# Complete Summary

## GUIDELINE TITLE

Acute change of condition in the long-term care setting.

## BIBLIOGRAPHIC SOURCE(S)

American Medical Directors Association (AMDA). Acute change of condition in the long-term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2003. 29 p. [22 references]

## GUIDELINE STATUS

This is the current release of the guideline.

## COMPLETE SUMMARY CONTENT

SCOPE
METHODOLOGY - including Rating Scheme and Cost Analysis
RECOMMENDATIONS
EVIDENCE SUPPORTING THE RECOMMENDATIONS
BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS
QUALIFYING STATEMENTS
IMPLEMENTATION OF THE GUIDELINE
INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES
IDENTIFYING INFORMATION AND AVAILABILITY
DISCLAIMER

## SCOPE

### DISEASE/CONDITION(S)

Acute change of condition (e.g., physical, behavioral, cognitive, or functional)

### GUIDELINE CATEGORY

Evaluation
Management
Risk Assessment
Treatment

### CLINICAL SPECIALTY

Family Practice
Geriatrics
Internal Medicine

## INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Dietitians
Health Care Providers
Nurses
Occupational Therapists
Pharmacists
Physical Therapists
Physician Assistants
Physicians
Social Workers
Speech-Language Pathologists

## GUIDELINE OBJECTIVE(S)

- To improve the quality of care delivered to patients with an acute change of condition (ACOC) in long-term care facilities
- To guide care decisions and to define roles and responsibilities of appropriate care staff

## TARGET POPULATION

Elderly residents of long-term care facilities with or at risk for an acute change of condition

**Note**: These guidelines apply substantially to individuals who come to long-term care facilities for short-term care.

## INTERVENTIONS AND PRACTICES CONSIDERED

### Diagnosis/Assessment

1. Identifying individuals at risk for acute changes in condition (ACOCs)
2. Describing and documenting symptoms and/or condition changes
3. Defining patient´s stability and identifying why the situation is problematic
4. Determining the feasibility of identifying the causes(s) of the ACOC in the facility
5. Identifying and documenting the likely causes of the ACOC

### Management/Treatment

1. Determining the feasibility of managing the ACOC in the facility
2. Identifying appropriate treatment goals and objectives that consider the patient's wishes
3. Managing the ACOC

4. Monitoring the patient's progress
5. Adjusting interventions and goals based on the patient's response to treatment
6. Reviewing the facilities management of ACOCs and unplanned hospital transfers

### MAJOR OUTCOMES CONSIDERED

Hospital admissions from long-term care facilities

## METHODOLOGY

### METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

### DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

### NUMBER OF SOURCE DOCUMENTS

Not stated

### METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

### RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

### METHODS USED TO ANALYZE THE EVIDENCE

Review

### DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

### METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

### DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

The guideline was developed by an interdisciplinary work group using a process that combined evidence- and consensus-based thinking. The groups were composed of practitioners involved in patient care in the institutional setting. Using pertinent articles and information and a draft outline, the group worked to make a simple, user-friendly guideline that focused on application in the long-term care institutional setting.

### RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

### COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

### METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

### DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

All American Medical Directors Association (AMDA) clinical practice guidelines undergo external review. The draft guideline is sent to approximately 175+ reviewers. These reviewers include AMDA physician members and independent physicians, specialists, and organizations that are knowledgeable of the guideline topic and the long-term care setting.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

The algorithm Acute Change of Condition (ACOC) in the long-term care setting is to be used in conjunction with the clinical practice guideline. The numbers next to the different components of the algorithm correspond with the steps in the text. Refer to the "Guideline Availability" field for information on obtaining the full text guideline.

### CLINICAL ALGORITHM(S)

An algorithm is provided for Acute Change of Condition.

## EVIDENCE SUPPORTING THE RECOMMENDATIONS

### TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The guideline was developed by an interdisciplinary work group using a process that combined evidence- and consensus-based thinking.

## BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

### POTENTIAL BENEFITS

The approach to recognition, assessment, treatment, and monitoring of acute changes of condition (ACOCs) that is proposed in this guideline should result in better management of these events in the long-term care facility and fewer transfers to hospitals and other acute-care settings.

### POTENTIAL HARMS

Not stated

## QUALIFYING STATEMENTS

### QUALIFYING STATEMENTS

- This clinical practice guideline is provided for discussion and educational purposes only and should not be used or in any way relied upon without consultation with and supervision of a qualified physician based on the case history and medical condition of a particular patient. The American Medical Directors Association, its heirs, executors, administrators, successors, and assigns hereby disclaim any and all liability for damages of whatever kind resulting from the use, negligent or otherwise, of this clinical practice guideline.
- The utilization of the American Medical Director Association´s Clinical Practice Guideline does not preclude compliance with State and Federal regulation as well as facility policies and procedures. They are not substitutes for the experience and judgment of clinicians and care-givers. The Clinical Practice Guidelines are not to be considered as standards of care but are developed to enhance the clinician's ability to practice.

## IMPLEMENTATION OF THE GUIDELINE

### DESCRIPTION OF IMPLEMENTATION STRATEGY

The implementation of this clinical practice guideline (CPG) is outlined in four phases. Each phase presents a series of steps, which should be carried out in the process of implementing the practices presented in this guideline. Each phase is summarized below.

I. **Recognition**
   - Define the area of improvement and determine if there is a CPG available for the defined area. Then evaluate the pertinence and feasibility of implementing the CPG.

II. **Assessment**
   - Define the functions necessary for implementation and then educate and train staff. Assess and document performance and outcome indicators and then develop a system to measure outcomes.

III. **Implementation**

- Identify and document how each step of the CPG will be carried out and develop an implementation timetable.
- Identify individual responsible for each step of the CPG.
- Identify support systems that impact the direct care.
- Educate and train appropriate individuals in specific CPG implementation and then implement the CPG.

IV. **Monitoring**

- Evaluate performance based on relevant indicators and identify areas for improvement.
- Evaluate the predefined performance measures and obtain and provide feedback.

### IMPLEMENTATION TOOLS

Clinical Algorithm
Tool Kits

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness
Patient-centeredness
Timeliness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

American Medical Directors Association (AMDA). Acute change of condition in the long-term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2003. 29 p. [22 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

2003

### GUIDELINE DEVELOPER(S)

American Medical Directors Association - Professional Association

## GUIDELINE DEVELOPER COMMENT

Organizational participants included:

- American Association of Homes and Services for the Aging
- American College of Health Care Administrators
- American Geriatrics Society
- American Health Care Association
- American Society of Consultant Pharmacists
- National Association of Directors of Nursing Administration in Long-Term Care
- National Association of Geriatric Nursing Assistants
- National Conference of Gerontological Nurse Practitioners

## SOURCE(S) OF FUNDING

American Medical Directors Association

## GUIDELINE COMMITTEE

Steering Committee

## COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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## FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

## GUIDELINE STATUS

This is the current release of the guideline.

## GUIDELINE AVAILABILITY

Electronic copies: None available

Print copies: Available from the American Medical Directors Association, 10480 Little Patuxent Pkwy, Suite 760, Columbia, MD 21044. Telephone: (800) 876-2632 or (410) 740-9743; Fax (410) 740-4572. Web site: www.amda.com.

### AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Guideline implementation: clinical practice guidelines. Columbia, MD: American Medical Directors Association, 1998, 28 p.
- We care: implementing clinical practice guidelines tool kit. Columbia, MD: American Medical Directors Association, 2003.

Electronic copies: None available

Print copies: Available from the American Medical Directors Association, 10480 Little Patuxent Pkwy, Suite 760, Columbia, MD 21044. Telephone: (800) 876-2632 or (410) 740-9743; Fax (410) 740-4572. Web site: www.amda.com.

### PATIENT RESOURCES

None available

### NGC STATUS

This NGC summary was completed by ECRI on July 6, 2004. The information was verified by the guideline developer on August 4, 2004.

### COPYRIGHT STATEMENT

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