The ABCs of Your Role...

Appointments:
- Come as scheduled or call to change if necessary.
- If you need to cancel, please let us know early so that we can accommodate other patients waiting to see us.

Bring:
- All your medications
- Medication lists
- A list of all the doctors/health care professionals involved in your care
- Home weight recordings
- Home blood pressure recordings

Concerns:
- Let us know as soon as possible if you are having problems at home.
- Call us if you are experiencing:
  - More shortness of breath
  - Weight gain of 2.5 kg (or 5 lbs) within one week
  - Chest pain
  - Dizziness
  - Falls

How to Contact Us

Tel: 604-875-5264
Fax: 604-875-5906

Education Nurse:
Tel: 604-875-4111 ext. 67385
Tel: 604-875-4111 ext. 20586

Nurse Practitioner:
Tel: 604-875-4111 ext. 67705
Tel: 604-875-4111 ext. 20142

Address:
Vancouver General Hospital site corner of Oak & 12 Ave.
Gordon and Leslie Diamond Healthcare Centre
Level 7, 2775 Laurel Street,
Vancouver, BC V5Z 1M9

Useful Websites

www.heart.org
www.heartandstroke.ca
www.ccs.ca
www.americanheart.org
www.bcheartfailure.ca
The Clinic
Welcome to the Cardiac Function Clinic at Vancouver General Hospital. This clinic has been created to enhance the care of patients diagnosed with heart failure.

You have been referred here for short-term consultation and management of your heart failure.

Research has shown that patients who are cared for by a team of professionals who specialize in heart failure, have better outcomes. This means living longer and feeling better.

Together we will work to optimize your medications and suggest other treatments, as necessary, before returning you back to the care of your family doctor and/or specialist.

If you do not have a GP, internist or cardiologist you should begin to find one now. On average patients are followed in the clinic for 6–9 months.

Goals of the clinic:
• Medication optimization and individualization
• Heart failure self-management skills.
• Lifestyle coaching to improve diet, exercise, and healthy choices

The Team
You - You are at the center of the team. Although many health professionals will be working with you – your commitment to this process is necessary as we work to improve your health.

Cardiologist - A cardiologist with specialized heart failure education and training will provide the initial consultation and help to develop an individualized care plan. The cardiologist will review your progress at 3 months, at the end of treatment and in the event that your condition changes.

Nurse Practitioner (NP) - NPs are advanced practice nurses whose scope of practice allows for diagnosing, prescribing medications, ordering tests and referring to others as necessary. An NP will see you every 2–4 weeks to assess your progress, adjust medications and order appropriate tests. On occasion, the NP and cardiologist may see you together.

Education Nurse - The clinic’s education nurse will meet with you over the course of the program to provide written and verbal information on heart failure, lifestyle management, and medication side-effect management. The education nurse is also available by telephone should you have concerns at home.

Clinical Secretaries - will manage the booking of your appointments and any changes in your schedule. They will direct your calls or enquiries to the right team member for prompt attention.

Allied Health Specialists - may be called upon to help in your care. These individuals include: Dietitians, Pharmacists, Social Workers, Occupational Therapists, Respiratory Therapists, and others.

Cardiac Rehab - This is a complementary clinic that is strongly advised for heart failure patients. It has a strong group exercise component designed for those experiencing cardiac difficulties.