

What to Expect

Our goal is to work together with you, your family, your physicians, and the entire staff to reduce your risk of heart failure exacerbation or sudden cardiac arrest.

You will first be provided with your readmission risk score, calculated upon your admission to the program. This will help the REACH CHF Program team identify our higher risk patients and recognize who may need more intervention/services.

You and your family will be provided an admissions booklet filled with information about the program, cardiac function, risk factors, treatment options, and ways you can make lifestyle changes to promote healthier living.

Daily vital signs will be obtained to ensure you do not have significant fluctuations in weight or blood pressure which can be concerning for heart failure exacerbation.

REACH CHF nurses and CNAs will be available at all times to answer any questions that you have in regards to your overall health or cardiac function. Various educational materials from the Hero Program will also be available for you at any time.

Your risk score will be recalculated every few weeks or if your symptoms significantly change.

R.E.A.C.H. Team



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R.E.A.C.H. CHF Program



Risk Assessment
Education,
And
Cardiac
Health
CHF Program

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Benefits of the REACH CHF Program:

- Comprehensive cardiac assessment and implementation of a focused condition treatment plan
- On-site visits by cardiac specialists
- Specialized nursing support
- Specific nutritional and dietary plan
- Dedicated therapy strategies
- Remote video/virtual conferencing with physicians
- Outcome-based results

What is Heart Failure?

Heart failure occurs when the heart's ability to pump or fill with blood is compromised. This decreased pumping ability of the heart can ultimately change the shape of the heart and result in an uncoordinated heartbeat, also known as an arrhythmia.

In an acute exacerbation of heart failure, fluid can back up in the rest of the body, mainly the lower extremities and the lungs. This excess fluid builds up because the heart is not able to pump it efficiently through the body.

Heart failure can be easily treated and prevented with medication compliance and certain lifestyle changes. Knowing the signs and symptoms of an exacerbation can help treat this condition before it gets worse.

Classifying Heart Failure



Class I – Mild

Patient has no symptoms. Can perform ordinary activities without limitations.

Class II – Mild

Patient has mild symptoms. They have occasional swelling and are somewhat limited in their ability to do strenuous activities. No symptoms at rest.

Class III – Moderate

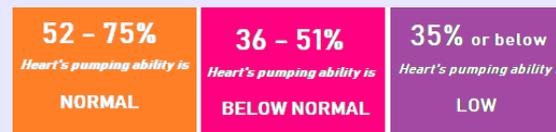
Noticeable limitations in ability to perform strenuous activity. Comfortable only at rest.

Class IV – Severe

Unable to do any physical activity without discomfort. Symptomatic even at rest.

Knowing Your EF

Ejection fraction (EF) is the percentage of blood that is pumped out of the left ventricle of your heart with each beat. It is a useful tool for evaluating proper cardiac function.



Statistics of Heart Failure

Incidence: 500,000/annually

Prevalence: ~6,500,000 currently in the U.S.

Most common cause of hospitalization in adults > 65 years of age

20% of patients with HF return to the hospital within 30 days of discharge

50% of patients with HF return to the hospital within 6 months of discharge

Annual costs are over \$30 billion

References:

- Benjamin, E., Virani, S., Callaway, C., et al. (2018). Heart Disease and Stroke Statistics - 2018 Update: A Report from the American Heart Association. *Circulation*, 137, 67-492. Retrieved from <https://www.ahajournals.org/doi/abs/10.1161/CIR.0000000000000558>
- Centers for Disease Control and Prevention. (2016, June 16). *Heart Failure Fact Sheet*. Retrieved from CDC Division for Heart Disease and Stroke Prevention: https://www.cdc.gov/dhbsp/data_statistics/fact_sheets/fs_heart_failure.htm
- O'Connor, C. M. (2017). High Heart Failure Readmission Rates. *Journal of the American College of Cardiology*, 5(5). doi:10.1016/j.jchf.2017.03.011