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December 2, 2019

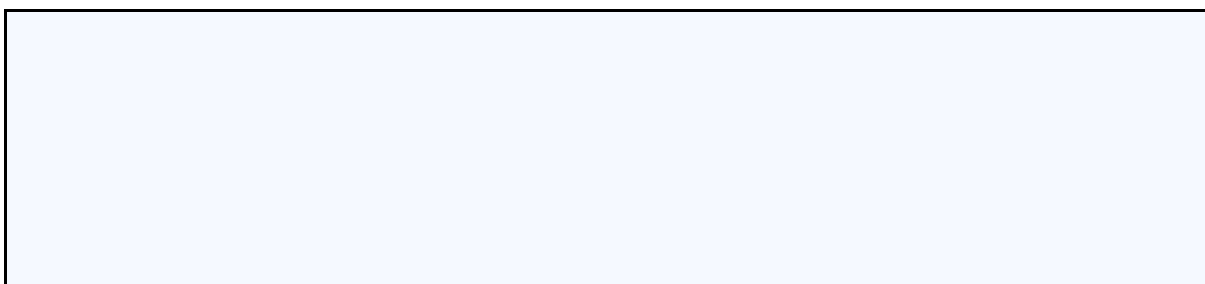
The graphic has a blue gradient background. On the right is a close-up of a silver stopwatch with a black face and white markings. The text 'Clint Maun's' is in blue, and 'MOTIVATIONAL MINUTE' is in large, bold, white letters with a blue outline. Below the text is a white box with a blue border containing the text: 'Here is a motivational minute from Clint that stands the test of time.'

**Eating Crow: Some people aren't able to admit mistakes.  
Are you able to eat crow?**

Some people let pride and ego get in their way. They set up their day so they'll never have to look bad. They don't want to fail or admit they've done something wrong. No one wants to be wrong all the time. However, successful people eat a minimum daily allowance of crow. In fact, they realize that admitting mistakes is even healthy. This takes risks and it also allows them to be looked up on as a normal human being by other people around them.

Successful people say things like, *"You were right, I was wrong. I'm sorry about that. I forgot. Let's try it your way, mine isn't working."* Successful people set up situation where they might have to eat crow just to get action on a certain issue. They say things like, *"I know you disagree with me, but let's try it this way. If it doesn't work, we'll try something else."* Crow, cooked the right way, is tasty, and it's even good for you.

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## Post-PDPM Implementation Webinar: What we know now!

On November 19, 2019, Clint Maun participated in a webinar presentation sponsored by [Mueller Prost CPAs + Business Advisors](#) regarding Post-PDPM (Patient Driven Payment Model) Implementation. Other key experts from the aging services sector included:

- Tiffany Karlin, [Mueller Prost](#)
- Shasta McClary-Brocious, [Mueller Prost](#)
- Leonard Lucas , [Love Funding](#)

The session highlighted aspects of PDPM including:

- A greater understanding of the operational effects of PDPM;
- Key areas affecting your Medicare reimbursement;
- Best practices and insights into marketing PDPM results; and
- Lean (HUD) guidance on PDPM.

For those not able to attend or wanting to review the presentation, see the resources below:

- [PDPM Rate Calculator](#)
- [Video replay of the presentation](#)

*(the presentation begins approximately 1 minute into the recording, so you may want to click to the dot indicating the start of the session)*



Don't forget that you can always take advantage of gleaning some of Clint's experience, hints, tips, and more by subscribing to his podcast. **It's free** and convenient to squeeze in handy nuggets of value everyday. With 380 episodes of short, bite-sized 8-12 minute audio healthcare topics, there is no shortage of valuable knowledge available that you can integrate into workplace *today!*

Give it a listen at [clintcast.com](http://clintcast.com)!



The Leading Edge

**Reducing Your Facility's Risk of Litigation:  
3 Simple & Effective Strategies**

Most skilled nursing facilities are all-too-familiar with the risk and reality of litigation brought on by residents and/or their families. In addition to costly liability insurance, some experts cite that every year, the average U.S. skilled nursing facility will pay out \$2,500 per occupied bed to defend, settle, or litigate claims. Moreover, according to Aon's Long Term Care General Liability and Professional Liability Actuarial Analysis, there appears to be a six percent annual increase in long term care loss rates and a four percent annual increase in claim severity, with the average claim estimated to cost \$232,000.

### **Why the Increase?**

In addition to the seemingly litigious society we live in, skilled nursing facilities have become a prime target for lawsuits. It's not uncommon to see plaintiff attorneys advertising on billboards across the street from a nursing facility or in local newspapers. Often, these advertisements will feature facilities that have been cited by the state for deficient practices or will ask if loved ones have been harmed, neglected, or abused in a nursing home. This can certainly plant the seed in a family member's mind that maybe there is something improper going on.

Although many lawsuits may be perfectly warranted, it's probably safe to say that the possibility of large payouts are indeed a motivating factor. In other cases, a family member may be experiencing guilt over their loved one's decline and death. Perhaps they promised they'd never "put mom in a nursing home" and are feeling guilt and are seeking someone to blame, and the facility where the decline and death occurred is a natural target.

### **How You Can Take Action**

Fortunately, there are some simple strategies that can help your facility improve care while also reducing exposure to liability:

- **Communicate honestly.** SNF staff should have open and honest conversations with residents. They should feel comfortable and confident about raising topics that residents and their families will most likely stay quiet about. For example, a resident may prefer their death to occur in the nursing facility, where their individual preferences are known to staff who care about them—yet often they are never asked about how they want their death to look in those terms. As a result, the outcome can end up much differently than desired and that's when you get very upset family and loved ones.

Additionally, staff should make a point to set realistic expectations. As an example, a physically weak patient with very poor nutritional status will likely develop some unavoidable skin breakdown. Yet this is often not discussed beforehand with the patient and loved ones, and as a result, the patient and family are usually surprised, disappointed, and frustrated. It's much better when the possibility of such occurrences is openly discussed, and expectations are set before they actually occur.

- **Show that you care.** Simply put, people have an easier time suing someone who doesn't know them or seem to care about them. Your facility is probably full of top-notch, caring, and special professionals who have a deep love for patients and their families. Encourage them to show their caring and compassion (while still following codes of conduct of course). It's critical to show humanity, compassion, empathy, and genuine connection to those you treat and care for.

- **Acknowledge errors.** There's evidence that apologizing when a medical error has occurred can actually reduce the risk of litigation. In general, promptly acknowledging errors is considered a best practice, along with explaining what happened in a transparent fashion and describing what changes will be made so that such an error will not occur again. Your facility's legal team or risk management consultants should be able to assist with these guidelines and protocol, but keep in mind that it's often extremely effective for an apology to be offered when errors are made.

*"Slowly is the fastest way to get to where you want to be."  
—Andre De Shields*



## Communication Corner

### What to do When Meetings go Off-Topic

Chances are, you've been in a meeting or team huddle when one of your colleagues raises a question or statement that is completely off topic. And if your team is like most, someone will usually say something like, "That's not what we're talking about now" or "Let's get back on track." These types of responses usually go on one of two ways:

1. The team member continues to press his/her off-track point, causing the meeting to drag on with members getting more frustrated.
2. The team member will stop participating for the rest of the meeting and with the team, keeping any valuable input to him/herself.

If you believe that those who ask off-topic questions are the problem and the solution is to get them back on track or stop them from talking, you may actually be the one off-track, believe it or not. Oftentimes, these team members are simply trying to gain understanding on an issue they don't understand or they're trying to offer their input but don't believe they have any other forum or opportunity to do so. Team members also make off-track comments when there isn't clear agreement on the meeting's purpose. So, what's the best way to manage these scenarios? Consider these tips:

- **Set a clear agenda and solicit feedback.** Team members can't get off-track if the team hasn't agreed about the topics and goals of a meeting or discussion. If your team doesn't explicitly agree on the purpose and topic for each part of the meeting, then team members will use their own understanding to decide what is on-track. Set an agenda before the meeting and clearly detail what will be discussed and why. Then, ask if anyone has any questions or has anything to add. This way you can clear items up before the meeting starts and you can keep a running list of additional topics the team wants to discuss.
- **Start the meeting with clarity.** Start your meeting by saying something like,

"Today we're going to cover XYZ. Does anyone have a different understanding, or think we need to add anything?" Even if you set the agenda prior to the meeting, this ensures that if people think other issues need to be addressed, they can say so. You then have the option to address the topic at that moment or add it to your list to be discussed at a later time.

- **Gather consensus before switching topics.** When moving to a new topic, rather than saying, "Okay, let's move on" say something like, "I think we're ready to move to topic Y. Does anyone have anything else we haven't fully addressed on X?" If some people aren't ready to move on, find out what needs to happen before they can move forward. This reduces the chance that people will re-raise issues that you thought had been fully discussed. When you and the team agree and make sure everyone is ready to move on, you are jointly designing next steps, which builds trust and commitment to decisions.

The next time a meeting starts going off-track, remember these strategies and keep in mind that a solid, long-term solution doesn't entail simply asking a colleague to get back on topic. Long-term success relies on getting clear agreement about the meeting purpose and topics and by giving time for what appears to be off-topic items. When you address things this way, you and your team can move faster and accomplish more in your meetings.

*"Bloom where you are planted."  
—Mary C. Daily*



## News You Can Use

### Recent Study Finds Behavioral Disorders Impact Hospitalization Risk

According to a recent study published in JAMDA (the official journal of AMDA – The Society for Post-Acute and Long-Term Care Medicine), residents of nursing centers who have behavioral health disorders (BHD) have a significantly higher risk of potentially unavoidable hospital admissions. The study also found that residents with Alzheimer's disease or related dementias (ADRD) had a lower risk of both potentially avoidable and potentially unavoidable hospitalizations.

Behavioral health disorders may include schizophrenia, bipolar disorder, depression, and substance abuse, the researchers said. Researchers identified a total of 439,822 hospitalizations overall for long-stay nursing center residents and reviewed nationwide claims data and assessment data for 2014 and 2015, including Minimum Data Sets.

Individuals with ADRD (with or without BHD) were less likely to have any hospitalizations compared with those with neither ADRD or BHD or BHD alone. In addition, the proportion of potentially avoidable hospitalizations was lowest among those with ADRD only.

Given the findings, the study's authors cautioned that state and national initiatives to

improve quality and/or cost efficiencies in nursing centers may have unintended and negative consequences for individuals with ADRD and BHD, and that further study is needed to better understand how such initiatives impact these most vulnerable of residents.

*"If you don't have a crazy Facebook friend,  
you are the crazy Facebook friend."  
—Jimmy Kimmel*



## Just For Fun

### When Helping the CEO Backfires

A young executive is leaving the office late one evening, when he finds the CEO standing in front of a shredder with a piece of paper in his hand.

"Listen," says the CEO, "this is a very sensitive and important document here, and my assistant has gone for the night. Can you make this thing work for me?"

"Sure," the young executive says.

He turns the machine on, inserts the paper, and presses the start button.

"Excellent, excellent!" says the CEO as his paper disappears inside the machine. "I just need one copy."



## Quick Links

[MaunLemke.com](http://MaunLemke.com)  
[ClintMaun.com](http://ClintMaun.com)

[ClintCast.com](http://ClintCast.com)  
[CareCrowdVT.org](http://CareCrowdVT.org)



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