

SK CDM-QIP Heart Failure Flow Sheet

Type of Heart Failure: <input type="checkbox"/> HFrEF (reduced ejection fraction LVEF ≤ 40%) <input type="checkbox"/> HFpEF (preserved ejection fraction LVEF ≥ 50%) <input type="checkbox"/> HFmrEF (minimally reduced ejection fraction LVEF 41-49%) Date of HF diagnosis: _____ (Echo LVEF _____%)		Patient Name: Date of Birth: HSN:																												
CV Comorbidities: <input type="checkbox"/> CAD <input type="checkbox"/> AF <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Valvular heart disease <input type="checkbox"/> Congenital heart <input type="checkbox"/> Hypertension <input type="checkbox"/> Pacemaker <input type="checkbox"/> ICD Other Comorbidities: <input type="checkbox"/> Diabetes <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> CKD stage _____ <input type="checkbox"/> OSA																														
		Date:	Date:	Date:																										
Subjective																														
Cardiac Symptoms & Stability	New or change in HF symptoms <i>(edema, exertional dyspnea, decreased exercise tolerance, orthopnea/PND, angina, palpitations, increased diuretic use)</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:	<input type="checkbox"/> No <input type="checkbox"/> Yes:																										
	NYHA Functional Class <small>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</small>	<input type="checkbox"/> class I <input type="checkbox"/> class II <input type="checkbox"/> class III <input type="checkbox"/> class IV	<input type="checkbox"/> class I <input type="checkbox"/> class II <input type="checkbox"/> class III <input type="checkbox"/> class IV	<input type="checkbox"/> class I <input type="checkbox"/> class II <input type="checkbox"/> class III <input type="checkbox"/> class IV																										
Psychosocial review	Is patient experiencing low mood/anhedonia/anxiety? <i>(Consider use of PHQ-9, GAD-7)</i> Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not asked																										
Lifestyle	Nutrition/diet review <i>(Intake of sodium, alcohol, other fluids)</i>																													
	Physical activity <i>(consider referral to cardiac rehab if available)</i>																													
	Smoking status	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker	<input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Smoker																										
	Smoking cessation advice (if required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																										
CVD Investigations	ECG <i>(Baseline resting ECG at diagnosis, repeat every 1 to 2 years if stable, more frequent if change in CV symptoms)</i>	<input type="checkbox"/> Ordered today <input type="checkbox"/> Up to date	<input type="checkbox"/> Ordered today <input type="checkbox"/> Up to date	<input type="checkbox"/> Ordered today <input type="checkbox"/> Up to date																										
	Echocardiography <i>(At diagnosis; then about every 3 years if stable; more frequent if change in clinical status)</i>																													
	Lipid profile – LDL, non-HDL <i>(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)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><i>Result</i></td> <td style="text-align: center;"><i>Test Date</i></td> </tr> <tr> <td>LDL</td> <td></td> <td></td> </tr> <tr> <td>Non-HDL</td> <td></td> <td></td> </tr> </table>		<i>Result</i>	<i>Test Date</i>	LDL			Non-HDL			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><i>Result</i></td> <td style="text-align: center;"><i>Test Date</i></td> </tr> <tr> <td>LDL</td> <td></td> <td></td> </tr> <tr> <td>Non-HDL</td> <td></td> <td></td> </tr> </table>		<i>Result</i>	<i>Test Date</i>	LDL			Non-HDL			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><i>Result</i></td> <td style="text-align: center;"><i>Test Date</i></td> </tr> <tr> <td>LDL</td> <td></td> <td></td> </tr> <tr> <td>Non-HDL</td> <td></td> <td></td> </tr> </table>		<i>Result</i>	<i>Test Date</i>	LDL			Non-HDL	
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		Date:	Date:	Date:
Other Investigations	Screen for Diabetes <i>(A1C or fasting glucose annually)</i>	<i>Result Test Date</i>	<i>Result Test Date</i>	<i>Result Test Date</i>
	Screen for OSA <i>(Recommended annually; use STOP-BANG questionnaire and sleep study if indicated. Untreated OSA negatively impacts management of COPD and quality of life)</i>	<input type="checkbox"/> reviewed risk factors/screened <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis	<input type="checkbox"/> reviewed risk factors/screened <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis	<input type="checkbox"/> reviewed risk factors/screened <input type="checkbox"/> referred for sleep study <input type="checkbox"/> known OSA diagnosis
	Renal function and Lytes <i>(Monitor as needed to ensure stability; adjust prescriptions; consider changes to diet/potassium intake if hyperkalemia)</i>			
Physical exam & Volume Assessment	Weight (kg)			
	BP			
	Pulse / Rhythm			
	Other exam findings			
	Volume Assessment/Status <i>(Assessment requires combination of history, symptoms, and clinical exam findings)</i>	<input type="checkbox"/> Hypovolemic <input type="checkbox"/> Euvolemic <input type="checkbox"/> Fluid overload	<input type="checkbox"/> Hypovolemic <input type="checkbox"/> Euvolemic <input type="checkbox"/> Fluid overload	<input type="checkbox"/> Hypovolemic <input type="checkbox"/> Euvolemic <input type="checkbox"/> Fluid overload
HF medications	ACEi/ARB/ARNI <i>(ACE inhibitor or ARB or ARNI indicated for HFrEF unless contraindicated)</i>	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford
	Beta blocker <i>(Bisoprolol, carvedilol or metoprolol SR indicated for all people with HFrEF)</i>	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford
	MRA <i>(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)</i>	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford
	SGLT2 inhibitor <i>(Dapagliflozin or empagliflozin indicated as part of HFrEF quadruple therapy. Dapagliflozin or empagliflozin indicated for treatment of HF with LVEF >40% (HFpEF or HFmrEF))</i>	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford	Indicated: <input type="checkbox"/> Continue <input type="checkbox"/> Start <input type="checkbox"/> No - not appropriate <input type="checkbox"/> No - not tolerated <input type="checkbox"/> No - indicated, declined <input type="checkbox"/> No - unable to afford
	Other CV meds			
	HF medication adherence/comments/notes			

		Date:	Date:	Date:
Vaccines	Vaccines reviewed, details, comments <i>(Check EHR viewer for vaccine status)</i>			
Management Plan	Patient goals/self-management			
	Patient HF education <i>(HF info sheet, action plan, nutrition resources)</i>			
	Advance care planning <i>(Discuss as needed; provide resources)</i>			
	Referrals for education/nutrition/cardiac rehab			
	Referrals to medical specialists			
	Assessment and management plan <i>(Changes to medications, resources provided to patient, etc.)</i>			
For CDM QIP online resources/handouts, information points for aspects of care, and details of CDM QIP indicators – https://www.ehealthsask.ca/services/CDM/Pages/default.aspx				