AMDA Clinical Practice Guideline: Acute Change of Condition

A resident's acute change of condition (ACOC) can cause tremendous anxiety, stress, and fear for the resident, staff, and family members. ACOCs also can result in hospitalizations and put residents at risk of serious health problems and loss of independence. Clearly, when AL staff is equipped to address ACOCs promptly and effectively, everyone benefits.

Preventing ACOCs from developing is the ideal goal. However, despite the best efforts of staff and the residents themselves, these events sometimes are unavoidable. It is in the AL resident's best interest for staff to successfully evaluate and manage an ACOC in the facility, avoiding a transfer to the hospital or emergency department. A key part of this is the ability of staff to anticipate and address ACOCs before they become problematic.

Systems that ensure the accurate assessment and reporting of residents' symptoms should enable facilities to effectively identify and manage the causes of many ACOCs without necessitating transfers. Both the residents' needs and the facility's capabilities require consideration when determining whether an ACOC can be managed onsite or whether a hospital transfer is necessary.

Definition

An acute change of condition (ACOC) is a sudden, clinically important deviation from a resident's baseline in physical, cognitive, behavioral, or functional domains. "Clinically important" means a deviation that, without intervention, may result in complications or death.

RECOGNITION

Step 1

Identify individuals at risk for ACOCs. ACOCs are common in assisted living facility residents. Although some ACOCs are unpredictable, many can be anticipated by identifying risk factors such as pre-existing conditions, previous complications, or the course of a recent hospitalization. To identify at-risk residents, the care team should define a baseline for each individual. Keep in mind that residents come from different situations and settings (eg, home, hospital) and have acute and chronic

conditions of varying severity. The primary reason for a resident's admission to an assisted living facility often does not adequately reflect the resident's overall condition and may be just the "tip of the iceberg."

Step 2

Describe and document symptoms and/or condition changes. Residents in assisted living facilities are most likely to report symptoms to a care assistant, family member, or nurse before they ever see a physician. Therefore, it is extremely important that staff describes and documents symptoms as accurately and completely as possible so that practitioners can determine their significance.

Critical information needed to identify and manage ACOCs should be conveyed systematically and in a timely fashion. Facilities should encourage effective, multidirectional communication that recognizes the value of relevant input from various sources (including family members and care assistants). Staff members who identify possible ACOCs should report their findings immediately to a supervisor; and they should use written guidelines to determine what signs and symptoms to report to the nursing supervisor or attending practitioner, as well as when and how to do so.

Telephone communication plays a key role in the interaction between practitioners and staff when an ACOC is suspected. Tools such as AMDA's *Protocols for Physician Notification: Assessing Residents and Collecting Data on Nursing Facility Residents: A Guide for Staff on Effective Communication with Practitioners* offer guidance that may help to improve these communications.

Ongoing education on what to look for and how is important to ensuring that staff are confident addressing ACOCs to the extent feasible in this setting.

Step 3

Establish the risk. AL residents may exhibit many symptoms and abnormalities. Staff needs to be trained to determine when it is appropriate to alert the nurse or lead clinical team member; then he or she can determine if and why the situation is considered problematic. When a resident is observed to have a condition change, it is common for caregivers to call a practitioner immediately or to rush the resident to the emergency room. In many cases, however, these actions are premature.

It is in the AL resident's best interest for staff to successfully evaluate and manage an acute change of condition in the facility, avoiding an unnecessary transfer to the hospital or emergency department.

Unless the resident's condition is deteriorating rapidly or vital signs are markedly abnormal or unstable, there is ample time to conduct a more detailed assessment of the problem before determining the best course of action. For example, if a resident has a fever or a change in level of consciousness, staff generally has 30 minutes or more to carry out a careful evaluation before deciding whether an emergency transfer is necessary. Facilities need to have clear policies about when it is appropriate to alert a nurse or other practitioner. That individual then can determine if transfer is appropriate or if a condition can be treated onsite. It is important that caregivers not be expected to make clinical decisions or determinations that are beyond their scope of work or skill level.

Step 4

Identify the cause. The cause(s) of an ACOC may be readily identifiable on clinical grounds and may not require additional invasive testing. An accurate description of symptoms and clinical findings can enable the identification of the ACOC's likely causes. Clues that will assist in differentiating specific causes often lie in the patient's history.

Step 5

Identify and document the likely causes of the ACOC. Working with the practitioner, identify and document the likely causes of the ACOC or explain why identification of the cause(s) is (are) not feasible. Many ACOCs present with nonspecific symptoms. For example, delirium may present as a change in function, behavior, attention, or level of consciousness. Although the nonspecific nature of the presenting symptoms can make it a challenge to identify the problem cause, effective management of an ACOC often depends on accurate identification of what is causing it.

Step 6

Determine the feasibility of managing the ACOC in the facility. Consider both the resident's needs and the facility's capabilities (including staffing) when determining whether the ACOC can be managed onsite or whether a hospital transfer is needed.

Step 7

Identify appropriate treatment goals and objectives that consider the resident's wishes. Before or soon after

initiating interventions to manage an ACOC, identify and document existing resident-specific treatment goals and objectives. Obtain additional treatment instructions as needed. Treatment goals should relate to the resident's condition, prognosis, goals, and wishes, as well as to the condition that is being treated, corrected, or prevented.

Knowing the resident's wishes—whether these are expressed directly by the resident himself or herself or on the resident's behalf by family members or surrogates—is very important. The practitioner should inform the resident, family, and/or surrogate of the possible treatment options and of the reasons why specific interventions such as hospitalization may or may not be considered appropriate. Facilities should implement systems for identifying resident wishes and incorporating them into care plans. Practitioners should provide relevant orders in a timely fashion to implement any requested care limitations (eg, "Do Not Resuscitate," "Do Not Hospitalize," etc.).

A continually updated care plan serves as a "road map" for resident care and an important point of reference for both practitioners and caregivers. Refer to specific resident treatment wishes in the care plan when explaining the basis for offering or withholding various interventions. No resident should be hospitalized because a staff member or practitioner failed to review or consider the resident's documented wish not to be hospitalized in the event of an acute illness.

Step 8

Manage the ACOC. Manage the ACOC by providing appropriate supportive and, where feasible, cause-specific interventions. ACOCs may be managed more effectively when the facility has anticipated and planned for their occurrence. A reasonable assessment of ACOC risk can be performed on the basis of the resident's history and current situation. For example, diarrhea is likely to occur in a resident who has just received a lengthy course of antibiotics.

Step 9

Monitor the resident's progress. Staff should closely monitor each resident who is being treated for an ACOC (including an evaluation every shift until the resident's cognitive ability and function return to baseline). At least one meaningful communication (by phone or fax) should occur between the nurse and the practitioner within 24 hours of the ACOC's onset or determination that the resident's condition is not stable or not improving as anticipated. Communication with the resident's family also may be necessary.

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Step 10

Adjust interventions and goals based on the resident's response to treatment. Continue communication with the practitioner to maintain or modify current treatments, reassess the resident's prognosis, and adjust the goals of care accordingly.

Step 11

Review the facility's management of ACOCs and unplanned hospital transfers. Facility leadership should review management of residents with ACOCs to determine if the system in place for addressing these conditions is effective and prevents unnecessary hospitalizations. Unplanned hospital transfers are a key indicator of how well a facility manages ACOCs. Issues to consider in the review of ACOC management include:

- Time of day that the transfers occurred
- Efforts that were made to manage the resident in the facility
- Obstacles or problems that may have contributed to an avoidable transfer
- Whether the resident required hospital admission and/or reason for admission could have been addressed appropriately in the facility.

Reviewing your facility's management of ACOCs and unplanned hospital transfers provides the basis for a continuous quality improvement program that can assure appropriate care of residents.

Conclusion

An effective, efficient system for identifying and managing ACOCs can enhance residents' security and comfort. They are likely to feel more confident in their care when they know that the facility can handle ACOC situations promptly and that they won't be transferred to the hospital or subject to invasive interventions unnecessarily. At the same time, staff is likely to be less stressed and engage in fewer conflicts when everyone understands when, how, and who to contact regarding ACOCs. ALC

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