HEALTHPRO® HERITAGE

The Clinical Side of Home Health Clinical Pathways

HealthPRO® Heritage Clinical Pathways ensure clinicians apply best practices to optimize outcomes and reduce readmissions during all phases of patient care including pre-admission, admission, treatment, and discharge.

Pre-Admission
- Review records from upstream provider
- Determine primary diagnosis

Admission
- Evaluate within 24 hours of admission
- Determine anticipated D/C date & D/C needs
- Home Safety Assessment
- ID social support system, caregiver capability, D/C destination & support level
- Complete D/C Readiness Checklist
- Medication Reconciliation
- Medication Management Assessment
- Vital Signs
- Health Literacy Assessment
- Pain Assessment: Wong-Baker FACES
- Balance/ Mobility Assessment
  - BBAT (6 sec. chair stand)/TUG
- ADL Assessment: Modified Barthel
  - Lawton IADL's
- Cognition: SLUMS/MoCA/Clock
- Assess skin integrity/dressing/edema
- Wound Assessment if fx wounds
  - Measurement/description
  - PUSH Tool
  - Braden Scale if not performed by nursing

Functional Treatment
- Medication reconciliation/Medication management
- Daily vital signs, teach vital sign monitoring
- Coordinate caregiver training
- Daily ADL's/IADL's
- Transfers from usual surfaces & car (sit) mobility
- Gait training, stairs, navigation to driveway, yard and curbs
- Functional exercise, repeated sit to stand, squats, step-up/step down, stairs, loading laundry, carrying grocery bags
- Skin checks (monitor for signs of infection & D/VT
- Health literacy using teach back for patient & caregiver
  - Pain management/Positioning
  - Dressing changes/Sign/Signs of infection/Healthy Lifestyle
  - Home Safety/ Fall Prevention/ Fall Recovery

Wound Treatment *must pass wound competency, verified by RVT
- Dressing coordinated with IH nursing & needed care center
- Wound measurement, photo documentation
- Changes of negative pressure wound therapy
- Debridement* *must pass specific debridement competency*

Early Benchmarks: consider D/C to next best level of care when SAFE
- Transfers/ Bed mobility
- Indoor Stairs
- Household Ambulation
- ADL's
- Simple meal prep
- Demonstrate of health condition

Early Wound Benchmark
- Wound not infected & demonstrates good healing

Late Benchmarks: consider D/C to next best level of care when SAFE
- Ambulate in yard /driveway
- Curb management
- Outdoor stairs
- Get mail
- Car transfers independent
- Garbage management

Late Wound Benchmark
- Wound no longer qualifies for HH level of care

Discharge
- Complete items on D/C Readiness Checklist
- Thoughtful coordination with caregiver, IH staff, D/C outpatient vs. no services
- Warm hand-off to next level of care
- Make recommendations to community resources
- Follow-up physician appt.
- DME recommendations
- Provide HEP & D/C instructions in writing to pt and caregivers

Sample of developed Clinical Pathway

PRE-ADMISSION

Employing a thorough review of the patient's past medical history is a crucial part of determining both the primary diagnosis and the co-morbidities that will impact not only the patient plan of care but agency reimbursement.

ADMISSION

Completed within 48 hours of admission, the therapist's evaluation examines the patient's safety in the home using standardized testing, support systems, discharge readiness, medication and medical management, pain, cognition, self and home care skills, skin and/or wound integrity, and more, based upon the relevant diagnoses. Functional Assessment scores are completed and shared with the IDT as part of the evaluation.

FUNCTIONAL TREATMENT

Treatment is targeted to the patient's goals for successful recovery and regaining the function necessary for maximum independence. Depending on the diagnoses, patients are progressed to the next best level of care through mobility training and other self-care skills. Each goal is benchmarked to measure success assuring the patient, family, and interdisciplinary care team of positive outcomes.

HEALTHPRO® HERITAGE at Home

CLINICAL PATHWAYS

- Wound Pathway
- Neuro Pathway
- Cardiopulmonary Pathway
- Medical Management
- Ortho and MSK Pathway
- Safe Transitions Pathway
- Dysphagia Pathway
- Speech and Language Pathway
- Behavioral and Dementia Pathway

DISCHARGE

Discharge readiness is assessed throughout the course of care and tracked using our Discharge Readiness Checklist. The Checklist serves to ensure patient, family, and physician goals are met and the patient is fully prepared for discharge. Arrangements for continued care, community resources, and home exercise programs are all addressed through the discharge planning process.

To learn more about our Clinical Pathways, EMAIL: homehealth@healthpro-heritage.com
For our PDGM Resources, VISIT: healthpro-heritage.com/PDGM