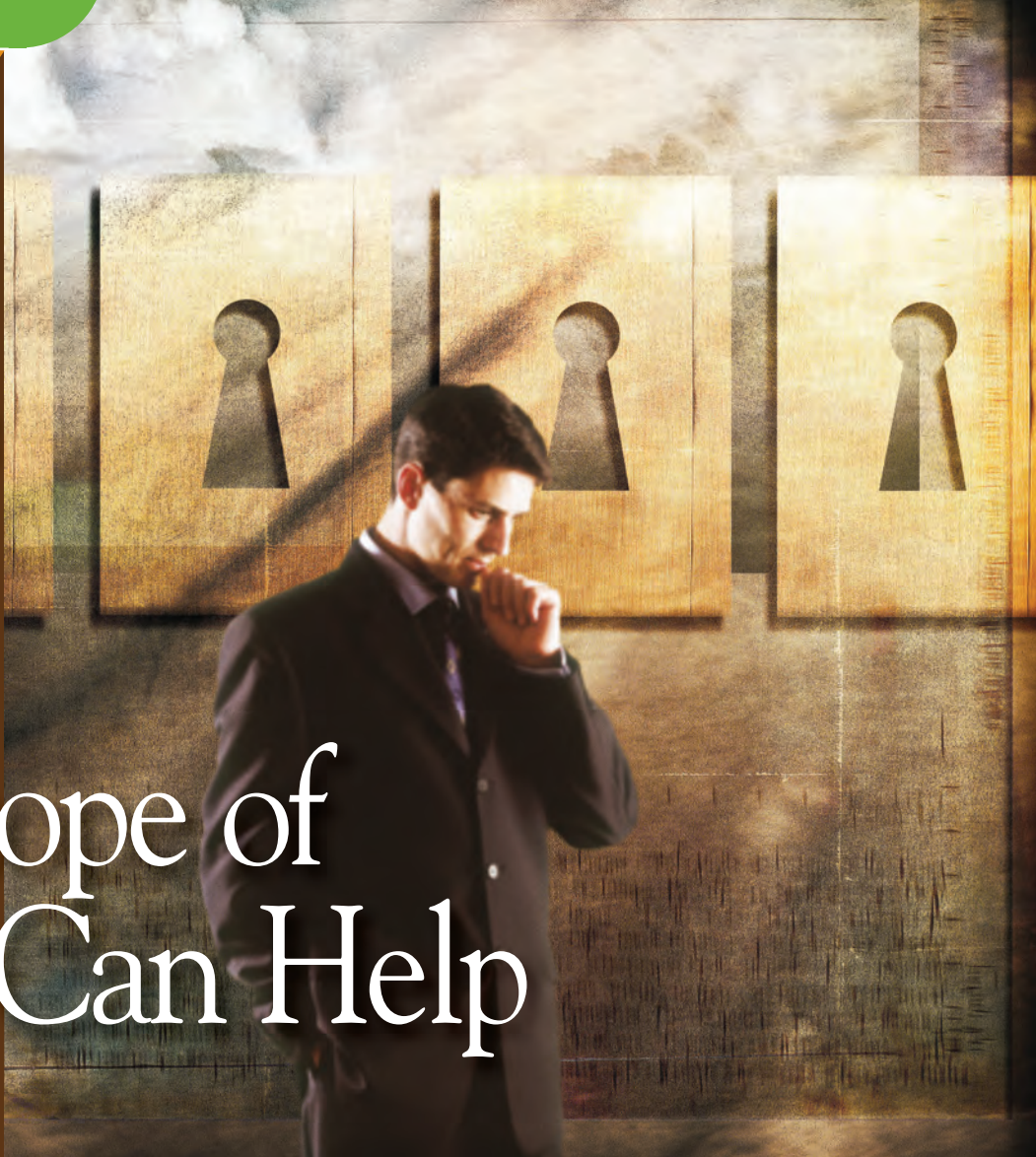


*Unsafe  
Mismatches  
Between Resident  
Needs and  
Care in Aging  
Services:*

# How Scope of Service Can Help

BY VICTOR LANE ROSE



**What do both these situations—which are based on actual events or lawsuits or on questions from ECRI Institute members—have in common?**

1. *As an aging services community adopts person-centered care and promotes aging in place, it gains a growing population of independent-living residents who need assistance with various services. Eventually, the provider determines that one resident requires a transfer to assisted living. The resident wants to stay in independent living and retain private care, but her care needs exceed that which state law allows to be provided in independent living.*
2. *In accordance with a preferred provider agreement, the hospital sends a referral for post-acute care. Although the person could benefit from rehabilitation, the prospective patient has multiple comorbidities as well—including a recent history of suicidal ideation.*

**W**hile these situations raise a variety of risk-management concerns, from lawsuits due to resident or family dissatisfaction to regulatory or licensure problems, the common theme in these cases is scope of service.

Scope-of-service challenges can financially harm an organization, especially given the liability insurance environment for aging services today. In a report about the realities of aging services insurance in 2019, Willis Towers Watson forecasts, “The senior living and long-term care insurance marketplace remains in stark contrast to the overall health care industry, with less favorable conditions for buyers due, in part, to rising frequency and severity of claims.”<sup>21</sup>

**Victor Rose, MBA, NHA, FCPP,**  
is Director of Aging Services with  
ECRI Institute.

The report cites several factors contributing to emerging risks in the sector, including the potential for class-action lawsuits alleging staffing, marketing, anti-consumer, and Americans with Disabilities Act (ADA) claims. The report goes on to project liability rate increases of 5% to 30%. (Willis Towers Watson).

### Mismatched resident needs and provider services: risk and liability

In the ideal situation, a resident's needs will fall neatly within the scope of service within a service line. However, the potential for harm for persons served and liability exposure for the provider can emerge when an organization admits a person whose needs fall outside the capabilities of a delivery system, because those needs cannot be met consistently.

Risks associated with such mismatches have the potential for great harm to all stakeholders and can even be deadly. Organizational processes that lead to mismatches are potential root causes of many different types of problems (Figure 1).

Many factors can result in these mismatches, each leading back to multiple root causes. For example, perhaps the delivery system was never designed to meet needs at that acuity level, staffing levels do not safely or consistently allow those needs to be met, or care-critical competencies do not exist to the degree necessary to deliver those services (e.g., intravenous medications). Thus, when a person is admitted to a care setting where these mismatches occur, risks related to unmet needs can exist from the start (Figure 2). Examples of such risks include falls, medication errors, delays in treatment, and even neglect.

However, care delivery systems need to be aware of the ever-changing needs of persons served within the scope of service. Because a person's needs tend to change over time, risk can develop as those needs drift beyond what the scope of service is capable of meeting (Figure 3). Thus, delivery systems must determine individuals' needs not just prior to admission, but also over time.

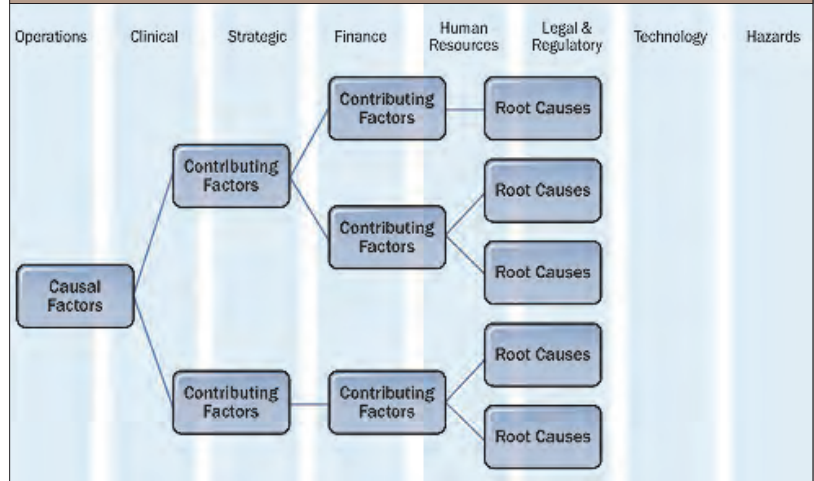
### Understanding scope of service

Processes for preadmission, admission, discharge, and transitions in care are at the very heart of every provider organization. These daily processes result in decisions that can either align with the scope of service or lead to mismatches between a person's needs and the scope of service within a service line.

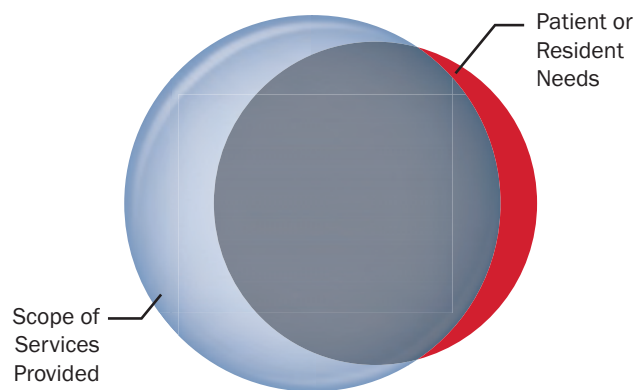
Scope of service describes the many types of care and services a delivery system provides to care for and support the ongoing health and needs of the person served. It thereby helps draw a picture of the organization's capabilities.

Benefits of having a well-defined scope of service for each service line include the following:

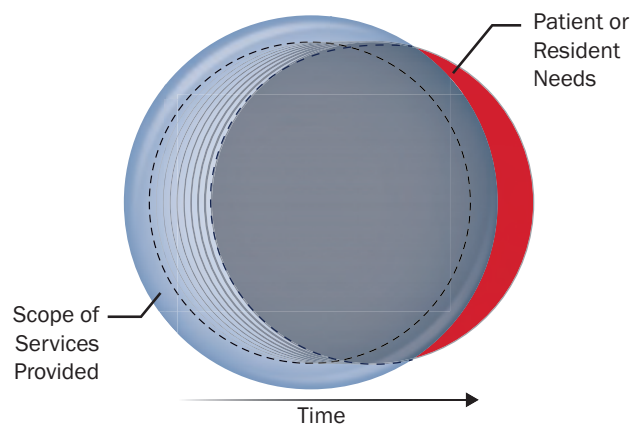
**Figure 1. Root Causes across the Domains of Enterprise Risk Management**



**Figure 2. Mismatches at Admission, Creating Risk**



**Figure 3. Mismatches over Time, Creating Risk**





### Case in Point: CCRC Decision to Transfer Independent-Living Resident Not Discriminatory, Court Rules

A decision by a continuing-care retirement community (CCRC) to transfer a resident to a higher level of care did not violate the ADA or the Fair Housing Amendments Act, a federal district court in California has ruled. The resident had resided in independent living for about 13 years when she was hospitalized. The CCRC determined that she needed to move to assisted living or skilled nursing on her return.

The resident sued the CCRC, alleging violations of federal antidiscrimination laws. The court found that the CCRC's policy of transferring residents to higher levels of care when necessary did not constitute disability discrimination because it was not applied less favorably to people with disabilities as a group. Rather, the transfer policy complied with state regulations and upheld the CCRC's continuum-of-care model. The court also found that

the resident required a degree of care that the CCRC could not legally provide in independent living and could not delegate to privately paid assistants. Further, the ADA did not require the CCRC to provide accommodations that would fundamentally alter the nature of its business, the court opined. The court granted the defendants' motion for summary judgment. (*Herriot v. Channing House*, 2009 U.S. Dist. LEXIS 6617 [N.D. Cal. Jan. 29, 2009].)

- It provides a framework for making decisions about admissions, transfers, and discharges of individual residents, helping to determine if the service line can meet each individual's needs.
  - It supports decision makers when they determine that the service line cannot meet the individual's needs.
  - It promotes realistic expectations and a shared understanding among stakeholders and guides development of materials like admission agreements, marketing materials, and brochures.
  - It guides management decisions and policy development, such as expansion of services and contracts for additional services.
- Mapping out service lines and considering the degree of overlap

between scopes of service can also help to identify potential gaps between service lines (Figure 4), where those served might fall through.

Conversely, a lack of service-line definition can compress scopes of service and service lines so much that it becomes difficult to distinguish where one service line starts and the other stops (Figure 5). Industry forces can unintentionally contribute to this compression. For example, with person-centered care and aging in place, customer expectations can change rapidly, and organizations may feel considerable pressure to expand each scope of service in order to serve higher levels of acuity in environments that in fact have inherent delivery-system limitations. These pressures can make it difficult to match an

individual's needs with the care and services available, or even permitted, within a service line. Because truly person-centered care takes into account not just the individual's and family's wishes, but also the individual's needs, scope of service can enhance person-centered care practices by helping to define a shared understanding of capabilities and expectations. It also contributes to relationships that mutually respect the independence of the person served and the duty of care that is established when a provider shoulders the responsibility of care.

Figure 4. Service Line Gaps

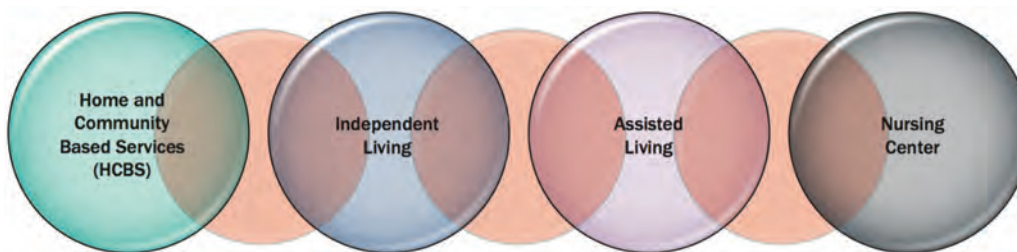
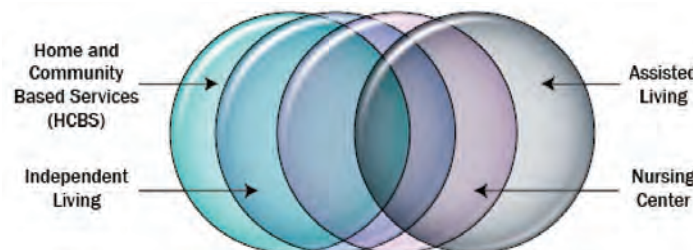



Figure 5. Overlapping Services





**Scope-of-service challenges can also financially harm an organization, especially given the liability insurance environment for aging services today.**

## The big picture

Many elements influence scope of service, including changing customer needs and wants, organizational capabilities, regulations, competition, new services and service

lines, and technologies. Once developed and put in place, scope-of-service documents serve as management tools that help shape effective policies, guidelines, and decision making to match a person's needs with care and services necessary to meet them. Therefore, they also help manage risks by inhibiting the occurrence of adverse events rather than proliferating them.

## Action recommendations

- Develop and maintain a written scope of service for each service line.
- Focus on preadmission and admission assessments to ascertain the needs of the person served.
- Establish a multidisciplinary preadmission screening and decision-making process based on the scope of service for each service line.
- Review regulatory guidelines and requirements when developing, reviewing, and revising scope-of-service documents.
- Involve your organization's legal counsel when creating scope-of-service documents.
- Maintain consistent communication about care and services, both in print and on the organization's website and social media forums.
- Establish a decision-making process and identify positions that may accept, decline, or transition prospective and current residents.
- Regularly review scope-of-service documents, and amend them as necessary.

To read more about the role of scope of service in aging services, download the ECRI Institute white paper "Mismatched Needs and Services Can Lead to Harm: A Systems RETHinking Approach" at <https://www.ecri.org/aging-services-white-paper/> <sup>3</sup> **MPL**

For related information, see [www.ecri.org](http://www.ecri.org).



## References

1. ECRI Institute. Mismatched needs and services can lead to harm: a Systems RETHinking approach. 2018 Oct [cited 2019 Jan 30]. <http://www.ecri.org/systems-thinking>.
2. *Herriot v. Charming House*, 2009 U.S. Dist. LEXIS 6617 (N.D. Cal. Jan. 29, 2009).
3. Willis Towers Watson. Insurance marketplace realities 2019—senior living and long-term care. 2018 Nov 6 [cited 2019 Jan 30]. <https://www.willistowerswatson.com/en/insights/2018/11/insurance-marketplace-realities-senior-living-long-term-care>.