

Clinical Pathways

The Clinical Pathways is a team integrated approach to provide a comprehensive guideline to acute and chronic care. It offers an opportunity to decrease re-hospitalization by taking a holistic resident centered team approach. The pathway consists of an acute and chronic phase. The Acute phase incorporates a comprehensive assessment which allows the staff to look at the resident as a whole. The Chronic phase has an emphasis on long term management of disease and incorporates education centered for the resident returning home. The chronic pathway also includes multiple weekly assessments to help identify early symptoms of exacerbation. If symptoms of exacerbation are noted in the chronic phase, resident will return to acute phase for more acute monitoring.

Acute Pathway:

- Identify risk factors and life style choices that lead to re-hospitalization within the first 24 hours.
- Consist of a comprehensive focused assessment which includes:
 - Risk Factors
 - Past Medical History
 - Baseline vital signs and weight
 - Comprehensive system focused assessment
 - Symptom review and management
 - Resident centered goals with interventions from the multidisciplinary team
- Identify baseline labs, vital signs, symptoms and weight to better identify resident centered goals within the first 24 hours
- Monitor acute needs of the patient for the first 7 days
- Offer a crosswalk to symptom management
- Identifies ADL, mobility, communication/swallowing and cognitive deficits
- Promotes the highest quality of life for the resident
- Educates the resident and family to promote understanding of the disease process and expected future course of the illness.
- Resident centered goals with interventions from the multidisciplinary team focusing on stability of acute cardiac illness.

Chronic Pathways:

- Includes a comprehensive cardiopulmonary focused assessment weekly
- Symptom Review and Management
- Resident centered goals with interventions from the multidisciplinary team focusing on education to improve function and awareness when the resident transitions to the home setting.