# 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 organize a referral to a more appropriate clinic.



Current version: January 2024
Next review due: January 2027

**NOTE:**

**Acute conditions requiring immediate assessment should be referred to the Emergency Department.**

## Access and Referral Priority for the Heart Failure Specialist Clinic:

- The clinical information provided in your referral will determine the triage category.
- Sufficient clinical information is required to enable triaging
- The triage category will affect the timeframe in which the patient is offered an appointment.

| URGENT<br>**Appointment timeframe 30 days** | ROUTINE<br>**Appointment timeframe greater than 30 days, depending on clinical need.** |
|---|---|
| • New severely reduced LV EF<br>• Rapidly worsening symptoms of heart failure | • Known HF with stable symptoms<br>• New HFrEF with stable symptoms<br>• New HF-pEF that have failed maximum tolerated diuretics and comorbidity management.<br>• Patients with suspected cardiomyopathy |

## Heart Failure Specific Referral Guidelines:

- 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.
- Clinicians will provide assessment and medication titration with the aim of returning to primary care for ongoing care.

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|---|---|---|
| **1. Heart failure with Reduced Ejection** | • Clinical findings and details<br>• NYHA class and details of any recent deterioration | Required:<br>• ECG<br>• FBE<br>• LFT<br>• U&E |

| | | |
|---|---|---|
| **Fraction (HFrEF) EF <40%**<br><br>2. **Heart Failure with Mildly Reduced Ejection Fraction (HFmrEF) EF <50%**<br><br>3. **Cardiomyopathies** eg: restrictive, hypertrophic, infiltrative (eg amyloid, sarcoid), ARVC, chemotherapy-related etc | • Details of cardiac dysfunction<br>• Past treatment and response<br>• Current medications<br>• Past medical history and comorbidities | • TSH<br>• Fasting lipids<br>• HbA1c -current and previous if diabetic<br>• Echocardiogram – within last 2 years *<br><br>If available<br>• Iron studies<br>• CXR<br>• Sleep studies<br>• Stress test<br>• Respiratory function test (if patient is a smoker or has COPD or asthma)<br>• Past ECGs |
| 1. **Heart Failure with Preserved Ejection Fraction (HFpEF) EF ≥ 50%**<br><br>**Previously referred to as diastolic failure** | • Clinical details outlining evidence of cardiac dysfunction.<br>• NYHA Class and any recent clinical deterioration<br>• Details of response to diuretics.<br><br>• Management of contributing factors (eg hypertension, sleep apnoea, atrial fibrillation, diabetes).<br>• Current medications<br>• Past medical history and comorbidities | Required:<br>• ECG<br>• FBE<br>• LFT<br>• U&E<br>• TSH<br>• Fasting lipids<br>• HbA1c -current and previous if diabetic<br>• Echocardiogram – within last 2 years *<br><br>If available<br>• Iron studies<br>• CXR<br>• Sleep studies<br>• Stress test<br>• Respiratory function test (if patient is a smoker or has COPD or asthma)<br>• Past ECGs |

## Echocardiogram:

- **Echocardiogram (TTE) results MUST be attached.**
- If no TTE has been performed in the last **2 years**, please organize 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 organize a TTE, please email a referral to whcardiology@wh.org.au or organize privately.