

Clinical Care Path - Heart Failure

WEEK 1 - COMPREHENSIVE HOME VISIT ASSESSMENT	Yes	N/A
Complete INITIAL Nursing Assessment Form –Refer to CHF Comprehensive Assessment/Reassessment for details		
Review patient’s main concerns with current health/symptoms: ESTABLISH GOALS		
Recommend Influenza (annually) and/or Pneumovax (Initial/confirm) vaccines and provide resources		
If hospital referral, recommend follow up with PCP within 7 days, assist with process if necessary		
Complete initial Medication Reconciliation (BPMH) - Look for medications related to HF (diuretics, ACE & Beta-Blocker *according to Canadian Cardiovascular Society guidelines*) – Consider referral to pharmacist if ACE & beta-blocker are not prescribed		
Liaise with PCP, Cardiology, HF Clinic as needed		
Assess for referral to NP/Pharmacy and RT (as per criteria)		
Liaise with Community Care Coordinator about service plan and/or patient’s clinical status via telephone or in person		
Provide Contact Information to patient and/or caregiver and review DIVERT-CARE telephone support line process		
If patient has a visiting nurse or attends Nursing Clinic, arrange for joint visit for week two		
Send Primary Care update form using SBAR form		

Week 1 - Patient/Caregiver Education		
Initiate teaching. Use Patient Activation Measure (PAM) and assess teach back ability on the following:		
<ul style="list-style-type: none"> • HF Intervention Action Plan – Heart Failure Zones 		
<ul style="list-style-type: none"> • Provide and Review use of Daily “Weight Table” 		
<ul style="list-style-type: none"> • Overview of medication related to HF Medication Indication, Frequency Regimen 		
<ul style="list-style-type: none"> • Provide handouts to review prior to next visit: Heart and Stroke CHF Management Guide, medication 		
<ul style="list-style-type: none"> • Smoking Cessation (if applicable) 		
WEEK 2 - HOME VISIT	YES	N/A
If patient has visiting nursing or attends NCC, confirm arrangements for joint visit		
Complete Nursing Reassessment Form - Refer to Comprehensive CHF Assessment/Reassessment for details		
Inquire re: outcome of PCP assessment. Are there changes in treatment plan or medications?		
Inquire re: outcome of Meds Check assessment/Pharmacist Review. Provide patient with copy of BPMH, Reconcile any new, discontinued medications and/or dose changes		
Send Primary care update form using SBAR as needed		
Liaise with Community Care Coordinator about service plan and/or patients’ clinical status via telephone or in-person		

Week 2 - Patient/Caregiver Education		
Review and assess comprehension through teach back from visit one:		
<ul style="list-style-type: none"> • HF Intervention Action Plan – Heart Failure Zones, assess comprehension of HF intervention and Action plan by asking “What Zone are you in Today?” 		
<ul style="list-style-type: none"> • Daily Weight table (assess for completion and review use) 		
Initiate teaching and assess teach back ability for the following:		
<ul style="list-style-type: none"> • Review medication indications, frequency, regime 		
<ul style="list-style-type: none"> • Lifestyle management – focus on symptom monitoring in Heart Failure Zones: <ul style="list-style-type: none"> ✓ Weighing self in morning before breakfast, documenting and comparing to previous day’s weight ✓ Checking for swelling in feet, ankles, legs and stomach ✓ Salt/Sodium Restriction - avoidance of consuming processed foods, restaurant foods. NAS diet – 2000mg/day ✓ Fluid Restriction – 6 to 8 cups per day (includes water, coffee, tea, sup, milk, juice, pop – pg. 23 Heart and Stroke CHF management guide) ✓ Reinforce the importance of following instructions/keeping appointments from PCP, Cardiology, HF Clinic, Diagnostic study follow-up 		
WEEK 3 - TELEPHONE ASSESSMENT	YES	N/A
Complete telephone assessment - refer to CHF TELEPHONE assessment for details		
Reconcile any new, discontinued medications and/or dosage changes		
Send Primary Care update using SBAR form as needed		

WEEK 4 - HOME VISIT	YES	N/A
Complete Nursing Reassessment - Refer to Comprehensive CHF Assessment/Reassessment for details		
Review medications and Reconcile any changes and update patient copy of medication list if applicable		
Send Primary Care update using SBAR form as needed		
Week 4 - Patient/Caregiver Education		
•GOAL REVIEW (Patient centered goals)		
•Review and assess comprehension through teach back from visits one and two		
•Review and teach back the Heart Failure Zones hand out		
•Review action plan and what to do if experiencing symptoms (preventing flare ups)		
•Review use of medications, diet, daily weights		
WEEK 5 - No Intervention	YES	N/A
WEEK 6 - TELEPHONE ASSESSMENT	YES	N/A
Complete telephone assessment - refer to CHF TELEPHONE assessment for details		
Reconcile any new, discontinued medications and/or dosage changes		
Send Primary Care update using SBAR form as needed		
WEEK 7 - No Intervention	YES	N/A

WEEK 8 - HOME VISIT (Last Home Visit)	YES	N/A
If patient has visiting nursing involved or attends Nursing Clinic, confirm arrangements for joint visit prior to visit		
Complete Nursing Reassessment - Refer to Comprehensive CHF Assessment/Reassessment for details		
Liaise with PCP, Cardiology, HF clinic as needed		
Review medications and Reconcile any changes and update patient copy of medications		
Week 8 Patient/Caregiver Education		
<ul style="list-style-type: none"> •Review and assess comprehension through teach back from visits one and two 		
<ul style="list-style-type: none"> •Review and teach back the Heart Failure Zones hand out 		
<ul style="list-style-type: none"> •Review action plan and what to do if experiencing symptoms (preventing flare ups) 		
<ul style="list-style-type: none"> •Review use of medications, diet, daily weights 		
<ul style="list-style-type: none"> •Review with patient and caregiver: communication resources and planning for medical appointments 		
Week 9 & 10 – No Intervention	YES	N/A
WEEK 11 – TELEPHONE ASSESSMENT	YES	N/A
Complete telephone assessment - refer to CHF TELEPHONE assessment for details		
Reconcile any new, discontinued medications and/or dosage changes		
Send Primary Care update using SBAR form as needed		
WEEKS 12, 13, 14 – No Intervention	YES	N/A

WEEK 15 –TELEPHONE ASSESSMENT	YES	N/A
Complete telephone assessment- refer to CHF TELEPHONE assessment for details		
Reconcile any new, discontinued medications and/or dosage changes		
Send Primary Care DISCHARGE UPDATE using SBAR form		
<p align="center">***If the patient and/or caregiver are having difficulty with teach back at any time during the 15-week process, consider referral to a Nurse Practitioner***</p>		