

Periodic Table of Communication

PERIODIC TABLE OF COMMUNICATION

Infection Prevention & Control
Boot Camp For Long-Term Care Facility
Infection Preventionists

OBJECTIVES

At the conclusion of this presentation, participants will be able to:

- Understand the role of the IP as an Interdisciplinary Communicator
- Describe what "SBAR" stands for
- Discuss one example of using SBAR
- Describe what "STOPANDWATCH" stands for
- Discuss one example of using STOPANDWATCH

INFECTION PREVENTIONIST AS THE INTERDISCIPLINARY COMMUNICATOR

The Infection Preventionist is the interdisciplinary communicator responsible for communicating to:

- Nursing staff
- Environmental services
- Dietary
- Physicians and acute care partners
- Residents and families



Periodic Table of Communication

INFECTION PREVENTIONIST AS THE INTERDISCIPLINARY COMMUNICATOR

- Responsible for communicating information to:
 - Nursing staff
 - Condition of residents
 - Reinforcing infection control practices and any changes to policies
 - Educating nursing staff on how to report information to physicians
 - Physicians
 - Conveying changes to infection control policies and practices
 - Residents and families-instructions on best practices for infection prevention and control
 - Administration of facility
 - Public Health

TOOLS

- SBAR
- Inter-facility transfer form
- Interact Tools
- STOP AND WATCH



“STOP AND WATCH”

- Delegating responsibility to line staff for early detection of change of condition
- Starts with healthcare workers (HCWs) who have frequent contact with resident, e.g., certified nurses aid (CNA), environmental services (EVS), activities director





Periodic Table of Communication

STOP AND WATCH (continued)

- S= Seems different from usual
- T= Talks or communicates less
- O= Overall needs more help
- P= Pain, new or worsening, participates less
- A= Ate less
- N= No stool in 3 days or diarrhea
- D= Drank less
- W= Weight change
- A= Agitated or nervous, more than usual
- T= Tired, weak, or drowsy or confused more than usual
- C= Change in skin color or condition
- H= Help needed more than usual with walking, transferring, or toileting

SBAR

- S= situation
- B=background
- A=assessment
- R=recommendation (nurse reporting to clinician can recommend what he/she recommends for the next step)

NURSE ASSESSMENT

- Physicians depend on thorough assessment of resident by nursing staff
- Nurses to be trained to report on change of condition (all pertinent information)
- Nurses to include areas where resident is still functioning as usual (appetite, fluid intake, elimination habits) as part of report
- Vital signs (VS) report should include current VS as well as baseline VS



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RECOMMENDATION

Nurse reporting to clinician can recommend what s/he recommends for the next step

INTER-FACILITY TRANSFER FORM

- Communicate with your acute care partners
 - Blame game-no finger pointing
 - Develop relationship with acute care IP
- Utilize a form that can be effective as resident transitions from one care setting to another-discuss form to be used with acute care hospitals
- Consider including the following information:
 - Does resident have a multi-drug resistant organism (MDRO), whether colonized or infected
 - Are there current signs or symptoms of an active infection?
 - Is resident on isolation?
 - Is resident on antibiotic? When was last dose given
 - Any recent cultures pending or current results

COMMUNICATION

Communicate!
With your facility team!

Communicate!
With your providers!

Communicate!
With local public health &
acute care partners!



