Change of Condition Process Evaluation Tool

The interdisciplinary team will:

- Review the case study as an interdisciplinary team
- Talk about the processes that exist in your nursing home to communicate a change in condition
- Identify gaps in communication that your nursing home is experiencing
- Identify strategies to close these gaps

Case Study:

Medical history: Margaret, age 87, was admitted to your nursing home's long-stay unit six months ago. Her primary diagnoses include Alzheimer's Dementia and Congestive Heart Failure (CHF). Her CHF has been stable since admission. Her CHF is treated with 40 mg of Furosemide daily. Margaret also takes Metoprolol for high blood pressure. Her blood pressure has been stable since admission. Due to her dementia, Margaret needs assistance with her ADLs. Her advance directive indicates that she is a full code.

Nursing assistant Joy has completed Margaret's bath and weekly weight. While getting Margaret out of bed and giving her a bath, Joy notes that Margaret is more unsteady on her feet than normal, seems drowsier than usual, and was short of breath. While Joy is drying Margaret's legs, she notices that her feet are swollen. Joy records Margaret's weight and notes that she weighed 140 pounds last week and 146 pounds today.

1. What is the process the CNA/IDT member follows to communicate a change in resident status?
2. What information does the CNA/IDT member gather to share?
3. What communication process and/or Tool does the CNA/IDT member use to communicate changes in resident condition?
4. To whom does the CNA/IDT member communicate the information?
5. Are any communication gaps identified?
6. What tools and/or processes changes are needed to improve change of condition communication?

Common Communication Tools:

- INTERACT® Stop and Watch
- INTERACT® Care Path
- INTERACT® SBAR
- http://www.pathway-interact.com/tools/
- TeamSTEPPs for Long-Term Care
- Pioneer Network Shift Huddle Tip Sheet

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