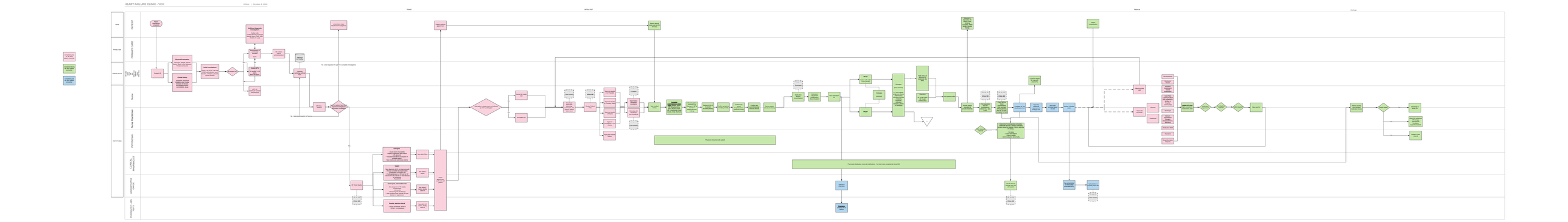

HEART FAILURE CLINIC - VCH

IClinic | October 2, 2018

Completed prior to HF clinic patient encounter
Completed during HF clinic patient encounter
Completed post HF clinic patient encounter
TRIAGE
INITIAL VISIT
Follow-Up
Discharge
Home
Primary Care
Referral Source
VGH HF Clinic
PATIENT
PRIMARY CARE
D9 Card, CCU, CP10, GP, ED, Other Card, Internist, Other, Other Hosp
Nurse
Nurse Practitioner
PHYSICIAN
CLINICAL PHARMACIST
ADMINISTRATIVE OFFICE
PHARMACIST, LABS, TESTS
Patient experiences complaints
Suspect HF
Physical Examination
Vital signs, Weight, Volume Status, Heart, Lung, Abdomen, Peripheral Vascular
Clinical history
Symptoms, functional limitation, prior Cardiac disease, risk factors, exacerbating factors, comorbidities, drugs
Initial Investigations
Chest x-ray, ECG, Lab work (CBC, electrolytes, renal function, urinalysis, glucose, thyroid function
Still suspect HF?
Yes
No
Assess NP's
NT-proBNP >125 pg/mL
BNP >50 pg/mL
Yes
NOT HF; WORKUP OTHER DIAGNOSES
Assessment of ventricular function
Echo
Additional diagnostic investigations
Cardiac cath, cardiopulmonary excercise testing, others (CMR, MIBI, MUGA, CT scan)
HF LIKELY, TREAT ACCORDINGLY
Pathways (GP EMRs)
Common cardiology referral form
HF Clinic - TRIAGE
Does the patient have all the required investigations/ information completed?
No - referral sent back to GP/source
No - send requisition for patient to complete investigations
ordered pre-intake Bloodwork/investigations
Yes
HF Clinic Waitlist
iClinic MD
Emergent
- Acute severe myocarditis
- Rapidly progressive heart failure
- HF with ACS
- Transplant and device evaluation of unstable patient
- New-onset acute pulmonary edema
See within 24hrs
Urgent
- New diagnosis of HF, not improving with therapy (unstable decompensated)
- progression to NYHA IV HF
- Posthospitalization or ER visit for HF
- Severe HF with valvular or renal disease or hypotension
- Post-MI HF
See within 2 weeks
Semiurgent, Intermediate risk
- New diagnosis of HF, stable, compensated
- NYHA II/III
- Worsening HF with therapy
- Mild symptoms with valvular or renal disease or hypotension
See within 6 weeks, ideally within 4
Routine, elective referral
- chronic HF diease, NYHA II
- NYHA I - no symptoms
See within 12 weeks, ideally within 6
Intake appointment confirmed with patient
Patient confirms appointment
Was patient already seen and referred by VGH cardiologist?
No
Nurse/ MD intake visit
Yes
NP intake visit
Care-connect
Download transcripts (discharge summaries, test reports, patient letters etc.)
iClinic MD
Review Patient Files
Input test results in LV Function
Input test results in Coronary Status
Input test results in Rhythm
Input CV procedures in CV History
Input past medical history
Excelleris
Import latest bloodwork (excelleris)
Manually add bloodwork (non-excelleris)
Care-connect
Patient attends intake visit at VGH HF clinic
Take medical history
Complete examinations & Input signs: Weight, height, BP sitting/standing, sp02, physical exam, HR, Lung sounds, heart sounds, temp, Murmurs
Record patient narrative (e.g. changes to BP at home) in additional exam findings
Perform ECG (if no recent recording exists)
Confirm symptoms including mobility
Confirm any recent hospitalisations (medical events)
Confirm any current/historical medical devices
Review patient bloodwork history
Physician interaction with patient
Pharmanet
Medication Review (reconciliation)
Medication adjustment (modification / discontinuation)
New medication Rx
Pharmacist Medication review & modifications - For initial visits completed by Nurse/MD
Fax Rx to pharmacy
Pharmacy: Dispense Rx to patient
HFrEF
Patient with LVEF < 40% (HFrEF)
Etiologies
(common)
HFpEF
Etiologies
(less common)
e.g. toxic agents, pregnancy history, inflammatory infectious immune , metabolic, nutritional, infiltrative diseases, genetic or hereditary
?
Triple ACEi, (or ARB if ACEi intolerant), BB, MRA,
Diueretics
(IF SYMPTOMS OF FLUID OVERLOAD)
Print patient profile
Referred to: Specialist, EP, Clinical Trials, Smoking Cessation, Allied Health, Cardiac Rehab
Provide patient education & provide materials
iClinic MD
Print requisition form for investigations ordered (e.g. labs, Echo)
iClinic MD
Check MD for future appointments/ tests arranged before planning next HF FU visit. Complete FU form
Clinic resource capacity
Initial clinic FUs (expected at 4 weeks (Telehealth around 2 weeks)) extending duration based on stability. Facotrs affecting FU timing:
- Vol status
- Active med titration
- Patient stability
- lab/investigation abnormality
Use FU form to arrange next visit with patient
iClinic MD
Complete HF risk classification form
Is patient eligible for a device? (ICD/CRT)
Input any additional assessment findings note
Input plan summary based on visit
Review & finalise Letter
Fax printed letter to referral MD/ associated MD's
Upload letter to hospital patient file
Care-connect
Patient hospitalization
Follow-up clinic visit
Telehealth encounter
Planned
Unplanned
Lab monitoring
Medication titration
Symptom Assessment/ Volume assessment
Care Plan Communication (MD, pharmacy, facility, in hospital, community)
Discharge
Clerical - appointment changes, bloodwork forms, directions
Medication Refill
Insurance
Drug Information Request
Update HF chart
Signs, symptoms, assessment, plan
Medication adjustment?
Investigations ordered?
Letter required?
Plan next FU
Patient reaches max tolerated medication doses
Patient stable?
Yes
Discharge to family GP
No
referral for advanced HF therapy (mechanical circulatory support/transplant)
No
Palliative Care referral