American Heart Association®
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Heart Failure

GWTG-HF Limited Case Record Form (CRF) **October 2026**

Patient ID:			
DEMOGRAPHIC DATA			
Patient First Name	_____	Patient Last Name	_____
Date of Birth	_____	Age	_____
Sex	○ Male ○ Female ○ Unknown		
Patient Gender Identify	○ 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	○ Straight or heterosexual ○ Lesbian or gay ○ Queer, pansexual, and/or questioning ○ Something else; please specify. _____. ○ Don't know ○ Declined to answer		
❑ Homeless		❑ Foreign Address	
Street Address	City	_____	
	State	_____	
	Patient Zip Code	_____ - _____	
External Tracking ID	_____		

Race and Ethnicity		
Race and/or Ethnicity	❑ American Indian or Alaska Native ❑ Asian ❑ Asian Indian ❑ Chinese ❑ Filipino ❑ Japanese ❑ Korean ❑ Vietnamese ❑ Other Asian ❑ Black or African American	❑ Hispanic or Latino ❑ Middle Eastern or North African ❑ Native Hawaiian or Pacific Islander ❑ Native Hawaiian ❑ Guamanian or Chamorro ❑ Samoan ❑ Other Pacific Islander ❑ White ❑ UTD
Select Hispanic Origin Group(s):	❑ Mexican, Mexican American, Chicano/a ❑ Cuban ❑ Puerto Rican ❑ Another Hispanic, Latino, or Spanish Origin	

ARRIVAL AND ADMISSION INFORMATION			
Internal Tracking ID:	_____	Physician/Provider NPI:	_____
+ Arrival Date/Time:	___/___/_____ ___: ___	❑ Unknown Date/UTD	
Admission Date:	___/___/_____		

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Point of Origin for Admission or Visit:	❑ Non-Healthcare Facility Point of Origin ❑ Clinic ❑ Transfer From a Hospital (Different Facility) ❑ Transfer From a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF) ❑ Transfer From Another Health Care Facility ❑ Emergency Room ❑ Information Not Available ❑ Transfer From a Hospice and is Under a Hospice Plan of Care or is Enrolled in a Hospice Program
Discharge Date/Time	___/___/_____ ___: ___

Medical History

Medical History (Select all that apply):

- ❑ Anemia
- ❑ Atrial Fib (chronic or recurrent)
- ❑ Atrial Flutter (chronic or recurrent)
- ❑ ATTR-CM
  - ❑ Hereditary
  - ❑ Wild-type
- ❑ Barostim Device
- ❑ CAD
- ❑ Cancer
- ❑ Cardiac Ablation
- ❑ CardioMEMs (implantable hemodynamic monitor)
- ❑ Chronic Kidney Disease (CKD)
- ❑ COPD or Asthma
- ❑ CRT-D (cardiac resynchronization therapy with ICD)
- ❑ CRT-P (cardiac resynchronization therapy-pacing only)
- ❑ Current Pregnancy (up to 6 weeks postpartum)
- ❑ CVA/TIA
- ❑ Depression
- ❑ Diabetes
- ❑ Dialysis (chronic)
- ❑ Emerging Infectious Disease
  - ❍ SARS-COV-2 (COVID-19)
  - ❍ Other infectious respiratory pathogen
- ❑ Familial hypercholesterolemia
- ❑ Heart failure
- ❑ Heart Transplant
- ❑ Hyperlipidemia
- ❑ Hypertension
- ❑ Hypertriglyceridemia
- ❑ Hypertrophic Cardiomyopathy
- ❑ ICD only
- ❑ Long COVID
- ❑ Mechanical Heart Valve
- ❑ Mitral Stenosis
- ❑ Obesity/Overweight
- ❑ Optimizer System
- ❑ Pacemaker
- ❑ Peripheral Vascular Disease
- ❑ Postpartum (6 weeks to 12 months postpartum)
- ❑ Prior CABG
- ❑ Prior MI
- ❑ Pulmonary Hypertension
  - ❍ Pulmonary arterial hypertension
  - ❍ Pulmonary hypertension due to left heart disease
  - ❍ Pulmonary hypertension due to lung disease and/or hypoxia
  - ❍ Chronic thromboembolic pulmonary hypertension (CTEPH)
  - ❍ Pulmonary hypertension with unclear multifactorial mechanisms
  - ❍ Unknown/Not Documented
- ❑ Prior PCI
- ❑ Sleep-Disordered Breathing
- ❑ TAVR
- ❑ TMVR
- ❑ Tricuspid Valve procedure
- ❑ Valvular Heart Disease
- ❑ Ventricular assist device
- ❑ Watchman Device

❑ No Medical History

Currently Pregnant?	❍ Yes, currently pregnant ❍ No, postpartum up to 6 weeks

History of cigarette smoking? (In the past 12 months)	○ Yes	○ No
History of vaping or e-cigarette use in the past 12 months?	○ Yes	○ No/ND

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Heart Failure History			
Known history of HF prior to this admission?	○ Yes	○ No	
Diagnosis			
Heart Failure Diagnosis	❑ Heart Failure with CAD	❑ Heart Failure, no CAD	❑ Heart Failure, Secondary Diagnosis
Atrial Fibrillation (At presentation or during hospitalization)		○ Yes	○ No
Atrial Flutter (At presentation or during hospitalization)		○ Yes	○ No
New Diagnosis of Diabetes	○ Yes	○ No	○ Not Documented
Active bacterial or viral infection at admission or during hospitalization	❑ None ❑ Bacterial infection ❑ Emerging Infectious Disease ❑ SARS-COV-2 (COVID-19) ❑ Influenza ❑ Seasonal Cold ❑ Other viral infection		

Medications at Admission

Medications Used Prior to Admission: *[Select all that apply]*

- ❑ Patient on no meds prior to admission
- ❑ ACE Inhibitor
  - ACE Medication Name
  - ACE Medication Dosage
  - ACE Medication Frequency
- ❑ Angiotensin receptor blocker (ARB)
  - ARB Medication Name
  - ARB Medication Dosage
  - ARB Medication Frequency
- ❑ Angiotensin Receptor Neprilysin Inhibitor (ARNI)
  - ARNI Medication Name
  - ARNI Medication Dosage
  - ARNI Medication Frequency
- ❑ Antiarrhythmic
- ❑ Anticoagulation Therapy
  - ❍ Warfarin
  - ❍ Direct Thrombin Inhibitor
  - ❍ Factor Xa Inhibitor
  - ❍ Other
- ❑ Antiplatelet agent (excluding aspirin)
- ❑ Aspirin
- ❑ Beta-Blocker
  - Beta Blocker Class
  - Beta Blocker Medication Name
  - Beta Blocker Medication Dosage
  - Beta Blocker Medication Frequency
- ❑ Ca Channel Blocker
- ❑ Digoxin
- ❑ Diuretic
  - ❍ Thiazide/Thiazide-like
  - ❍ Loop
- ❑ GLP-1 Receptor Agonists
  - GLP-1 Medication Name
  - GLP-1 Dosage
  - GLP-1 Frequency
- ❑ Hydralazine
- ❑ Ivabradine
- ❑ Lipid lowering agent (Any)
  - ❍ Statin
  - ❍ Other Lipid lowering agent
- ❑ Mavacamten at Admission
- ❑ Mineralocorticoid Receptor Antagonist (MRA)
  - MRA Medication Name
  - MRA Medication Dosage
  - MRA Medication Frequency
- ❑ Nitrate
- ❑ Omega-3 fatty acid supplement
- ❑ Renin Inhibitor
- ❑ SGLT2 Inhibitor
  - SGLT2 Medication Name
  - SGLT2 Medication Dosage
  - SGLT2 Medication Frequency
- ❑ Vericiguat
- ❑ Other Anti-Hyperglycemic Medications:
  - ❑ DPP-4 Inhibitors
  - ❑ Insulin
  - ❑ Metformin
  - ❑ Sulfonylurea
  - ❑ Thiazolidinedione
  - ❑ Other Oral Agents
  - ❑ Other injectable/subcutaneous agents
- ❑ Other Medications Prior to Admission

Exams/Labs at Admission		
Height	_____ *inches, cm*	
Weight	_____ *lbs, Kg*	
Waist Circumference	_____ inches, cm	❑ Waist Circumference ND

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Labs (Closest to Admission)	Lipids	TC (mg/dL):	HDL (mg/dL):	LDL (mg/dL):	TG (mg/dL):
		❑ Lipids Not Available			
	Albumin	_____	❑ Albumin Not Available		
	Serum Creatinine (Admission)	_____	❍ mg/dL	❍ µmol/L	❍ Not Available
	Potassium (K+) (Admission)	_____	❍ mEq/L	❍ mmol/L	❍ Not Available
	HbA1C%	_____	❑ HbA1C Unavailable		
	EKG QRS Duration (ms)	_____	❍ Not Available		
	+EKG QRS Morphology	❍ Normal ❍ LBBB	❍ RBBB ❍ NS-IVCD	❍ Paced ❍ Not available	

CLINICAL CODES

ICD-10-CM Principal Diagnosis Code	

IN-HOSPITAL CARE

Procedures

❑ No 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 ❑ Tricuspid Valve Procedure	❑ 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 ❑ Mechanical Heart Valve ❑ Pacemaker ❑ PCI with stent ❑ Stress Testing ❑ TAVR ❑ Transplant (Heart) ❑ Ultrafiltration

EF – Quantitative	_____ %	Obtained:	❍ This Admission ❍ Within the last year ❍ > 1 year ago
EF – Qualitative	❍ Not Applicable ❍ Normal or mild dysfunction ❍ Qualitative moderate/severe dysfunction m Performed/results not available ❍ Planned after discharge ❍ Not performed	Obtained:	❍ This Admission ❍ Within the last year ❍ > 1 year ago

Documented LVSD?	○ Yes		○ No
LVF Assessment?	○ Yes	○ No	○ Not done, Reason Documented

Was the patient ambulating by the end of hospital day 2?	❍ Yes	❍ No	❍ Not Documented
Was DVT prophylaxis initiated by the end of hospital day 2?	❍ Yes	❍ No	❍ Contraindicated

Influenza Vaccination	○ Influenza vaccine was given during this hospitalization during the current flu season ○ Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization

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	○ Documentation of patient's refusal of influenza vaccine ○ Allergy/Sensitivity to influenza or if medically contraindicated ○ Vaccine not available ○ None of the above/Not Documented/UTD
COVID-19 Vaccination	○ COVID-19 vaccine was given during this hospitalization ○ COVID-19 vaccine was received prior to admission, not 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 Vaccination Date	_____/_____/_____ ❑ Unknown
Is there documentation that this patient was included in a COVID-19 vaccine trial?	○ Yes ○ No/ND
Pneumococcal Vaccination	○ 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 ○ Allergy/sensitivity or if medically contraindicated to pneumococcal vaccine ○ None of the above/Not Documented/UTD

DISCHARGE INFORMATION			
What was the patient's discharge disposition on the day of discharge?	1 – Home 2 – Hospice – Home 3 – Hospice – Health Care Facility 4 – Acute Care Facility 5 – Other Health Care Facility		6 – Expired 7 – Left Against Medical Advice/AMA 8 – Not documented or Unable to Determine (UTD)
If Other Health Care Facility:	○ Skilled Nursing Facility (SNF) ○ Inpatient Rehabilitation Facility (IRF) ○ Long Term Care Hospital (LTCH)		○ Intermediate Care Facility (ICF) ○ Other
Skilled Nursing Facility	_____		
When is the earliest physician/APN/PA documentation of comfort measures only?		○ Day 0 or 1 ○ Day 2 or after	○ Timing unclear ○ Not Documented
Labs (Closest to Discharge)	Serum Creatinine (Discharge)	_____ ❍ mg/dL	❍ µmol/L
		❑ Serum Creatinine (SCr) ND	
	Potassium (K+) (Discharge)	_____ ❍ mEq/L	❍ mmol/L
		❑ Potassium (K+) ND	
	eGFR	_____%	❑ eGFR ND
	Urinary Albumin	_____ ❍ mg/dL	❑ Urinary Albumin Unavailable

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	Urinary Creatinine	_____	❍ mg/ dL	❑ Urinary Creatine Unavailable
	Urinary Albumin-to-Creatinine Ratio	_____	❍ mg/ dL	❑ uACR Unavailable

Discharge Medications			
ACE Prescribed?	❍ Yes ❍ No ❍ NC (None-Contraindicated)		
ACE Medication/ Dosage/ Frequency	Medication:	Dosage:	Frequency:
Contraindications or Other Documented Reason(s) for Not Providing ACEI:	❑ Contraindicated ❑ Angioedema ❑ Hypotensive patient who was at immediate risk of cardiogenic shock ❑ Pregnancy ❑ Renal Artery Stenosis ❑ Other Contraindications ❑ Not Eligible ❑ Not Tolerant ❑ Patient Enrolled in Clinical Trial ❑ Patient Reason ❑ System Reason Other Reason		
ARB Prescribed?	Yes ❍ No ❍ NC (None-Contraindicated)		
ARB Medication / Dosage / Frequency	Medication:	Dosage:	Frequency:
Contraindications or Other Documented Reason(s) For Not Providing ARB:	❑ Contraindicated ❑ Hypotensive patient who was at immediate risk of cardiogenic shock ❑ Pregnancy ❑ Renal Artery Stenosis ❑ Other Contraindications ❑ Not Eligible ❑ Not Tolerant ❑ Patient Enrolled in Clinical Trial ❑ Patient Reason ❑ System Reason ❑ Other Reasons		
ARNI Prescribed?	❍ Yes ❍ No ❍ NC (None-Contraindicated)		
ARNI Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:
Contraindications or Other Documented Reason(s) for Not Providing ARNI at Discharge:	❑ Contraindicated ❑ Allergy ❑ Angioedema ❑ Hyperkalemia ❑ Hypotension ❑ Pregnancy ❑ Renal Artery Stenosis ❑ Renal dysfunction defined as creatinine > 2.5 mg/dL in men or > 2.0 mg/dL in women ❑ Other Contraindications ❑ Not Eligible		

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	❑ Not Tolerant ❑ Patient Enrolled in Clinical Trial ❑ Patient Reason ❑ System Reason ❑ Other Reasons		
Reasons for not switching to ARNI at discharge:	❍ Yes ❍ No	❍ ARNI was prescribed at discharge	
If Yes,	❑ NYHA Class I ❑ NYHA Class IV		
Beta Blocker Prescribed?	❍ Yes ❍ No ❍ 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 ❑ System Reason		
Beta Blocker Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:
SGLT2 Inhibitor Prescribed?	❍ Yes ❍ No ❍ NC		
	Medication:	Dosage:	Frequency:
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		
GLP-1 Receptor Agonist Prescribed at Discharge?	❍ Yes ❍ No ❍ NC (None-Contraindicated)		
GLP-1 Receptor Agonist Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:
Contraindications or Other Documented Reason(s) for Not Providing GLP-1 Receptor Agonist:	❑ Contraindicated ❑ Allergy ❑ Pancreatitis ❑ Medullary Thyroid Cancer ❑ Multiple Endocrine Neoplasia – Type 2 ❑ Other Contraindications ❑ Not Eligible ❑ Not Tolerant ❑ Patient Enrolled in Clinical Trial		

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	❑ Patient Reason ❑ System Reason ❑ Other Reason		
Mineralocorticoid Receptor Antagonist (MRA) Prescribed?	❍ Yes ❍ No ❍ NC (None-Contraindicated)		
MRA Medication/Dosage/Frequency	Medication:	Dosage:	Frequency:
Was there a dose increase since prior to admission?	❍ Yes ❍ No/ND		
Potassium ordered or planned after discharge?	❍ Yes ❍ No/ND		
Renal function test scheduled	❍ Yes ❍ No/ND		
Contraindications or Other Documented Reason(s) for Not Providing Mineralocorticoid Receptor Antagonist (MRA) at Discharge	❑ Contraindicated ❑ 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 ❑ Other Reason		
Anticoagulation Therapy Prescribed?	❍ Yes ❍ No ❍ NC (None-Contraindicated)		
Anticoagulation Therapy Class	❑ Warfarin ❑ Direct Thrombin Inhibitor	❑ Factor Xa Inhibitor ❑ Factor Xia Inhibitor ❑ Other	
	Medication:	Dosage:	Frequency:
Hydralazine Nitrate Prescribed?	❍ Yes ❍ No ❍ NC (None-Contraindicated)		
Other Anti-hyperglycemic Prescribed? (regardless of indication)	❍ Yes ❍ No ❍ NC		
Other Antihyperglycemic Class/Medication (regardless of indication):	Class: Class: Class:	Medication: Medication: Medication:	
Diuretics Prescribed?	❍ Yes ❍ No ❍ NC		
Diuretic Medication Class 1:	❍ Loop Diuretics ❍ Thiazide Diuretics ❍ Potassium-Sparing Diuretics Carbonic Anhydrase Inhibitors		
Diuretic Medication 1:	Medication:	Dosage:	Frequency:
Diuretic Medication Class 2:	❍ Loop Diuretics ❍ Thiazide Diuretics ❍ Potassium-Sparing Diuretics Carbonic Anhydrase Inhibitors		
Diuretic Medication 2:	Medication:	Dosage:	Frequency:
Diuretic Medication Class 3:	❍ Loop Diuretics ❍ Thiazide Diuretics ❍ Potassium-Sparing Diuretics ❍ Carbonic Anhydrase Inhibitors		
Diuretic Medication 3:	Medication:	Dosage:	Frequency:

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Diuretic Medication Class 4:	❍ Loop Diuretics ❍ Thiazide Diuretics ❍ Potassium-Sparing Diuretics ❍ Carbonic Anhydrase Inhibitors			
Diuretic Medication 4:	Medication:	Dosage:	Frequency:	
Clopidogrel Prescribed?	❍ Yes ❍ No ❍ NC			
Clopidogrel Dosage/Frequency	Dosage:	Frequency:		
Ivabradine Prescribed?	❍ Yes ❍ No ❍ NC			
Contraindications or Other Documented Reason(s) For Not Providing Ivabradine:	❑ 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 or beta blockers contraindicated ❑ Not Tolerant ❑ Patient Enrolled in Clinical Trial ❑ Patient Reasons ❑ System Reasons ❑ Other Medical Reasons			
Lipid Lowering Medication Prescribed?	❍ Yes ❍ No ❍ NC			
Lipid Lowering Class/Medication/Dosage/ Frequency	Class:	Medication:	Dosage:	Frequency:
	Class:	Medication:	Dosage:	Frequency:
	Class:	Medication:	Dosage:	Frequency:
Omega-3 Prescribed?	❍ Yes ❍ No ❍ NC			

Other Medications

❑ Antiarrhythmic (Discharge) ❑ Amiodarone ❑ Dofetilide ❑ Sotalol ❑ Other antiarrhythmics	❑ Ca Channel Blocker (Discharge) ❑ Digoxin (Discharge) ❑ Aficamten ❑ Mavacamten at Discharge	❑ Nitrate (Discharge) ❑ Omecamtiv ❑ Ranolazine ❑ Renin Inhibitor (Discharge) ❑ Vericiguat ❑ Other Anti-Hypertensive ❑ Other medications at discharge

DISCHARGE INSTRUCTIONS

Activity Level	❍ Yes	❍ No	Diet (Salt restricted)	❍ Yes	❍ No
Follow-up	❍ Yes	❍ No	Medications	❍ Yes	❍ No
Symptoms Worsening	❍ Yes	❍ No	Weight Monitoring	❍ Yes	❍ No
Follow-up Visit Scheduled	❍ Yes	❍ No	Date/Time of first follow-up visit:	___/___/____ ___:___	
Location of first follow-up visit:			❍ Office Visit m Home Health Visit	❍ Telehealth m Not Documented	
Medical or Patient Reason for no follow-up appointment being scheduled?			❍ Yes	❍ No	
Follow-up Phone Call Scheduled	❍ Yes	❍ No	Date/Time of first follow-up phone call:	___/___/____ ❍ Unknown	

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Follow-up appointment scheduled for diabetes management?	❍ Yes ❍ No/ND ❍ NC	Date of diabetes management follow-up visit:	___/___/____ (MM/DD/YYYY) ❍ Unknown

Other Risk Interventions				
TLC (Therapeutic Lifestyle Change) Diet	❍ Yes	❍ No	❍ Not Documented	❍ Not Applicable
Referred to Outpatient Cardiac Rehab Program	❍ Yes	❍ No	❍ Not Documented	❍ Not Applicable
Referral to Outpatient HF Management Program	❍ Yes	❍ No	❍ Not Documented	❍ Not Applicable
Referral My HF Guide/AHA Heart Failure Interactive Workbook	❍ Yes	❍ No	❍ Not Documented	❍ Not Applicable
Provision of at least 60 minutes of Heart Failure Education by a qualified educator	❍ Yes	❍ No	❍ Not Documented	❍ Not Applicable
Is there documentation that a Palliative Care Consultation took place during this episode of care?	❍ Yes	No/ND		
Advanced Care Plan Documented Or Discussed?	❍ Yes	No/ND		
Surrogate Decision Maker Documented Or Discussed?	❍ Yes	No/ND		
Advance Directive Executed	❍ Yes		❍ 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		
Care Transition Record Includes	❑ All were included *(Check all yes)*		
	Discharge Medications	❍ Yes	❍ No
	Follow-up Treatment(s) and Service(s) Needed	❍ Yes	❍ No
	Procedures Performed During Hospitalization	❍ Yes	❍ No
	Reason for Hospitalization	❍ Yes	❍ No
	Treatment(s)/Service(s) Provided	❍ Yes	❍ No

Health Related Social Needs Assessment		
During this admission, was a standardized health related social needs form or assessment completed?	❍ Yes	❍ No/ND
If yes, identify the areas of unmet social need. (select all that apply):	❑ None ❑ Education ❑ Employment ❑ Financial Strain ❑ Food ❑ Living Situation/Housing	❑ Mental Health ❑ Personal Safety ❑ Substance Use Disorder ❑ Transportation Barriers ❑ Utilities

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