

# Monitoring and Reassessing the Resident

Ongoing monitoring and reassessment of the resident is essential to determining the effectiveness of their current plan of care as well as to ascertain whether the plan needs modification to meet continuing needs or address new needs. The importance of monitoring is repeatedly cited in the [State Operations Manual](#) and failure to do so represents a prime risk for liability. Also vital is establishing safeguards to ensure your monitoring processes are consistent and effective. This document summarizes key concepts and ideas shared by LTPAC leaders to help you explore this topic with your team and identify performance improvement opportunities.

## Explore the Issue: Monitoring and Reassessing the Resident – Questions to Ask

- How do we draw attention to residents at high risk who need special attention for monitoring?
- How does the process for monitoring shift when a change in the resident’s condition requires a higher level of monitoring?
- How and when do we evaluate whether our monitoring processes are working?
- What fail-safe have we built into our processes to ensure we monitor a resident’s condition after treatment?

## Conduct a Performance Improvement Project (PIP): Suggested Steps

**Step 1:** Determine the key areas for improvement:

- **Processes:**

- Do all appropriate staff have a plan for specific issues to continue monitoring for a certain number of days, weeks, etc.?
- Is there a process to ensure staff are following through with the revised care plan when a change in condition (CIC) has been identified?
- What tool is being used to monitor CIC protocols? Recommended contents to include:
  - **Resident identification**
  - **Describe:** CIC, date of identified change, who identified it.
  - **Detail:** Date of nursing assessment, completed SBAR that includes doctor’s recommendations, list of recommendations, whether plan of care was updated. **NOTE:** Plan of care would need to be changed to identify the interventions.
  - **Review:** Date and by who, date of resolution and outcome (i.e., return to baseline; new normal).
  - **Comments:** (e.g., transferred to hospital, returned date, follow-up notes from hospital).

- **Education:**

- How are staff (clinical and non-clinical) educated on staff roles in monitoring and reassessing a resident who has been identified as having a CIC?
- How do CNAs communicate their monitoring processes to nursing staff (verbally, paper, electronically)?
- What tool do nurses use (paper or electronic copy) when a CIC occurs (e.g., CIC SBAR form, etc.)?

**Step 2:** Create a goal that focuses on the key area that you have identified as needing improvement.

**Step 3:** Consider the barriers to breakdowns whenever this process is not followed through correctly. Quality resident care suffers when these breakdowns occur. Identify all reasons why this is happening by using the [Root Cause](#) for the problem (using the “5 Whys” technique).

**Step 4:** Why is it important to improve this process? Improving the monitoring and reassessment process will result in better outcomes for residents when a CIC occurs, as this can affect the quality of life for that resident. It will lower the risk of adverse events, hospitalizations and unnecessary trips to the emergency department.

### Step 5: Brainstorm to develop your Plan-Do-Study-Act (PDSA) cycle

- What exactly are we going to do? List action steps.
  - Some suggestions include:
    - Educate through huddles with staff on completing the appropriate forms to show they understand the CIC, monitoring and follow-through process.
    - Have an experienced nurse/supervisor mentor staff through the process used to assess, intervene and monitor residents with an identified CIC to evaluate competency with their responsibilities.
- Set a timeline for the PDSA process.
- Evaluate each part of the process, as well as the huddle and first steps. **NOTE:** Change takes time so ideal is to test for six months to make sure that the process is engrained.
- Were the results the desired outcomes? Is the outcome consistent with the expectations set?
- How will we know that change is an improvement?

### Step 6: Implement and evaluate your [Plan-Do-Study-Act \(PDSA\) cycle](#)

- What changes to the process are we going to make based on our findings?
- How are we going to sustain all processes and continue to build a culture of safety amid turnover?
- How will we communicate to all staff, residents, families and affiliations our quality-of-care improvements? (e.g., newsletters, surveys, poster boards)

## Examine Your Practices: Peer Insights to Consider

- **Monitoring and reassessing the resident's condition is key to knowing if the care plan is appropriate to meet the resident's needs.** Rounding provides a visual check on the resident. Evaluate the care plan during rounds to see if it is appropriate or needs any adjustment. Encourage everyone to use the Stop and Watch early warning tool to alert the nurse to any concerns. Interventions are added to the Treatment Administration Record (TAR) to prompt monitoring and reassessment of the resident.
- **Talk to the resident directly to get their input on how the care plan is meeting their needs.** Consider how "what matters" to the resident impacts their response to care. Look at the "[4Ms](#)" (What Matters, Medication, Mentation, Mobility) to support the resident's needs. Consider reviewing advance directives or end-of-life plans with the resident and/or family/responsible party if the situation is appropriate.
- **Engage team members in scheduled, routine opportunities to discuss the resident's condition and response to care.** Use the morning stand-up meeting to review the records and evaluate response to care. Implement changes to the care plan based on discussion in morning stand-up and evaluate response during afternoon stand-down meetings. **Note: Consider tracking this information as an opportunity to measure the effectiveness of your interventions.** Review the resident's condition and care plan daily during IDT until satisfied that the needs have been met.
- **Establish expectations and methods for updating the provider in routine and emergency situations.** Meet face-to-face with providers on days they are in the building to provide an update on each resident and address any care concerns. This practice reduces the time spent trying to connect with providers to get answers and limits unscheduled contacts to emergencies, making it more likely that the provider will respond in a timely manner. Use an MD communications book or a standing daily appointment to speak with providers each morning. Providers should be contacted directly in the event of urgent/emergent situations.
- **Determine that care has been monitored in a timely and appropriate manner.** This can be done using the 24-hour report or charting that is required as part of the electronic medical record. Several centers mentioned eINTERACT in PointClickCare having a forcing function to document response to care interventions. The report or documentation is reviewed daily by the nurse manager as part of an audit to ensure that monitoring the resident's response to care is occurring in a timely manner. The audit can also be built into morning stand-up as the resident's chart (care plan and documentation) is reviewed and discussed.

## Resiliency and Stress

**“The milk of human kindness dries up.  
You forget why you wanted to help people in the first place.”**

*Frank M. Ochberg, renowned expert on post-traumatic stress disorder, Stockholm Syndrome, and the effects of violence and trauma*

Stress plays a role in performance. While a certain amount of stress can serve to energize and motivate performance on tasks, excessive or chronic stress can negatively impact one’s physical and mental health. Establishing ways to periodically monitor and assess both individual staff and your organization can help your team identify when stress is starting to hinder performance and intervene before it reaches a detrimental point.

### Explore the Issue: Monitoring and Reassessing Yourself - Questions to Ask

- When do you stop to take your own pulse?
- Do you have a system or process to support your staff in doing this?
- Do you have a system or process to assess and respond to organizational stress?
- As an organization, do you take time to examine and address morale and retention?

### Link the Concepts: How Individual and Organizational Monitoring Supports Resiliency

- It is important to gauge your center’s readiness along with your staff’s needs throughout various points in a crisis to remain responsive as the situation evolves. As active periods of crisis wane, an opportunity presents to pause, take stock of your processes and determine areas for improvement. The American Medical Association has developed a guide, [Caring for Health Care Workers During Crisis: Creating a Resilient Organization](#), outlining steps organizations can take before, during and after a crisis to build resilience, support their team and learn from their experience.
- Understand the impact of stress on individual and organizational performance. Look for indications of heightened stress and use every opportunity to discuss monitoring with your team. A simple visual construct like the [Yerkes-Dodson curve](#) can provide a way to remind staff to periodically self-assess, determine where they fall on this curve and recognize when to initiate self-care or stress reduction strategies.
- Consider using post-crisis periods to develop and strengthen a “recovery plan” for your team. Include opportunities for movement, deep breathing, verbal reminders for staff self-care and methods to identify those who might need support. Use this [Tip Sheet: Recover and Learn](#) as a starting point.

### Assess the Approach: Actions for Leadership

- Build resilience through mutual monitoring. Peers offer the following creative ideas: Use a buddy system in your team. Have pairs ask each other about what they plan for the day and ensure they aren’t taking on too much. Check in at the end of the day to see if any support is needed. This offers an opportunity for team-building efforts along the way. Employee well-being has become a casualty of COVID. One team began a practice of designating a team “timeout” at a consistent time each day for team stretching and breathing. This has become a daily group de-stress routine that their staff look forward to.
- “Take the pulse” of your staff and organization. The American Medical Association is offering [two no-cost surveys](#) to help health care systems and practices monitor the impact COVID-19 has on frontline staff during the pandemic. The Coping for Caregivers survey is a five-minute survey designed to assess the impact of COVID-19 on clinical and nonclinical staff. The PULSE survey is a two-question survey designed to take less than 10 seconds, can be completed on a mobile device or laptop, and can be deployed at useful intervals.
- Routinely watch for and respond to signs of burnout. Use tools like the [ProQOL Professional Quality of Life Measure](#) and [National Center for PTSD Stress First Aid Self-Care/Organizational Support Model](#) to identify early indications of compassion fatigue and burnout, and new or ongoing needs to facilitate recovery.

## Put to the Test: Next Steps

1. Bring the *Questions to Ask* back to your QAPI or leadership team.
2. Conduct one small test of change to implement or strengthen a process for monitoring and reassessing the resident. Use the *Performance Improvement Project* steps as a guide.
3. Identify one practice you will promote to help your staff “take their pulse” or to assess and respond to organizational stress.
4. Share resources/this summary of practice ideas.
5. Join the next session, [Documenting Interventions and Resident Response to Care](#), on July 9, 2021 | 11 a.m. PT/noon MT.

## Resources

1. LCT Clinical Pearls: Powered by HCPro’s Long-Term Care Nursing Library [Monitoring residents with acute change in condition](#)
2. Centers for Medicare & Medicaid Services [State Operations Manual](#)
3. Institute for Healthcare Improvement [What Is an Age-Friendly Health System?](#)
4. Comagine Health [Health Care Worker Safety and Well-Being](#)
5. Comagine Health [Recover and Learn Tip Sheet](#)
6. US Department of VA National Center for PTSD [Stress First Aid Self Care/Organizational Support Model](#)
7. ProQOL [Professional Quality of Life Measure](#)
8. The American Medical Association [Caring for our caregivers during COVID-19](#)
9. The American Medical Association [Coping with COVID for Caregivers Free Survey](#)

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