

Heart Failure Specialist Clinic at Western Health

- Western Health provides Specialist Clinics for patients who require assessment and management of heart failure.
- Patients appropriate for this clinic are those with a **CONFIRMED** diagnosis of either:

1. Heart failure with Reduced Ejection fraction, <40% (HFrEF)

2. Heart Failure with Mildly Reduced Ejection fraction, <50% (HFmrEF)

3. Cardiomyopathies

- Eg: restrictive, hypertrophic, infiltrative (eg amyloid, sarcoid), ARVC, chemotherapy-related etc.

4. Heart Failure with Preserved Ejection fraction (HFpEF)

- Previously referred to as diastolic heart failure
- **Patients must have confirmed/likely HFpEF:**
 - Clinical symptoms of HF despite EF >50%
 - Evidence of cardiac dysfunction.
 - Examples:
 - Echocardiographic evidence of:
 - Diastolic dysfunction (elevated filling pressures/dilated atria) +/-
 - Left ventricular hypertrophy/concentric remodelling.
 - Prior evidence of pulmonary congestion.
 - Elevated Brain Natriuretic Peptide (BNP)
- We will **ONLY** see patients that have trialed max tolerated doses of diuretics & management of contributing factors: (hypertension, sleep apnoea, atrial fibrillation, diabetes), yet remain symptomatic
- HFpEF patients meeting the above criteria may be seen **up to 3 times** for medication titration and will then be discharged back to their primary physician.

Conditions NOT seen at the Heart Failure Clinic:

- Patients who already have a private Cardiologist managing their heart failure (unless review in this clinic is requested by their Cardiologist).
- Patients without a **confirmed** heart failure or cardiomyopathy diagnosis
- Undifferentiated patients who require a Cardiology consult (e.g. for dyspnoea or chest pain, without confirmed heart failure) should be referred to **General Cardiology Clinic** in the first instance.

Other considerations:

- Very elderly/frail patients (> 85yo), or those with multiple other comorbidities might be better served by a referral to **General Medicine clinic** for a more holistic approach to their care.

- Patients not meeting eligibility criteria will be referred back to their GP to organise a referral to a more appropriate clinic.

Alarm Symptoms requiring immediate referral to Emergency Department:

- New, acute, or chronic heart failure that is rapidly deteriorating with any of the following:
 - Ongoing chest pain
 - Acute pulmonary oedema
 - Oxygen saturation <94% (in the absence of any other explanation)
 - Haemodynamic instability
 - Syncope or pre-syncope
 - Recent myocardial infarction (within 2 weeks)
 - Pregnant or post-partum women
- New heart failure that has not responded to initial and escalated treatment with diuretic therapy

Access and Referral Priority for the Heart Failure Specialist Clinic:

- Key information enables Western Health clinicians to triage patient referrals to the correct category and provide treatment with fewer visits to Specialist Clinics, creating more capacity for care.
- If key information is missing, you will be asked to return the referral with the required information. If this information is not received, the referral may be rejected.
- The triage category will affect the timeframe in which the patient is offered an appointment.

URGENT Appointment timeframe 30 days	ROUTINE Appointment timeframe greater than 30 days, depending on clinical need.
<ul style="list-style-type: none"> • New severely reduced LV EF • Rapidly worsening symptoms of heart failure 	<ul style="list-style-type: none"> • Known HF with stable symptoms • New HFrEF with stable symptoms • New HFpEF that have failed maximum tolerated diuretics & comorbidity management. • Suspected cardiomyopathy

Heart Failure Specific Referral Guidelines:

Condition	Key Information Points	Clinical Investigations
For all HF clinic referrals	<ul style="list-style-type: none"> Clinical findings Details of cardiac dysfunction NYHA class noting any recent deterioration Past heart failure treatment and response Current medications Past medical history Management of potential contributing factors: (hypertension, sleep apnoea, atrial fibrillation, diabetes) 	<p>Required:</p> <ul style="list-style-type: none"> ECG FBE LFT U&E TSH Fasting lipids HbA1c Echocardiogram – within last 2 years * <p>If available:</p> <ul style="list-style-type: none"> Iron studies CXR Sleep studies Stress test Respiratory function test (if patient is a smoker or has COPD or asthma) Past ECGs

Echocardiogram:

- Echocardiogram (TTE) results **MUST** be attached.
- If no TTE has been performed in the last **2 years**, please organise one.
- Referrals without an attached TTE will be **rejected**.
- To meet MBS criteria, GPs can only refer for a TTE if one has not been performed **within 2 years**.
- To organise a TTE, please email a referral to whcardiology@wh.org.au or arrange one privately.