Practice Guide for the Post Acute Coronary Syndrome Hospitalization Office Visit: Preparing for and Making the Most of the Initial Follow-Up Visit

Practices that are designed to offer team-based care that engages patients and focuses on meeting their needs are best equipped to achieve excellent, truly patient-centered outcomes. This document presents approaches and tools to be used in preparing for and conducting the initial post-hospitalization office visit for patients with a chronic illness such as coronary artery disease.

<table>
<thead>
<tr>
<th>Domain/Core Content Areas</th>
<th>Intervention/Tools/Assistance</th>
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<tbody>
<tr>
<td><strong>Practice Visit Readiness Assessment (Previsit)</strong></td>
<td>Have a morning staff huddle. Identify discharged follow up patients and prepare their charts and obtain any missing elements before the patient arrives. Being prepared will lead to a more productive patient interaction.</td>
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<tr>
<td>• Ensure availability of a hospitalization summary e.g., discharge summary.</td>
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<td>• Ensure the discharge instructions are available.</td>
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<td>• Retrieve the results of any labs that were pending at the time of discharge.</td>
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<td><strong>Assessment of Patient Understanding</strong></td>
<td>Use open ended questions such as “What is your understanding of what happened in the hospital?”</td>
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<td>• Ask patient to summarize the diagnosis and the important clinical problems.</td>
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<td>• Ask patient to summarize what was done during the hospitalization.</td>
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<td><strong>Assessment of Patient Goals and Preferences</strong></td>
<td>• Ensure the patient has a voice in care planning and goal setting.</td>
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<td>• Ask the patient about specific personal goals that can serve as motivators for adherence and change.</td>
<td>• Learn more about patient centered care at <a href="http://www.ipfcc.org">www.ipfcc.org</a>.</td>
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<td>• Ask the patient to state any preferences that might impact on management.</td>
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<td><strong>Medication Adherence Assessment</strong></td>
<td>• Tip: screen everyone using a standardized tool. Do not make assumptions based on race, ethnicity, age, etc.</td>
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<td>• Develop a systematic approach to screening for medication adherence.</td>
<td>• If unable, consider pharmaRx plans that offer discounts. Use apps like GoodRx that check local med prices.</td>
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<td>• Check for ability to afford medications.</td>
<td>• Make a list of pharmacies that deliver in the area.</td>
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<td>• Check for ability to refill the med (ability to get to the pharmacy).</td>
<td>• Ask patient what each medication is for (teachback technique). To learn more go to: <a href="http://www.teachbacktraining.com">www.teachbacktraining.com</a>.</td>
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<td>• Check for understanding of rationale for each medication.</td>
<td>• Emphasize problem of missing antiplatelet agents (particularly if they have a stent).</td>
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<td>• Check for understanding of impact of not taking meds.</td>
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**Medication Side Effects Assessment**

- Anti-platelet agents /Anti-thrombotics
- Beta blockers
- Anti-hypertensive agents
- Statins
- Diabetes medications

Screen for:

- Bleeding, bruising
- Fatigue, slow heart rate
- Cough (ACEI), edema (Ca Blockers, Hydralazine), dizziness
- Muscle pains/aches
- Hypoglycemia
Symptom Assessment
- Ensure patient understands when to call 911.
- Ensure patient understands when to call doctor.

Psychosocial Assessment
- Assess whether patient is depressed or anxious.
- Ensure patient is coping with new diagnosis.

Activity Assessment
- Patient understands restrictions / intensification plan.
- Ensure patient has been offered cardiac rehab.

Monitoring Assessment
- Review of blood pressure, pulse, blood sugars.
- Review dietary logs and activity logs.

Goal Setting
- Has goal for medication adherence.
- Has goal for increasing activity.
- Has goal for dietary modification.
- Has goal for smoking cessation.

Use motivational interview techniques for goal setting.

Implementation tip: Have RN/Medical Office Assistant discuss with patient when being put in examining room.

Normalized feelings of sadness.
Look for impact on ADLs, adherence and overall recovery. Remember depression is common post an ACS event.

Review ability to drive, lift, walk, jog, bike, have sex.
Review cardiac rehab benefits, insurance considerations.

Implementation tip: Educate patients as to goals of care and encourage them to ask questions if not at goal. Develop care pathways and protocols that standardize care.

Intensify therapy if not at goal.
Recognize and reaffirm patient effort to monitor!

Ask patient to make all lifestyle changes with a family member or friend.

For more information on motivational interviewing go to www.motivationalinterview.org.

This document is a companion to the ‘Keeping Your Heart Healthy’ patient guide.
Incorporate into your practice a review of this guide with patients who have recently been discharged with Acute Coronary Syndrome.

To order copies of the Keeping Your Heart Healthy Guide go to www.acponline.org/patient_tools.