Complete Summary

GUIDELINE TITLE

Health maintenance in the long-term care setting.

BIBLIOGRAPHIC SOURCE(S)

American Medical Directors Association (AMDA). Health maintenance in the long-term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2007. 27 p. [26 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Conditions or diseases of the elderly

GUIDELINE CATEGORY

Evaluation
Prevention
Screening

CLINICAL SPECIALTY

Family Practice
Geriatrics
Internal Medicine

Nursing
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Nurses
Pharmacists
Physician Assistants
Physicians
Social Workers

GUIDELINE OBJECTIVE(S)

- To improve the quality of care delivered to patients in long-term care settings
- To provide guidelines on primary prevention of the long-term care resident, to the extent that it is feasible and beneficial in the frail elderly long-term care population

TARGET POPULATION

Frail institutionalized elderly in long-term care settings (nursing homes and assisted-living facilities)

INTERVENTIONS AND PRACTICES CONSIDERED

Recognition/Assessment

1. Conduct a comprehensive admission assessment including medical diagnosis, cognitive and psychosocial assessment, estimated life expectancy, history and results of diagnostic and screening tests, identification of risk factors
2. Review the patient's goals of care and advanced directives
3. Clarify the pertinence of potential preventive interventions

Management/Prevention

1. Develop a preliminary, individualized health maintenance plan that may include review of advanced directives, rehabilitative exercise program, medication review, screening tests and immunizations for disease prevention, interventions for lifestyle modification, and psychosocial/spiritual interventions
2. Reach agreement on the health maintenance plan with the patient, family, and primary care practitioner
3. Implement the patient's health maintenance plan

Monitoring

1. Reassess the patient's health maintenance status
2. Monitor the facility performance in implementing health maintenance interventions

MAJOR OUTCOMES CONSIDERED

Benefits and risks of health maintenance interventions

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

This guideline was developed by an interdisciplinary workgroup, using a process that combined evidence and consensus-based approaches. Workgroups include practitioners and others involved in patient care in long-term care facilities. Beginning with a general guideline developed by an agency, association, or organization such as the Agency for Healthcare Research and Quality (AHRQ), pertinent articles and information, and a draft outline, each group works to make a concise, usable guideline that is tailored to the long-term care setting. Because

scientific research in the long-term care population is limited, many recommendations are based on the expert opinion of practitioners in the field.

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

Guideline revisions are completed under the direction of the Clinical Practice Guideline Steering Committee. The committee incorporates information published in peer-reviewed journals after the original guidelines appeared, as well as comments and recommendations not only from experts in the field addressed by the guideline but also from "hands-on" long-term care practitioners and staff.

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, nurse practitioners, pharmacists, nurses, consultants in the specified area, and organizations that are knowledgeable of the guideline topic and the long-term care setting.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The algorithm Health Maintenance 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)

A clinical algorithm is provided for Health Maintenance in the Long-Term Care Setting.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting the recommendations is not specifically stated.

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

Early detection and prevention of illness or its complications may reduce morbidity and mortality in the elderly, especially among those who are at the greatest risk of developing and dying from disease. Implementation of appropriate, individualized screening and preventive care measures may represent an opportunity to improve longevity or quality of life for frail elders.

Outcomes that may be expected from the implementation of this guideline include the following:

- More appropriate resource utilization
- A reduction in the number of patients who receive inappropriate procedures or care
- An increase in the number of patients who receive appropriate procedures and care
- Facilitation of patient-centered care goals (i.e., goals that are appropriate to patients' needs and wishes)
- Better-informed patients' families or advocates, with more appropriate expectations about the patient's care goals

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 all clinical practice guidelines (CPGs) 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

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

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

American Medical Directors Association (AMDA). Health maintenance in the long-term care setting. Columbia (MD): American Medical Directors Association (AMDA); 2007. 27 p. [26 references]

ADAPTATION

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

DATE RELEASED

2007

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

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GUIDELINE COMMITTEE

Steering Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Committee Members: Marjorie Berleth, MSHA RNC FADONA; Lisa Cantrell, RN, C; Sandra Fitzler, RN; Joseph Gruber, RPh, FASCP, CGP; Hosam Kamel, MD, CMD; Susan M. Levy, MD, CMD; Harlan Martin, R.Ph., CCP, FASCP; Evvie F. Munley;

Jonathan Musher, MD, CMD; Barbara Resnick, PhD, CRNP; William Simonson, Pharm.D., FASCP

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

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI Institute on July 9, 2007. The information was verified by the guideline developer on August 23, 2007.

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