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## When you leave the hospital, please remember:

About **one in four** people with heart failure return to the hospital **within a month of leaving**.\*\* However, you can reduce your chances of needing to go back by learning how to manage and monitor your heart failure as soon as you leave the hospital. Remembering to take your medications, sticking to your suggested diet and exercise plans, and recognizing when something just doesn't feel right are all part of getting you back to doing the things **you love**.

It is important to seek help from friends, family, and other loved ones. As you learn more about your heart failure and begin to develop a plan with your HF provider, you may find that some things require additional support. Make sure you bring questions like this up with your care team including your HF provider, nurses, and caregivers so you have a strategy in place.

### Reporting worsening symptoms:

If you notice any worsening symptoms, such as shortness of breath, feelings of exhaustion from routine activities, or difficulty breathing it's important that you don't wait. Call your heart failure provider or member of your health care team immediately.



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## One week after discharge: Continue to monitor your treatment and follow-up care

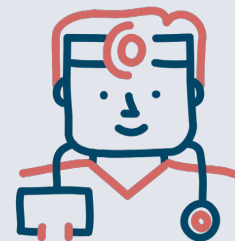
Treating your heart failure doesn't end after leaving the hospital. The week after you leave the hospital is an important time to **continue monitoring your symptoms and making any necessary lifestyle changes**.

It's important to stick to your medication plan and diet changes during this time as failing to do so may lead to a worsening condition and cause you to go back to the hospital. Sticking to your medication plan and new diet may require **support from friends and family**, so make sure they have a clear understanding of what they need to know and how to help you stay on track.

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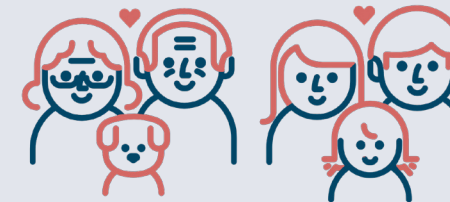
## One month after discharge: Continue monitoring your treatment and managing your heart failure

Continue to update your health care team and heart failure provider and stick to your agreed upon plan. During this stage, you may begin to learn how to monitor and track your heart failure symptoms. It's important that you understand the causes, symptoms, and effects of heart failure, and recognize signs that may mean your heart failure is getting worse. It is important that you **call your heart failure provider or member of your health care team as soon as possible if you feel like something isn't right**.



### Working with multiple healthcare providers:

You may have more than one doctor involved in treating your Heart Failure, including those found in the hospital. Your care team may include your primary care doctor, physician, nurse practitioner, physician assistant, cardiologist, nurse, and pharmacists. This can lead to multiple people giving you treatment plans. Managing multiple treatment plans and medications can be overwhelming. Management and tracking tools can help you to better organize your health information.



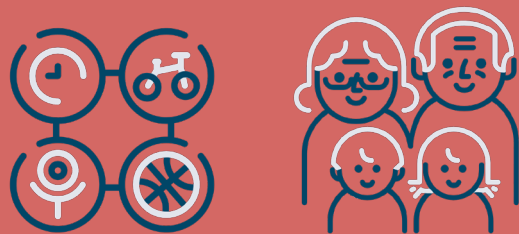
**Be honest with your care team and heart failure provider.** Work with them, along with your family and friends, to find solutions together. **Your heart failure plan should reflect what you want, can, and are able to do.** By actively participating in talks and decision-making with your health care team, you can ensure that your heart failure goals, and wishes are considered in your ongoing treatment. Your friends, family, and caregivers can also help you to keep track of your progress and monitor your symptoms.

\*\*Vidhu Anand et. al, "Abstract 17286: National Trends in Hospital Readmission Rates in Congestive Heart Failure Patients," *Circulation*. Published 29 March 2018. Accessed 05 May 2020. [https://www.ahajournals.org/doi/10.1161/circ.134.suppl\\_1.17286](https://www.ahajournals.org/doi/10.1161/circ.134.suppl_1.17286)

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## Living with Heart Failure: Living an active, full life with Heart Failure

Heart Failure is a chronic, lifelong condition and requires that you continue to monitor your symptoms, follow your medication plan, attend your appointments with your heart failure provider or health care team, and maintain your diet and exercise schedule. As you start to feel better and become more active, you will begin to see a gradual return to your normal daily activities. **Now is a good time to think about what matters most to you. It may be helpful to list a set of activity goals, such as “visiting family and friends”, “dancing with my spouse”, or “playing with my kid or grandkids”.**



**Before you leave the hospital, make sure you ask and understand the answers to the following questions:**

- What is my diagnosis?
- What do I need to do next?
- Why is that important?
- Is my follow-up appointment scheduled (preferably at 7 days after discharge) and how will I get there?
- Do I have a medication plan to take with me?
- Do I clearly understand the purpose of taking each medication prescribed?
- Who do I need to talk to about getting a prescription for home healthcare services?
- What key signs or symptoms of a worsening condition should I and my loved ones be on the lookout for?
- Have I received a home health care prescription from my HF provider ensuring coverage of any needed home health care, e.g., skilled nursing, physical therapy, etc. as it is required by some insurance providers?



**You should have a follow-up visit with your heart failure provider or member of your health care team 7 days after you leave the hospital.**

**Before this appointment, make sure you have the following items prepared:**

- List of questions about: heart failure; your medications; lifestyle changes, including difficulties with diet and exercise; and any changes you noticed, big or small
- Medication list with all current and recent medications (including over-the-counter medications and any supplements you may be taking)

Update and bring these lists to every appointment to help you keep a record of your ongoing progress.

This resource aims to support patients and caregivers as they navigate through their heart failure hospitalization journey, while directing them to existing resources created by the heart failure community (representing patients, caregivers, and healthcare providers) as participants of the Multi-stakeholder Summit\*\*\*

\*\*\*The Multi-stakeholder Summit was convened by Novartis Patient Advocacy with the goal of bringing together patient and caregiver advocacy groups and professional societies to better understand the burden of heart failure hospitalizations and transitions of care across patient touchpoints.

**One month after discharge, write down the following to share with your doctor during your next appointment:**



- Any challenges you may have with your treatment plan or staying on it
- Any changes you notice in your body, symptoms, or day-to-day routine
- Be sure to also ask friends and family members if they notice any changes as well!
- Any changes to your diet or physical activity
- Any social needs you are concerned about, e.g., housing, transportation, financial support



## Take Control of Your Heart Failure:

*Life After a Heart Failure Hospitalization*

**Here are Your Rights as a Patient Living with Heart Failure:**

- 1** You have the right to understand your diagnosis and ask for information that helps you navigate your heart failure
- 2** You have the right to talk with your health care team and heart failure provider about your treatment goals and wishes
- 3** You have the right to ask questions about your heart failure and when things are unclear
- 4** You have the right to have a caregiver\* or caregivers as part of your care team

### What does “empowered patient” mean?

Heart failure is a chronic, lifelong condition. But **you can live a full and active life** with the right medical treatment, follow-up, and the attention you pay to your diet, exercise, and lifestyle. Becoming an “empowered” patient requires understanding heart failure, recognizing and monitoring changes in your symptoms, engaging in self-care, and creating a partnership with your health care team and heart failure provider. Feeling “empowered” in your care, may mean fewer symptoms, better quality of life, and fewer days in the hospital because of a worsening condition.

\*Patient-identified individuals that represent patient touchpoints beyond traditional caregivers (friends, family, neighbors, professional caregivers, etc.) who provide direct care to an individual, or individuals, who are chronically ill.



# Take Control of Your Heart Failure

## Tools and resources to support your Heart Failure discharge

The Heart Failure community, including professional societies and patient advocacy organizations, have created many resources and tools to support Heart Failure patients and their caregivers. Here, you can find resources collected from the community through the Multi-stakeholder Summit\* to help you take control of your journey after being diagnosed with Heart Failure and leaving the hospital.

### After Diagnosis: What you need to know about Heart Failure (The Basics)

#### Education Materials:

- [Heart Failure: What you need to know](#)
- [How We Fight Campaign: 20 HF Questions](#)

#### Self-management and interactive tools:

- [Self-Sheets: Enjoying Life While Managing Heart Failure](#)

### Living with Heart Failure: Treatment, Follow up Care, and Ongoing Management

Resources for managing your Heart Failure and knowing when to seek help

#### Education Materials:

- [Heart Failure: The Basics-A Patient Guide](#)
- [Quick Tips: Self-Care for Heart Failure](#)
- [Heart Failure: Checking Your Weight](#)
- [Heart Failure: Activity and Exercise](#)
- [Heart Failure: Understanding the Symptoms](#)
- [Warning Signs of Heart Failure](#)
- [Enjoying Life While Managing Heart Failure](#)
- [HeartGuide](#)
- [Understanding and Managing Chronic Heart Failure](#)
- [Access to Care Guide](#)

#### Self-management and interactive tools:

- [Hospital to home: Heart Failure: What you need to know](#)
- [Using technology to help manage medication reminders](#)
- [Medication Wallet Card](#)
- [Every dose, every day](#)
- [CARE Card \(Patient\)](#)
- [How to read a label](#)
- [Heart Failure Patient Education](#)
- [HF Path](#)

Advocacy organizations who commit to supporting patient and caregiver needs:



\*The Multi-stakeholder Summit was convened by Novartis Patient Advocacy with the goal of bringing together patient and caregiver advocacy groups and professional societies to better understand the burden of heart failure hospitalizations and transitions of care across patient touchpoints.

### Collaborating with your healthcare provider to develop a treatment plan

Resources to help you actively participate in determining your treatment plan

#### Education Materials:

- [Overcoming Barriers to Shared Decision Making](#)
- [Communicating with your HF Healthcare Team](#)
- [Know Your Rights Factsheet](#)
- [Heart Failure Treatment Guidelines](#)

#### Self-management and interactive tools:

- [Heart Failure: Partnering in Your Treatment](#)
- [Doctor Visit Checklist](#)

### Coordinating care between providers

Resources to help you coordinate your care

#### Education Materials:

- [Managing Your Loved One's Meds](#)

#### Self-management and interactive tools:

- [Doctor Visit Checklist](#)
- [Patient File Checklist](#)

### Practical Support for Caregivers

Family and friends can play a critical role in supporting you throughout your journey by playing "point of contact" with healthcare teams and engaging in treatment plan decision-making. Caregivers may be able to support you with tracking medications and maintaining medical files and records.

#### Education Materials:

- [HeartGuide](#)
- [Reducing the Stress of Caregiving](#)
- [Resources for Caregivers](#)
- [Finding the Right Support Group](#)
- [10 Tips for Family Caregivers](#)
- [How to Talk to Your Doctor](#)
- [AHA Support Network](#)

#### Self-management and interactive tools:

- [Care for the Caregiver - Physical Support](#)
- [Care for the Caregiver - Emotional Support](#)
- [Care for the Caregiver - Multicultural Support](#)
- [Care for the Caregiver - Mental Support](#)