A Clinical Pathway for Heart Failure Clients in the SNF

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PARK VIEW POST ACUTE

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Introduction

Clients diagnosed with heart failure (HF) are readmitted to the hospital within 30 days after their discharge from the SNF at a rate of approximately 27% (Allen et al., 2011). These readmission rates are on the rise, and demonstrate a gap in healthcare practice. To address these readmission rates, Medicare has enacted penalties for SNFs with readmission rates above the national average, and plans to transition to the Patient Driven Payment Model (PDPM) next October. These changes incentivize efficiency and effectiveness of client care within the SNF. Current occupational therapy interventions tend to focus on physical impairments by emphasizing activities of daily living (ADLs) and therapeutic exercise (Rafeedie, Metzler, & Lamb, 2018), however, research suggests that high readmissions may be linked to cognitive, psychosocial, and lifestyle barriers that are experienced by the client.

Statement of Purpose

Our evidence-based clinical pathway aims to accomplish the following:

- Fill the gap in treatment and reduce client readmission rates by addressing cognitive, psychosocial, and lifestyle factors of HF clients.
- Accommodate concurrent and group modes of therapy to promote social support, self-efficacy, and successful transitions from SNF to home within a cost-effective model of care.

Examples of Tools Developed

Modified AOTA Occupational Profile

Gathers information on the client's strengths, interests, values, occupational history, and performance patterns.

Assists OT practitioner in understanding what is meaningful/motivating to the client while developing rapport.

Occupation-Based BORG Scale

Utilizes client's preferred occupations from the COPM and/or occupational profile to measure daily exertion.

Facilitates the building of a new healthy habit/routine through personally meaningful occupations.

My Typical Weekday/Weekend

Identifies client habits and routines, patterns of exertion, and commonly performed occupations.

Presents opportunity for discussion of how to incorporate self-care practices into daily routine.

The Clinical Pathway

Intro to the Clinical Pathway

Clinical pathways have been associated with treatment outcomes of:

- Increased quality of service delivery
- Decreased hospital stays
- Reduced costs of treatment (Romeyke & Stummer, 2012)

Contents of the Clinical Pathway:

- Motivational Interviewing (MI)
  - Increase client engagement in self-care behaviors by addressing psychological client factors such as perceived social support and self-efficacy.
- Assessments
  - Provide information on client ability and performance in areas of cognition, psychosocial wellbeing and lifestyle management.
  - Assist in the creation of client-centered and occupation-based interventions.
- Lifestyle Interventions
  - Covers individual, group, and concurrent intervention options
  - Facilitates self-efficacy and implementation of new healthy behaviors into a daily routine
  - Group and concurrent interventions provide sense of social support.
- Community Resources
  - Identify resources in the community that support healthy aging-in place
  - Ex. Senior friendly transportation, support groups, volunteer groups serving seniors, etc.
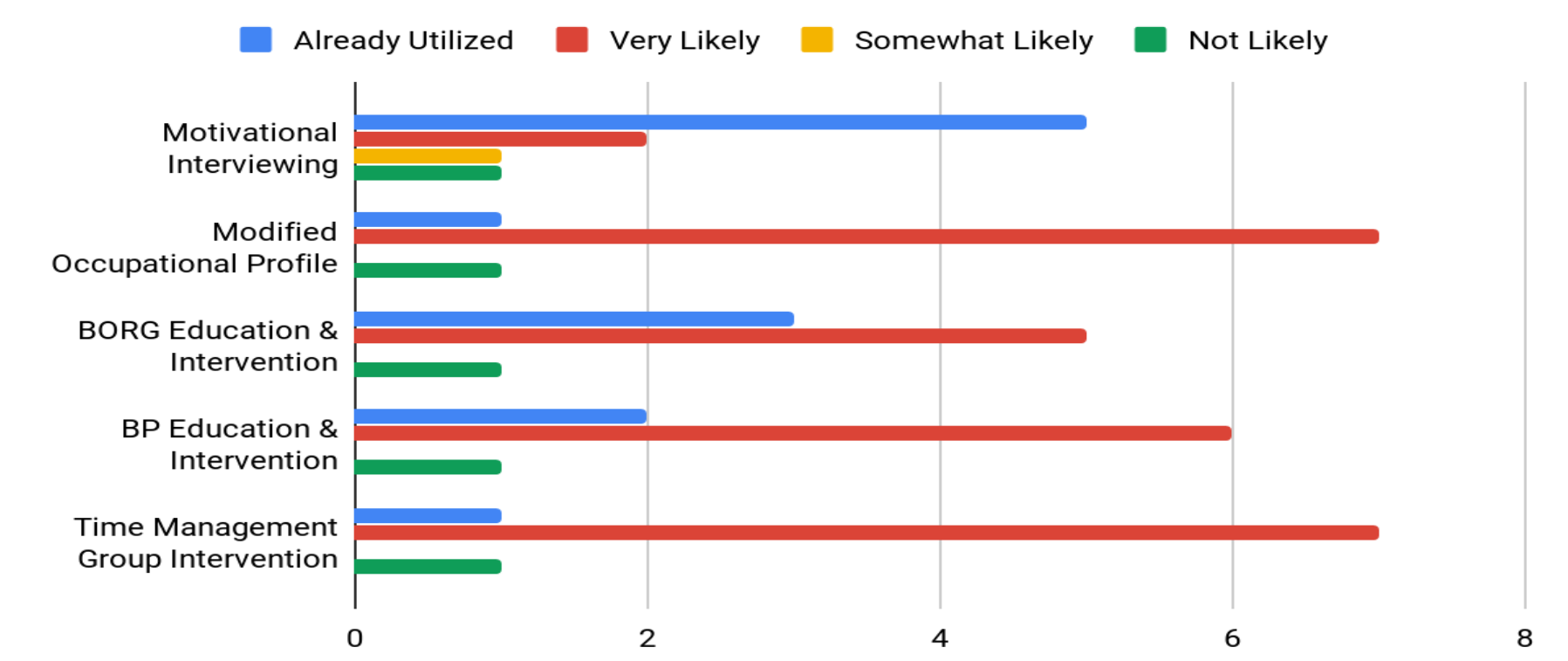
Evidence

- Several key skills improve client adherence to self-care practices, including: the ability to integrate self-care behaviors into the clients daily routines, recognition and timely detection of symptom exacerbation, and the ability to properly act upon identification of exacerbation (Clark et al., 2014).

- Successful self-management of HF is supported by client acceptance of their HF diagnosis, participation in meaningful activities, and the incorporation of self-care behaviors into new habits and routines (Chew & Lopez, 2018).

- Social support increases feelings of self-efficacy which positively affects client adherence to treatment (Martos-Méndez, 2015).

- Community dwellers with high perceived social isolation had increased risk of death, hospitalizations, emergency visits, and outpatients visits compared with those with low perceived social isolation (Manemann et al., 2018).

Post-Training Survey

- A 1.5 hour training on the clinical pathway was held in Santa Rosa, CA on April 12, 2019. Attendees (9 OTs, 3 OTAs, & 3 OTS) were introduced to the clinical pathway and practiced administering some components of the clinical pathway. They were given a post-training survey to provide feedback on usefulness and practicality of the tools in their OT practice.
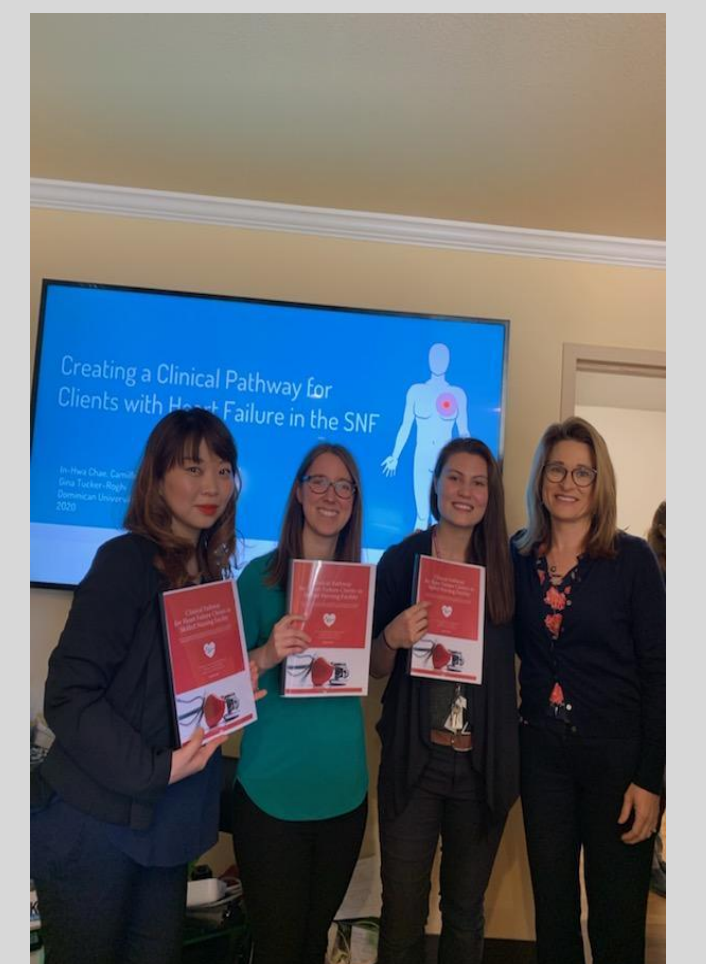
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