## HEART FAILURE





## CLINICAL EVALUATION BY A RN WITHIN 24 HOURS OF HOSPITAL DISCHARGE OR OFFICE REFERRAL TO INCLUDE:

- Disease Management Education
  - o Medication compliance
  - o Low sodium diet
  - o Daily exercise routine
  - o Self monitoring of symptoms
- Remote Patient Monitoring
  - o Vitals monitored by telemedicine nurse
    - Scale
    - BP
- Interdisciplinary team approach
  - o RN Case Manager
  - o Occupational therapy for energy conservation, task simplification
  - o Physical therapy for strengthening, exercise program and fall prevention
  - o Ensure office appointment is made with primary care provider within 7-10 days of facility discharge

## PLAN OF CARE TO INCLUDE:

- Case management by an RN with scheduled in-home and telephonic visits to assess, teach and monitor patient progress
- Physician specific protocols for your patients
- Evidence-based patient teaching materials
- Home care physician coverage patients as needed

## PATIENT OUTCOME REPORT CARD:

Available to you and patient

COMMITTED TO CARING

Doctor's Choice Home Care (833) 365-CHOICE (2464)

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