

# Phase of Care Evaluation of Readmissions (POCER)

Patient name: \_\_\_\_\_ MRN: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Date of Readmission: \_\_\_\_\_

Brief case summary:

Avoidable / Unavoidable:

## Pre-Operative Phase

Management & Optimization of Co-morbidities

### High risk:

1. Advanced age (>75)
2. Heart failure within 2 weeks
3. Low albumin
4. Previous myocardial infarction
5. Diabetes mellitus
6. Deconditioned
7. Poor social support system
8. Frailty
9. Pneumonia or intubation within 30 days

## Post-Operative ICU/SDU Phase

Resolve post-op issues

1. Atrial Fibrillation- rate control and anticoagulated
2. Heart Failure- appropriate medications: Diuretics, ACE-I, Aldosterone antagonist
3. Pleural effusion – was early thoracentesis done
4. Gastrointestinal – last bowel movement
5. Oxygen saturation – off oxygen for at least 24 hours
6. Ambulate to baseline

## Discharge/Transitional Phase

1. Discharge teaching following the approved process: discharge video
2. Teaching on new modalities: New medication ie: DM, Anti-coagulation, assistive devices.
3. Follow-up appointment with cardiothoracic made with nurse practitioner clinic in 3-5 days after discharge
4. Home care planned and actively involved
5. Post-discharge labs and CXR

## Post Hospitalization Phase

1. Enhanced post-discharge follow-up with nurse practitioner clinic
2. Home care following-up
3. Follow-up with cardiology and primary care
4. Patient compliance: follow-up and medications
5. Cardiothoracic surgery service notified if patient brought to the emergency department

Resolution:

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