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

Revision 2.3 March 2024

Type of Diabetes: ☐ Type 1 ☐ Type 2 ☐ Other **Date diagnosed/Duration of DM:** _____	**Patient Name:** **Date of Birth:** **HSN:**
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 _____ %)	**Other Comorbidities:** ☐ CKD stage _____ ☐ Mental health condition ☐ OSA ☐ AF ☐ Valvular heart disease ☐ Cardiomyopathy ☐ Congenital heart ☐ Pacemaker ☐ ICD
CAD History and Interventions: ☐ MI or ACS date _____ ☐ Angina date_____ ☐ PCI/Angioplasty + stent date _____ PCI only date _____ ☐ CABG date_____	

	Subjective	**Date:**	**Date:**	**Date:**
Glycemic Management	**A1c** *(target ≤ 7% or _____)*	*Result Test Date*	*Result Test Date*	*Result Test Date*
	Glycemic Therapy/Medications			
	Adherence/concerns			
	Review glucose records			
	Hypoglycemic episodes *Consider frequency, severity; provide educational resources*			
	DM and driving discussed *SGI medical reporting form if using insulin*			
	Sick day management reviewed *Consider SADMANS, other patient handouts*			
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:

		Date:	Date:	Date:
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
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)*			
	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
	Renal function and Lytes *(Monitor as needed to ensure stability; adjust prescriptions; consider changes to diet/potassium intake if hyperkalemia)*			
	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
Nephropathy	**Urine ACR** *(normal < 2 mg/mmol)* *(not required if eGFR < 15 mL/min)*	*Result Test Date*	*Result Test Date*	*Result Test Date*
	Serum creatinine	*Result Test Date*	*Result Test Date*	*Result Test Date*
	eGFR *(normal > 60ml/min)*	*Result Test Date*	*Result Test Date*	*Result Test Date*
	Nephropathy *(Abnormal ACR, eGFR on ≥ 2 tests in 3 months)*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Retinopathy	**Dilated eye exam** (*type 1 annually, type 2 q1-2 years)*			
	Retinopathy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Severity/comments			
Neuropathy	**Symptoms** *(Paresthesia/pain/numbness, GI symptoms, ED, diabetic foot complications)*			
	Diabetic foot exam done today *Record details in exam section*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	Peripheral neuropathy	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

		Date:	Date:	Date:
Physical exam & Volume Assessment	**Weight** *(kg)*			
	BP			
	Pulse / Rhythm			
	Diabetic foot exam			
	Other exam findings			
	HF 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 for CV-renal benefit) (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) (SGLT2i indicated for diabetic nephropathy 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 *(Recommended to reduce CVD risk in adults with DM1 or DM2 with any of the following features: clinical CVD, age ≥40 years, age >30 years and duration of DM >15 years, microvascular complications, presence of other CV risk factors in accordance with Lipid CPG)*	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 *(if established ASCVD, not for primary prevention)*	☐ Not indicated ☐ Yes	☐ Not indicated ☐ Yes	☐ Not indicated ☐ Yes
	Other CV meds			
	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/ exercise/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.