GWTG-HF Case Record Full Form (CRF)

June 2023

Patient ID:										
DEMOGRAPHICS TAB	3									
Demographics										
Sex	O Male O Female	O Unknown								
Patient Gender Identity	 Male Female Female-to-Male (FTM)/Transgender Male/Trans Man Male-to-Female (MTF)/Transgender Female/Trans Woman Genderqueer, neither exclusively male nor female Additional gender category or other. Did not disclose. 									
Patient-Identified Sexual Orientation	O Something else; please spe O Don't know O Declined to answer	 Lesbian or gay Queer, pansexual, and/or questioning Something else; please specify Don't know 								
Date of Birth	/(MM/DD/YYYY)	Patient Postal Code								
Payment Source	 □ Medicare Title 18 □ Medicaid Title 19 □ Medicare - Private/HMO/I □ Medicaid - Private/HMO/I □ Private/HMO/PPO/Other □ VA/CHAMPVA/Tricare □ Self-pay/No Insurance □ Other/Not Documented/L 	/PPO/Other								
External Tracking ID										
Race and Ethnicity										
Race	□ American Indian or Alasko Native □ Asian □ Asian Indian □ Chinese □ Filipino □ Japanese □ Korean □ Vietnamese □ Other Asian	Black or African American Native Hawaiian or Pacific Islander Native Hawaiian Guamanian or Chamorro Samoan Other Pacific Islander White UTD								
Hispanic Ethnicity	O Yes	O No/UTD								
Select Hispanic Origin Group(s):	☐ Cuban ☐ Puerto Rican	□ Mexican, Mexican American, Chicano/a□ Cuban□ Puerto Rican								
Arrival and Admission	n									
Internal Tracking ID	Pł	Physician/Provider NPI								
		· -								

Arrival Date/Time	_/_/:	Admission	on Date		_//	
Transferred in (from another ED?)	O Yes		O	No		
Point of Origin for Admission or Visit	 1. Non-Healthcare For Point of Origin 2. Clinic 4. Transfer from a Hor (Different Facility) 5. Transfer from a Sk Nursing Facility (SNF Intermediate Care For (ICF) 	ospital tilled F) or	O	Facility 7. Emergence 9. Informati F. Transfer f	cy Room ion not avail from Hospice ın of Care or	Health Care able and is Under a Enrolled in a
Discharge Date/Time	_/_/_:					
Medical History						
Medical History (Sele	ct all that apply):					
□ Anemia □ Atrial Fib (chronic □ Atrial Flutter (chro □ ATTR-CM □ Hereditary □ Wild-type □ CAD □ CardioMEMs (implemonitor) □ COPD or Asthma □ CRT-D (cardiac reswith ICD) □ CRT-P (cardiac respacing only) □ CVA/TIA □ Depression □ Diabetes □ Dialysis (chronic) □ Emerging Infection □ SARS-COV-1 □ SARS-COV-2 (or recurrent) inic or recurrent) lantable hemodynamic synchronization therapy ynchronization therapy- ous Disease COVID-19) us respiratory pathogen esterolemia		Hyperlip Hyperte ICD only Kidney T Left Ven Pacema Peripher Prior CAI Prior MI Prior PCI Renal in: Sleep-Di TAVR TMVR Tricuspic Valvular	ansplant idemia nsion ransplant tricular Assist ker al Vascular D	Disease chronic (SCr eathing edure se	>2.0)
Diabetes Type:	O Type 1	O Type 2	<u>?</u> C	ND		
Diabetes Duration:	 <5 years 5 - <10 years 10 - <20 years >=20 years Unknown 					
Sleep-Disordered Breathing Type:	ObstructiveCentralMixedUnknown/Not De	ocumente	ed			

Equipment used at home:	□ O2 □ CPAP □ BiPAP □ Adaptive Servo-Ventilation									
	□ None □ Unknown/N	Not Documented								
History of cigarette smoking										
History of vaping or e-cigar	ette use in the pas	ast 12 months? O Yes O No/ND								
Heart Failure History Etiology: Check if history of	:	□ Ischemic/CAD □ Non-Ischemic □ Alcohol/Other Drug □ Chemotherapy □ Familial □ Hypertensive □ Postpartum □ Viral □ Other Etiology □ Unknown Etiology								
Known history of HF prior to		O Yes O No								
# of hospital admissions in HF:	past 6 mo. for	O 0 O 1 O 2 O >2 O Unknown								
Patient Listed for Trans	ansplant									
DIAGNOSIS										
Heart Failure Diagnosis		 Heart Failure, primary diagnosis, with CAD Heart Failure, primary diagnosis, no CAD Heart Failure, secondary diagnosis 								
Atrial Fibrillation (At presen hospitalization)		O Yes O No Documented New Onset?								
Atrial Flutter (At presentation hospitalization)	on or during	O Yes O No Documented New Onset?								
New Diagnosis of Diabetes		O Yes O No O Not Documented								
Basis for Diagnosis		☐ HbA1c☐ Fasting Blood Sugar☐ Oral Glucose Tolerance☐ Test Other								
Characterization of HF at a when first recognized	dmission or	 Acute Pulmonary Edema Dizziness/Syncope Dyspnea ICD Shock/Sustained Ventricular Arrhythmia Pulmonary Congestion Volume overload/Weight Gain Worsening fatigue Other 								
Other Conditions Contribut Exacerbation Select all that apply	ing to HF	 □ Arrhythmia □ Pneumonia/respiratory process □ Uncontrolled HTN □ Noncompliance - medication □ Other 								
Active bacterial or viral infe admission or during hospito		 None/ND Bacterial infection Emerging Infectious Disease SARS-COV-1 SARS-COV-2 (COVID-19) MERS Other infectious respiratory pathogen Influenza Seasonal Cold Other Viral Infection 								

New Diagnosis	O Yes O Hereditary O Wild-Type O Unknown/Not Documented O No O Not Documented									
MEDICATIONS A	T ADMISS	ION								
Medications Used Prior to Admission: [Select all that apply]										
Patient on a ACE Inhibit Angiotensia Angiotensia (ARNI) Anticoagul Anticoagul O Warfar O Direct O Factor O Other Anti-hype DPP D GLP Insur Mav Mett Mine (MRA) Sulfar	 □ Patient on no meds prior to admission □ ACE Inhibitor □ Angiotensin receptor blocker (ARB) □ Angiotensin Receptor Neprilysin Inhibitor (ARNI) □ Antiarrhythmic □ Anticoagulation Therapy ○ Warfarin ○ Direct Thrombin Inhibitor ○ Factor Xa Inhibitor ○ Other □ Anti-hyperglycemic medications: □ DPP-4 Inhibitors □ GLP-1 receptor agonist □ Insulin □ Mavacamten □ Metformin □ Mineralocorticoid Receptor Antagonist (MRA) □ Sulfonylurea □ Thiazolidinedione □ Other Oral Agents 			Antiplatelet agent (excluding aspirin) Aspirin Beta-Blocker Ca channel blocker Digoxin Diuretic Thiazide/Thiazide-like Loop Hydralazine Ivabradine Finerenone Lipid lowering agent (Any) Statin Ofther Lipid lowering agent Nitrate Omega-3 fatty acid supplement Renin Inhibitor SGLT2 Inhibitor Vericiguat						
Symptoms (Clo Admission) <i>Sele</i> that apply	ect all	O Chest O Orthor O Palpito	pnea	O Dy: O Fat O PNI	tigue	at rest	O Decree	nea on Exertion ased appetite/early satiety ess/lightheadedness/syncope		
EXAMS/LABS AT	ADMISSI	ON								
Height			(O inch	nes O	cm		O Height ND		
Weight			(OLbs.	Ol	Сgs.		O Weight ND		
Waist Circumference			(O inch	nes O	cm		O Waist Circumference ND		
BMI					(4	Automatically (Calculated			
Systolic						tatorraticating (Januara	·		
Diastolic										
	O BP NC)								
Respiratory Rate (breaths per minute)										
JVP (cm):	O Yes	O No UI	nknown	JVP	Value	2				
Rales:	O Yes	O No			es Val		O <1/3	O ≥1/3 O N/A		

Lower Extremity Edema	O Yes O No	O Unknown	Lower Extren	nity Value	O Trace O 1+ O 2+ O 3+ O 4+ O N/A	
	TC:	HDL:	LDL:		TG:	☐ Lipids Not
Lipids	mg/dL	mg/dL	mg/dL		mg/dL	Available
Labs (Closet to	Admission)		O F /!	O	O /-II	D Niet Accellede
Sodium (Na+)			O mEq/L	O mmol/L	O mg/dL	□ Not Available □ Not Available
Hgb Albumin			O g/dL	O g/L		
BNP			O g/dL	O g/L	O na/l	□ Not Available □ Not Available
			O pg/mL	O pmol/L	O ng/L	☐ Not Available
NT-proBNP Serum			O pg/mL	O ng/L Ο μmol/L		☐ Not Available
Creatinine			O mg/dL	Ο μποι/Ε		■ Not Available
BUN			O mg/dL	O μmol/L		☐ Not Available
Troponin (Peak)	Ong/mL Oug	g/L	OT OI O hs-I O hs-T	O Normal O Abnorma	ι	□ Not Available
Potassium			O mEq/L	O mmol/L	□ Not Avai	lable
(K+) Ferritin			3= 4/, =			
(ng/mL)						
HbA1C	%			□ Not Avail	able	
Fasting Blood Glucose (mg/dL)				□ Not Availe		
EKG QRS				□ Not Avail	able	
Duration (ms) EKG QRS	O Normal		O RBE	 BB	0	Paced
Morphology	O LBBB		O NS-			Not Available
CLINICAL CODE	S					
ICD-10-CM Prince	cipal Diagnosis Co	de _				
		1		2.		3.
ICD 10 CM Oth	-	4	l .	5.		6.
	er Diagnoses Code	7	7.	8.		9
		1	0.	11.		12.
ICD-10-PCS Prin	icipal Procedure C	ode _		Date: _		O Date UTD
		1		Date: _		O Date UTD
		2	2.	Date: _		O Date UTD
ICD-10-PCS Oth Codes	ner Principal Proced	dure	3.	Date: _		O Date UTD
		4	1.	Date:_		O Date UTD
		Ę	5. Da			O Date UTD
IN-HOSPITAL						

Procedures:						
 □ Cardiac Cath/Coronary Angiography □ CardioMEMs (implantable hemodynamic monitor) □ Coronary Artery Bypass Graft □ CRT-P (cardiac resynchronization therapy-pacing only) □ Dialysis or Ultrafiltration unspecified □ ICD only □ Mechanical Ventilation □ PCI □ Right Cardiac Catheterization □ TMVR 		 □ Atrial Fibrillation Ablation or Surgery □ Cardiac Valve Surgery □ Cardioversion □ CRT-D (cardiac resynchronization therapy with ICD □ Dialysis □ ECMO □ Intra-aortic Balloon Pump □ Left Ventricular Assist Device □ Pacemaker □ PCI with stent □ Stress Testing □ TAVR □ Transplant (Heart) □ Ultrafiltration 				
EF - Quantitative	%		Obtained:	This AdmissionWithin the last year> 1 year ago		
EF - Qualitative	 Not Applicable Normal or mild dysfunc Qualitative moderate/s dysfunction Performed/results not a Planned after discharge Not performed 	severe available	Obtained:	This AdmissionWithin the last year> 1 year ago		
Mitral Valve Regurgitation (MR) on echocardiogram	 Not applicable None Trace/trivial 1+ or Mild 2+ or Moderate 3+ or Moderate to Seve 4+ or Severe 	ere				
Documented LVSD? LVF Assessment?	O Yes O Yes	O No	O Not d			
Oral Medications during hospitalization Select all that apply	□ None □ ARNI □ ARB	☐ Hydrala ☐ Minerala	izine Nitrate ocorticoid or Antagonist	one, Reason Documented ACE Inhibitor Beta Blocker SGLT2 Inhibitor		
IV Iron	☐ Yes	□ No		☐ Not documented		
Parenteral Therapies during hospitalization Select all that apply	□ None □ Dopamine □ Dobutamine □ Iron	☐ Inter☐ Milrinon☐ Nesiritid☐ Other IV	tinuous Infusio mittent bolus	e		
2?	ing at the end of hospital do	O Yes	O No	O Not Documented		
Was DVT prophylaxis inition day 2?	ated by the end of hospital	O Yes	O No/Not Documented	O Contraindicated		
DVT prophylaxis type	□ Low dose unfraction heparin (LDUH)□ Low molecular wein (LMWH)□ Warfarin		☐ Factor☐ Direct ☐ Venous	Xa Inhibitor thrombin inhibitor s foot pumps (VFP) ittent pneumatic compression s (IPC)		

Was DVT or PE (pulmonary embolus) documented?		☐ Other							
O	Was DVT or PE (pulm	onary embolus) documented? •• Yes •• No/Not Documented							
Seeson O									
Influenza Vaccination not during this hospitalization Documentation of patient's refusal of influenza vaccine Allergy/Sensitivity to influenza or if medically contraindicated None of the above/Not Documented/UTD COVID-19 Vaccine vas given during this hospitalization COVID-19 Vaccine vas given during this hospitalization Documentation of patient's refusal of COVID-19 vaccine Allergy/Sensitivity to COVID-19 or if medically contraindicated Vaccine not available None of the above/Not Documented/UTD COVID-19 Date Allergy/Sensitivity to COVID-19 or if medically contraindicated Vaccine not available None of the above/Not Documented/UTD Is there documentation that this patient was included in a COVID-19 vaccine was given during this hospitalization Pneumococcal Vaccine trial? Pneumococcal vaccine was given during this hospitalization Pneumococcal vaccine was received in the past, not during this hospitalization Documentation of patient's refusal of pneumococcal vaccine None of the above/Not Documented/UTD DISCHARGE INFORMATION What was the patient's discharge disposition on the day of discharge disposition on the day of discharge O Skilled Nursing Facility Skilled Nursing Facility No If them Rehabilitation Facility (IRF) Skilled Nursing Facility No Intermediate Care Facility (IRF) Inpatient Rehabilitation Facility (IRF) O Intermediate Care Facility (I									
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What was the patient's discharge disposition on the day of discharge? If other Health Care Facility Skilled Nursing Facility: Skilled Nursing Facility: If Home, special discharge circumstances: Primary Cause of Death If Cardiovascular: When is the earliest physician/APN/PA documentation of comfort measures only? Weight Vital Signs (closest to discharge) Vital Signs (closest to Discharge) Vital Signs (closest to Discharge) Jenson Lospice – Home Jenson Acute Care Facility Jenson Acute Care Facility Jenson Acute Care Facility Jenson Acute Care Facility (IRF) Jenson Acute Care Facility Jenson	Vaccination	e e e e e e e e e e e e e e e e e e e							
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with discharge patient's discharge disposition on the day of discharge? If other Health Care Facility Skilled Nursing Facility: Skilled Nursing Facility: Skilled Nursing Facility: If Home, special discharge circumstances: Primary Cause of Death If Cardiovascular: When is the earliest physician/APN/PA documentation of comfort measures only? Weight Vital Signs (closest to Discharge) Weight Vital Signs (closest to Discharge) Value Care Facility Advice/AMA Advice/AMA O 8 - Not documented or Unable to Determine (UTD) Intermediate Care Facility (IRF) O Intermediate Care Facility (ICF) O Intermational O None/UTD Vinhown O Worsening Heart Failure O Other O Day 0 or 1 O Day 0 or 1 O Day 2 or after O Not Documented Vital Signs (closest to Discharge) Weight O Lbs. O Kgs. O Not Documented	DISCHARGE INFORM								
patient's discharge disposition on the day of discharge? If other Health Care Facility	What was the								
disposition on the day of discharge? Jack Health Care Facility Skilled Nursing Facility Jack Home, special Gischarge Long Term Care Hospital (LTCH) Jack Home, special Gischarge Long Term Care Hospital (LTCH) Jack Home, special Gischarge Long Term Care Hospital (LTCH) Jack Home Health Care Hospital (LTCH) Jack Home Health Care Health (Jack Hospital (LTCH) Jack Home Health Care Jack Hos		· · · · · · · · · · · · · · · · · · ·							
day of discharge? S - Other Health Care Facility Unable to Determine (UTD)		·							
If other Health Care Facility: Skilled Nursing Facility: Skilled Nursing Facility: Skilled Nursing Facility: Skilled Nursing Facility: Inpatient Rehabilitation Facility (IRF) Long Term Care Hospital (LTCH) Skilled Nursing Facility: Inpatient Rehabilitation Facility (IRF) Long Term Care Hospital (LTCH) Skilled Nursing Facility: Inpatient Rehabilitation Facility (IRF) Long Term Care Hospital (LTCH) Skilled Nursing Facility: Inpatient Rehabilitation Facility (IRF) Other None/UTD None/UTD None/UTD Sudden Death Failure Other When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) Weight Weight Weight Weight Weight Weight Onable to Determine (UID) Intermediate Care Facility (ICF) Other None/UTD None/UTD None/UTD None/UTD None/UTD None/UTD None/UTD None/UTD Vorsening Heart Failure Other None/UTD Vorsening Heart Sudden Death Onhable to determine (UID) None/UTD Vorsening Heart Failure Other Vorsening Heart Sudden Death Onhable to Determine (UID) None/UTD									
Facility: Inpatient Rehabilitation Facility (IRF)	aug of alseriarge.	O 5 – Other Health Care Facility Unable to Determine (UTD)							
Facility: Inpatient Rehabilitation Facility (IRF)	If other Health Care	O Skilled Nursing Facility (SNF)							
Skilled Nursing Facility		() INDUTION REPUBLICATION FUCILITY LIKE)							
Facility If Home, special discharge circumstances: Primary Cause of Death If Cardiovascular: When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) Weight Weight If Home, special discharge Home Health Care Prison/Incarcerated Non-Cardiovascular Non-Cardiovascular Worsening Heart Failure Day 0 or 1 Day 0 or 1 Day 2 or after Not Documented Unchanged Weight	racinty.	O Long Term Care Hospital (LTCH)							
If Home, special discharge circumstances: Primary Cause of Death If Cardiovascular: O Acute Coronary Syndrome When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) Weight Weight Weight O Home Health Care O Prison/Incarcerated O Non-Cardiovascular O Worsening Heart Failure O Other O Day 0 or 1 O Day 0 or 1 O Day 2 or after O Not Documented O Unable to determine O Not Documented	Skilled Nursing								
discharge circumstances: Primary Cause of Death If Cardiovascular: When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) Weight Weight Vital Signs (closest to Discharge) Whome Health Care Prison/Incarcerated Non-Cardiovascular Worsening Heart Failure O Worsening Heart Failure O Day 0 or 1 O Day 0 or 1 O Day 2 or after O Not Documented O Unable to determine O Not Documented	Facility	□ ND							
discharge circumstances: Primary Cause of Death O Cardiovascular O Non-Cardiovascular O Worsening Heart Failure O Worsening Heart Failure O Other When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) O Worse O Day 0 or 1 O Day 2 or after O Not Documented O Day 0 or 1 O Day 2 or after O Not Documented O Unable to determine O Not Documented	If Home, special	O Harris Hamilto Cours O International							
Primary Cause of Death O Cardiovascular O Non-Cardiovascular O Unknown If Cardiovascular: O Acute Coronary Syndrome When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) O Worse O Day 0 or 1 O Day 2 or after O Not Documented O Unable to determine O Worse O Day 2 or after O Not Documented O Unable to determine O Not Documented	discharge								
Death If Cardiovascular: O Acute Coronary Syndrome When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) O Worse O Day 0 or 1 O Day 2 or after O Not Documented O Day 2 or after O Not Documented O Unable to determine O Not Documented	circumstances:	O Homeless O Prison/incarcerated							
Death If Cardiovascular: O Acute Coronary Syndrome When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) O Worse O Day 0 or 1 O Day 2 or after O Not Documented O Day 2 or after O Not Documented O Unable to determine O Not Documented	Primary Cause of								
When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) Weight Vital Signs (closest to Discharge) Acute Coronary Syndrome Failure Day 0 or 1 Day 0 or 1 Day 2 or after Day 3 or 1 Day 2 or after Day 3 or 1 Day 4 or 1 Day 5 or 1 Day 6 or 1 Day 6 or 1 Day 7 or 1 Day 8 or 1 Day 9	_	O Cardiovascular O Non-Cardiovascular O Unknown							
When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) Weight Vital Signs (closest to Discharge) Acute Coronary Syndrome Failure Day 0 or 1 Day 0 or 1 Day 2 or after Day 3 or 1 Day 2 or after Day 3 or 1 Day 4 or 1 Day 5 or 1 Day 6 or 1 Day 6 or 1 Day 7 or 1 Day 8 or 1 Day 9	160 11	O Worsening Heart O Sudden Death							
When is the earliest physician/APN/PA documentation of comfort measures only? Symptoms (closest to discharge) Weight Vital Signs (closest to Discharge) When is the earliest physician/APN/PA documentation Day 0 or 1 Day 1 Day 0 or 1 Day 1	If Cardiovascular:	() ACUTA (Orongru Sungroma							
of comfort measures only? Symptoms (closest to discharge) Weight Vital Signs (closest to Discharge) O Day 2 or after O Better, Symptomatic O Better, Asymptomatic O Not Documented	When is the earliest i								
Symptoms (closest to discharge) Weight Vital Signs (closest to Discharge) Worse O Better, Symptomatic O Better, Asymptomatic O Not Documented Not Documented O Not Documented	-								
to discharge) Unchanged Weight Vital Signs (closest to Discharge) Weight Unchanged		O Worse							
Vital Signs (closest to Discharge) WeightO Lbs. O Kgs. O Not Documented Use of the control of		() Unable to determine							
Vital Signs (closest to Discharge) Heart Rate (bpm) O Not Documented	25 2557121.957								
to Discharge) (bpm) O Not Documented	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
(bpm)	_	Heart Rate							
	to Discharge)	(bpm)							
		Sustalia O Not Desumented							

	Diastolic									
	JVP:	O Yes	O No	O Ur	ıknown	If Yes, _	cm			
Exam (Closest to	Rales:	O Yes O No	O Unknown	If Yes,	O <1/3	O ≥1/3	O N/A			
Discharge)	Extremity Edema	O Yes O No	O Unknown	If Yes,	O Trace O 1+	O 3+	O 4+ O N/A Unavailable			
	Sodium (Na+) BNP		•	O mmo	·	,,	Unavailable			
	Serum		O pg/mL	O pmol	/L Ong,	/L u	Unavailable			
	Creatinine			O mg/d	L O μm	ol/L 🗖	Unavailable			
	BUN			O mg/d	L O μm	ol/L 🗖	Unavailable			
	eGFR		,							
	(mL/min)									
	NT-proBNP (pg/mL)			_	□ No	t Docume	ented			
	Potassium					٠				
	(K+)		O mEq/L	O mmo	l/L O mg	j/dL □	I Unavailable			
Labs (Closest to Discharge)	Urinary									
Discharge	Albumin									
	(mg/dL) Urinary									
	Creatinine									
	(mg/dL)									
	Urinary									
	Albumin-to-									
	Creatinine Ratio (UACR)									
	(mg/g)									
	Ferritin									
	(mg/mL)	Unavailable								
Discharge medication	ons									
ACE Prescribed?		O Yes O No	O NC (None-C	Contrair	ndicated)					
ACE Medication/Do	sage/Frequency	Medication:		D	osage:	Fre	equency:			
			☐ Contraindicated							
				t who w	as at imme	diate risk	of cardiogenic			
		shocl	c italized patien	t who ex	vnerienced	marked c	azotemia			
Contraindications o			r Contraindica		фененеса	markea	ZOCCITIIC			
Documented Reaso	n(s) For Not	☐ Not Eligibl	□ Not Eligible							
Providing ACEI:			□ Not Tolerant							
			rolled in Clinico	al Trial						
		☐ Patient Re								
			☐ System Reason ☐ Other Reason							
ARB Prescribed?			O NC (None-0	Contrair	ndicated)					
ARB Medication/ Do	sage/Frequency	Medication:		D	osage:	Fr€	equency:			
Contraindications o		☐ Contraindi	icated				-			
Documented Reaso										
Providing ARB:		shock	· · · · · · · · · · · · · · · · · · ·							

	 ☐ Hospitalized patient who experienced marked azotemia ☐ Other Contraindications ☐ Not Eligible ☐ Not Tolerant ☐ Patient Enrolled in Clinical Trial ☐ Patient Reason ☐ System Reason 							
ARNI Prescribed?	☐ Other Reasons ☐ Yes ☐ No ☐ NC (None-	-Contra	uindicated)					
ARNI Medication/Dosage/Frequency	Medication:				Frequencus			
Contraindications or Other Documented Reason(s) for Not Providing ARNI at Discharge:	Medication: Contraindicated ACE inhibitor use within the prior 36 hours Allergy Hyperkalemia Hypotension Renal dysfunction defined as creatinine > 2.5 mg/dL in men or > 2.0 mg/dL in women Other Contraindications Not Eligible Not Tolerant Patient Enrolled in Clinical Trial Patient Reason System Reason Other Reason Other Reasons							
Reasons for not switching to ARNI at discharge:	O Yes O No							
If Yes,	O NYHA Class I O NYHA Class IV							
Beta Blocker Prescribed?	O Yes O No O NC (None-Contraindicated)							
Beta Blocker Class	 Evidence-Based Beta Blocker Non-Evidence-Based Beta Blocker Unknown Class 							
Contraindications or Other Documented Reason(s) For Not Providing Beta Blockers:	 □ Contraindicated □ Asthma □ Fluid Overload □ Low Blood Pressure □ Patient recently treated with an intravenous positive inotropic agent □ Other Contraindications □ Not Eligible □ Not Tolerant □ Patient Enrolled in Clinical Trial □ Patient Reason 							
Beta Blocker Medication/Dosage/Frequency	Medication:		Dosage:		Frequency:			
SGLT2 Inhibitor Prescribed?	O Yes O No O NC Medication: Dos	sage:	F	req	uency:			
Contraindications or Other Documented Reason(s) For Not Providing SGLT2 Inhibitor:	Contraindicated Patient currently on dialysis Ketoacidosis Known hypersensitivity to the medication Type I diabetes (not approved for use in patients with Type I diabetes due to increased risk of ketoacidosis) Other Contraindications							

	 Not Eligible Not Tolerant Patient Enrolled in Clinical Trial Patient Reason System Reason Other Reason 							
Mineralocorticoid Receptor Antagonist (MRA) Prescribed?	O Yes	O No O NC (None-Contro	aindicated)					
MRA Medication/Dosage/Frequency	Medica	tion:	Dosage:	Frequency:				
Was there a dose increase since prior	O Yes							
to admission?	O No/I	ND						
Potassium ordered or planned after	O Yes							
discharge?	O No/I							
Renal function test scheduled	O Yes							
Contraindications or Other Documented Reason(s) for Not Providing Mineralocorticoid Receptor Antagonist (MRA) at Discharge	Cor	 □ Allergy due to MRA □ Hyperkalemia □ Renal dysfunction defined as creatinine >2.5 mg/dL in men or >2.0 mg/dL in women. □ Other contraindications □ Not Eligible □ Not Tolerant □ Patient Enrolled in Clinical Trial □ Patient Reason □ System Reason 						
Anticoagulation Therapy Prescribed?	O Yes	O No O NC (None-Contro	aindicated)					
Anticoagulation Therapy Class		Warfarin Direct Thrombin Inhibitor	☐ Factor Xa ☐ Other	Inhibitor				
	Medica		Dosage:	Frequency:				
Anticoagulation Contraindication(s):		Contraindicated Allergy to or complication or current) Risk for bleeding or dis Serious side effect to n Terminal illness/Comfo Other Contraindications Not Eligible Not Tolerant Patient Enrolled in Clinical Patient Reason System Reason Other	continued due to I nedication ort Measures Only I Trial					
Hydralazine Nitrate Prescribed?	O Yes	O No O NC (None-Contro	aindicated)					
Contraindications or Other Documented Reason(s) For Not Providing Hydralazine Nitrate:		Contraindicated Not Eligible Not Tolerant Patient Enrolled in Clinical Patient Reason System Reason Other Reasons	l Trial					
Anti-hyperglycemic Prescribed?	O Yes	O No O NC						

	Class:				Medication:				
Antihyperglycemic Class/Me	Class:				Medication:				
		Class:				Medication:			
ASA Prescribed?		O Yes	O No O	NC (Non	e-Contr	aindicated)			
ASA Medication/Dosage/Fre	quency	Medico	ation:			Dosage:	Frequency:		
Other Antiplatelets Prescribe	ed?	O Yes	O No O	NC (Non	e-Contr	aindicated)			
Other Antiplatelets Medication/Dosage/Frequer	ncu	Medico	ation:			Dosage:	Frequency:		
Clopidogrel Prescribed?		O Yes	O No O	NC					
Clopidogrel Dosage/Freque	าcy	Dosag				Frequency:			
Ivabradine Prescribed?		O Yes	O No O	NC					
Contraindications or Other Documented Reason(s) For N Providing Ivabradine:	Not	 □ Contraindicated □ Allergy to Ivabradine □ Patient 100% atrial or ventricular paced □ Other Contraindications □ Not Eligible □ NYHA class I or IV □ Not in sinus rhythm □ New Onset of HF □ Not treated with maximally tolerated dose beta blockers beta blockers contraindicated □ Not Tolerant □ Patient Enrolled in Clinical Trial □ Patient Reasons □ System Reasons □ Other Medical Reasons 					e beta blockers or		
Lipid Lowering Medication P	rescribed?	O Yes	O No O	NC					
		Class:				Dosage:	Frequency:		
				Medicat	ion:	J	, ,		
Lipid Lowering Class/Medication/Dosage/F	requency	Class:		Medicat	ion:	Dosage:	Frequency:		
		Class:		Medicat	ion:	Dosage:	Frequency:		
Omega-3 Prescribed?		O Yes	O No O	NC					
Other Medications									
☐ Antiarrhythmic (Disc ☐ Amiodarone ☐ Dofetilide ☐ Sotalol ☐ Other antiarr		(Discharge) □ Omecamtiv □ Digoxin (Discharge) □ Ranolazine □ Diuretic (Discharge) □ Renin Inhibitor (Discharge) □ Loop Diuretic □ Vericiguat □ Thiazide Diuretic □ Other Anti-Hypertensive			(Discharge)				
Other Therapies			Mavacar			☐ Other medicat	de discriarge		
ICD Counseling?	O Yes				O No				
Reason for not counseling	O Yes				O No				
Documented Medical Reason(s) for Not Counseling? ICD Placed or Prescribed?	□ ICD pati □ Mult	ICD or CRT-D device in patient Multiple or significant comorbidities				Limited Life Expect other reasons not (e.g. EF>35%, new Other reasons for r	eligible for ICD onset HF)		
					O No				

Reason(s) for Not Placing or Prescribing?	O Yes			O No			
Documented Reason(s) for Not Placing or Prescribing ICD Therapy?		Reason		 Any other physician documented reason including AMI in prior 40 days, recent revascularization, recent onset HF 			
CRT-D Placed or Prescribed?				O Yes		O No	
CRT-P Placed or Prescribed?				O Yes		O No	
Reason for not Placing or Pre	scribing?			O Yes		O No	
Documented Reason(s) for Not Placing or Prescribing CRT Therapy?	□ Contrair □ Not rece medical □ Not NYH III or aml		reason including AMI in prior 40 days, recent revascularization, recent onset of HF				
Risk Interventions							
Smoking Cessation Counseling Given	O Yes			1 C	10		
Smoking Cessation Therapies Prescribed (select all that apply)	☐ Treatme ☐ Counseli ☐ Over the Replace	Nicotine		Prescrip Other	otion Medicati	ons	
Discharge Instructions							
Activity Level	O Yes O	No	Diet (Salt re	cotineted)		O Yes	O No
Follow-up	O Yes O	No	Medication	is C		O Yes	O No
Symptoms Worsening	O Yes O	No	Weight Mo			O Yes	O No
Follow-up Visit Scheduled	O Yes O	No	up visit:	of first follow-			_:
Location of first follow-up vis	it:		O Office Vis O Home He		sit	O Telehealth O Not Docur	
Medical or Patient Reason fo appointment being schedule	•		O Yes			O No	
Follow-up Phone Call Scheduled	O Yes O	No	Date/Time of first follow- up phone call:			_/_/	
Follow-up appointment scheduled for diabetes management?	O Yes O	No	Date of dia manageme visit:		w-up	_/_/	
Other Risk Interventions							
TLC (Therapeutic Lifestyle Ch		O Yes	O No		Docum		t Applicable
Obesity Weight Managemen		O Yes	O No		Docum		t Applicable
Activity Level/Recommendat		O Yes	O No	O Not	Docum	ented O No	t Applicable
Referred to Outpatient Cardi Program	O Yes	O No	O Not	Docum	ented O No	t Applicable	
Anticoagulation Therapy Edu	O Yes	O No	O Not	Docum	ented O No	t Applicable	
Was Diabetes Teaching provi	O Yes	O No	O Not	Docum	ented O No	t Applicable	
PT/INR Planned Follow-Up	O Yes	O No	O Not	Docum	ented O No	t Applicable	
Referral to Sleep Study		O Yes	O No	O Not	Docum	ented O No	t Applicable
Referral to Outpatient HF Ma Program	ınagement	O Yes	O No	O Not	Docum	ented O No	t Applicable
Outpatient HF Management Type(s):	Program	□Telemanagement		☐ Home Visit		□ Cli	nic-based

Referral to AHA My HF Guide/Heart Failure Interactive Workbook		O Yes	O No	O Not D	ocumented	O Not App	licable
Provision of at least 60 minutes of Heart Failure Education by a qualified educator		O Yes	O No	O Not D	ocumented	O Not App	licable
Advanced Care Plan/Surrogate Decision Maker Documented Or Discussed?		O Yes	O No	O Not D	O Not Documented O Not A		licable
Advance Directive Executed		O Yes		O No			
Post Discharge Transition							
Care Transition Record Transmitted	 By the seventh post-discharge day Exists, but not transmitted by the seventh post-discharge day No Care Transition Record/UTD 						
	☐ All were included <i>(Check all yes)</i>						
Care Transition Record Transmitted Includes	Discharge Medications					O Yes	O No
	Follow-up Treatment(s) and Service(s) Needed					O Yes	O No
	Procedures Performed During Hospitalization					O Yes	O No
	Reason for Hospitalization					O Yes	O No
	Treatment(s)/Service(s) Provided					O Yes	O No
During this admission, was a standardized health related social needs form or assessment completed?	O Yes	○ Yes ○ No/ND					
If yes, identify the areas of unmet social need. (select all that apply):	0000	social need listed Education Employment Financial Strain Mental Health Personal Safety Substance Abuse Transportation Barriers Utilities				rs	