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THE PAST FEW years have seen an explosion of technological developments in our personal and professional lives, and there appears to be little evidence that this will slow in the long term care provider community. The need for opportunities to create efficiencies and improve quality, along with changing consumer preferences, will create the need for the provider community to be able to adapt the way they provide care and services. Couple these with the significant push on both the state and national level towards Health Information Technology, and we can expect that there will be significant changes coming down the road very soon.

While Continuum can’t provide all the answers to the technology questions (partly because we can’t even predict some of the questions), we have attempted to spark provider interest in continuing their technology journey, while pointing out some of the cautions that come with these advances.

We encourage Wisconsin’s long term care provider community to continue to lead in the area of openness to new ideas and the exploration of how we can still perform better to best meet the changing needs of those that you are privileged to serve. Come on in, the water is fine...but look before you leap.

As always, comments and reactions are welcomed from readers at continuum@whca.com.

Sincerely,
Brian R. Purcell
WiCAL Executive Director
and
Erin Celello
WHCA/WiCAL Director of Communications

There will be significant changes coming down the road very soon.

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Are Your Employment Practices Consistent with Modern Realities?

By Mindy Rowland

IF YOUR EMPLOYEE handbook was drafted even just a few years ago, chances are it was drafted before (1) every one of your employees owned a cell phone and carried it religiously, (2) texting was commonplace, (3) cell phones had photo and video capabilities, (4) your employees were addicted to Facebook, Twitter, MySpace and RSS feeds and (5) Internet usage was more common than using the telephone.

These technological advances present a multitude of challenges for employers, some of which are obvious, but many of which are not. For example, most employers have Internet usage policies that limit the amount/type of usage by their employees, but how many prohibit employees from using cell phones for work purposes while driving? Would you want your employee distracted by speaking, texting or surfing while transporting residents to an appointment? Likewise, while it is understood that resident photos are only to be taken and used by authorized individuals, do your policies clearly lay out these restrictions, much less addressing employees from posting those pictures on social networking sites such as YouTube, Facebook, MySpace and the like? While it might seem self-evident, times are changing and policies should reflect such changes.

The consequences of failing to spell out for your employees exactly what they can and cannot do with their newfound technology can have a devastating impact on a business, especially in a long term care setting. Such consequences go far beyond the typical reduced productivity resulting from an employee making personal calls, texting or surfing the Internet on work time. Imagine the following scenario: a Certified Nursing Assistant decides to take pictures of residents from her cell phone. Sounds harmless, right? But let’s say she decides to make the pictures a little “funnier” by placing incontinence brief on a resident’s head while the resident is on the toilet. Let’s then say she thinks it is so funny that she posts it on her Facebook page for the world to see, or perhaps e-mails the picture to a resident’s family member mistakenly believing the family member will find it humorous. Just like that, the behavior is no longer harmless and quickly escalates into a quality of care issue.

If you think this scenario is far-fetched, unfortunately it is not. Employees in the long-term care field have been caught doing, not just that precise example, but even more.

Setting aside the quality of care issue, from an employment perspective, the most alarming part of these scenarios is that the employer has no knowledge or control of these activities because the employee is using her own cell phone for the behavior. It is not until the facility is contacted by a resident’s family, a conscientious co-worker or a government agency that the activity is caught. By then, the damage is done and the facility is reacting, rather than preventing the behavior in the first instance.

While many current handbooks have general provisions prohibiting unprofessional behavior in the workplace and certainly the inappropriate use of technology described above is covered by such a policy, it is simply not enough. It is recommended to implement policies specifically aimed toward employee’s mobile phone and wireless device usage:

• **Prohibit personal cell phone use.**
  Enact a policy prohibiting personal mobile phone use and possession of those phones during working hours.

Technological advances present a multitude of challenges for employers, some of which are obvious, but many of which are not.
If the employee must have a phone on his/her possession during work hours, consider purchasing a company mobile phone for company use while the employee is working. We don’t recommend simply reimbursing employees for their personal mobile phones if they’re used for business purposes.

- **Protect and maintain resident confidentiality.** Enact a policy providing explicit directives regarding protection and maintenance of resident confidentiality. State and federal law prohibits the unauthorized release of protected health information. An employee e-mailing even the most basic or innocuous information about a resident or posting information on Facebook, MySpace or YouTube very well may be violating your residents’ privacy, confidentiality and dignity rights. Likewise, nursing homes and assisted living facilities may face liability by such resident’s rights violations.

- **Make clear that authorized photographs or images are the property of the facility.** Enact a policy that makes certain employees understand that even authorized photographs and images are the property of the facility and that such images cannot be distributed outside the facility without its express permission.

- **Limit Internet use.** Today, it is often unrealistic to prohibit employees from using the Internet completely. However, use should be limited. Enact a policy that sets the parameters for Internet use, both during working hours (for business reasons) and during break time.

- **Make known the consequences of disregarding these policies.** Be sure to specify the consequences for an employee’s failure to abide by your policies, and follow through.

- **Train employees.** A policy is only as good as it is known. Simply adding an addendum to your handbook will not suffice. Train your employees. Provide them examples of what is inappropriate. And, importantly, have your employees certify that they were trained on these policies.

The time to amend your handbook to address technology in the workspace and the time to train your employees on your new policies is now, before you find out that your employees are doing any of the above.

While it is not encouraged to constantly be changing employee handbooks, regular review to assure these are reflective of current issues is strongly recommended. Drafting new handbook provisions is not always easy, and it is encouraged that counsel be involved to review draft policies before they are adopted and implemented.
Taking the “No” out of TechNOlogy
IT WOULD BE a leap to confuse the long term care community with the dot com world. There have certainly been advances in recent years, but the penetration of technology, in its many forms, has not swept the profession. There are many reasons (and excuses) for this reality, but luckily, there are several key things providers can do to help capitalize on technological advances in their facilities – both helping with staff workload and improving the quality of care and life for facility residents.

The past ten years has seen an absolute explosion of technological advancements, in both personal and professional realms. Just look at what people carry in their pockets: even the most basic of mobile phones has ten-fold capabilities from the first phone many probably had, while the latest “smart” phones have as much – if not more – capability than the average desktop computer. Within the past few years, as people have become more comfortable with technology at home, they have also begun to open up to technological advances in their professional lives, thus eliminating one major obstacle to embracing technology in the workplace – basic knowledge of and familiarity with it. In recent years, we’ve seen long term care facilities put up websites, set up computer labs, and integrated the Nintendo Wii and other computerized games into their activities planning.

However, more can still be done. In order to remain competitive, maintain their workforce, and just as importantly, meet the changing demands of regulators, residents and family members, providers must embrace the reality that technology coming for them and becoming the norm in long term care is one, not of if, but when.

A range of solutions for business, operations, care and quality of life all can be found in existing and emerging technologies, but it is up to each provider to evaluate, integrate, and take advantage of what modern technologies have to offer.

WHAT WE TALK ABOUT WHEN WE TALK ABOUT TECHNOLOGY

“Technology” is such a broad word, a vast umbrella that encapsulates everything from hardware such as computers and handheld PDAs, to search engines and wikis, and most everything in between. So how do you know what advancements might apply to the LTC community? For purposes of this article, we’ll be thinking about and looking at some of the following:

- Information management
- Educational training and clinical research
- Marketing
- Assistive technology
- Medication management
- Technologies to enhance interactions with families and friends
- Activities
- Fall protections
- Wander management
- Assistance call systems
- Assisted cognition products (“cognitive orthotics”)

Change does not come quickly to the long term care community. Some of this is due to the simple fact that ultimately, care requires individual, one-to-one contact – and a lot of it, too often from caregivers who must perform their duties while woefully understaffed. And while robotic advancements have been made in recent years, these will never replace the direct touch of a caregiver. However, advancements exist that would improve care and service delivery while at the same time enhancing the lives of the residents served, yet, for many reasons, have not been embraced by providers.

A December 2005 report from the Department of Health & Human Services Office of Disability, Aging and Long Term Care Policy called, “Barriers to Implementing Technology in Residential Long-Term Care Settings,” identified five themes that emerged as potential roadblocks to taking advantage of technological advancements:

- Lack of information about technologies as they relate to the residential long term care market;
- Perceived lack of financial resources to develop and purchase residential long term care technologies;
- Failure of regulatory process to keep pace with technological advances;
- The provider community’s lack of standards for technologies relating to residential long term care; and

Consider forming a technology council or committee.
The most important key to success is advance planning.

- Providers’ lack of knowledge and experience with implementing and managing technological change.

A few years have passed since this study, and there has been some shift in thinking and skills since the data was collected, however, the research is solid in identifying the general categories of barriers. While it’s nearly impossible to address the full scope of these barriers in a single article, we can address several of the themes that researchers have identified, and as a result, help providers continue looking for ways to use technological advancements to improve staff efficiency and quality of resident care.

MANAGING FOR SUCCESS: INTEGRATING TECHNOLOGY FROM THE GROUND UP

The greatest software program or assistive devices in the world are rendered useless – or in some instances, actually counterproductive to staff – if employees are unable or unwilling to use them.

In interviewing providers and stakeholders within the LTC field, it is clear that the baseline knowledge level of providers and staff has improved dramatically in recent years as individuals become more comfortable with personal technology. However, comfort levels of some do not translate into a knowledge explosion paving the way for all to embrace any and all advancements.

If there is one resounding theme amongst stakeholders and providers who have jumped on the technology bandwagon, it is this: first and foremost, get buy-in from your staff. Adopting and integrating new technologies will rarely be successful if you mandate use. Instead, involve staff with the decision.

Consider forming a technology council or committee made up of administration and staff members to be a forum for evaluating products, services and advancements and to evaluate pros and cons and identify potential issue areas with prospective technologies. This group of individuals would be ideally comprised of various disciplines within the facility so as to be able to bring input from all sectors of the facility. Leadership should have a seat at the committees, along with the Privacy Officer (or similar title) to contribute their expertise in privacy/confidentiality issues.

At the very least, enlist feedback from employees about concerns they might have and possible problems they might see in implementation, then work with them to construct a plan for adoption. These employees are the “boots on the ground” in your operation, and while some might be adverse to technology out of personal fear, most will be able to offer honest questions or concerns based on their skills and day-to-day responsibilities. Engage them, listen to them, and watch your success rates of implementing new technologies soar.

FASTER HORSES AND HORSELESS CARRIAGES

Henry Ford said that if he had “asked his customers what they wanted, they would have said, ‘faster horses.’” Simply put, people by nature are comfortable with what they know, and would rather improve on that than jump into something they don’t. The same is true with adopting new technology in the workplace.

However, an unwillingness to adapt to change due to a lack of understanding is no longer a viable excuse. Consider today’s incoming college freshmen: they text faster than most people can type, they have never known a world without e-mail, they know social media like Facebook and Twitter inside and out, and many can create websites or write computer code – all without being formally taught any of it. So how did they learn so much, so quickly? Simple. They tried it out and sought out what they didn’t know.

Have a question about importing or exporting data between Excel and Outlook? Need to know how to pull a single page from a PDF document? Want to learn how to modify an existing Wordpress design template to accommodate your logo or graphics of choice? Don’t wait for a class to become available; do what today’s teens and tweens have been doing for years: look it up on the Internet.

The need for employers to equip their staff with a base of knowledge...
about technology hasn’t disappeared. For some, the most basic of instructions must be provided, while for most others, instruction will augment basic skills that staff already have. However, even without formal training, employers and employees alike can take better advantage of all sorts of technology simply because of the wealth of free information currently available.

Years ago, when computers and software were complicated, burdensome and frustrating, failing to adapt was a legitimate excuse. But not today. While there are certainly classes and consultants available to train staff on, for example, computer basics, there are no-cost options available simply by logging on to the Internet. Youtube.com, for example, is no longer a repository for silly videos or home movies. Now you can find tutorials, step by step explanations, training videos, and manuals that are relevant to skills training of all kinds.

To demonstrate, enter “Excel tutorial for beginners” into Youtube’s search bar. This yields no less than 185 videos, five to ten minutes in length, that walk the viewer through things like “setting up a simple spreadsheet,” or “creating a chart or graph.”

Consider how much more effective your next training on fall prevention might be if you were able to provide staff with a visual depiction of your performance efforts to date, compared to the goal that you have established. All this is possible with Microsoft Excel, which is installed on nearly every computer. Providing visuals of performance drives the point home of where you were, where you are, and how far you have to go to reach the goal you have set. And you can learn how to do it all with a quick Internet search and click of your mouse.

Putting aside a discussion on electronic health records, consider the day to day tasks that consume a few minutes here and there (which quickly add up to hours of time) that could be reduced or eliminated if you step back and ask “isn’t there a better way to do this task”. Take that question or issue from your head and enter it in to a search engine, you will be surprised at what you will find. Free productivity applications are readily available, e.g., GoogleDocs or Microsoft OpenOffice. Countless tutorials are available for just about any of the features for either of these powerful applications.

**BEING AN OSTRICH IS NOT An OPTION**

Of the barriers that have been identified, knowledge is a factor that providers can most easily control. Just as nurses are expected to stay on top of clinical developments, so too should we all be striving to continue our professional development in the area of technological advancements.

A common sentiment is, “I’m too old to learn how to do X.” This, though flies in the face of statistics, which tell us that the largest and fastest-growing segment of Internet use is being led by those between the ages of 70 and 75. The Pew Internet & American Life Project, reports that this age group has increased Internet use more than any other since 2005. While Internet use is not the ultimate measure of tech-savvy, it does demonstrate that lifelong learning includes not only those younger, but also those who are older than the current workforce.

If you can navigate the Internet, you can begin your training towards greater technological skills. Let Google (or “the Google” for older readers) be your path to instruction. Surfing the “net” for professional (as opposed to recreational) uses will open doors that you considered closed to you and your staff out of fear or misconception.

**LOOK BEFORE YOU LEAP**

When bringing technology into your facility, whether electronic medical records or YouTube instructional videos, the most important key to success is advance planning. Determine what your goals are and how this particular technology is going to help you reach them.

In addition, evaluate your current systems – from communications to record keeping. If you’re doing things “the old fashioned way” and that system isn’t working well, adding technology to the equation is only going to complicate matters – not simplify them. Make sure you have a good, solid, workable system in place first. Then look to technology as a way to enhance it.

Likewise, it’s important to be up-front with employees about what is expected of them under the new, technologically-advanced system. Is this new technology going to require more of them at first? How steep is the learning curve going to be for your employees? Make sure to tell them that whatever new technology you plan to integrate might not make things easier overnight, and then lay out the goals that you hope to and believe it will achieve in the end, as well as how long you anticipate the integration period to be.

The same cautions about throwing computer applications and electronic record systems at employees applies to the growing body of technological devices aimed at improving resident quality of care and quality of life. You can’t expect staff to embrace the latest in fall prevention devices, eMAR, bathing options, wander protection or call systems if these are simply thrust at them. Engage the various disciplines in the selection of items, assure proper training and provide feedback/monitoring loops, to assure that the intended benefits are realized. The greatest time saving or clinical device is of no use if staff are unwilling or unable to actually use these.

**EXPECTING THE INEVITABLE**

Planning now for new technologies isn’t just another thing to consider doing, it’s a necessity. As more and more of the medical field enlists the help of technology, creating a swell of advancement, long term care will be swept along with the current. But there’s still time to chart a course and sail out in front.

**Brian Purtell, WiCAL Executive Director and WHCA Director of Legal Services, is also a partner at DeWitt Ross & Stevens S.C.**

He can be reached at bpartell@wical.org, brian@whca.org, or brp@dewittross.com
Find the Fun!
Improving Resident Quality of Life through Technology

DURING QUICK REVIEW of regulations for nursing homes and assisted living providers, one will find the following terms throughout: quality of life, self-determination, social participation, individualized activities, resident leisure time activities, social and leisure needs, homelike, accommodation of needs, preferences, person-directed care. These expectations indicate a continued movement towards individualizing the services provided to residents. Just as importantly, the customer demands and preferences are changing regardless of regulatory dictates, and there definitely a place for technology innovation with regards to quality of life.

News stories from Wisconsin and across the country frequently highlight how providers are using the Wii gaming system for therapy and social opportunities. While this is just one example of incorporation of new devices to fill a need, a wealth of other opportunities exist for providers who listen to resident and family desires and who look to innovation to meet these growing expectations. Providers can seek out opportunities at little or no cost that will enhance residents’ experience with advancements that are common in individuals’ homes, but are only beginning to emerge in the long term care field.

With the continued push and expectations that providers individualize resident activities and leisure opportunities, meeting identified preferences or needs might at first seem difficult. With a little creative thinking, thought, specific or related opportunities can be easily provided.

- **Computer games:** While most residents may not be interested in the games that the kids enjoy, there are limitless options for games that residents may enjoy but are unable to find suitable partners. Chess, cards, backgammon, puzzles, crosswords, are but a few are available either through cheap software or on-line. Consider a resident who through staff assessment has expressed his life long passion for chess or a particular card game, yet there are no other residents or staff are able to or are skilled enough to challenge the resident. Free chess games are readily available for download, as are on-line games like Sudoku or Solitaire. While there might be a bit of a learning curve for such an individual, and minor accessibility adaptations might be necessary, it would take little effort or resources to set a resident up with games and to teach that resident how to maneuver the game (hint: it also might present a great inter-generational program opportunity if one were to partner residents with local high-schoolers).

- **Social needs and interaction:** Keeping in touch with families and loved ones is an essential need for residents, but distance and time pressures might make these more difficult. Creating wireless hotspots...
or facility-wide Internet access may allow a son or daughter with work pressures to visit more often if that family member knows that he or she will be able to bring a laptop and do some work from their parents’ bedside. Resident might also be able to use Skype, a free video phone system that allows users to make “calls” with video and audio over a simple Internet connection. Suddenly, with Skype, grandchildren who live in other states are only a mouse click away for the resident.

- **Entertainment:** Video on Demand, TiVo/DVR units, on-line movies and television shows, all cut the traditional constraints on offering residents individualized entertainment. No longer does a resident have to choose between their favorite show and the card game that is held at the same time. Staff and residents are no longer limited to the CD (or LP) collection for music enjoyment. With iTunes (with minor costs) or free sites like Pandora.com, residents can have access to just about any musical genre that they prefer. In addition, sites like Hulu.com let residents watch their favorite TV shows, both current-day and from years past, and Youtube.com contains movies, documentaries, and educational opportunities, making a wide variety of entertainment options only an Internet connection away.

In your efforts to individualize the care and services provided to your residents, don’t discount the technology options. The wireless world does not stop at the facility door, residents and their families will continue to press for the options that they have at home, at the coffee shop, and just about everywhere else. Inexpensive computers, particularly when one does not need a complete software package included, are readily available to facilities and staff. Encouraging use, or even providing some on a “check out” basis, may enhance options for resident benefit.
HEALTH INFORMATION TECHNOLOGY (HIT) is being touted by policymakers as both an enhancement of the health care delivery system as well as a silver bullet to hold down costs. While transitioning to electronic records will surely produce benefits, it is unlikely that simply shift towards a HIT will magically resolve all challenges. While unfortunately the federal stimulus money allocated towards encouraging HIT is yet to include LTC providers, there is consensus that it is not a matter of if, but when, the complete electronic health records becomes the norm, if not the requirement.

HIT provides the umbrella framework to describe the comprehensive management of health information. Broad and consistent utilization of HIT is projected to:

• Improve health care quality;
• Prevent medical errors;
• Reduce health care costs;
• Increase administrative efficiencies;
• Decrease paperwork; and
• Expand access to affordable care.

Long term care providers that have made the plunge successfully can attest to these benefits, along with increased compliance results and reduced turnover. Wisconsin providers are familiar with in some form for some time, but for most it encompasses only portions of the medical record or documentation. The winds of change are such that we should begin preparations and planning toward greater penetration in the coming years, and while we cannot fully explore HIT/EHR within the confines of a few pages, there are certain observations and considerations that have been gathered from those intimately involved in the implementation of such systems.

1. You must first identify what are important components and what you want it to do BEFORE you go out and identify what is available. Know what you want to achieve before you solicit bids or go shopping.

2. Adoption or modification of an electronic record system is not an overnight fix. It takes a long time before the full benefits materialize, and providers must recognize this fact. Only after a system has been fully integrated into the daily facility routine will it begin to produce the time savings, quality improvement opportunities, and hopefully, cost savings.

3. Up-front costs are certainly a consideration and a barrier, but preparation including return on investment analysis can reduce costs and speed recapturing of costs.

4. Staff buy-in is most critical to successful implementation. As part of the determination of what you want to achieve, include various staff members to identify where the “pain” points are in their daily routines. If you don’t hit these pain points, the changes will be much more difficult for staff to accept, thus undermining the project. The HHS Barriers study referenced earlier identified that “providers who utilized a more bottom-up approach were more likely to describe their technology implementation experience as successful” Further, the report identified that “providers with more successful experiences tended to view the purpose of technology to fulfill an expressed need of the staff.”

5. Provide sufficient resources and training to those employees that might be lagging in their skills.

Expecting a staff member to embrace, much less successfully use, an entirely new system if they do not have the basic IT skills is a sure way to either loose that employee or develop obstacle individuals. Accept and understand that there are varied levels of skill, but in doing so, do not enable those that are unwilling to take the steps necessary to develop those skills.

Wisconsin providers will soon see significant push towards HIT. Recent efforts are being jump-started with Department of Health Services process of establishing a statewide infrastructure to enable Wisconsin to claim its share of $2 billion set aside in the American Recovery and Reinvestment Act (ARRA) for implementing health information technology and exchange across the nation. While the focus is on hospitals and clinics at this time, the goals of integrating systems and allowing widespread adoption of interoperable electronic health records will certainly bring greater emphasis and need for the LTC provider community to adopt greater usage of HIT.

It’s coming, and preparation begins with taking steps now, while always remembering that computers, keyboards, and point-of-care devices must not replace the personal interactions that are the strength of the long term care provider community.
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SO MUCH ATTENTION is paid to computer and electronic advances that the steady advances in clinical and restorative devices are easily overshadowed. While increased acuity in the long term care population has compelled the need to bring devices that were, not long ago, reserved for acute care settings into the LTC provider community, it is also the advances and attention on this sector that is making what was impractical or unaffordable more common. Technology does not necessarily require computer chips, wires or electronics; rather, the application of technology in the development of products has resulted in tremendous advances in clinical, adaptive and assistive devices.

- **Fall prevention and minimization technologies:** Rehabilitation equipment for restoring and maintaining strength and balance continue to improve, while alternatives to tab alarms to “prevent” falls show increased promise. Adaptations to wheelchairs to prevent tip or roll-back are available to enhance protection.

- **Incontinence technologies:** From products to prevent leakage to devices that provide voiding reminders, there are many choices for improving quality of life of residents when it comes to incontinence. Bladder scanners that were once prohibitively expensive or too bulky have been redesigned and are available to nursing staff at a more affordable price.

- **Call and monitoring systems:** These have seen tremendous improvements. Wireless alternatives, two-way voice communication, and passive systems that incorporate motion or weight sensors and allow unobtrusive protection, are but a few advances that can reduce or eliminate overhead paging in the nursing home setting, or provide assisted living residents independence while providing staff information to assist as necessary.

- **Wander management:** Less obtrusive chip technology presents improved and more dignified options over clunky bracelets for alarm systems to aid in wander management. Emerging use of GPS or tracking technology will continue to increase the ability of caregivers to quickly locate individuals if necessary.

While these – and so many other – advances certainly present the potential for providing residents with better care and protection, providers should be wary about replacing good judgment and root-cause analysis with technology. For example, a wander system does not remove the need to identify the source of a resident’s seeking behavior. The goal of technology should always be to enhance person-to-person care – not replace it.

When seeking to incorporate these and other advances, providers should also be savvy shoppers. Although technological improvements have been made, prices have dropped, and these devices promise to help significantly in advancing resident care, take time to first evaluate the device’s efficacy before expending scarce resources. Approach purchasing with a critical eye – gather information on studies or research backing up the benefits and safety of such products, and consider talking to facilities who have actually used the technology.

With just a little bit of research and planning, the good news is that now more than ever, long term care facilities have better and more affordable access to technologies that can make a real difference in resident care and quality of life.
Is social media right for you?

YOUR CHILDREN MIGHT be using it. The business next door might be doing it. And news outlets like CNN can’t get enough of it. But the question remains: is jumping on the social media bandwagon right for your facility?

Social media is the umbrella term given to Internet-based tools that fuse sociology and technology, essentially transforming monologue (or, one-to-many, such as traditional news outlets) into dialog (many-to-many), and can apply to everything from weblogs (more commonly known as simply “blogs”), to photo and video sharing sites like Flickr and YouTube, to social networking sites like Facebook and LinkedIn, to the burgeoning Twitter, which at the moment is in a class all its own.

Social media can be a fantastic way to reach stakeholders such as employees, residents’ families, members of your local community, and the media. It can help you engage with those stakeholders in a way that memos, press releases, and websites can not. And it allows you to simultaneously create a personal connection with those stakeholders while at the same time building your facility’s brand and name recognition.

Add to that that social media appears to be here to stay – or at least, it appears to be here until it’s pushed out of the way by the next “hot new thing” – and that it is already transforming the way that traditional media operates (in this year’s presidential election, bloggers broke several of the “big” stories, and just this month in Iran, reporters were sequestered in hotel rooms while everyone with access to Twitter was posting real-time happenings and photos, which CNN relied on to fill its reporting gaps), who wouldn’t want to use social media?

It’s a valid question, and at least right now, the answer is: not many people.

However, on the road to social media nirvana, you can still hit some serious potholes and blockades if you don’t first take into account a few key things:

#1: HAVE A PLAN.

Just as with traditional media or marketing, you need to first identify a strategy: what are your goals in using social media? What do you hope to accomplish? Who is your main audience? How are you going to define success?

Your plan might also involve deciding who is responsible for maintaining your social media presence and providing guidelines to employees entrusted with blogging, Twittering, or Facebooking on behalf of the facility. The Associated Press, one of the world’s most established news organizations and standard-setters in news writing, recognized both the value in social media and the need for defining appropriate usage of it in issuing guidelines for its employees just months ago.

#2: UNDERSTAND THE MEDIA YOU’RE USING.

Do a little research before jumping into the deep end of social media. Want an online presence that will help you attract qualified staff? There’s social media for that. Want a way to let families know what’s going on daily or weekly at your facility? There’s social media for that, too. Want to market your NHA or DON as a local expert on all things long-term-care? There’s social media that fits that bill as well. But, for one, a blog might be the answer. For another, it might be Twitter. For another, LinkedIn. And each of those mini-medias has its own unwritten rules, customs, and mores of interacting.

The social media phenomenon is designed to be a conversation.

So, if you’re going to start a blog, first start by becoming a regular reader of blogs. Take note of how the blog is designed, what kinds of posts draw the most attention, who comments, and how blog administrators seem to handle commenters (e.g. Do they interact with the commenters, or let the commenters interact amongst themselves?). Research how to make your blog as successful as possible (there is a actually a budding profession of website, and now blog, consultants available to help you maximize your online presence, although most of this information is available for free to anyone willing to do a Google search).

The same also goes for sites like Twitter and Facebook. Before jumping in, take a look at what a particular
PUT YOUR EAR TO THE DOOR

Perhaps one of the most important things to do, even before embracing what social media might do for you – and how – is to monitor what’s being said about your facility around the Internet’s virtual water coolers. It’s easy...here’s how:

• **Set up a Google News Alert:** Go to www.news.google.com, and on the left-hand side of the page, you’ll see a little envelope with the words “News Alerts” next to it. Simply click, and you’ll be directed to a page where you can enter your search terms (the most successful terms have quotes around them, i.e., “Name of Your Facility”), how often you’d like the alerts delivered, and to what e-mail address they should go. Click on “Create Alert” and Google will do the rest – delivering all of the articles that match your search term to your inbox in a hyperlinked format.

• **Set up a blog alert:** Whereas Google News Alerts compile published newspaper, television, and radio stories that match your search terms, Google’s blog alerts search all blogs written by both hired journalists or columnists (many newspapers now have sections of blogs on various topics) and those penned by private citizens (anyone can put up a blog, free-of-charge these days). So if someone’s family member visits your facility and blogs about it – good or bad – you’ll know. This time, go to www.google.com/alerts and follow the same process you did for setting up a news alert.

• **Do a regular search for your facility name on Twitter:** Although there are supposedly talks in the works to allow Twitter feeds to show up in Google searches, that technology hasn’t quite come to fruition yet. To find out what’s being said in the Twittersphere in the meantime, simply go directly to www.Twitter.com and type your search terms in the box on the right hand side. You’ll have to go through a free registration first, but with Twitter users increasing at unbelievable rates, it’s probably worth it.

#3 **BE CONSISTENT.**

To build an online presence, and as a result, build your name and brand recognition, you have to be...well, present. That means posting, Tweeting, or Facebooking regularly. For blogs, studies have shown that posting daily or every couple of days keeps readers coming back and that conversely, not posting regular content will result in your readership falling off. Similarly, prolific Twitter posters tend to attract more followers.

And with social media, this means that you shouldn’t be afraid to let your personality show through a bit. Be authentic. Be accessible. In the race to get to one million followers, this is exactly how Ashton Kutcher beat out CNN – by commenting on news stories, relating thoughts and observations, and most importantly, interacting with his “followers” and the Twitterverse as a whole, not just promoting his latest film.

According to author and social media guru Guy Kawasaki, your Tweet breakdown should look something like this:

• 70 percent of your tweets should share resources – sharing others’ voices, opinions, quotes, blog posts, articles, content, and resources.
• 20 percent of your tweets should engage in conversations with others, responding, connecting, collaborating and connecting with them.
• 10 percent of your tweets can be chirping and chitchat on trivial details, or be self-promotional.

That’s because the social media phenomenon is designed to be a conversation. This means linking to or commenting on other blogs or stories you find, re-Tweeting (RT in Twitterspeak) interesting tidbits others have posted, and joining groups and providing recommendations on LinkedIn. Just creating a profile, or just posting abbreviated versions of what you might put in a press release won’t get you very far. In the world of social media, that’s akin to standing in a corner with your arms crossed at a party. Rather, you have to get out there, mingle...you know...socialize.

The rules of social media are still being written, and it remains to be seen what social media sites will survive future evolutions. However, if you take a hard look at statistics, it seems as though many of these sites and applications are here to stay, at least for a while (Twitter, for example, has grown more than 1,300 percent – yes, that is a one followed by three zeros – in just a year, while Facebook is up nearly 230 percent in that same time period). And while you might be able to argue the merits of one social networking site over another, or have a hard time measuring the intangible benefits of time spent on them, one thing is certain: people are congregating at these sites at an astounding rate, and as Rich Brooks, President of Flyte New Media, recently stated, “these sites have become the backyard fences, the coffee shops, and the street corners of the 21st century. Ignore them at your own risk.”

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Tech Liability
The laws and regulations that govern new technology

THE BREAKTHROUGHS IN technology we have seen over the past few years, along with future developments yet to be made, present great opportunities for the long term care provider community. The costs of products that were once prohibitive have dropped, making those products now feasible and practical for provider use. While the latest product or software may excite providers, and may appear to have the potential to reduce regulatory and legal exposure, first performing a thoughtful legal and regulatory analysis is important in order to protect the facility, residents and staff. Of particular importance are residents’ rights concerns, i.e. privacy, confidentiality, dignity; legal and regulatory expectations; facility risk (both reduction and increases); and practical considerations such as cost/benefit.

In evaluating technological advancements, providers must consider the impact on both compliance with relevant laws, but also the practical impact on operations. For example, that great video system you saw at the latest trade show that would allow staff to monitor wandering residents and enhance security, must also be evaluated from legal and regulatory standpoints:

• Is it web-based, and if so, what are the security specifications of the system that would electronically transmit individually identifiable information of residents? Is there proper contractual terms binding the service provider to abide by the laws and regulations that you are subject to as a provider?
• Does the placement infringe upon resident privacy?

• Are consents or signs necessary to alert residents and visitors?
• Does such system reduce or increase liability?
• Are the images stored electronically, if so, where, how, how long, and under what protection is the storage achieved?

These are but a few questions that would need to be answered before plunking down resources on a system that purports to solve problems. A similar analysis to ensure that relevant issues are considered should be an essential element in the evaluation process before adopting any new technological advancements.

In addition, resident and visitor use of technology, while offering great potential in meeting customer demands, also requires some initial legal and regulatory analysis. For example, wireless Internet connections within or even throughout a facility are becoming more common, and will likely become the norm for both resident and family usage in the coming years; but before simply “wiring” the facility, your technology committee should consider such things as:

• Protection of your facility systems: While it might be easiest to hook up wireless routers to the Internet service used by the facility, consider the security issues that would come with potentially connecting outside users to your system or network – which houses critical and confidential information. Viruses, data breaches, malicious access, and practical issues may make this option too risky. Consider using a dedicated, separate line for public Internet usage within your facility. The costs of a separate system, which will protect and likely allow for better speed, will far outweigh the risks of sharing common access.
• Usage rules and limitations should be made clear to residents and families so as to protect the facility and other residents. While it may be a great benefit to residents to be able to have a video conference with grandchildren via webcam, rules should be established to assure that fellow residents are not within view of the camera. Similarly, while certain sites may be perfectly fine for viewing in the privacy of one’s room or unit, accessing adult content within common areas within view of staff and other residents opens up a facility to all sorts of practical and legal liabilities. Rules as to appropriate usage of computers should be established, provided, and acknowledged by users. Consider working with your Internet Service Provider to establish including these as part of an “agreement of terms” whenever a visitor or resident logs into the system.

Phone and Camera Usage: Another article in this publication discusses the impact on advancements on employee usage of technology, but there are similar considerations that should be addressed for resident and family usage. Your facility policies and expectations should be reviewed to assure that they are up to date as to advancements that were unheard of not long ago. Review to assure that there is clear and unequivocal rules about the taking of pictures and video by residents and families to
assure that the other residents and staff are protected. While that laptop that a resident’s son brought in for mom’s use has opened doors for her, it can also be easily set up in such a way as to monitor activity in the room without staff or residents even being aware.

Explicit rules that make clear that no camera or videos are to be taken without the express consent of the facility should be clearly contained in facility rules. A family’s effort to have “peace of mind” that mom is okay is not a basis for potentially violating her – or others’ – right to privacy, much less the potential liability exposure of the facility. Similarly, rules on appropriate usage of handheld devices, many of which now contain both still and video capabilities, should be clearly articulated.

While the above raises concerns for consideration, do not let these obstacles close the door on taking steps that may improve your operations and enhance the satisfaction levels of your residents and staff. Simply ensure that considerations are made and clear rules are established are part of any new endeavor. Asking the tough questions in advance are far better than having to scramble to address situations that arise once time, money, and effort has already been expended.
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