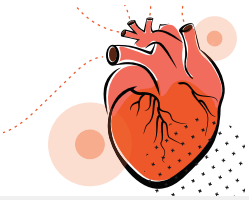
QUALITY STANDARD PLACEMAT FOR

Heart Failure

This document is a resource for health care providers and synthesizes content from the ***Heart Failure* quality standard**.



Quality Standards

Adults Suspected to Have Heart Failure

Quality Statement (QS)* 1: Diagnosing Heart Failure

Conduct a medical history, a physical examination, laboratory investigations, an electrocardiogram, and a chest x-ray to diagnose someone with heart failure. If the patient is short of breath and you are unsure of the cause, consider testing natriuretic peptide levels to help formulate a diagnosis. If heart failure is confirmed or suspected after these tests, perform an echocardiogram. See definitions in the quality standard for details.

*Quality statements are provided in full on page 2.

QS 8: Specialized Multidisciplinary Care

For newly diagnosed patients, offer a referral to a team that includes a physician (family physician, internist, or cardiologist) or nurse practitioner, a pharmacist, and a registered nurse. The team should include at least one care provider with training in heart failure.

Adults Diagnosed With Heart Failure

QS 2: Individualized, Person-Centred, Comprehensive Care Plan

Collaborate with adults with heart failure to develop and implement a comprehensive care plan. Review the plan at least every 6 months, and sooner if there is a significant change.

QS 3: Empowering and Supporting People With Heart Failure to Develop Self-Management Skills

Collaborate with adults with heart failure to create a tailored self-management program with the goal of enhancing their skills and confidence so that they can be actively involved in their own care. Helpful resources include Heart Failure Zones, Heart Life, Heart Failure Matters, and Cardiac Services BC.

QS 4: Physical Activity and Exercise

Tell patients about the benefits of daily physical activity and offer a personalized, exercise-based cardiac rehabilitation program.

QS 5: Quadruple Therapy for People With Heart Failure Who Have a Reduced Ejection Fraction

Offer pharmacological management with quadruple therapy to people with heart failure who have a reduced ejection fraction and New York Heart Association (NYHA) class II to IV symptoms:

- An angiotensin receptor-neprilysin inhibitor (ARNI) as first-line therapy or after switching from an angiotensin-converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB)
- A beta blocker
- A mineralocorticoid receptor antagonist (MRA)
- A sodium glucose transport 2 (SGLT2) inhibitor

QS 6: Worsening Symptoms of Heart Failure

If the patient reports gradual, progressive, worsening symptoms, assess them and adjust their medications (if needed) within 48 hours.

QS 7: Management of Non-cardiac Comorbidities

Treat patients for non-cardiac comorbidities that are likely to affect their heart failure management:

- Anemia or iron deficiency
- Central or obstructive sleep apnea
- Chronic obstructive pulmonary disease
- Cognitive impairment
- Dementia
- Depression or anxiety
- Diabetes
- Frailty
- Renal dysfunction

QS 10: Palliative Care and Heart Failure

Identify palliative care needs early and offer support to address those needs.

Adults Who Have Been Hospitalized or Who Have Advanced Heart Failure

QS 8: Specialized Multidisciplinary Care

For patients who have recently been hospitalized or treated in the emergency department for heart failure, and those with advanced heart failure (NYHA III–IV), offer a referral to a team that includes a physician (family physician, internist, or cardiologist) or nurse practitioner, a pharmacist, and a registered nurse. The team should include at least one care provider with training in heart failure.

QS 9: Transition From Hospital to Community

Ensure that if the patient is hospitalized or treated in the emergency department for heart failure, they receive a follow-up appointment to reassess their volume status and medication reconciliation with a member of their community health care team within 7 days of leaving the hospital (potential providers include a registered nurse, a nurse practitioner, or a physician).

QS 10: Palliative Care and Heart Failure

Identify palliative care needs early and offer support to address those needs.

HEART FAILURE QUALITY STATEMENTS

Quality Statement 1: Diagnosing Heart Failure

People suspected to have heart failure undergo an initial evaluation that includes, at minimum, a medical history, a physical examination, initial laboratory investigations, an electrocardiogram, and a chest x-ray. If appropriate, natriuretic peptide levels are tested to help formulate a diagnosis. If heart failure is confirmed or suspected after these tests, an echocardiogram is then performed.

Quality Statement 2: Individualized, Person-Centred, Comprehensive Care Plan

People with heart failure and their caregivers collaborate with their care providers to develop an individualized, person-centred, comprehensive care plan. The care plan is reviewed at least every 6 months, and sooner if there is a significant change. It is made readily available to all members of the person's care team, including the person and their caregiver(s).

Quality Statement 3: Empowering and Supporting People With Heart Failure to Develop Self-Management Skills

People with heart failure and their caregiver(s) collaborate with their care providers to create a tailored self-management program with the goal of enhancing their skills and confidence so that they can be actively involved in their own care.

Quality Statement 4: Physical Activity and Exercise

People with heart failure are informed of the benefits of daily physical activity and offered a personalized, exercise-based cardiac rehabilitation program.

Quality Statement 5: Quadruple Therapy for People With Heart Failure Who Have a Reduced Ejection Fraction

People with heart failure who have a reduced ejection fraction (HFrEF) and New York Heart Association (NYHA) class II to IV symptoms are offered pharmacological management with "quadruple therapy." They may require additional medications and are prescribed these as needed.

Quality Statement 6: Worsening Symptoms of Heart Failure

People with heart failure who report gradual, progressive, worsening symptoms are assessed by a care provider and have their medications adjusted (if needed) within 48 hours.

Quality Statement 7: Management of Non-cardiac Comorbidities

People with heart failure are treated for non-cardiac comorbidities that are likely to affect their heart failure management.

Quality Statement 8: Specialized Multidisciplinary Care

People with newly diagnosed heart failure, those who have recently been hospitalized or treated in the emergency department for heart failure, and those with advanced heart failure (NYHA III–IV) are offered a referral to specialized multidisciplinary care for heart failure.

Quality Statement 9: Transition From Hospital to Community

People hospitalized or treated in the emergency department for heart failure receive a follow-up appointment to reassess volume status and medication reconciliation with a member of their community health care team within 7 days of leaving the hospital.

Quality Statement 10: Palliative Care and Heart Failure

People with heart failure and their families have their palliative care needs identified early and are offered support to address their needs.

Note: This resource can be used to support primary care providers in the provision of care. It does not override the responsibility of health care professionals to make decisions with patients, after considering each patient's unique circumstances. Grouping/directionality of statements may not be applicable for every patient, and clinical judgment should be used.

Resources

- Heart Failure Quality Standard and Patient Guide
  https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Heart-Failure
- Canadian Cardiovascular Society Heart Failure Pocket Guide
  https://ccs.ca/app/uploads/2021/05/2021-HF-Gui-PG-EN-2.pdf
- CorHealth Heart Failure Pocket Guide
  https://www.corhealthontario.ca/Chronic-Heart-Failure-General-Information-and-Practical-Tips-for-Health-Care-Providers.pdf
- Canadian Heart Failure Society
  https://heartfailure.ca
- When to Consider Implantable Cardioverter Defibrillator (ICD) Deactivation: A Guide for Patients and Family
  https://www.corhealthontario.ca/Implantable-Cardioverter-Defibrillator-Deactivation-A-Guide-for-Patients-and-Families.pdf
- Implantable Cardioverter Defibrillator (ICD) Deactivation: A Guide for Health Care Professionals
  https://www.corhealthontario.ca/Implantable-Cardioverter-Defibrillator-Deactivation-A-Guide-for-Health-Care-Professionals.pdf
- Palliative Care Quality Standard and Patient Guide
  https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/palliative-care
- Speak Up Ontario (advance care planning resource)
  https://www.speakupontario.ca/
- Quality Standards in Other Topics
  https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards
- Quorum
  https://www.hqontario.ca/Quality-Improvement/Quorum

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