SK CDM-QIP **Coronary Artery Disease + 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 _____%)

CAD History and Interventions:
☐ MI or ACS date _____
☐ Angina date _____
☐ PCI/Angioplasty + stent date _____ ☐ PCI only date _____
☐ CABG date _____

Patient Name:

Date of Birth:

HSN:

Other Comorbidities:
☐ AF ☐ Valvular heart disease
☐ Cardiomyopathy ☐ Congenital heart
☐ Pacemaker ☐ ICD
☐ Diabetes ☐ OSA
☐ CKD stage _____

Subjective		Date:	Date:	Date:
Cardiac Symptoms & Stability	**New or change in CVD and/or HF symptoms** *(angina/chest pain, edema, exertional dyspnea, decreased exercise tolerance, orthopnea/PND, palpitations, increased diuretic use, claudication)*	☐ 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)*	☐ Yes ☐ No ☐ Not asked Comments:	☐ Yes ☐ No ☐ Not asked ☐ Comments:	☐ Yes ☐ No ☐ Not asked ☐ Comments:
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- 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)* **Angiogram/Nuclear Med Perfusion Scan**			
	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
CVD medications	**ACEi/ARB/ARNI** *(ACE inhibitor or ARB indicated indefinitely for CAD unless contraindicated) (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 *(Indicated for all patients with CAD & normal LV function for minimum 3 years following ACS/MI unless contraindicated) (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) (SGLT2i indicated for all ASCVD in people with diabetes type 2)*	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
	Statin *(Indicated in all people with CAD unless contraindicated or documented adverse effects; then consider other lipid-lowering agents)*	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
	Antiplatelet agent *(Low-dose ASA indefinitely unless OAC indicated; dual antiplatelet therapy (DAPT) recommended for minimum 12 months after ACS and/or PCI)*	☐ ASA ☐ Clopidogrel ☐ Other	☐ ASA ☐ Clopidogrel ☐ Other	☐ ASA ☐ Clopidogrel ☐ Other
	Review DAPT indication/ ongoing use	☐ N/A ☐ Done	☐ N/A ☐ Done	☐ N/A ☐ Done

		Date:	Date:	Date:
CVD Medications	**Other CV meds**			
	HF medication adherence/ comments/notes			
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.