

Heart Failure Newsletter



May 2021

The CentraCare Heart & Vascular Center (CCHVC) wants

Greetings!

to be a resource for patients with heart failure (HF). Our goal is to help you lead a healthy lifestyle, better adhere to medical advice and receive the latest in HF information. To assist with this goal, we created this newsletter for patients seen in our HF clinic, especially in leu of COVID-



19. If you have attended the HF support group in the past, you may have received a newsletter last fall. This current newsletter contains a mix of new and old information from the last newsletter. We want to assure you that if the information is repeated, it is something important to remember.

It is a sincere privilege to serve as the medical director of the HF program at CCHVC. We have built a team of providers, nurses and staff who are dedicated to helping patients manage this

condition. Our registered nurses have undergone additional training and achieved diseasespecific certification in HF, and we also have cardiologists trained and board-certified in

Words from Jamie Pelzel, MD, Cardiologist

advanced HF cardiology. Our nurse practitioners specialize in treating patients with HF, and we also have a dedicated pharmacist, behavioral therapist, dietitians, exercise physiologists and others who offer additional resources. With such a well-rounded and dedicated team, we can provide a

multidisciplinary approach, meeting almost any need of our patients living with HF. Types of HF

of blood ejected from the left side of the heart into the circulatory system. There are two

different types of HF:

1. HF with reduced ejection fraction (HFrEF) - With HFrEF, sometimes known as systolic heart failure, the heart is weak and the ejection fraction decreases. The left side of the heart that pumps blood to the rest of the body is unable to pump the blood as efficiently as it once did.

A normal heart has an ejection fraction range of 50-70%. This percentage reflects the amount

- 2. HF with preserved ejection fraction (HFpEF) With HFpEF, sometimes known as diastolic heart failure, the heart stiffens. When the heart is stiff, it does not have as much elasticity, and the heart cannot fill with blood as efficiently as it once did. Other concerns that can present under HFpEF are valve problems, meaning the valves in between the four chambers of the heart are not working properly.
- According to the American College of Cardiology (ACC), the four progressive stages of HF are: A: At high risk for HF but without structural heart disease or symptoms of HF B: Structural heart disease but without signs or symptoms of HF

What are the signs and symptoms of HF?

sleeping in a chair or recliner, or waking up short of breath Swelling in the legs or feet

C: Structural heart disease with prior or current symptoms of HF

D: Refractory HF requiring specialized interventions

· Shortness of breath, especially with activity

- appetite · Low blood pressure with dizziness or light-headedness
- · Increased fatigue

· More frequent cough

 Increased weight gain of 2 pounds overnight or 5 pounds in a week Palpitations—a sensation of a racing heart

Difficulty breathing when laying down, using more pillows to prop yourself up to sleep,

· Bloating or fullness feeling in the stomach or abdomen, often accompanied by a reduced

The Heart Failure Clinic

The Heart Failure Clinic is a multi-disciplinary clinic that provides many services to you. Cardiologists, nurse practitioners, registered nurses, licensed practical nurses, pharmacists, psychologists, dietitians, exercise physiologists and other disciplines contribute to your care.

Listed below are each specialty and the role each of these people play in your care.

nurses. The nurse practitioner is responsible for overseeing your cardiac medications, managing any fluid retention issues and communicating with your cardiologist. When you are at home and have concerns about your medications or are experiencing a HF exacerbation (retaining fluid), contact your HF nurse practitioner. Please see the list of concerns in the signs and symptoms section above.

Your most frequent contact at our clinic will be with your nurse practitioner and a team of

HF Nurse We have a team of nurses dedicated to the HF population at the CCHVC and our telehealth

Nurse Practitioner

care and medication adherence. To reach the nurses for questions or concerns, call the triage phone line during clinic hours. **Psychologist**

Our psychologist can work with you to manage the emotional and behavioral aspects of cardiac

recovery by providing tools (e.g., stress management and psychotherapy) to cope with life and physical changes associated with the disease. Appointments are covered by most insurance plans. Ask your treatment team for a referral. Appointments can take place at the clinic (often at

care. This psychologist manages conditions like anxiety or depression and can enhance

the same time as your other HF clinic visits) or virtually through video visit services.

visits in Willmar. Our RNs achieved HF certification by the American Association of Heart Failure Nurses. The nursing staff focuses on HF education, follow-up planning, coordination of

Transition Coach

cost to you or your insurance company. Patients who receive this service are: Much less likely to be readmitted to a hospital More likely to achieve personal goals related to symptom management and recovery Home Health Care

To help ensure a safe transition from the hospital to home, you may receive visits from a home health team. The team will be made up of specialists unique to you and may include a skilled nurse, physical therapist, occupational therapist, speech therapist, home health aide and/or social worker. These services need a doctor's order and are covered by most insurance. The

After being discharged from the hospital, a transition coach will work with you for four weeks.

CentraCare – St. Cloud Hospital qualify for a transition coach. This service is provided at no

This coach helps you and your caregiver understand, develop and learn behaviors and evidence-based skills to self-manage complex medical conditions that will ensure a safe and

successful transition from hospital to home. All HF patients with an inpatient stay at

 Daily telemedicine assessment Phone calls to help prevent hospital readmission (within seven days of discharge) Home safety evaluation Lab draws and monitoring

Confirmation of follow-up appointments

Advanced Therapies for HF

Collaboration of care with family and caregivers

 Physical assessment and in-home therapy Medication knowledge and compliance

Understanding ongoing self-care management of chronic disease

main areas of focus are:

 Coordination with the transition to palliative home health or hospice if needed An on-call nurse 24 hours a day/7 days a week

The CCHVC has dedicated registered nurses who focus on advanced HF therapies, such as a heart transplant and a left ventricular assist device (LVAD), which is a surgically implanted pump that assists the heart. If you need these therapies, your doctor will discuss these options with you. These therapies may be available when maximum medication doses have been reached and your blood pressure no longer tolerates these doses. Our team works closely with the University of Minnesota to provide these services, meeting weekly to discuss progress. Many of

the required tests and follow-up appointments can take place in St. Cloud.

Collaboration with primary care provider as well as heart failure specialists

Dietitian

options.

you.

about options.

Pharmacist The HF team has a dedicated pharmacist who reviews medications, looks for potential interactions/side effects and provides patients education. He is available for in-person office visits and telephone consultations. Your HF provider may recommend a referral at no cost to

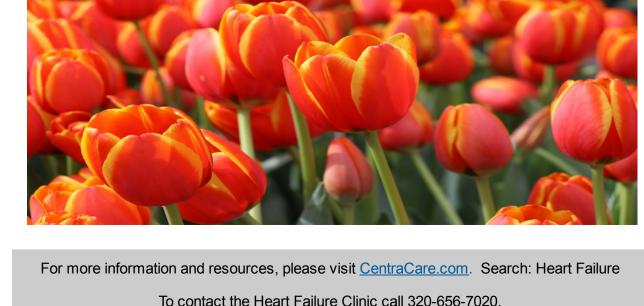
Watching your diet is a very important part of managing HF. Dietitians provide education

specific to your recommended diet, personalized meal planning and healthy lifestyle motivation. If you want to receive more one-on-one counseling, ask your HF provider or primary provider for a referral. In addition to in-person appointments, both telephone and video visits also are

Cardiac Rehabilitation Our cardiac rehab team creates an individualized and personalized treatment plan, including evaluation and instruction on physical activity, nutrition, stress management and other healthrelated areas. If you have one of the following diagnoses, you may be eligible to participate: heart attack, angina, cardiac surgery, such as coronary bypass or valve surgery, coronary artery angioplasty or stents, heart failure or heart transplantation. Cardiac rehab is generally covered by most health insurance companies but check your plan to determine copays or other requirements. If you do not have insurance, contact your local cardiac rehab program to learn

Upcoming Newsletters

In our upcoming newsletters, we will give more information about the standard guidelines for heart failure, instructions on reading dietary labels, low-salt recipes and helpful tips for your day-to-day living with heart failure as a chronic condition.



Operating hours are 8 a.m. to 4:30 p.m. Monday - Friday. Closed on weekends and major holidays.

> Questions or comments? Contact: Nancy Romness, BSN, CHFN Heart Failure Monitoring Core Charge Nurse Work cell: 320-470-0760 Email: Romnessn@centracare.com

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