officer, chief medical officer, risk manager and general counsel. Facility-level teams typically include the administrator, medical director, resident relations representative, facilities/maintenance personnel and key staff members. Smaller organizations may choose to designate a crisis management coordinator in lieu of a team.

When crafting an organizational response plan, the crisis team or coordinator should prioritize the following actions:

- **Implement effective crisis management policies and procedures,** including communication protocols that maximize access to facility leadership.
- **Address barriers to reporting serious adverse events** by cultivating an environment that encourages open, two-way communication and allays fear of blame or repercussions.
- **Clarify the reporting process** and explain to medical providers, staff, residents and family members why it is so essential to document and report adverse occurrences.
- **Ensure that the reporting system interfaces with electronic healthcare records** and facilitates the compilation of event report summaries.
- **Develop an emergency database of contacts and resources,** such as organizational leadership, key staff members, crisis management consultants, major vendors, first responders and state regulatory agencies.
- **Appoint medical providers who are readily available** and qualified to conduct assessments of residents involved in occurrences.
- **Designate a resident-relations representative** to serve as the point of contact between the facility and resident/family, as well as a spokesperson for interacting with the media.
- **Direct staff to promptly alert emergency medical personnel** and local law enforcement, if necessary, and also to engage members of the extended care team, including the resident's primary care physician, a social worker and the chaplain, as appropriate.
- **Establish procedures for post-event notification** of families, executive leadership and the governing board, if applicable.
- **Form a post-event investigative team** and establish a clear reporting chain for communicating findings to the coordinator.
- **Create a post-event follow-up plan,** with the focus on reviewing findings, identifying causal and contributory factors, and determining and implementing corrective actions.

Prepare staff for crisis intervention. In the immediate aftermath of an event, staff must be ready to provide crisis intervention, including both physical and emotional first aid for residents. The following strategies, among others, can help ensure that staff members are prepared to prevent panic, stabilize an unfolding crisis and provide immediate support to affected residents:

- **Conduct simulations of crisis situations,** including table-top exercises, organization-wide drills, and internal and external testing of emergency communication methods.
- **Coordinate training and response efforts with professionals trained in crisis intervention,** including mental health professionals, social workers, and emergency response and law enforcement personnel.
- **Periodically review resident assessment protocols,** making sure that they incorporate both physical and mental health indicators.

In addition, be aware of the emotional needs of staff members who respond to a crisis involving severe injury or death. Post-event support should be offered through employee assistance programs and/or peer support groups. Also, consider appointing a professional who is knowledgeable about the event and trained in crisis communication techniques to act as an information resource and point of contact for affected caregivers.



During the Event

Stabilize the resident. In the event of serious resident injury, staff should be prepared to provide first aid, request additional assistance and safeguard other residents against harm. Training sessions should emphasize the need to call 911 promptly to summon emergency medical care and/or law enforcement, if necessary, and also to swiftly notify supervisors, administrators and risk managers of the situation.

Communicate with residents/families. Prompt and full disclosure of an event can help reduce anxiety and doubt among residents and family members. When making a disclosure, the crisis management team/coordinator should...

- **Acknowledge the nature and basic facts of the event**, with as much candor as available knowledge permits.
- **State the actions that have been and will be taken** in response to the event, in order to minimize its consequences.
- **Express compassion and sympathy for the listener**, thus helping re-establish rapport.
- **Relay the names and phone numbers of key organizational contact persons to residents and their relatives**, as well as information about local support services.
- **Refrain from issuing an apology until the crisis management team and leadership have decided to do so.** Consult with legal counsel on the wording of any offered apology.

Drafting Corrective Action Plans

- **Outline systemic corrective actions** that directly relate to the event's causal and contributory factors.
- **Assign responsibility for implementing corrective actions to specific individuals**, and include both their names and titles in written action plans.
- **Establish concrete timelines** in which to complete corrective actions.
- **Note who will evaluate corrective actions**, focusing on existing committees, if applicable.
- **Indicate alternative solutions**, in the event that improvement targets are not met.
- **Include the rationale for not making changes** in systems or practices, if applicable.

Appoint a scribe to enhance documentation. A designated scribe – selected from among the treatment team – can strengthen documentation of response measures, including the *who*, *what*, *where* and *when* of interventions, as well as *how* the resident responded. Scribes also should be trained to preserve materials that might be helpful for post-incident analysis, including equipment, medications, photos and time-stamped notations.

Manage media inquiries. In the wake of a crisis, public perception of an organization depends to some extent upon leadership's ability to handle media encounters, as well as to remain ahead of potentially damaging news and social media accounts. An effective media strategy typically includes the following actions, among others:

- **Designate a primary media contact** – i.e., an administrator who has final approval of all official statements and news releases – to speak on behalf of the organization.
- **Disseminate brief, factual and to-the-point accounts of the event to media outlets**, making full use of the organization's website and social media tools, while protecting resident confidentiality.
- **Craft a unified message for all media releases**, underscoring the organization's firm commitment to resident safety.
- **Promptly address false or misleading reports** via press releases, digital messaging and online postings.

After the Event

Conduct a debriefing. Debriefing sessions, typically led by risk management and/or performance improvement personnel, should take place in the immediate aftermath of an event. They are intended to help facility leadership and staff members determine if current resource levels are adequate to protect residents, and whether existing policies and procedures were adhered to. Participants should include administrators, medical and nursing directors, staff members involved in the event and any other individuals needed for a thorough, well-informed discussion. (The Agency for Healthcare Research and Quality offers a [debriefing tool](#) designed to guide teams through this process.)

Investigate the event thoroughly. Appoint an investigative team, which is responsible for interviewing participants in and witnesses to the event, gathering physical evidence and compiling a report. Investigative findings and related materials should be reviewed by legal counsel before being shared with any outside parties.

Determine causal factors. By performing a causal analysis, preferably within 72 hours of the event, organizational leadership can determine what went wrong and how similar events can be prevented. Root cause analysis (RCA) is a well-established methodology designed to help administrators identify system vulnerabilities and make necessary changes. (See “Major Causes of Serious Adverse Events” on [page 2](#). For guidance in conducting the RCA process, see “[Guidance for Performing Root Cause Analysis \(RCA\) with Performance Improvement Projects \(PIPS\)](#)” from CMS.)

The analysis should culminate in a corrective action plan, describing the strategies that the organization intends to pursue to prevent recurrence of the event. (See “Drafting Corrective Action Plans” on [page 3](#).) When appropriate, frontline caregivers should be included in the post-event analysis and action planning process, in order to ensure that their observations and insights are given due consideration.

Meet reporting obligations. Aging services settings that participate in Medicare and/or Medicaid are required to report occurrences involving threats to resident safety or wellbeing to state regulatory agencies. In particular, events involving physical or sexual abuse, neglect, misappropriation of property or financial exploitation must be reported to the state licensing authority. In addition, CMS requires reporting of care-related emergencies, equipment and power failures, armed intruder situations, natural disasters, and other crisis events, pursuant to [the Emergency Preparedness Rule](#). Finally, incidents involving medical device defects must be reported to the federal [Food and Drug Administration](#) within 10 days.

Serious adverse events cannot be predicted, but they can be prepared for. By creating a sound crisis management structure, as outlined in this publication, aging services organizations are better positioned to prevent or contain unforeseen situations, avert panic, aid injured or traumatized residents, and minimize potential liability.

Quick Links

- “[Event Reporting in Aging Services](#),” issued by ECRI, July 18, 2022.
- [Adverse Events in Nursing Homes](#), Centers for Medicare & Medicaid Services, last updated 9/10/2024.

CNA Resources

- *AlertBulletin*® 2022-Issue 2, “[Crisis Decision-making: Early Planning Helps Promote Better Outcomes](#).”
- *AlertBulletin*® 2022-Issue 1, “[Adverse Event Review: Enhancing Analysis, Safeguarding Data](#).”
- *AlertBulletin*® 2015-Issue 1 (Republished 2020), “[Active Shooter Response: Precautionary Measures Can Save Lives](#).”
- *CareFully Speaking*® 2024-Issue 2, “[Residents with Serious Mental Illness: A Practical Guide to Reducing Risk](#).”
- *CareFully Speaking*® 2021-Issue 2, “[Resident-on-resident Sexual Abuse: Taking Aim at a Growing Risk](#).”
- *CareFully Speaking*® 2014-Issue 3 (Republished 2019), “[Wandering and Elopement: Assessing and Addressing the Risks](#).”

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