STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

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MEMORANDUM

DATE: October 9, 2007

TO: Long Term Care Facilities

FROM: MDCH/Heart Failure Clinical Advisory Panel
Deborah Ayers, Quality Improvement Nurse Consultant

RE: Process Guideline Heart Failure

Overview

Best clinical practice is worthwhile only to the extent that it is used to guide care for residents.

Collaboratively, we are striving to improve the prevention, recognition, and management of heart failure for nursing home residents in Michigan. The purpose of the Guide is to clarify how to apply the **Documentation Checklist: Process Guideline for Heart Failure.** Electronic copies are available for reprint at www.michigan.gov/qinc. Click on the Best Practices once you've reached the website.

This optional "best practice" tool will be explained to you at the Fall 2007 Joint Provider/ Surveyor Training on October 9, 2007. **Please note the presentation will be an "overview" of the Heart Failure CPG. If you would like this information explained in more detail at your facility(s), please do not hesitate to take advantage of this option by scheduling a facility visit with the State Quality Improvement Nurse Consultant.**

The effective date for usage of the tool will be **November 9, 2007.** Both facilities and surveyors will have the opportunity to use the Documentation Checklist when a resident's cardiac status is a concern. Facilities have the opportunity to demonstrate that they have followed the steps in this guideline, as evidence to support an appropriate care process related to recognizing, preventing and managing heart failure.

A workgroup including doctors, nurses, a nursing assistant, dietitian, and a pharmacist discussed geriatric heart failure in depth. They used generally accepted, current references about geriatric heart failure to help prepare the Process Guideline. The Documentation Checklist contains a series of steps related to recognizing, preventing, and managing heart failure.

Best clinical practice information helps facilities provide the best possible care at all times. Along with information in the Federal OBRA regulations, surveyors will use these Process Guidelines to review how a facility is managing heart failure. We encourage you to examine your process to prevent and manage heart failure and to consider the application of the following information.

The Basic Care Process

The management of all conditions and problems in a nursing home should follow the steps included in the basic care process. We have utilized the terminology **staff and practitioner** throughout the guideline to designate responsibility for care. For the purpose of clarification the term **practitioner refers to a physician or his/her designee** (e.g. physician assistant, clinical nurse practitioner, etc.) **that has the authority to write medical "orders."**

Assessment/recognition. The purpose of this step is to provide a rational basis for identifying whether there is a need, risk, or problem and what to do about it. The facility's staff and practitioners collect relevant information about resident (history, signs and symptoms, known medical conditions, personal habits, and patterns, etc.) and then a) evaluate and organize that information to identify whether the individual has a specific need, condition, or problem; and b) describe and define the nature (onset, duration, frequency, etc.) of the risk, condition, or problem.

Diagnosis/cause identification. The facility's staff and practitioners attempt to identify causes of a condition or problem, or explain why causes cannot or should not be identified.

Treatment/management. The facility's staff and practitioners use the above information to decide how to manage a resident's condition, symptom, or situation. Where causes may be identifiable and correctable, they seek and address them or explain why they could or should not have done so.

Monitoring. The facility's staff and practitioners evaluate the individual's progress over time in relation to a risk, need, problem, condition, or symptom, consider the effectiveness of interventions, and make a systematic determination about what to do next.