Heart Failure Flow Sheet

Q050A heart failure management incentive · 12-month record

VERISMO

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Patient

Patient name		Date of birth	Sex
Health card number and version		Rostered to (physician, billing number)	
Heart failure diagnosed	Diagnostic code **428**	12 months recorded (from / to)	

Type (ejection fraction by echocardiogram recommended)

☐ HFrEF (EF 40% or less) ☐ HFmrEF (41-49%) ☐ HFpEF (50% or more) LVEF _____ % Echo date _____

Other conditions

☐ Hypertension ☐ Diabetes ☐ Coronary artery disease ☐ Atrial fibrillation ☐ Kidney disease ☐ COPD ☐ Other _____

Assessment over the year

Review	Goal	Baseline	Visit 1 Date:	Visit 2 Date:	Visit 3 Date:	Visit 4 Date:
PHYSICAL EXAM (EACH VISIT)						
Blood pressure / heart rate						
Weight (kg) · home weight diary						
NYHA class (I-IV)						
Volume: edema, JVP, crackles						
Sodium intake						
Fluid intake						
Activity / exercise tolerance						
LABORATORY						
Na+						
K+						
Serum creatinine						
eGFR						
BNP / NT-proBNP						
MEDICATIONS: DOSE, TOLERATING (+/-)						
ARNI, or ACE inhibitor / ARB						
Beta-blocker						
MRA (spironolactone / eplerenone)						
SGLT2 inhibitor						
Diuretic (symptom relief)						
Other:						

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Education and self-management

☐ What heart failure is and what causes it	Date _____	☐ Stop smoking	Date _____
☐ Daily weighing, and when to call	Date _____	☐ Avoid excess alcohol	Date _____
☐ Recognizing and acting on symptoms	Date _____	☐ Influenza vaccine (yearly)	Date _____
☐ Sodium and fluid limits	Date _____	☐ Pneumococcal vaccine	Date _____
☐ Why each medication, and taking them	Date _____	☐ Goals set with the patient	Date _____
☐ Side effects and adverse effects	Date _____	☐ Prognosis and advance care planning	Date _____
☐ Physical activity	Date _____		

Clinical notes

Visit 1 Date _____ ☐ Billed with dx 428	
Visit 2 Date _____ ☐ Billed with dx 428	
Visit 3 Date _____ ☐ Billed with dx 428	
Visit 4 Date _____ ☐ Billed with dx 428	

Before billing Q050A ($125.00, once a year)

- ☐ Patient is rostered (enrolled) to you
- ☐ Two visits or more this year billed with dx 428
- ☐ Comprehensive physical exam documented
- ☐ Na+, K+, serum creatinine and eGFR monitored
- ☐ Education on risk factors and self-management given
- ☐ First-line, symptom relief and preventive medications reviewed
- ☐ No Q050A billed for this patient in the last 12 months

Q050A billed on _____ Physician signature _____

Fill in over the year and keep in the patient's chart. The elements follow the Ministry's Q050A requirements (heart failure care consistent with the Canadian Cardiovascular Society recommendations).