

## RISK ANALYSIS:

# Bereavement Camps

Betty Norman, BSN, MBA, CPHRM

**M**any hospice organizations across the United States hold annual or semi-annual bereavement camps. These camps are specifically geared to children and their families and are found to be very helpful in the grief healing process. But because of the fact that these camps are for an especially vulnerable group, it is even more important to address all the important safety issues up front.



### Planning and Preparing for Camp

One very important risk management strategy is proper planning and preparation. The key to a safe and incident free camp is that there should be no surprises. While some organizations own the property where the camps are held, many have to contract with a campground for the use of their facilities. Before choosing a location, an on site visit is advisable. Many campgrounds have significant water hazards, such as swimming pools, rivers, or lakes. Should you decide to include water activities as part of your planned program, you will need to address the additional safety issues specific to that risk.

Cabins should be evaluated for safety and comfort level. All buildings that are used for sleeping quarters should be equipped with smoke detectors and fire extinguishers. It is recommended that you choose a camp that is accredited by the American Camp Association ([www.acacamps.org](http://www.acacamps.org)). The standards that are part of an accreditation process generally lay the framework for a safer organization. Issues that should be addressed as part of the planning process include:

- Planned Activities
- Staffing levels, ratios and maximum number of attendees
- Operational Policies and Procedures
- Abuse Prevention
- Emergency Preparedness and Management
- Education/Training

### Camp Structure and Activities

Day camps pose less risk for the organization since the hours are limited and observation and supervision of the campers tends to be more focused. Camps that include parental involvement and supervision are also less risky, since the parent retains responsibility for the minor. The format for the camp and the daily itinerary and list of activities should be established well in advance of the camp session. Senior management should review the planned activities, evaluating them for both content and safety.

### Staffing Levels and Ratios

In most cases, the staff or volunteer ratio to campers tends to be 1:1 (or even better in some instances). It is important that staff levels be established based on the anticipated number of campers. Higher staffing levels allow for closer supervision of the campers and more one-on-one interaction. It also keeps the focus on the individual child, rather than the group, which tends to have a therapeutic effect.

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Creating  
a culture of  
safety

## Risk Analysis: Bereavement Camps

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### Operational Policies and Procedures

There should be bereavement camp-specific policies and procedures within the Bereavement Program. Some issues to be addressed include:

- Documentation of camper-specific information including contact information, health/medication history, and consent
- General camp safety procedures
- Security procedures, including what to do in the event of a missing camper
- Management of a medical incident or emergency
- Completion of incident reports
- Utilization of contracted services, such as food services, facilities, lifeguards, etc.
- Communication procedures
- Transportation policies, if applicable

### Hiring Practices and Background Checks/Abuse Prevention

It is important that thorough reference and criminal background checks be performed on all counselors, employees and volunteers who will be working at the camp. If camp employees (such as dietary staff, cleaning/facilities staff, lifeguards, etc.) will be interacting with your patients/families, you should verify that background checks are required by their employer also. Background checks should include the National Sex Offender database and any applicable state sexual abuse registries.

When hiring staff, require at least three references. Child abuse prevention experts recommend that you include a family member in the reference pool. It is felt that a family member might be willing to communicate if they have any concerns or qualms about whether the potential staff member should be working with children.

There should be a clear policy in your organization that abuse of any type will not be tolerated. Camp environments often provide opportunities for staff to be alone with children, so policies should be established to prevent this situation from occurring. Double coverage or “two deep” policies will also help to protect staff and volunteers from false allegations of abuse.

## SUMMER SAFETY:

# First Aid Outdoors

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**B**asic safety is important year round, but with summer weather and activities, such as picnics, camping and outdoor sports events, it is important to expand and evaluate the basic safety focus. This means first aid and safety in the outdoor environment needs to be reinforced with staff, volunteers, patients and families. The essential elements of outdoor safety are identification of hazards, prevention and treatment.

### Emergency Preparedness and Management

Procedures should be in place for management of emergency situations. All staff should be aware of the steps to take in the event of a medical or other emergency, such as severe weather conditions. Policies and procedures for the office setting will not apply in an outdoors and uncontrolled environment, so it is important that prior to the camp, staff and volunteers review all pertinent procedures for the camp setting. It might be valuable to have at least one satellite phone available, since cell phone use is not always reliable in emergency situations.

### Education/Training

Prior to the start of each camp, there should be a training program to refresh the staff's knowledge of camp procedures, documentation requirements and safety issues. This should be in addition to any other organizational orientation and training requirements. Issues to address at a minimum include:

- Basic First Aide
- Health and Sanitation/Infection Control
- Food Safety (if staff will be involved in food preparation)

- Emergency Procedures
- Planned Activities and Safety Issues
- Staffing Ratios/Camper Monitoring and Supervision
- Abuse Prevention

### Summary: Creating a Culture of Safety

Creating a culture of safety depends on evaluating all the “what if” scenarios that might compromise the safety of a child or adult at camp. Taking a proactive risk analysis approach during the planning and preparation phase will alert you to potential safety concerns and allow you to minimize risk. Assigning one or two staff members as “safety experts” may serve to emphasize the priority of safety among all staff. Including front line staff in the evaluation of safety heightens the objectivity of the analysis and often serves to identify issues that management may not have considered. The bottom line is that safety should be everyone's priority and everyone's responsibility. That is what will make camp safe for everyone, staff and campers alike. ♥

### Poison Ivy, Poison Oak, Poison Sumac

To prevent exposure to the toxins from these plants, the ability to identify the plant is important. Once exposed the focus becomes care and treatment. Most people have been taught about poison ivy, "Leaves of three, leave it be," and this plant's leaves are shiny green. Poison oak resembles poison ivy, but is more shrub-like and its leaves are shaped like oak leaves that are much lighter and covered with "hair" on the underside. Poison sumac is a woody shrub, with seven - thirteen paired leaves and drooping green berry clusters. It is unusual for poison sumac to grow anywhere except wet and swamplike areas. Poison ivy is more common in the eastern U.S. and poison oak is more common in the southeast.

#### REACTIONS

Each of these plants emits the same poisonous, oily irritant, urushiol, from its stem, roots, branches and leaves. After contacting this oily substance, three out of four people react with a skin rash or irritation. The rash begins as quickly as a few hours after contact up to three to five days after contact.

It usually starts with itching, swelling and redness, which form into tiny pimples. The pimples turn into blisters from which clear fluid oozes that then hardens to a yellowish crust. Left untreated, the rash lasts three to five weeks.

Other vegetation with the same chemical, urushiols, are mango, cashew, and ginkgo trees. With mangos, an allergic dermatitis occurs if the fruit is peeled and the sticky juice is touched. If an individual eats the whole unpeeled fruit, severe dermatitis can

occur in and around the mouth. Just being downwind from poisonous vegetation when it is burning can cause severe and widespread allergic reactions in highly sensitive individuals. The smoke of the burning plants causes an allergic reaction within the nasal passage, airway, throat, as well as the lungs and the skin, and can lead to severe respiratory reactions.

#### PREVENTION

The best form of prevention is to avoid exposure to the plants. That means that in addition to being able to identify the plant, which is sometimes hard to do because of the heavy plant growth, it is also important to wear protective clothing such as long pants and long sleeved shirts. However, even if exposure is only suspected, wash exposed areas with soap and water within 15 minutes of contact. This is because the urushiol plant sap locks on skin proteins within 20 minutes of exposure. Exposure can result not only from live green plants, but also dormant plants, dead cuttings, contaminated clothes, gardening tools, camping equipment and pets.

#### TREATMENT

Once the rash is seen, treatment is focused on controlling the itching and drying up the oozing. An oral antihistamine, such as Benadryl, and topical creams, such as Cortisone, are often used. It is important to start treatment right away. With extensive or systematic blistering, it is sometimes necessary to take prescription oral steroids, such as Prednisone. This therapy consists of a higher initial daily dose that is decreased over a ten - fourteen day period.

### Stinging Insects

Detection and removal of stinging insect colonies, by an experienced, non-allergic individual is the first step to prevention. It is important not to leave drinks or foods around to attract these insects. Sweet food and beverages as well as perfumed scents, such as soaps and shampoo, attract stinging insects. Avoid the use of strongly scented hand cream, perfume, soap, aftershave, deodorant and other similar products right before going out doors.

#### TREATMENT

Once stung, if the individual is not allergic, the first step is to determine if the stinger is still attached to the skin. If so, do not pull it out, but rather scrape it off gently with a dull knife, or plastic credit card or driver's license. Then wash the area with soap and water, apply an ice pack or cold compress and cover with baking soda paste [baking soda and water]. Acetaminophen and over-the-counter medications taken for the pain or itching and local insect sting creams can be applied. [[www.umm.edu/non\\_trauma/bee.htm](http://www.umm.edu/non_trauma/bee.htm)] For allergic individuals, an individualized treatment kit should be carried and promptly administered while transporting the individual to a medical care setting.

### Spider Bites

Only two US spiders' bites are known to pose health concerns going beyond localized itching and redness — black widow and brown recluse. Both prefer warm conditions and are more active in summer and in warm climates.

#### Black Widow

These shiny small black spiders with a red hourglass on the underside release a toxin that damages the nervous system. Seeking medical treatment immediately is key to minimizing effects of the bite. Common symptoms include pain, burning; swelling and redness at bite site, seen as double fang marks. Generalized symptoms can include cramping pain and muscle rigidity, headache, dizziness, rash, sweating, swelling, tearing of eyes and eyelids, nausea, vomiting, salivating, general weakness, restlessness and tremors, often leading to lower body paralysis.

#### Brown Recluse

This small brown spider is about an inch in size and has a violin shaped mark on its upper back. Often found indoors in areas such as basements, attics and closets, it is also found outdoors. If left undisturbed it leaves people alone. This spider secretes venom that causes local tissue damage, but can also cause generalized symptoms. Common symptoms include immediate or delayed localized burning, pain, itching, or redness, a characteristic area, i.e., "bull's eye," around the bite, ulceration or blistering of the site and generalized symptoms, such as headache, body aches, rash, fever, nausea and vomiting.

#### TREATMENT

Once bitten, it is essential to seek immediate medical care. While transporting the individual to the medical care setting, the bite should be cleaned with soap and water, a cold compress, and an over the counter antibiotic cream and/or local insect sting cream applied. Acetaminophen and over the counter medications can be taken for pain and itching. The emergency care setting determines and carries out further treatment, with ongoing follow-up by the individual's physician as needed. With brown recluse spider bites, severe reactions can occur requiring hospitalization, systemic corticosteroids and surgery on the ulcerations. In order to avoid more serious complications, especially in children, prompt and thorough treatment is needed.

[[www.umm.edu/non\\_trauma/spider.htm](http://www.umm.edu/non_trauma/spider.htm)]

### Ticks

Most ticks do not carry disease, but there are several types of ticks that cause life-threatening conditions. Rocky Mountain Spotted Fever, Lyme disease, Tularemia [rodent to man plague-like disease], relapsing fever and ehrlichiosis are a few of the many conditions that can result from a tick bite.

#### Definitions/Initial Symptoms

- **Ehrlichiosis** - an abrupt illness consisting of fever, rash, nausea, vomiting and weight loss.
- **Lyme Disease** - a multi-stage, multi-system bacterial infection with red rash that can be itchy, hot or look like other minor skin problems. This leads to flu-like symptoms, then headache, stiff neck, muscle and joint aches, low-grade fever, chills, fatigue and poor appetite and arthritic-like symptoms, neurological, skin, eye and cardiac problems.
- **Relapsing Fever** - reoccurring fever, chills, headache, muscle and joint pain lasting up to 10 days.
- **Rocky Mountain Spotted Fever** - initial symptoms may be fever, nausea, vomiting, severe headache, muscle pain, lack of appetite followed by a rash.
- **Tularemia** - plague-like disease in rodents transmitted to man via infected tick bites.

#### PREVENTION

Ticks like wooded areas, low-growing grasslands, seashores and yards. You should wear long pants, long sleeved shirts and scarves at the neck when out of doors and tuck the pants legs into the socks. It is also important to apply insect repellent to clothing and any exposed areas. Effective insect repellent must contain 30% DEET. Be sure not to over apply to the skin and to wash off upon returning indoors.

#### TREATMENT

Treatment depends on the disease carried by the tick and the overall health and age of the individual infected. When removing ticks, use fine-tipped tweezers or notched tick extractors, and protect your fingers with a tissue, paper towel or latex gloves. Do not remove the tick with bare hands. Grasp the tick close to the skin surface and pull steadily upward in a straight direct pull. If the mouth parts break off, remove these with tweezers. Follow up with your health care provider if illness occurs. [[www.cdc.gov/ncidod/dvrd/rmsf/Q&A.htm#tick](http://www.cdc.gov/ncidod/dvrd/rmsf/Q&A.htm#tick), [www.umm.edu/non\\_trauma/lyme.htm](http://www.umm.edu/non_trauma/lyme.htm)]

## First Aid Outdoors

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### Risk Reduction

Key to reducing risks in the outdoors is preparation and education. In preparation, take time to assemble a first aid kit geared to the risks with the highest incidence in your geographic location. It is also important to evaluate the existing first aid supplies to make certain that they are not outdated, in good condition and to replace any missing or additional items needed in the kit.

### First Aid Kit

A basic first aid kit should include:

- Ace wraps
- Anti-itch crème for poison ivy or insect bites
- Antibacterial hand cleanser
- Applicators for applying antiseptic and cremes
- Band-Aids, cotton balls and dressing supplies
- Bee sting and sun relief crème
- Bug spray
- Disposable airway
- Disposable gloves
- Ice or heat gel packs
- Non-allergic tape
- Sunblock
- Triple antibiotic or other over the counter antibiotic crème

[Gingerich, 2006]

Individual bee sting/allergic reaction kits should be obtained and clearly labeled, along with a physician prescription for use. The kit should include a self-injectable dose of epinephrine [such as an EpiPen®], as well as oral antihistamine tablets, along with additional emergency medical supplies, such as adrenaline, intravenous fluids, cortisone injections, antihistamine injections and oxygen. All supplies should be safely stored, but available to staff and the individual should the need arise. In addition to prompt administration of the epinephrine and treatment, emergency medical care should be obtained because epinephrine alone might not be enough to reverse serious allergic reactions. Individuals with known allergies should also wear a medic alert identification bracelet or necklace. If there are known individuals with severe allergic reactions, avoidance of settings where there are non-stinging insects is recommended.

### Basic Safety Education

It is beneficial to reinforce basic first aid care and treatment with staff each year. They need to remember to don disposable gloves before beginning any care and treatment. If available, cool running water is still the best way to clean a cut or scrape. The wound can be held under running water or a container can be filled with cool water and water poured over the wound. Soap and a soft clean cloth are good cleansing tools, but staff should remember to tell the patient, that soap could sting and burn and try to keep soap out of the wound itself. If there is dirt in the wound, a small clean set of tweezers can be used to gently remove any dirt that remains after cleaning with running water. It is also important that stronger cleanser (such as hydrogen peroxide or an antiseptic) is not used for cleansing as these have been found to irritate the wound. [Gingerich, 2006]

### Risk Management

The best approach to management of risks associated with outdoor activities is to be knowledgeable regarding the wide range of potential hazards that exist within the environment and setting. In addition, it is critical to know if individuals attending programs, such as bereavement camps, have any known allergies related to these risks and hazards. With this knowledge, the staff can be educated and better prepared to handle situations should they arise. ♥

#### References/Resources:

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# The True Costs of a Data Breach

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Most organizations involved with patient care recognize the benefits of greater access to patient records through the use of technology. For example, electronic medical records, accessible on laptops or other portable devices via wireless connections, provide a huge benefit to the organization. More expedient and complete access to a patient's records provides the caregiver more information when they need it and in turn has a positive impact on the patient's level of care. Increased reliance on technology and its rewards however, means increased responsibility and risks.

In a previous *HCCIS Update*, we discussed the importance of data backup and recovery planning in the event the technology supporting a company's operations (and their data) fails. The unrecoverable loss of patient or customer data, work schedules, employee records, or perhaps even the organization's books of record would be disastrous. The overwhelming majority of organizations in all industries recognize the potential impact to their operations should their computer systems fail and data is lost. It's no wonder the percentage of companies that are planning to spend at least 4% of their technology infrastructure budget on backup and recovery has increased 39% over two years according to Gartner, a leading information technology research and advisory firm.

With so much emphasis on backups and redundant storage of data to prevent a loss, many organizations mistakenly overlook putting the processes and protections in place to prevent a data breach. A data breach for purposes of this discussion refers not to the loss of data (meaning it is gone and cannot be retrieved), rather, the exposure of the company's data to individuals or entities not otherwise authorized to have it. A glaring example is TJX Cos. Inc's breach of more than 45 million Visa and MasterCard account records compiled from sales in their retail stores, including T.J. Maxx. A regulatory document filed with the SEC on this incident reveals a severe lack of security governance by most security experts' measures. As a result, inadequate computer network protections enabled hackers to steal account information over an 18-month period.

### An Issue for Everyone

Think data breaches only happen to retailers and banks? Think again. According to a survey of 700 organizations across varying industries, 85% of those responding indicated their business had experienced a data security breach. The survey was conducted by the Poneman Institute, a research and advisory firm dedicated to data security

and privacy matters. While these breaches likely varied in the number of records exposed as well as in impact to their respective organizations, it underscores a significant point: no organization is immune to the potential for a data breach. Consider the data that hospice and home care organizations gather and use on a day-to-day basis. It is difficult for those entrusted with patient care to comprehend, but there is an element of society that is perfectly content to target hospice, home health and other patient care organizations for access to patient data. Such unsavory individuals can use social security numbers and insurance information for purposes of identity theft or fraud. Even more loathsome a scenario, the possible public revelation of a patient's disease or fatal condition can be used for blackmail or extortion.

### An Expensive Situation

The Ponemon Institute also tracks the costs associated with data breaches. The reality is that the financial impact of a data breach is more far reaching and costly today than it was even just a few years ago according to their recent surveys. The institute's 2007 Cost of a Data Breach report illustrates an overall 43% rise in costs relative to 2005. The study found that the total average cost of a data breach averaged \$197 *per compromised record*. For the organizations included in the study, total costs associated with the breach ranged from \$225,000 to \$35 million.

So what goes into such startling cost figures? While each situation is different, in most cases a data breach will require notifications be sent to impacted clients or customers as well as business partners, internal and possible external investigations as to how the breach occurred,

costs associated with implementing new technologies and processes to prevent similar breaches in the future as well as any resulting litigation costs. While an extreme example, TJX Cos. Inc's costs are estimated to exceed \$150 million, not inclusive of business lost from patrons and business partners whose trust in TJX Cos. Inc's data stewardship has been broken. In fact, a consortium of banks has sought damages from TJX Cos. because of their costs to issue a daunting 45 million new accounts to prevent further fraud and protect their customers.

### An Ounce (or more) of Prevention

With the risks and costs of a data breach increasing each year, what can organizations do to protect themselves while looking to leverage new technologies? Often the root cause of a breach is not traced back to a single weakness, rather a series of weaknesses permitted by lacking or ineffective security oversight. Deepak Taneja, CEO of Aveksa, a security compliance management firm, advises that when exploring new systems or technologies, data security needs to be part of the equation from the beginning and is really a combination of technology, people and the right business processes. Organizations need to have a firm grasp on what kind of data is traveling through the network and ensure that it's encrypted at every access point. Data access activity should be monitored continuously, as this can potentially reveal suspicious activity. (Why did it take TJX Cos. 18 months to realize their data is being stolen?)

And perhaps most importantly, policies and guidelines need to be put in place so employees, contractors, and other individuals in an organization understand the risks and the preventive behaviors that would help prevent a data breach. The best encryption technologies in the world won't matter when a laptop full of patient records is left open and unattended at the local coffee shop while the employee steps away to use the facilities.

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# Patient Safety and Abuse Prevention Act of 2007

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**A**s providers we are aware of the increased emphasis on requiring background checks, including state and national fingerprinting database searches, for direct care staff working within our organizations. Recently key initiatives have been underway, with the potential to result in a nationwide mandated system of background checks. While the initial focus was on the long-term care setting, the pilot demonstration program in the states of Alaska, Idaho, Michigan, Nevada, New Mexico and Wisconsin expanded this focus to include nursing homes, skilled nursing facilities, long-term care in-patient settings and home health providers. This demonstration study goes beyond local police department background verification. State and national clearance for individuals seeking employment is required. The approach used in this study was to integrate the states' systems into a coordinated streamlined approach that has an added level of screening, i.e. a federal background check via the Federal Bureau of Investigation [FBI]'s Integrated Automated Fingerprint Identification System.

## Background

In 2007 both the House and Senate, in a bipartisan initiative, supported legislation that addressed patient safety and abuse. The legislation, the Patient Safety and Abuse Prevention Act of 2007 [Senate Bill 1577, House Rule 3078] would serve to amend the Medicare Prescription Drug, Improvement and Modernization Act of 2003. This amendment expands the existing pilot program for national and state background checks of direct patient access employees of long-term facilities and other health care providers to a nationwide program. In addition, this legislation serves to amend both titles XVIII and XIX of the Social Security Act and mandates this screening in all states, regardless of the individual state's background screening requirements.

Special concern has been voiced that all health care providers providing direct care to the elderly be included in the final legislation and mandates. The model for this bill was the \$16.4 million pilot demonstration program conducted in seven states. These states were selected to improve the background checks of nursing home workers by linking their state registries with a federal criminal background check system.

## Provisions

Several other key provisions are included in this Act in addition to the background screening requirement. One key provision focuses on the timeliness for obtaining screening results. In this regard the Federal Bureau of Investigation (FBI) is charged with ensuring the FBI Integrated Automated Fingerprint Identification System is able to respond to the inquiry volume, store the findings and promptly retrieve individual fingerprints from its database.

Providers are prohibited from hiring known abusive workers, and if the direct care access employee is found to have been convicted of a crime following the initial national criminal history background check, several additional actions must be taken. If the prospective or current employee's fingerprint matches

prints on file with the FBI, the FBI must notify the state law enforcement department. The state law enforcement department is then responsible for notifying the health care provider of these findings.

## Nationwide Support

Early in 2008, as many as 41 states' Attorney Generals were in support of this legislation. In addition to this state support, several states' Medicaid Fraud Control Units have also indicated their support of this legislation [[www.naag.gov](http://www.naag.gov)]. The Chairman of the Senate Special Committee on Aging is one of the authors on the bill, which has also garnered support and endorsement from The American Health Care Association (AHCA). The AHCA, a group consisting of state health organizations, represents over ten thousand non-profit and for-profit assisted living, nursing home; developmentally disabled and sub-acute care providers. The American Association of Retired Persons (AARP) has also endorsed and given support to this bill, as well as the American Association of Homes and Services for the Aging, the National Citizen's Coalition for Nursing Home Reform and the Elder Justice Coalition.

## Pilot Study Findings

Recently released findings from the seven-state pilot study have supported the belief that conducting background screening of individuals seeking employment decreases associated risks to the wellbeing and safety of patients. In fact this study demonstrates that some individuals who know that their individual findings will not support hiring will choose to voluntarily withdraw their employment application. This occurred in a number of specific cases in New Mexico.

States varied in their expertise and readiness to complete the required screening and maintain a functional database that provided prompt turnaround on screening requests. Providers expressed concern regarding the potential delay in finalizing employment of much needed care providers, especially home care aides, but also a greater sense of security in the belief that new hires had

been comprehensively screened prior to provision of direct care. The time frame for turnaround of screening clearance varied from state to state due to individual state variances in capability and technology, as well as the steps in the process put into place.

The overall study findings for the 12-20 month period suggest that almost 4% of applicants for care provider positions in the selected states and provider categories, i.e., nursing homes, skilled nursing facilities, long-term care in-patient settings and home health providers, were found to have a history of abuse, conviction for a criminal offense or other related database findings. [Home Health Line, 2008] In fact overall results from all provider setting screenings indicate that 5,000 nursing home applicants were found to have a criminal history of elder and nursing home abuse.

### Elder Abuse Statistics

In a press release from the U.S. Senator from Maine Susan Collins, a member of the Senate Special Committee on Aging, the following statistics were cited. National statistics indicate as many as 84% of elder abuse cases are never reported and it is estimated that in Maine alone, as many as 15,000 senior citizens are the victims of abuse each year. If the Maine estimate is expanded to national numbers, the volume of senior citizen abuse and/or neglect is difficult to conceive. The frail elderly are included in this population group. These individuals are especially vulnerable to abuse and neglect, not only in care settings, but also within their own homes. [http://collins.senate.gov] This population group is increasing both within residential care settings, as well as in private homes, which results in family members and greater numbers of caregivers being needed to provide this care.

### Taking Action

In readiness for the anticipated final passage of Patient Safety and Abuse Prevention legislation, providers should take steps to assure they are ready to comply with its requirements by first evaluating the providers' existing screening and employment policies, procedures and processes. This means that it is important to make certain that policies and procedures are in place to assure reference checks and employment verification are completed, as well as education, credentials and licenses are validated, according to the policies and procedures

in place. Should the organization find that it has not established a comprehensive screening and verification process, then policies and procedures should be put in place to do so.

If criminal background checks are in place, as required by forty-one states to some degree at a state level [www.aging.senate.gov], it is important that providers take time to not only evaluate their state's system, but also the comprehensiveness of the checks being conducted. By comparing the existing system to the verbiage and requirements that are in the current bills, the provider will be able to determine that the organization's protocols either meet national and state clearance requirements or that revisions will need to be made.

Providers should also take a proactive approach to creating a statewide screening system that will support the additional volume. This can be accomplished by collaborating with existing state background systems to evaluate the system's capacity to expand and meet the projected volume before the legislation is passed and compliance is mandated. By preparing now to upgrade the existing resources and systems in place, providers will experience greater efficiency and readiness when the final legislation is passed.

One potential indicator that the applicant might

have a history of criminal activity or abuse is an individual who moves frequently from state to state. In the case of the pilot study, as noted earlier, a number of individuals declined a background check and withdrew their application for employment. A uniform system for checking an applicant's background is an essential hiring tool. And with the increasing number of Adult Protective Services reports of elder abuse, it is increasing in importance as both a risk identification and risk reduction strategy.

### Summary

For more information on the bill or to follow its progress, several online resources are available. They include the site of the US Senate Committee on Aging, <http://aging.senate.gov> and the government bill tracking service.

The specific link for the senate bill is <http://www.govtrack.us/congress/billtext.xpd?bill=h110-3078> and the specific link for the house bill is <http://www.govtrack.us/congress/bill.xpd?tab=summary&bill=s110-1577>. ♥

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## The True Costs of a Data Breach

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### **Notifications: \$1000. Litigation: \$220,000. Your Reputation: Priceless**

Arguably the worst aspect of a data security breach is the resulting damage to an organization's reputation. This would seem particularly acute for organizations directly involved in patient care. Patients (as well as federal and state legislators) are demanding organizations be stewards of their data as well as their health. Sure, the above is a play on MasterCard's now famous television spots, but it is no joke: can you really put a value on your organization's reputation? ♥

#### **Sources:**

Brenner, Bill. "SEC document offers clues on TJX security failings." SearchSecurity.com. 29 Mar. 2007.  
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Morency, John P. and Witty, Roberta J. "Disaster Recovery Spending Trends." 11 Apr. 2008 Gartner: Stamford, CT.  
Reynolds, Dan. "Med Mal Lessens its Pinch: But Allow Us to Introduce a New Malady-Medical Identity Theft." Risk & Insurance. 1 Oct. 2007.  
Westervelt, Robert. "Survey: Companies Disregard Data Security Breach Risks." SearchSecurity.com. May 17, 2007.

#### **Resources:**

Ponemon Institute, LLC ( <http://www.ponemon.org/> )

## Who to Contact

Hospice and Community Care Insurance Services • P.O. Box 2726, York, PA 17405  
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