Stable to Unstable Patient

Established MHS Patient?

NO →

ED

- Follow ED Protocol

1. **Follow Criteria for Obs Protocol**
2. **Discharge from ED**
   - PHP workflow
   - HF Clinic
   - TeleHealth
3. **Medication Therapy**

Admission Protocol

1. **Follow HF Order Set 592**
2. **Discharge Criteria**
   - Negative Net Fluid Balance > 1.3L
   - Discharge Serum Na Level>135 mg/dL
   - NT-proBNP level reduction >23% between admission & d/c
3. **Place HF Consult Order**
   - GSH
   - TG
4. **Education**
5. **Transition**
   - Disposition
     Home
     Home Health
     SNF
     TeleHealth
     IPR
   - **F/U Appointment**
     HF Clinic
     Cardiac Study Center
   - **Medication Therapy**
   - **Palliative Care**

Transitional Care

1. **Transition to Stable**
   - Follow Stage and Class Treatment Algorithm
2. **Transition to Advanced Therapies**
   - EF<25
   - VO2 <14
3. **Declining strength or increasing frequency/severity of exacerbations?**
   Consider palliative care consult.
4. **NYHA Class IV Disease?**
   Begin discussion of hospice.
5. **Medication Therapy**
6. **Cardiac Rehab**
7. **Referral to HF Clinic**

Yes →

Home Health Patient

- *Flexible Diuretic*
- Labs
- *TeleHealth Protocols*
- How to consult TeleHealth

HF Clinic Patient

- Follow Clinic Protocol
- HF Education

PCP

- Follow PCP Clinic Protocol
- Medication Therapy
- How to consult PHP
- Flexible Diuretic
- Revisit Goals of Care

HEART FAILURE CARE PATHWAY
Target Audience: *Physicians*
Patient Population: *Heart Failure patients as defined by physicians in the MultiCare Connected Care Network.*
Objective: *Provide a systematic approach to care management of the defined patient population for practicing physicians within the MCC network. Care pathway defines key processes and considerations within the CHF continuum.*
Point of Contact: *Holly Burke*