SK CDM-QIP **Heart Failure** Flow Sheet

Version 2.3 March 2024

Type of Heart Failure: ☐ HFrEF (reduced ejection fraction LVEF ≤ 40%) ☐ HFpEF (preserved ejection fraction LVEF ≥ 50%) ☐ HFmrEF (minimally reduced ejection fraction LVEF 41-49%) **Date of HF diagnosis:** _____ (Echo LVEF _____%)	**Patient** **Name: Date** **of Birth: HSN:**

CV Comorbidities: ☐ CAD ☐ AF ☐ Cardiomyopathy ☐ Valvular heart disease ☐ Congenital heart ☐ Hypertension ☐Pacemaker ☐ ICD

Other Comorbidities: ☐ Diabetes ☐ Dyslipidemia ☐ CKD stage _____ ☐ OSA

Subjective		**Date:**	**Date:**	**Date:**
Cardiac Symptoms & Stability	**New or change in HF symptoms** *(edema, exertional dyspnea, decreased exercise tolerance, orthopnea/PND, angina, palpitations, increased diuretic use)*	☐ No ☐ Yes:	☐ No ☐ Yes:	☐ No ☐ Yes:
	NYHA Functional Class Class I: HF symptoms only at levels of exertion that would limit normal individuals Class II: HF symptoms with ordinary exertion Class III: HF symptoms with less than ordinary exertion Class IV: HF symptoms at rest	☐ class I ☐ class II ☐ class III ☐ class IV	☐ class I ☐ class II ☐ class III ☐ class IV	☐ class I ☐ class II ☐ class III ☐ class IV
Psychosocial review	**Is patient experiencing low mood/anhedonia/anxiety?** *(Consider use of PHQ-9, GAD-7)* **Comments**	☐ Yes ☐ No ☐ Not asked	☐ Yes ☐ No ☐ Not asked	☐ Yes ☐ No ☐ Not asked
Lifestyle	**Nutrition/diet review** *(Intake of sodium, alcohol, other fluids)*			
	Physical activity *(consider referral to cardiac rehab if available)*			
	Smoking status	☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker	☐ Non-smoker ☐ Ex-smoker ☐ Smoker
	Smoking cessation advice (if required)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
CVD Investigations	**ECG** *(Baseline resting ECG at diagnosis, repeat every 1 to 2 years if stable, more frequent if change in CV symptoms)*	☐ Ordered today ☐ Up to date	☐ Ordered today ☐ Up to date	☐ Ordered today ☐ Up to date
	Echocardiography *(At diagnosis; then about every 3 years if stable; more frequent if change in clinical status)*			
	Lipid profile – LDL, non-HDL *(Non-fasting lipid profile recommended annually; treatment target is LDL-Chol < 2 mmol/ L or >50% reduction from baseline; alternate target non-HDL < 2.6 mmol/ L)*	*Result* *Test Date* LDL Non-HDL	*Result* *Test Date* LDL Non-HDL	*Result* *Test Date* LDL Non-HDL

		Date:	Date:	Date:
Other Investigations	**Screen for Diabetes** *(A1C or fasting glucose annually)*	***Result*** ***Test Date***	***Result*** ***Test Date***	***Result*** ***Test Date***
	Screen for OSA *(Recommended annually; use STOP-BANG questionnaire and sleep study if indicated. Untreated OSA negatively impacts management of COPD and quality of life)*	☐ reviewed risk factors/screened ☐ referred for sleep study ☐ known OSA diagnosis	☐ reviewed risk factors/screened ☐ referred for sleep study ☐ known OSA diagnosis	☐ reviewed risk factors/screened ☐ referred for sleep study ☐ known OSA diagnosis
	Renal function and Lytes *(Monitor as needed to ensure stability; adjust prescriptions; consider changes to diet/potassium intake if hyperkalemia)*			
Physical exam & Volume Assessment	**Weight** *(kg)*			
	BP			
	Pulse / Rhythm			
	Other exam findings			
	Volume Assessment/Status *(Assessment requires combination of history, symptoms, and clinical exam findings)*	☐ Hypovolemic ☐ Euvolemic ☐ Fluid overload	☐ Hypovolemic ☐ Euvolemic ☐ Fluid overload	☐ Hypovolemic ☐ Euvolemic ☐ Fluid overload
HF medications	**ACEi/ARB/ARNI** *(ACE inhibitor or ARB or ARNI indicated for HFrEF unless contraindicated)*	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford
	Beta blocker *(Bisoprolol, carvedilol or metoprolol SR indicated for all people with HFrEF)*	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford
	MRA *(Indicated as part of standard HFrEF therapy [with ACEi/ARB/ARNI, beta-blocker, +/- SGLT2i]; must be able to monitor for hyperkalemia and changes to renal function)*	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford
	SGLT2 inhibitor *(Dapagliflozin or empagliflozin indicated as part of HFrEF quadruple therapy. Dapagliflozin or empagliflozin indicated for treatment of HF with LVEF >40% (HFpEF or HFmrEF)*	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford	Indicated: ☐ Continue ☐ Start ☐ No - not appropriate ☐ No - not tolerated ☐ No – indicated, declined ☐ No - unable to afford
	Other CV meds			
	HF medication adherence/ comments/notes			

		Date:	Date:	Date:
Vaccines	**Vaccines reviewed, details, comments** *(Check EHR viewer for vaccine status)*			
Management Plan	**Patient goals/self-management**			
	Patient HF education *(HF info sheet, action plan, nutrition resources)*			
	Advance care planning *(Discuss as needed; provide resources)*			
	Referrals for education/nutrition/ cardiac rehab			
	Referrals to medical specialists			
	Assessment and management plan *(Changes to medications, resources provided to patient ,etc.)*			
For CDM QIP online resources/handouts, information points for aspects of care, and details of CDM QIP indicators, visit saskatchewan.ca at https://www.saskatchewan.ca/government/health-care-administration-and-provider-resources/resources-for-health-care-providers/chronic-disease-management-quality-improvement-program.				