

South Point Plaza Nursing and Rehabilitation Center is a 185-bed skilled nursing facility in Island Park that is actively involved in the INTERACT project through the Nassau University Medical Center Hub. The facility's administrator, Vicky Shaw, LNHA, MSW, shares how her team implemented two INTERACT project tools in 2017.

Which INTERACT tools have you implemented at South Point Plaza Nursing and Rehabilitation Center?

About nine months ago, we introduced the Early Warning STOP AND WATCH tool and SBAR. STOP AND WATCH is a tool that provides a list of condition changes that staff, families and residents can watch for (see Figure 1). When one of these possible changes is noticed, a simple form is completed and given to our nursing staff.

SBAR stands for Situation, Background, Assessment, and Recommendation (see Figure 2). It is a form that helps our staff report concise and pertinent information when communicating with medical providers about a change in the status of a resident. It gives the physician a more thorough understanding of the situation so that their orders can be more focused.

How have these tools benefited your residents and staff?

SBAR is used by our nursing staff to help us put a more specific treatment plan in place for the residents. It clarifies communication and helps to prevent unneeded hospitalizations.

STOP AND WATCH supports our care staff (CNAs, dietary and housekeeping staff) in the role of observing and identifying potential changes in a resident's condition.

It also empowers family members and residents to help their loved ones and peers. In fact, as part of our implementation process, we reviewed the STOP AND WATCH Early Warning Tool at one of our resident council meetings and sent an explanatory letter to all family members. Our residents and their families are truly thrilled to be a part of STOP AND WATCH.

A recent example demonstrates just how effective it is. One of our housekeepers entered a resident's room and noticed he didn't seem to be his usual jovial self. The housekeeper filled out a STOP AND WATCH and gave it to a nurse, who alerted a physician. Test results showed that the resident's HCT/HGB was low, and he needed a blood transfusion. We set up an outpatient appointment for the resident, thus preventing a worsening in condition and a visit to the Emergency Department.

What advice do you offer other facilities starting to implement INTERACT tools?

INTERACT tools benefit residents and staff by improving communication and reducing hospitalizations. These tools require a lot of preparation and staff training up-front, but we've found that they are well worth the investment of time and energy.

Figure 1: Sample STOP AND WATCH Tool

Stop and Watch Early Warning Tool



If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

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H | Seems different than usual |
| | Talks or communicates less |
| | Overall needs more help |
| | Pain – new or worsening; Participated less in activities |
| | Ate less |
| | No bowel movement in 3 days; or diarrhea |
| | Drank less |
| | Weight change |
| | Agitated or nervous more than usual |
| | Tired, weak, confused, or drowsy |
| | Change in skin color or condition |
| Help with walking, transferring, toileting more than usual | |

☐ Check here if no change noted while monitoring high risk patient

Patient / Resident

Your Name

Reported to

Date and Time (am/pm)

Nurse Response

Date and Time (am/pm)

Nurse's Name

MVHD SBAR: report to physician about a critical situation	
S	<p>Situation: This is _____ I'm calling from _____ (unit)</p> <p>I am calling about : _____ (pt. name and location)</p> <p>The patient's code status is: _____</p> <p>The problem I am calling about is _____.</p> <p>I have just assessed the patient personally: Vital signs are: Blood pressure ____/____, Pulse ____, Respiration ____, temperature ____, O2 sat _____</p> <p>I am concerned about the: ___ Blood pressure because it is less than 90 or 30 mmHg below usual ___ Pulse because it is over 125 or less than 45 ___ Respiration because it is less than 10 or over 30. ___ Temperature because it is less than 96 or over 104. ___ O2 Sat because it is <90% despite oxygen</p>
B	<p>Background: The patient's mental status is: ___ Alert and oriented to person place and time. ___ Confused and cooperative ___ non-cooperative agitated or combative ___ Lethargic but conversant and able to swallow ___ Stuporous and not talking clearly and possibly not able to swallow ___ Comatose. Eyes closed. Not responding to stimulation.</p> <p>The skin is: ___ Warm and dry ___ Pale ___ Mottled ___ Diaphoretic ___ Extremities are cold ___ Extremities are warm</p> <p>The patient is not or is on oxygen. ___ The patient has been on _____ (l/min) or (%) oxygen for _____ minutes (hours) ___ The oximeter does not detect a good pulse and is giving erratic readings.</p>
A	<p>Assessment: ___ This is what I think the problem is: _____ <div style="text-align: right; font-size: small;"><say what you think the problem is></div> ___ The problem seems to be: ___cardiac ___infection ___neurologic ___respiratory ___ I am not sure what the problem is but the patient is deteriorating. ___ The patient seems to be unstable, we need to do something. ___ I'm afraid the patient may arrest</p>
R	<p>Recommendation I request that you _____ <div style="text-align: right; font-size: small;"><say what you would like to see done></div> ___ Come to see the patient at this time. ___ Talk to the patient or family about code status.</p> <p>Are any tests needed: Do you need any tests like CXR, ABG, EKG, CBC, or BMP? Others?</p> <p>If a change in treatment is ordered then ask: ___ How often do you want vital signs? ___ How long to you expect this problem will last? ___ If the patient does not get better when would you want us to call again?</p>

S

B

A

R