



This form is used to record CHF Performance Measures
for the Quality Improvement and Incentive Program

Physician Name:		CHS ID:	
Patient Name:		DOB:	
Insurance:		Member ID:	Patient inappropriate <input type="checkbox"/>

Most Recent	Ongoing Measurements to be recorded at each patient visit		
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Assessment of Left Ventricular Function: Recommended for patients with a change in clinical status or clinical status or clinical event/ treatment with significant effect on cardiac function

Most recent performed	____/____/____	____/____/____	____/____/____
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Ejection fraction

Depression Screening: annual or as indicated

Date performed	____/____/____	____/____/____	____/____/____
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Advanced directives : In Place : Yes No, but addressed on ____/____/____

BP management : recommended at each visit: Treatment goal < 130/85

Date Performed	____/____/____	____/____/____	____/____/____
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Results			
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Weight: Recommended at each visit

Date/results			
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Smoking counseling: Recommended at each visit (NS = nonsmoker)

Date Performed	____/____/____	____/____/____	____/____/____
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Assess for fluid overload: Recommend at every visit: dyspnea, fatigue,orthopnea, edema, rales, hepatomegaly, S3 orS4 gallop, jugular venous pressure

Results/date			
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Nutritional assessment and counseling: Recommended at each visit - Sodium restriction, Fluid restriction

Date Performed	____/____/____	____/____/____	____/____/____
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NYHA Classification: I No limitation of physical activity, no SOB, fatigue heart palpitations with ordinary activity; II Slight limitation of physical activity, SOB, fatigue or heart palpitations with ordinary activity but patients comfortable at rest; III Marked limitation of activity, SOB fatigue heart palpitations, with less than ordinary physical activity, patients comfortable at rest; IV. Severe to complete limitation of activity, SOB, fatigue, or heart palpitations with any physical exertions and symptoms appear even at rest.

Beta Blocker : recommended for all patients, NYHA class I-IV, contraindicated for symptomatic bradycardia, 2nd and 3rd degree heart block without a pacemaker, reactive airway disease

Ace Inhibitors: recommended for all patients, NYHA classification I-IV (or ARBS / Hydralazine/Isosorbide Dinitrate,if ACE/ARB intolerant)

Diuretics for fluid overload – start on lowest dose possible (avoid NSAIDS)

Aldosterone Antagonists – NYHA classification III-IV

Digoxin – NYHA Class II-IV, patients with atrial fibrillation, patients with S3 gallop, LV dilatation, high filling pressures

Anticoagulants for atrial fibrillation

Assessment of self management skills and education	Home weight monitoring- recommend daily weights - physician should be notified for 2 lb wt gain overnight or a 5 lb. weight gain or > in one week Compliant : Y or N Date of education:_____ Diet assessment : Fluid restriction, Na restriction Compliant Y or N Date of education_____ Activity – as appropriate to HF status Compliant Y or N Date of education_____		
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Pt. and Clinician Jointly Set Goals	____/____/____	____/____/____	____/____/____
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❖ Would this patient benefit from a Disease Management program for Diabetes: Yes No