

Claim Review

# Improper Monitoring Leads to Death

Care team members fail to properly monitor and care for an 87-year-old woman living in a senior community leading to a pressure injury, infection and death.

SPECIALTY	ALLEGATION	PATIENT SAFETY & RISK MANAGEMENT FOCUS
<ul style="list-style-type: none"> <li>Senior living community</li> </ul>	<ul style="list-style-type: none"> <li>Failure to follow care plan</li> <li>Failure to monitor physiologic condition</li> <li>Failure to communicate among the care team and with family</li> </ul>	<ul style="list-style-type: none"> <li>Improper physiologic monitoring and identification of an acute change of condition</li> <li>Breakdowns in communication among the care team and with family</li> </ul>

Clinical judgment errors contribute to **96%** of claims alleging improper monitoring

**Facts of case**

An 87-year-old woman had been living in a senior living community for five years. Upon admission, it was documented that she had mild skin redness on her coccyx area. Her care plan included close monitoring of her skin condition, hydration and nutrition status, as well as frequent repositioning to reduce skin pressure injury. During her time at the center, her family frequently brought concerns to the attention of administrators about the care team leaving her in a wheelchair for “hours on end” and in bed without repositioning.

One day, when the woman’s adult son was visiting, he walked in and found his mother in bed naked from the waist down and covered in her own feces. The family complained that their mother’s general physical condition was not being monitored and the team wasn’t

ensuring she was receiving adequate hydration and nutrition to prevent skin breakdown. The family also brought these complaints to the director of nursing but never felt they were being listened to or given updates on their mother’s condition.

During the woman’s last six months of life, she developed a large pressure injury on her coccyx area due to a urinary tract infection and skin breakdown. A care team member confided to another team member that the pressure injury had gotten worse and that her overall condition was declining. Neither team member reported their concerns to the nursing team. The woman’s condition continued to deteriorate, and she was eventually transferred to the hospital where she was diagnosed and treated for a coccyx pressure injury and sepsis.

The family filed a malpractice claim against the senior living community alleging failure to properly monitor the woman's physiologic condition and failure to timely transfer to a higher level of care resulting in sepsis and an untimely painful death.

#### Disposition of case

The malpractice case was settled against the senior living community.

#### Resident safety and risk management perspective

The investigation into this case revealed that the care team was not following the woman's care plan for monitoring of her skin condition, hydration and nutrition status, as well as failure to reposition her every two hours to prevent skin pressure injuries. When a care team member expressed concern over the woman's pressure injury size and her declining condition, there was no report to the nursing team or her physician. The investigation into the claim revealed the senior community did not provide training in monitoring skills and had no formal process to identify and communicate about an acute change of condition.

#### Improper physiologic monitoring

In an analysis of Constellation senior living malpractice claims, improper physiologic monitoring was alleged in 20% of claims. The top contributing factor in 96% of improper monitoring claims was errors in clinical judgment, namely critical thinking skills.

Critical thinking has been described as the art of applying theoretical knowledge to actual, real-life situations. Not only does critical thinking require foundational knowledge, but also the

## Questions for senior leaders

The following questions may help identify the next steps to take to enhance patient/resident safety and minimize risk:

- Does your organization assess monitoring skill competency upon hire?
- Does your organization provide education and training on monitoring, critical thinking and communication skills?
- Do you communicate regularly with residents' family members to enhance relationships?

ability to analyze and evaluate evidence or a situation and act appropriately. Resident safety requires early recognition of an acute change of condition through appropriate monitoring and timely communication with physicians—necessitating education and processes that support these skills.

Investing time and resources in developing critical thinking, monitoring and communication skills in senior living care team members creates a stronger team and can improve resident outcomes while reducing resident injury and preventing malpractice claims, all improving the organization's bottom line.

#### Breakdowns in communication with family members

Breakdowns in care team communication with family members is a frequent cause of hard feelings among family members and contributes to the filing of malpractice claims. The communication process with family members begins at admission, with the resident and family interview.

Establish a plan with family members for regular communication, identifying the preferred method of communication. Regular communication with family members about a resident's status enhances the relationship with residents and family members. Communicating only when things go wrong or in the event of an adverse outcome creates a lack of trust and suspicion about the quality of care.

#### Resources

Find links to improve care team performance and communication about change in condition on the MMIC and UMIA websites by navigating as follows: [MMICgroup.com](http://MMICgroup.com) or [UMIA.com](http://UMIA.com) Login > Risk Resources > Bundled Solutions > Long-term Care



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