

Senior Living

PART 1 IN A 2-PART SERIES

Missing: Critical Thinking Skills

Why care teams in senior living and skilled nursing facilities need mentoring—now.

By Lori Atkinson and D. Michelle Kinneer

A 76-year-old woman with dementia was admitted to a skilled nursing facility due to debilitation. She had steadily lost weight—15 pounds in five months. She had become fatigued, with slurred speech, and was transferred to the emergency department, where she was diagnosed with sepsis, a urinary tract infection, a softball-sized stool impaction, and dirty, moldy dentures. When implementing the woman’s care plan, care team members did not include weight, meals or bowel movement monitoring.

This is an example from MMIC senior living malpractice claims in which the top contributing factor was found to be errors in clinical judgment. The allegation in this woman’s case was improper monitoring of resident physiologic status.

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Clinical judgment and critical thinking skills

Clinical judgment refers to one’s ability to respond to a situation that may be unclear or require interpretation.¹ When care team members make appropriate clinical judgments, they are employing both critical thinking and clinical reasoning skills. When these important skills are lacking, residents are at risk for injuries and organizations are at risk for malpractice claims. In fact, in reviewing contributing factors to resident injury and claims in the senior living setting, MMIC found that the top two contributing factors were errors in clinical judgment and failure to follow organizational policies.

What are critical thinking skills? Critical thinking has been described as the art of applying theoretical knowledge to actual, real-life situations. Critical thinking requires foundational knowledge as well as the ability to analyze and evaluate evidence or a situation.

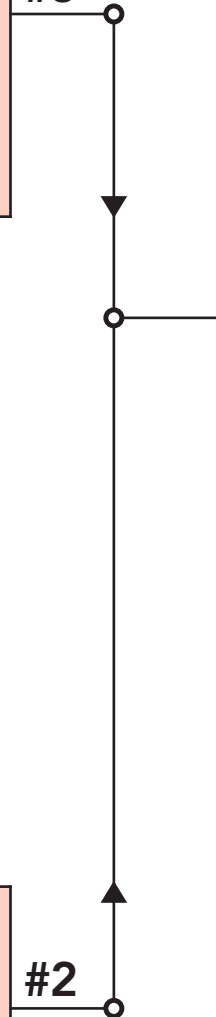
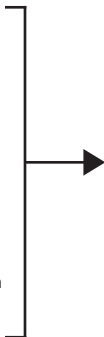
When presented with a problem, critical thinkers consider various perspectives and possible solutions, and then choose the best one. They consider the impact of their decisions, the potential outcomes of their choices, and their own training and limitations.² Critical thinkers remember to stop to think about a situation before making a judgment. They’re often described as being resourceful, creative, flexible, good communicators, and as “out-of-the-box” thinkers.³

In addition to clinical judgment errors, breakdowns in communication among providers compound the problem, as demonstrated by the case of a 72-year-old woman who was placed in a skilled nursing facility for rehab following a surgery to repair a femur fracture. Orders to remove the woman’s leg brace twice a week for hygiene and skin monitoring were given, but care team members didn’t follow the order because they

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Critical Thinking Defined

The American Philosophical Association defines critical thinking as purposeful, self-regulatory judgment that uses cognitive tools such as interpretation, analysis, evaluation, inference, and explanation of the evidential, conceptual, methodological, criteriological, or contextual considerations on which judgment is based.⁴



didn't know how to remove the brace while maintaining the leg position. Several weeks later, when they removed the leg brace due to the woman's incontinence, they discovered three open pressure ulcers. Not only had the care team members failed to remove the woman's leg brace, they hadn't been cleaning or monitoring her skin condition. Nor had they communicated with the orthopedic surgeon. The woman eventually had an above-the-knee amputation due to infection and her wounds not healing.

If care team members had been thinking critically in this situation, this woman's problems probably could have been prevented or, at the least, identified much earlier.

Barriers to critical thinking

Short-term thinking or focusing on only one aspect of a situation can be barriers to critical thinking. Workloads, time constraints and organizational processes can all impede a care team member's ability to use critical thinking. Multiple distractions frequently occur in health care, interrupting team members' thought processes.⁵ Regardless of the source, these barriers to critical thinking affect resident care safety outcomes.

Almost half of all claims involve resident falls. In one MMIC claim case, an 80-year-old man with mild Alzheimer's and a documented risk for falls died after he fell in the shower. The care team member had left him alone to respond to an alarm in a nearby room.

A common thread in injury cases is care team members leaving one resident to care for another. In this case, the care team member focused on the needs of the other resident and co-worker, but didn't consider the potential outcome for the resident under her care. This fall could have been prevented if the care team member had used appropriate clinical judgement.

Moving forward

The ability to provide quality care in skilled nursing and senior living residences is highly correlated with critical thinking skills. That's why it's vital for senior living care team members to develop and apply these essential skills. If resident outcomes are to be improved and medical errors reduced, organizations must develop a culture that fosters critical thinking.

The second part of this 2-part series on critical thinking will discuss how to teach and mentor critical thinking skills to care team members. Look for it in the next issue of *Brink*, Spring 2018.

References

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MMIC Skilled Nursing and Senior Living Claims Experience

In an analysis of 78 professional liability claims involving skilled nursing, assisted living and independent living facilities asserted from 2010 to 2015, the failure to ensure resident safety—primarily falls—was the number one most frequent allegation and the number one most costly.

The top major allegations were:

- #1 Failure to ensure resident safety **50%**
- #2 Improper management of treatment course **13%**
- #3 Failure to monitor resident physiological status **8%**

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