

ACUTE CHANGE OF CONDITION

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
ASSESSMENT/PROBLEM RECOGNITION		
1. Did the facility identify significant risks for an ACOC?	<ul style="list-style-type: none"> - The facility should have a method to guide staff and practitioners to identify major risk factors in common situations. - The staff and practitioner should seek and document major factors that predispose an individual to having an ACOC; for example, a recent serious medical illness, a recent hospitalization (especially one with complications), or taking a high-risk medication. [See AMDA ACOC CPG Table 3] - The staff and practitioner should define a baseline condition for each new admission. 	<ul style="list-style-type: none"> - Risk factors for subsequent acute illness or condition change have been clearly identified, and are common in the nursing home population; many – although not all — acute changes in condition can be anticipated. for example, pneumonia, deep vein thrombosis, delirium, angina pectoris, pulmonary edema, urinary tract infection, atrial fibrillation, etc. [Reference: Bernardini B, Meinecke C, Zaccarini C et al. Adverse clinical events in dependent long-term nursing home residents. J Am Geriatr Soc 1993;41:105-111]. - Identifying risk factors is a key step in trying to prevent them from becoming full-fledged illnesses and being able to recognize and respond to complications when they occur. - Hospitalized patients are often discharged without a clear plan or instructions to receiving facilities for appropriate follow-up. - Documenting risk factors helps alert other care providers to the risks and any plans to intervene.
2. Did the facility describe and document symptoms and/or condition changes?	<ul style="list-style-type: none"> - The staff should describe symptoms accurately and in detail. - Facility staff should communicate adequate information to the practitioner in a timely fashion. - The practitioner should help clarify the nature (location, intensity, characteristics, etc.) of any symptoms. - The facility should have a system, including sufficient guidance to nursing staff and expectations of practitioner response, to facilitate adequate communication of, and response to, this information. 	<ul style="list-style-type: none"> - Adequate diagnosis and management requires more than a superficial listing of symptoms such as “pain” or “agitation.” - Erroneous or premature interpretation of symptoms can lead to inappropriate treatment or the lack of pertinent interventions. - Practitioners need details to try to identify causes of symptoms. - Physicians are trained to understand the meaning of symptoms and to know how to clarify them. - Symptomatic treatment based on inadequate assessment may constitute little more than “guesswork.”
3. Did the facility clarify the nature of the problem?	<ul style="list-style-type: none"> - The staff and/or practitioner should formulate a relevant problem statement and identify the urgency of the situation. 	<ul style="list-style-type: none"> - Not all symptoms are problematic or require a medical intervention. - Not all symptoms or condition changes require the same degree of urgency.

DIAGNOSIS/CAUSE IDENTIFICATION		
<p>4. Did the facility staff and practitioner seek causes of the symptoms or condition change, or can they justify sending the individual out of the facility to evaluate possible causes?</p>	<ul style="list-style-type: none"> - The facility should have some written guidance for staff and practitioners for identifying causes of common symptoms and condition changes in the population. - The facility should clearly indicate the kinds and levels of diagnostic testing support (labs, X-Rays, etc.) that it can provide. - There should be evidence that the physician and staff have sought possible causes. 	<ul style="list-style-type: none"> - Many diverse symptoms in the nursing home population have a relatively few common, recurrent causes. - An adequately detailed history and assessment can often provide helpful information about the most likely causes of an ACOC. - In many cases, a sufficient conversation between staff and the practitioner can identify likely causes of an ACOC in a specific case.
<p>5. If a plausible cause was not found readily in someone with an ACOC, were delirium, fluid and electrolyte imbalance, infection, and medication-related effects considered?</p>	<ul style="list-style-type: none"> - Each case where a cause was not readily identified should be reviewed for evidence of a possible underlying medical problem. - Staff and the physician should review the current medication regimen for medications that may cause significant symptoms and condition changes. <p>[See CAM Tables 20 & 21] [AMDA AMS CPG]</p>	<ul style="list-style-type: none"> - Delirium is an acute change in mental status and level of consciousness due to medical causes; it is common and requires prompt assessment and intervention because it may be associated with significant complications, including an increased risk of death. - Many categories and combinations of medications can cause ACOCs or symptoms that are indistinguishable from those related to acute medical illnesses.
TREATMENT/PROBLEM MANAGEMENT		
<p>6. Did the facility address the ACOC or identify why it was not appropriate to do so, and review as part of its QA process why it was necessary to send an individual elsewhere to address an ACOC?</p>	<ul style="list-style-type: none"> - The facility should have general guidelines for its staff and practitioners about deciding on transferring patients elsewhere to treat an ACOC. - The staff and practitioner should take into account a resident / patient's wishes (such as those in an advance directive) and the reflection of those wishes by family or another substitute decision maker. - There should be clear justification for a hospital transfer that is not consistent with a patient's wishes. <p>[AMDA ACOC CPG Table 18]</p>	<ul style="list-style-type: none"> - For example, guidance might include how often can the staff monitor vital signs and document patient condition, whether the staff can start IVs, and whether appropriate supplies are available. - Treatment goals should be relevant to the individual's condition, prognosis, wishes, causes, etc. - A resident/substitute decision maker has the right to consent to, as well as to refuse, treatment. Informed consent requires education about the benefits and risks associated with the treatment, and consequently, the risks and consequences of not providing said treatment. - There is not an obligation to treat all medical conditions or to transfer ill patients to the hospital if circumstances don't warrant it. - The choice to be a "full code" does not necessarily warrant hospital transfer to manage an acute illness. - In the event that the resident or family declines relevant alternatives offered by the facility to manage a resident's ACOC effectively, the facility may be challenged or unable to meet resident or family expectations for improvement, cure, or stabilization.

<p>7. Was appropriate supportive and cause-specific treatment given OR was there an explanation why it was not feasible or not provided?</p>	<p>- The staff and practitioner should provide care related to identified or suspected causes of the ACOC, or they should indicate why they could not or should not have done so for that resident (for example, known cause not treatable, previous adverse reaction to a medication, terminal condition, etc.).</p>	<p>- It is often possible to target treatments to specific causes, based on evidence of what is more or less likely to work. - Even when causes are unclear, a systematic approach may help the Interdisciplinary Team provide more rational care.</p>
<p>MONITORING</p>		
<p>8. Were the individual's ACOC and related causes monitored and treatment adjusted accordingly?</p>	<p>- In conjunction with the physician, staff should monitor the progress of an individual with an ACOC, at least once during every shift while the individual is unstable or significantly symptomatic, and should document relevant findings in the patient's record. - Staff should document a review of the overall progress of each patient with an ACOC at least daily until the patient is stable and mostly asymptomatic. - If an ACOC worsens during the subsequent 48 hours (or other appropriate time frame established by the care team) after initiating treatment, or is not resolving within a week (or other appropriate time frame established by the care team), then staff should review current interventions with the physician and discuss whether/how to modify the interventions. The discussion and resultant decisions should be documented. - AMDA ACOC CPG, Table 17</p>	<p>- A systematic approach and descriptive documentation helps the staff identify more clearly the outcomes of treatment, measure the results more objectively, and determine if modifications are necessary or appropriate. - Underlying causes of ACOCs may resolve, or the individual's condition may change over time. Periodic monitoring is part of a systematic approach to care. - A response to treatment other than what is anticipated requires re-evaluation of approaches. - The physician may need to see a patient with a more complicated ACOC or who is not improving as anticipated. - The problem or condition for which treatment was started may improve or resolve to the point where treatment can be adjusted or stopped.</p>
<p>9. Does the facility monitor its unplanned hospital transfers as part of its QA program, and seek to improve on related processes?</p>	<p>- The facility administrator, staff, Director of Nursing, and medical director should review the systems and processes related to managing ACOCs and unplanned ER transfers and hospital admissions, seek areas for improvement, and give staff and practitioners appropriate feedback. - AMDA ACOC CPG, Table 18</p>	<p>- There are many reasons for unplanned hospital transfers, some of which can be traced to inadequate or problematic systems and processes, which can often be improved. - Hospitalization presents many risks to the frail older or chronically ill patient and should be used judiciously to address ACOCs. - Some acute hospitalizations may be preventable.</p>