

AMI Discharge Planning Process Timeline – Gold Standard

Patient Presentation in ED	Admitted to the Hospital	Within 24 hours of Diagnosis	Daily Activities	Prior to Discharge	Post Discharge F/U Services
Patient Admitted to the ED Home medications reviewed by medication history specialist and reconciled by provider Provider completes H&P Diabetes patients identified Patient Transferred to a Floor Unit	Nursing Background Assessment - Medication - Compliance - Living situation/family support - Hx of DM, PreDM GDM, Insulin pump/GCM PAS Assessment - Insurance status Provider - Complete H&P including DM status - Order dietitian consult	Care Coordination Assessment - Medication affordability 30 days free cards - Financial aid applications - Resource assessment - Query if pt. has PCP. If not, offer referral to county clinic - WellStar charity care - Community transition program - Med supplies assist Hospitalist Consult - New DM dx - DM mgmt. and/or Glycemic control DM inpatient educator consult if uncontrolled Cardiac Education - Cardiac education initiated Pharmacy - Pharmacy notified of AMI patient admission - Pharmacy review of medication list	Daily interdisciplinary rounding - MD - APP - Nurse - Charge nurse - Pharmacy - Care Coordination Nursing - Daily ambulation - Feedback to care coordination Diabetes Education - DM videos played at noon and PRN - Communication of DM dx, daily glycemic control, inpatient and discharge related needs, education	Provider (all AMI patients) - Complete discharge summary - Place discharge order - Educate patients and caregivers on warning signs - Make follow-up appointment with cardiology to be seen within five days Nursing - Review medications with patient/family - Reviews AVS with patient/family - Reviews cath site instructions - For transfers (LTACs, IRUs, etc), provides nurse-to-nurse reports - TIGR cardiac education videos pre and post cath - Utilize teach-back Diet/Nutrition - Identify modifiable risk factors - Discuss roles of fats, cholesterol, sodium, fiber, etc. - Post MI eating guidelines - Different diet options Pharmacy - Review medications list - Meds to beds for antiplatelets - Patient to leave with all home meds - Educate patients on discharge meds - utilize teach-back Cardiac Educator - Review AMI signs and symptoms - Review disease process and recovery - Review common cardiac medications - Discuss risk factor modifications - Ensure referral placed to cardiac rehab - Utilize teach-back Care Coordination - Charity care: financial assistance completed for self pay where we may be able to cover for 2 wks or 1 month of meds if we do not have a 30 day free card. - Referral to population health as necessary Default Orders - Cardiac rehab - Heart Matters DM Related Needs - Scripts for DM medications, supplies - Assessment of pt caregiver	Cardiac Educator follow-up for ALL AMI patients (within two days of discharge) - Initiate cardiac rehab Heart Failure Clinic (within three days of discharge if heart failure) APP or MD office visit (within five days of discharge) Cardiologist Visit (within three weeks of discharge) if has not seen the patient since discharge Population Health follow-up for PWHP and ACO patients that meet criteria (within 3 days) Medicare Universal/Community Health - Homecare support DM Related Needs - DM Mgmt. instructions - Follow-up w/ PCP and/or endocrinologist Home Health