



Dedicated To Long Term Care Medicine

## NEWS RELEASE

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### **AMDA House of Delegates Passes White Paper on Improving Care Transitions**

*Columbia, MD*--The AMDA House of Delegates approved a “White Paper on Improving Care Transitions Between the Nursing Facility and the Acute-Care Hospital Settings” during its meeting on March 13, 2010, in Long Beach, CA. The paper recognizes and emphasizes the importance of efficient processes for transferring patients between the acute-care hospital and skilled nursing facilities (SNFs) and nursing facilities (NFs), including the emergency department. It also highlights key elements in and features of a successful care transition process. The paper, developed by AMDA’s Public Policy Committee, recommends that the key elements to ensure a safe care transition process should focus on patient-centered care, communication, and safety.

“The success of each transfer is quantified by the degree to which it meets the requirements of the patient through creating an individualized plan of care. It is imperative that goals of care and advance directives be addressed early on with the patient and family,” the paper states. It adds, “Early identification of short- and long-term goals will help to determine the appropriate next level of care. Discussion of patient/family expectations and goals of care should facilitate determination of the next level of care for the patient at the completion of each health care industry stay.”

According to the paper’s introduction, the “goal of this white paper is to guide policies and procedures that enhance communication and support safe, patient-centered care as patients and families transition between sites of care.” The paper explains that when the patient is transitioned to a facility, “clinical information to seamlessly continue the plan of care is sent forward, and hospital clinicians should remain available to answer questions about transfer orders and to oversee patient care until SNF/NF clinicians have assumed clinical control.” It states, “An area of particular concern is ensuring that the next level of care is one that will meet the needs of the patient.”

AMDA supports research, public policy, and best practices designed to improve the safety and efficiency of care transitions. The association recently published a clinical practice guideline (CPG), *Transitions of Care in the Long-Term Care Continuum* which, along with the AMDA *Acute Change of Condition in the Long-Term Care Setting* clinical practice guideline, originally published in 2003, is designed to enhance care transitions specific to the long-term care setting. The transitions of care guideline is the first public-access CPG the organization has published; and it is accessible at [www.amda.com/tools/clinical/TOCCPG/index.html](http://www.amda.com/tools/clinical/TOCCPG/index.html).

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“We hope that health care reform and future legislation will recognize and address the current deficits in care transitions and seek to reward seamless and reliable processes for transitions. This white paper focuses on specific issues of transfers between hospitals and SNF/NFs and vice versa, but we strongly support efforts to improve transitions across all care settings,” states the paper.

According to Karl Steinberg, MD, CMD, chair of the workgroup that drafted the paper, “The white paper is important because it underscores AMDA’s commitment to improving this area of care that is a common source of medical errors and ‘dropping the ball’ on the vulnerable patients we care for. It also dovetails with our recently released clinical practice guideline. It also embraces patient-centered care and recognizes that, in many cases, transferring the patient to the hospital from a nursing home actually does not improve their care and paradoxically may result in worse outcomes.”

Dr. Steinberg adds, “Today’s nursing facilities care for patients similar to those found in the acute care hospital 15 years ago. As a result, the facilities generally are well equipped to provide high-level medical interventions such as IV antibiotics, IV fluids, and vigorous rehabilitation services such as physical, occupational, and speech therapy. Progress on improving care transitions has been slow, but we are moving forward thanks to organizations such as AMDA and the National Transitions of Care Coalition, which have been instrumental in drawing attention to this problem and addressing specific strategies to improve transitions.”

To view the white paper please visit <http://www.amda.com/governance/whitepapers/H10.pdf>.

*The American Medical Directors Association (AMDA) is the national professional association of medical directors, attending physicians, and other professionals practicing long term care medicine committed to the continuous improvement of patient care. The organization provides education, advocacy, information, and professional development for medical directors and other practitioners from various disciplines working together to deliver quality long term care.*

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