Purpose
The purpose of the Cardio-Pulmonary Transitional Care Unit is to develop a multidisciplinary patient-tailored care plan for managing patients with primary cardiac and pulmonary diagnoses.

Objectives
Provide appropriate rehabilitation for patients with primary cardiac and pulmonary diagnoses
Develop a care plan for the patient by a full time RN, rehab staff, Cardiologist, Pulmonologist, and Dietician
Monitor patients for arrhythmias using cardiac telemetry during exercise routines
Improve communication with patient's physician and key family caretakers
Educate patients and family/caregivers
Reduce the risk of rehospitalizations

Design
The Cardio-Pulmonary Transitional Care Unit was developed as a 10-bed unit where patients with higher acuity cardiac and pulmonary diagnoses are located. An interdisciplinary cardio-pulmonary team consisting of a full time nurse, Occupational and Physical Therapists, on site Cardiologist and Pulmonologist, Respiratory Therapist, and Dietician works collaboratively to develop a personalized plan for each patient. The patient is monitored for cardiac arrhythmias during exercise sessions using cardiac telemetry. The patient is evaluated for psychosocial issues including depression and cognitive abnormalities. Education is provided to the patient and their family regarding their medical and psychosocial condition, rehabilitation, and nutrition.

Methods
A baseline assessment and initial 12 lead ECG is completed within 48 hours of admission
3 lead telemetry monitoring is provided during physical and occupational therapy sessions
Patients monitored by interdisciplinary team for appropriate progress, advancing their medical condition, and for adverse events
Evaluation at baseline and prior to discharge

Results
Out of a total of 64 patients enrolled as of August 2017, there have been 8 rehospitalizations or 12.5%, as compared to 64 patients with the same diagnoses previously with a readmit rate of 19% with traditional out-patient rehab in the same time frame. Several rhythm abnormalities were noted including new onset atrial fibrillation with and without rapid ventricular response, atrial tachycardia, and chronotropic incompetence, and which were clinically addressed appropriately. All patients had an improved Barthel score at the end of their therapy period.

Conclusions
A multidisciplinary patient-focused approach in a cardio-pulmonary transitional care unit can help improve the care of patients in acute rehabilitation facilities, reduce rehospitalizations, and optimally prepare the patient and their caregivers to make the transition home or to the next stage of their rehabilitation process.

References
Barthel Score

Measures performance in Activities of Daily Living (ADL)
Initial score (BLUE)
Discharge Score (RED)
Total score of 20