

***Cardiac Health, Rehabilitation & Secondary Prevention
INPATIENT DISCHARGE POLICY***

SECTION 1. PURPOSE

- 1.1. To establish basic criteria for participant discharge from inpatient cardiac health and rehabilitation program.
- 1.2. To establish options after discharge that the participant may choose to continue with the lifestyle behavioral changes begun in the hospital setting.

SECTION 2. POLICY

- 2.1. Participants will be discharged from the inpatient program when the following criteria are met and the physician writes the discharge order:
 - 2.1.1. The post MI participant will complete a low level GXT as soon as the physician determines it is appropriate. Some may choose to complete this prior to hospital discharge. The exercise test information is useful in formulating discharge planning and guidelines for resumption of ADLs during early convalescence. The GXT is also valuable for documenting treatable abnormalities and determining the need for further diagnostic studies and/or medical or surgical intervention.
 - 2.1.2. The participant will be thoroughly instructed in safe activity levels post discharge. The participant will be given a target heart rate range (THRR), MET level, and Rate of Perceived Exertion (RPE) at which to exercise according to previously stated guidelines and policies. The participant shall have the name and work phone number of a familiar staff member to answer questions which may arise post discharge.
 - 2.1.3. The appropriate participant teaching and education will have been completed and thoroughly documented in the participant record, i.e., information presented, how long the session lasted, how the information appeared to have been received by the participant, questions asked, and family members present. The participant must be fully aware that questions arising after discharge to home may be addressed by the given contact person.

- 2.1.4. When possible, the participant should visit the Phase II cardiac rehabilitation program prior to discharge. This visit serves to familiarize the participant with the program, personnel, and other participants. This has been shown to increase motivation and compliance. The participant is discharged from the hospital with an orientation date and time for Phase II cardiac conditioning. All pertinent information concerning the Phase II program should be explained and sent with the participant prior to discharge, i.e., program description, orientation date/time, participant health history form, as well as a person to call should he/she have questions or need to reschedule the orientation.
- 2.1.5. The physician's discharge note needs to include results from the participant's GXT, a referral to the Phase II cardiac rehabilitation program, and a prescription for risk factor modification.

SECTION 3. PROCEDURE

3.3. Discharge concerns will be assessed and addressed:

- 3.3.1. Discharge readiness will be assessed:[1]
 - 3.3.1.1. Physiological stability and functional ability
 - 3.3.1.2. Competency (cognitive and psychomotor) to carry out self-care
 - 3.3.1.3. Perceived self-efficacy
 - 3.3.1.4. Availability of social support
 - 3.3.1.1. Access to health care resources
- 3.3.2. Areas of question and concern for cardiac patients during the first month after discharge include:[1]
 - 3.3.2.1. Return to work
 - 3.3.2.2. Driving
 - 3.3.2.3. Household activity
 - 3.3.2.4. Stair climbing
 - 3.3.2.5. Lifting

- 3.3.2.6. Sexual activity
- 3.3.2.7. Walking
- 3.3.2.8. Socializing
- 3.3.3. Appropriate discharge planning is imperative. It may include but is not limited to the following. Please refer to patient education sheet on 'Options After Discharge'
 - 3.3.3.1. Graded exercise test
 - 3.3.3.2. Early outpatient cardiac health and rehabilitation
 - 3.3.3.3. Home exercise program
 - 3.3.3.4. Home health referral
 - 3.3.3.5. Phone follow-up by program staff
 - 3.3.3.6. Post discharge questionnaires
 - 3.3.3.7. Participant option to call health care contact
 - 3.3.3.8. Outpatient educational classes
 - 3.3.3.9. Heart to Heart
 - 3.3.3.10. Support groups
 - 3.3.3.11. Participant lending library
- 3.3.4. The following topics should be included in the development of the discharge plan
 - 3.3.4.1. The participant's personal health problems
 - 3.3.4.2. Activities of daily living
 - 3.3.4.3. Leisure time activities
 - 3.3.4.4. Appropriate rest, work, sexual activity, symptoms, and referral into a supervised Phase II rehabilitation program. A visit to the hospital's outpatient rehabilitation facility is recommended

- 3.3.4.5. Instructions for the avoidance of extremes in humidity and temperature
- 3.3.4.6. The amount of time for appropriate rest should be specified
- 3.3.4.7. Instructions to tailor a prescription for return to work
- 3.3.4.8. Instructions for physician follow-up appointment

1. AACVPR, *Guidelines for Cardiac Rehabilitation and Secondary Prevention Programs*. 4th ed. 2005, Champaign, IL: Human Kinetics Publishers.