

EXHIBIT 44



Dimensions Healthcare System

Prince George's Hospital Center

Cardiac Surgery Clinical Pathway

Open Heart Day 0

- Dangle patient prior to getting out of bed
- Up in the chair 4 hours post extubation, if not on inotropes and pressors, and awake
- Start incentive spirometry after extubation every hour, as tolerated, with goal of 500
- Pain medications as ordered, and contact the PA/CRNP if pain does not improve with current regime and if pain remains greater than 5
- Stand up, turn patient and reposition every 4 hours if still on inotropes and pressors and not able to ambulate in the halls
- **CORE MEASURE**
 - Aspirin – start dose on arrival to ICU – All CABG's

Open Heart Day 1

- Up in the chair before shift change (6:00 AM) and for all meals
- **Daily weights** at 06:00AM with reposition in the chair
- Walk with assistance to the bathroom (toilet)
- Some chest tubes will be removed based on drainage by provider
- Walk in the hall 100-150 feet 2-3x daily with PT/OT/ Nursing and ad lib
- Bathe with CHG wipes for 5 days post-op and mouth care
- Continue incentive spirometry with goals of 500-1,000 with RT every 4 hours with staff every 2 hours and by patient every hour while awake and before each meal
- Pain medications as ordered and start PO pain meds, please offer
- Remove PA catheter if off IV medications and patient hemodynamically stable by the provider (PA/CRNP)
- PA/CRNP will remove Swan and/or Cordis after 2 peripheral IVs obtained
- **CORE MEASURE**
 - Start on Aspirin 81 mg
 - Plavix 75 mg daily
 - Statin (Simvastatin)
 - Beta Blocker – Metoprolol, as tolerated
 - ACE-I will be started as tolerated for all patients with ejection fraction $\leq 40\%$

Open Heart Day 2

- Up in the chair before shift change at 06:00AM and for all meals
- **Daily weights**
- Bathe with CHG wipes and mouth care
- Remaining chest tubes removed by provider
- Chest incision - silver dressing stays on until discharged home or 5 days post-op
- Leg is unwrapped and assessed by PA/CRNP, may need to re-wrap, TBD



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- Walk in halls 100-200 feet 2-3x daily and ad lib
- Incentive spirometer volumes 700-1,000 and acapella/ flutter valve every hour while awake
- Pain medication as ordered, please offer, the patient can refuse if not needed
- **CORE MEASURE**
 - Aspirin 81 mg
 - Plavix 75 mg daily
 - Statin (Simvastatin)
 - Beta Blocker – Metoprolol, as tolerated
 - ACE-I will be started as tolerated for all patients with ejection fraction $\leq 40\%$

Open Heart Day 3 – Discharge

- Up in the chair before shift change at 06:00AM and for all meals
- **Daily weights**
- Continue ambulation in 150 feet halls 3x daily and ad lib
- Bathe with sage wipes and mouth care
- Incentive spirometry, acapella, flutter valves every hour while awake
- Pain medications as ordered, continue to offer
- Temporary pacer wires removed day before discharge or if not being used
- **Day of discharge:** no dressings should remain. If a dressing is needed the provider needs to know. All IV lines to be removed at discharge
- **CORE MEASURE**
 - Aspirin 81 mg
 - Plavix 75 mg daily
 - Statin (Simvastatin)
 - Beta Blocker – Metoprolol, as tolerated
 - ACE-I will be started as tolerated for all patients with ejection fraction $\leq 40\%$

DISCHARGE PLANNING ONGOING – STARTING DAY 1 OR WHEN AWAKE

- **DIET** – Cardiac: low fat, low sodium, and any special diet prior to surgery
- **EXERCISE** – walk, walk, walk! Walks as much as you can tolerate, including stairs
- **MEDICATIONS** – starts on **Day 1** when you give PO meds, tell the patient what the med is and why they are being given it
- **WHEN TO CALL YOUR SURGICAL TEAM** – with any questions. If you have a question, don't hesitate to call us no matter how small you think it is!
- **DEFINITELY CALL US FOR** increases in shortness of breath, fever spike greater than 101.5, or weight gain of greater than 5 pounds in a day
- **DIABETIC TEACHING** – for every patient if requires insulin drip for ≥ 48 hours in all diabetic/ non-diabetic patients with potential of discharging home on insulin injection. All newly diagnosed patients with diabetes will get an endocrine consult prior to discharge. All patients will be referred to the diabetic center if discharged on insulin injection.



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POST CARDIAC SURGERY CORE MEASURE

- ALL CABG/ CABG + VALVE will be discharged on:
 - Aspirin, 81 mg daily (if no contraindications)
 - Plavix, 75 mg daily (except in the case of valve-only surgery)
 - Beta Blocker – Metoprolol or Coreg, will be dosed per patient requirements
 - Statin (Simvastatin) 20 mg (pre-op) or Home Meds
 - ACE-I for all patients with $EF \leq 40\%$ if able to tolerate. Consider ARB
- ALL MECHANICAL VALVES (VALVES ONLY, NO CABG) will be discharged on:
 - Anticoagulation with Warfarin