

Advanced Cardiac Medication Administration:

- Inotropic Infusions: Milrinone, Dobutamine
- Diuretic Infusions: Bumex, Lasix
- IV Push: Bumex, Lasix

Case Coordinators Heart Failure Specialties and Hospital Staff--For dosing parameters and other information on advanced therapies or Touchpoints CHF Program: Please call iCentral at (860) 812-0788 or contact the iCare Clinical Nurse Liaison.

About Touchpoints Rehab

Touchpoints Rehab is an innovative provider of skilled nursing and rehabilitation that specializes in congestive heart failure (CHF) and pulmonary rehabilitation.

The Touchpoints team works closely with and accepts referrals from all area hospitals as well as placement state and nationwide.

Our clinical team is well versed in a vast array of disease processes which includes diabetes management, wound management, COPD, hip and joint replacement, and many others. Touchpoints Rehab also provides outpatient therapy, long term care and behavioral health services.

For more information on our congestive heart failure rehabilitation program or Touchpoints Rehab care centers, please call **(860) 812-0788** or visit **Touchpointsrehab.com**

PART OF THE:



Congestive Heart Failure Rehabilitation Program



Touchpoints
Rehab

East Windsor • Manchester • Farmington • Bloomfield

iCare

The Congestive Heart Failure Rehabilitation Program

Following a hospitalization for heart failure, patients may benefit from receiving care and rehabilitation in a post-acute, skilled nursing care center. Such a stay helps to regain strength, manage the challenges of the disease and avoid readmission to the hospital.

At Touchpoints Rehab, our partnerships with area hospitals and their heart failure clinics ensure that their patients receive rehabilitation services in close collaboration with the hospital's multidisciplinary team and heart failure specialists.

Through Touchpoints Rehab's comprehensive heart failure program, patients receive personalized care from our own multidisciplinary team, with attention to optimizing medication therapy, enhancing knowledge of chronic disease and increasing exercise tolerance.

Touchpoints Rehab offers both inpatient and outpatient programs designed to optimize therapy, promote recovery, and provide ongoing quality of life for patients experiencing congestive heart failure.

Find out why Touchpoints Rehab is known as 'The Place I Trust with Mom's Care.'

Program Benefits and Personalized Care

- Skilled delivery of IV treatment modalities including Lasix, Bumex, Dobutamine and Milrinone therapies.
- Frequent lab value monitoring.
- Continuous clinical assessment and monitoring by heart failure specialists.
- Disease management education for patient and family including diet, symptoms, Zones and fluid restriction modules.
- Heart healthy menu.
- Fluid intake monitoring.
- Daily weight tracking and trending.
- Physical, occupational and speech therapies.
- Customized care, home support and discharge planning.

Unique Approach Of The Touchpoints Rehab Team

- Deploys a Care Transitions Team lead by RN level Director and includes Care Transitions Nurses and Respiratory Therapists. This team follows patients through the course of their care, from hospital to skilled nursing to home, and provides additional, continuous clinical oversight and support.
- Care Transitions Team is trained by the acute care hospitals heart failure team and follows established treatment protocols in coordination with experienced physicians, Physician's Assistants and APRNs.
- Continuous communication with consulting physicians and hospital staff, working together to ensure a smooth transition, continuity of care and optimal treatment decisions. Hospital and specialty clinic staff remain informed of the progress of patients' post-acute stay on a daily basis and continuing through discharge home.
- Careful oversight of progress and supplemental, personalized care that is highly conducive to rapid and sustained improvement.
- Individually paced rehab programming enables faster recovery, stabilization and restoration of strength.
- Patients are reconnected with their primary care physician and cardiologist upon discharge. The Care Transitions team ensures a smooth hand-off to Touchpoints at Home or another home care provider.

