

eDOCSNL

ELECTRONIC MEDICAL RECORD

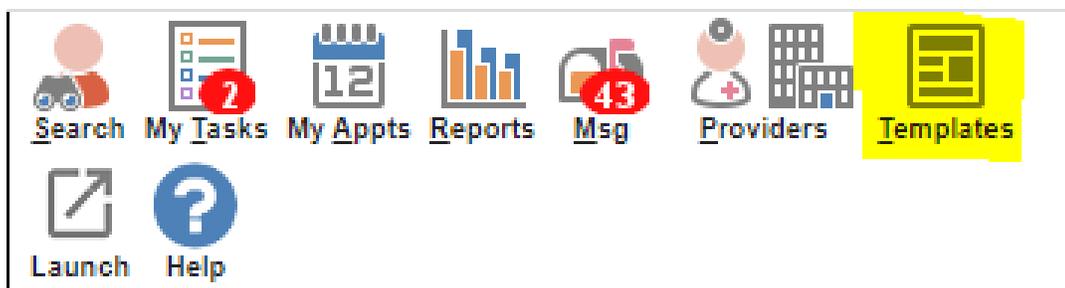
Using the Practice 360 Heart Failure EMR Tools

Since the launch of the original Diabetes template in 2018 eDOCSNL has consulted extensively with busy physicians and received a lot of feedback on the use of the Practice 360 tools. The common themes from this feedback indicate that, in some practice settings, the long form templates for chronic disease management do not fit with existing workflow but do contain numerous features of value, including Triggers, embedded templates, resources and automatically populated labs. As a result, we have decided to deploy a truncated version of the templates that captures the features felt to be of value while at the same time preserving existing workflow and documentation by supplementing the existing documentation template, rather than replacing it. This truncated version of the visit template still supports the fundamentals of the clinical practice guidelines for chronic disease management and collects CDS-focused short forms for Diabetes, Heart Failure and COPD together in one convenient location. The original long form templates are still available for use if preferred or if the practice setting/nature of the visit requires.

Accessing the Visit template

Favoriting the template will be necessary to easily access the template from within the existing documentation template. This can be done as follows:

1. Navigate to the "Template" menu from the main dashboard view.
2. Click the "Obs" tab on the far right side.
3. Type "HF" in the Template name field and hit enter. The NL HF Visit Template will display in the resulting list.
4. Select the heart icon appropriate to the need on the right side, the template may be favorited on a per user basis (the leftmost heart icon) or for an entire clinical group (the rightmost heart icon).



Template Management

The screenshot shows the 'Template Management' interface. At the top, there are navigation tabs: Demog, Visits, Tasks, Bills, Meds, Profile, Labs, Invest, Consults, Imm, Goals, Appt, CDS, Filter, Workflow, Dashboards, and Obs. Below these are search and filter options for Category, Template Name, Observation Name, Discipline, Territory, Domain, and Tag. A table lists observation templates with columns for Category, Template Name, Description, Origin, Use Privilege, and Updated. The 'eDOCSNL NL HF Visit Template' is highlighted.

Category	Template Name	Description	Origin	Use Privilege	Updated
Visit	*eDOCSNL NL HF Visit Template		system		2025-02-07

Launching the template

The visit template can be accessed in the same way as any other documentation template you would use for visits in your EMR.

In the absence of any appointment type setup the template can be accessed by clicking with the right button of your mouse the “New” icon when you are in the “Visit” tab in the patient’s chart and selecting the “eDOCSNL NL HF Visit Template” template you see highlighted here.

The template will only appear in this list when it has been favorited, please see above for instructions on how to do this.

The screenshot shows a patient chart for a 30-year-old female. The 'Recent Visits' section is active, showing a table of visits with columns for Date, Provider, Concern, Diagnosis, and Disposition. A 'Task Templates' sidebar is open on the right, listing various templates. The 'eDOCSNL NL HF Visit Template' is highlighted in the list. A red box highlights the 'New' button in the top right corner of the interface.

Date	Provider	Concern	Diagnosis	Disposition
14Feb25				
25Oct24				
25Oct24				

The first thing you will see when you load the template is some clinical decision support features, including whether a BNP value is present on this patient’s EMR chart, and some medication management reminders based on the type of Heart Failure the patient has e.g., four triggers appear when patients who have reduced Ejection Fraction are not on quadruple therapy (more detail below).

Observations			
	Patient has BNP on file, check value below 		
	NATRIURETIC PEPTIDE B 100	mmol/L	05-Feb-2025
	NT-PRO B NATRIURETIC PEPTIDE 100	mmol/L	05-Feb-2025
	CONSIDER PRESCRIBING MRA		
	CONSIDER PRESCRIBING ACEI/ARB/ARNI		
	CONSIDER PRESCRIBING BETABLOCKER		
	CONSIDER PRESCRIBING SGLT2I		

The next thing you will see is the ability to select your care setting and visit type. Selections here will modify the documentation that appears in the remainder of the template. This allows you to select the type of documentation that is appropriate to your practice and is the results of extensive feedback from clinicians during the development of the tools.

HEART FAILURE VISIT

Clinic Type: Primary Health Care Heart Failure Clinic

Visit Type: Initial Follow-up

Type of Care: In Person Virtual

Template Features

There are many clinical decision support features built into the template without making it difficult to use, providing the information and tools that are valuable to manage the patient with as much support from the intelligent features of the software as possible.

Conditional logic: Selections in some areas of the template influence the content and functionality of the remainder of the template. For example, selecting a “Follow-up” visit under “Visit Type” changes the options and documentation in the “Subjective Assessment” section. This is just an example, there are many instances of conditional logic throughout the template.

Clinic Type: Primary Health Care Heart Failure Clinic
Visit Type: Initial Follow-up
Type of Care: In Person Virtual

BASELINE: Show

REVIEW DIAGNOSTICS: Show

SUBJECTIVE ASSESSMENT: Show

Chest Pain Present Not Present
Dyspnea Present Not Present
Palpitations Present Not Present
Swelling Present Not Present
Lightheaded Present Not Present
Confusion Present Not Present
Fatigue Present Not Present
GI Complaints Present Not Present
Weight Change Loss Gain No Concern
Limitations with ADL Present Not Present

Clinic Type: Primary Health Care Heart Failure Clinic
Visit Type: Initial Follow-up
Type of Care: In Person Virtual

BASELINE: Show

REVIEW DIAGNOSTICS: Show

SUBJECTIVE ASSESSMENT: Show

Chest Pain Better Same Worse N/A
Dyspnea Better Same Worse N/A
Palpitations Present Not Present
Swelling Present Not Present
Lightheaded Present Not Present
Confusion Present Not Present
Fatigue Better Same Worse N/A
GI Complaints Present Not Present
Weight Change Loss Gain No Concern
Limitations with ADL Present Not Present

Baseline NYHA Class:
Baseline Angina Class:
Current Heart Failure Type: HF rEF HF mEF HF pEF
Current NYHA Class: Class I Class II Class IIIA Class IIIB Class IV
Current Angina Class: Class I Class II Class III Class IV N/A

Auto-populated labs/metrics: There are data fields that may get auto-populated by the software, these may include lab values or the results from calculators that are native to Med Access (that is to say, not launched externally).

These fields do not need to be actioned. They will display the most recent value for the relevant metric but if you hover over the field title, historic values will be displayed. If there is no value in this field but you are aware of a value that exists but is not documented in the EMR, you can right click the field title and select “make editable” and then enter a value manually. This might be useful in the case of a lab value that was ordered by another provider and hence does not appear in the EMR but is still known. In this case a user can manually enter the value. This is particularly relevant for the LV Ejection Fraction, which is not reported to the EMR in a discrete field, so cannot populate the field automatically. As always, a history of the metric (i.e., previous values) can be seen by hovering over the title.

REVIEW DIAGNOSTICS:  Show

Sodium	mmol/L	
Potassium	mmol/L	
Creatinine	mmol/L	
GFR/1.73 Sqm Predicted;CKD-EPI		
Hemoglobin 120	g/L	05-Feb-2025
HbA1c 9	% 	05-Feb-2025
TSH	mU/L	
Cholesterol		
NATRIURETIC PEPTIDE B 100	mmol/L	05-Feb-2025
NT-PRO B NATRIURETIC PEPTIDE 100	mmol/L	05-Feb-2025
Magnesium		
LV Ejection Fraction <input type="text"/>	%	

HbA1c 9 % 

TSH mU/L

Cholesterol

NATRIURETIC PEPTIDE B 100 mmol/L

NT-PRO B NATRIURETIC PEPTIDE 100 mmol/L

Magnesium

LV Ejection Fraction %

Previous Values

04Apr27(Due)	HbA1C	<15	
05Feb25	HbA1c	9	25-Oct-2024
		9	25-Oct-2024
		9 %	25-Oct-2024
26Mar22	HbA1c	6.3	
28Feb21	HbA1c	8.5	23-Nov-2020
18Feb21	HbA1c	8.5	23-Nov-2020
23Nov20	HbA1c	7.5	
09Nov16	HbA1c	9	

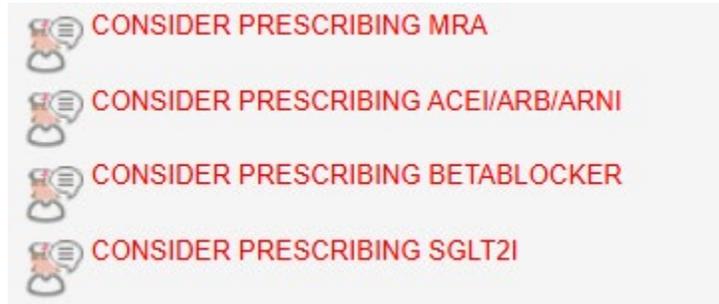
Click label for graph

Con Lab Imm Med Draw

Clinical Decision Support (CDS) Triggers and embedded tasks: Clinical decision support triggers bring together potentially disparate pieces of information from the chart to produce an alert that may help to guide clinical decision making. When the criteria for the trigger are met, the

message will appear. When the criteria are not met either the message will not appear or a message may appear indicating that the match criteria are not met, when that is clinically relevant.

Completing embedded tasks involves simply single left clicking the document icon you see highlighted here to open the task. Complete the task like any other in Med Access and when the task is closed the user will be brought back to the visit template.



Excerpts from the guidelines: So that users will be able to easily access the key components of the guidelines for decision making, we have embedded excerpts from the pocket guide for management of HFrEF and HFpEF, as well as a local adaptation from chronic disease guidelines. Click “Expand” to view the text and “Collapse” when finished viewing, if desired.

Heart Failure Type: HFrEF HFmEF HFpEF

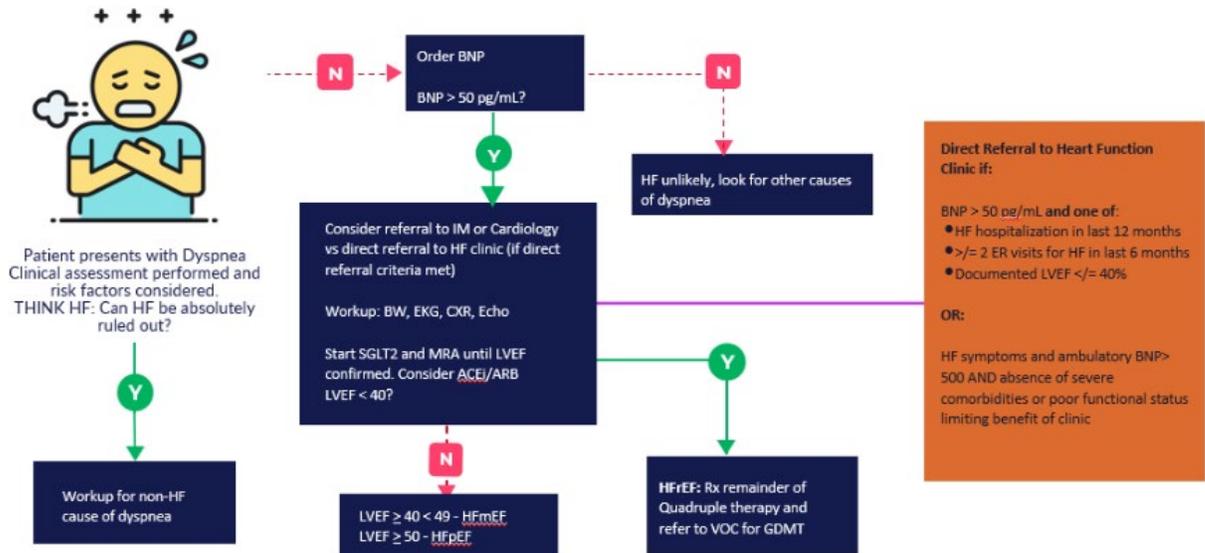
Current CHF Medications ACEI/ARB/ARNI Beta Blocker MRA SGLT2i

Therapeutic Approach to HFrEF: Expand Collapse

HFrEF

HFrEF: LVEF ≤ 40% and Symptoms

Treat Comorbidities per CCS HF Recommendations (incl. AF, functional MR, iron def, CKD, DM) Diuretics to Relieve Congestion (titrated to minimum effective dose to maintain euvoolemia)	Initiate Standard Therapies	Advance Care Planning and Documentation of Goals of Care Non-pharmacologic Therapies (teaching, self-care, exercise)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;"> ARNI or ACEI/ARB then substitute ARNI </td> <td style="width: 25%; text-align: center;"> Beta blocker </td> <td style="width: 25%; text-align: center;"> MRA </td> <td style="width: 25%; text-align: center;"> SGLT2 Inhibitor </td> </tr> </table>	ARNI or ACEI/ARB then substitute ARNI	Beta blocker	MRA	SGLT2 Inhibitor	
ARNI or ACEI/ARB then substitute ARNI	Beta blocker	MRA	SGLT2 Inhibitor			
	Assess Clinical Criteria for Individualized Therapies					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; font-size: 8px;"> HR >70 bpm and sinus rhythm • Consider ivabradine* </td> <td style="width: 25%; font-size: 8px;"> Recent HF hospitalization • Consider vericiguat* </td> <td style="width: 25%; font-size: 8px;"> Black patients on optimal GDMT, or patients unable to tolerate ARNI/ACEI/ARB • Consider H-ISDN </td> <td style="width: 25%; font-size: 8px;"> Suboptimal rate control for AF, or persistent symptoms despite optimized GDMT • Consider digoxin </td> </tr> </table> <p style="font-size: 8px; text-align: center;">Initiate standard therapies as soon as possible and titrate every 2-4 weeks to target or maximally tolerated dose over 3-6 months</p>	HR >70 bpm and sinus rhythm • Consider ivabradine*	Recent HF hospitalization • Consider vericiguat*	Black patients on optimal GDMT, or patients unable to tolerate ARNI/ACEI/ARB • Consider H-ISDN	Suboptimal rate control for AF, or persistent symptoms despite optimized GDMT • Consider digoxin	
HR >70 bpm and sinus rhythm • Consider ivabradine*	Recent HF hospitalization • Consider vericiguat*	Black patients on optimal GDMT, or patients unable to tolerate ARNI/ACEI/ARB • Consider H-ISDN	Suboptimal rate control for AF, or persistent symptoms despite optimized GDMT • Consider digoxin			
	Reassess LVEF, Symptoms, Clinical Risk					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; font-size: 8px;"> NYHA III/IV, Advanced HF or High-Risk Markers Consider: • Referral for advanced HF therapy (mechanical circulatory support/transplant) • Referral for supportive/palliative care </td> <td style="width: 33%; font-size: 8px;"> LVEF ≤ 35% and NYHA I-IV (ambulatory) Refer to ICD/CRT recommendations </td> <td style="width: 33%; font-size: 8px;"> LVEF > 35%, NYHA I, and Low Risk Continue present management, reassess as needed </td> </tr> </table>	NYHA III/IV, Advanced HF or High-Risk Markers Consider: • Referral for advanced HF therapy (mechanical circulatory support/transplant) • Referral for supportive/palliative care	LVEF ≤ 35% and NYHA I-IV (ambulatory) Refer to ICD/CRT recommendations	LVEF > 35%, NYHA I, and Low Risk Continue present management, reassess as needed		
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Patient and clinician resources: Each section of the template has its own resources area, containing all the patient and clinician resources necessary to educate both patients and providers in the care and self-management of the appropriate condition.

From the Heart Failure section:

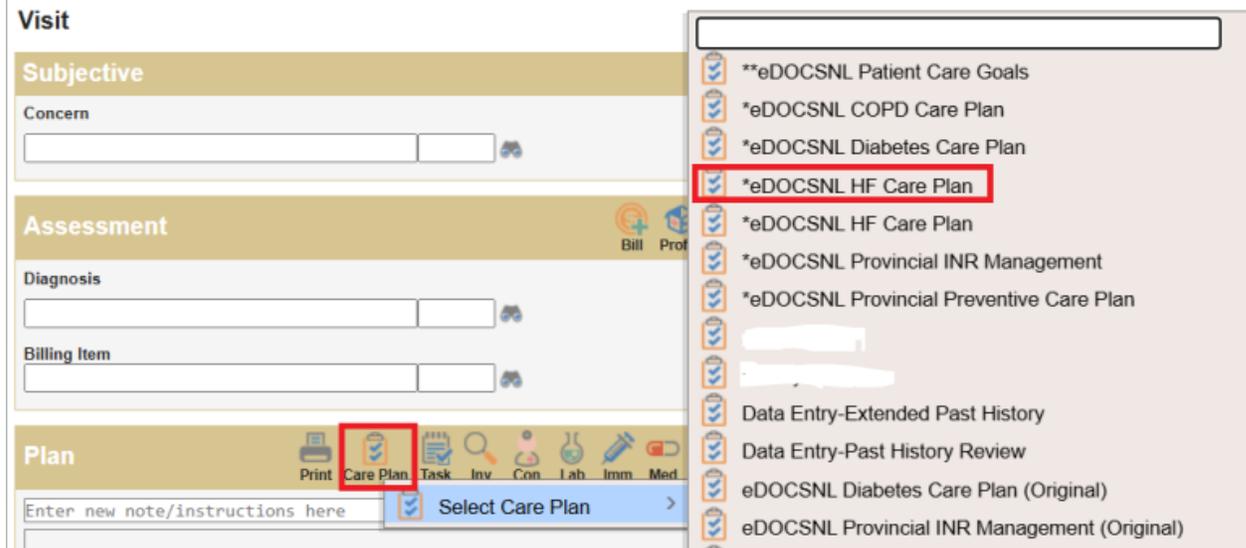
HF RESOURCES: Expand Collapse

-  Pocket Guide [Canadian Cardiovascular Society - Pocket Guide](#) 
-  heartfailurematters.org [Heart Failure Information for Patients and Caregivers](#) 
-  CCS KT Tools for HF Management [CCS KT Tools](#) 
-  Heart Hub: HF Medications Guide [Heart Hub: Medications Guide](#) 
-  NL Diagnosis Classification Pathway Expand Collapse

Accessing the Care Plan

The Care Plans is a critical pillar of the toolset. The template supports documentation and clinical decision support while the care plan enables guideline-based and recurrent actions.

We would suggest executing the care plan on every patient you manage with the template, which sets up the clinician and patient on a path that virtually ensures guidelines-consistent care. The care plans can be launched from the icon on the left side of the visit template if desired or if using some other visit template at the time when a care plan is required.



A care plan is a way to add multiple documentation items or perform multiple tasks simultaneously. This is an efficiency measure that prevents providers from having to navigate to multiple places in a chart to perform tasks one by one. It also enables you to set up recurrent tasks that support the HF Clinical Practice guidelines principles.

When the care plan first appears, all items may be checked in blue on the left-hand column as seen here. These checkmarks indicated items that have been selected to apply to the current patient record. Many of the items may not be applicable to apply to a given patient record so you will want to uncheck the items in bulk so that you can select only the items you want to apply. This can be done by clicking the right box on the "Chart Summary" line at top left and then unchecking the same box. The left box here would be clicked to "add details", this is more applicable to the chart summary function and does not really apply here so do not check this box.

Patient Summary									
Care Plan "eDOCSNL HF Care Plan"									
Profile									
Care Plan									
<input checked="" type="checkbox"/>	Status	Onset	Type	Description	Note	Severity	Risk	Updated	
<input checked="" type="checkbox"/>	Current		Heart Failure Clinic					12Sep22	
<input checked="" type="checkbox"/>	Current		Heart Failure Program					28Sep22	
Medical									
<input checked="" type="checkbox"/>	Status	Onset	Type	Description	Note	Severity	Risk	Updated	
<input checked="" type="checkbox"/>	Current			Anemia				08Nov23	
<input checked="" type="checkbox"/>	Current			Asthma				08Nov23	
<input checked="" type="checkbox"/>	Current			Atrial flutter				08Nov23	
<input checked="" type="checkbox"/>	Current			Bradyarrhythmia				08Nov23	
<input checked="" type="checkbox"/>	Current			Cardiac arrhythmia				08Nov23	
<input checked="" type="checkbox"/>	Current			Cerebrovascular disease				08Nov23	
<input checked="" type="checkbox"/>	Current			Chronic obstructive lung disease				05Jul22	
<input checked="" type="checkbox"/>	Current		Cardiovascular	Congestive heart failure				26May22	
<input checked="" type="checkbox"/>	Current			Diabetes insipidus				08Nov23	
<input checked="" type="checkbox"/>	Current			Diabetes mellitus type 1				05Jul22	
<input checked="" type="checkbox"/>	Current			Diabetes mellitus type 2				05Jul22	
<input checked="" type="checkbox"/>	Current			Diseases of mitral and aortic valves				08Nov23	
<input checked="" type="checkbox"/>	Current			Dyslipidemia				08Nov23	
Tasks									
Active									
<input checked="" type="checkbox"/>	Due	Urgency	Owner	Description	Reason	Recur			
<input checked="" type="checkbox"/>	26May22	Normal		Recall: Heart Failure Follow-up	Congestive heart failure, 42343007	1 week			
<input checked="" type="checkbox"/>	26Jun22	Normal		Recall: Heart Failure Follow-up, Fred Meindy	Congestive heart failure, recurrence, 42343007	1 month			
<input checked="" type="checkbox"/>	14Feb25	Normal		Recall: Heart Failure Follow-up, Fred Meindy	Congestive heart failure, 42343007	none			
<input checked="" type="checkbox"/>	14Feb25	Normal		Recall: Heart Failure Follow-up, Fred Meindy	Congestive heart failure, 42343007	6 months			
Labs									
Active Requests									
<input checked="" type="checkbox"/>	Date	Test Group Name	Description	Observations					
<input checked="" type="checkbox"/>	02Feb23 02:04 PM	Follow-up CHF Labs	Lab, Follow-up Labs for Heart Failure, Follow-up CHF Labs						
<input checked="" type="checkbox"/>	02Feb23 01:50 PM	Baseline CHF Labs	Lab, Baseline Labs for Heart Failure, Baseline CHF Labs						

Profile items: The first section you will see in the care plan is the “Profile” area. Any item you check here will be applied to the patient’s profile when you apply the care plan. There are many possible diagnoses here, we have tried to limit them to the items that might be applicable to heart failure. When items are added to the patient profile, they may enable other clinical decision support features. Note that if you add something here that the patient already has in their profile, due to the functionality of the software a duplicate entry will be created.

Profile					
Care Plan					
	Status	Onset	Type	Description	
<input checked="" type="checkbox"/>	Current		Heart Failure Clinic		
<input checked="" type="checkbox"/>	Current		Heart Failure Program		
Medical					
	Status	Onset	Type	Description	
<input checked="" type="checkbox"/>	Current			Anemia	
<input checked="" type="checkbox"/>	Current			Asthma	
<input checked="" type="checkbox"/>	Current			Atrial flutter	
<input checked="" type="checkbox"/>	Current			Bradyarrhythmia	
<input checked="" type="checkbox"/>	Current			Cardiac arrhythmia	
<input checked="" type="checkbox"/>	Current			Cerebrovascular disease	
<input checked="" type="checkbox"/>	Current			Chronic obstructive lung disease	
<input checked="" type="checkbox"/>	Current		Cardiovascular	Congestive heart failure	
<input checked="" type="checkbox"/>	Current			Diabetes insipidus	
<input checked="" type="checkbox"/>	Current			Diabetes mellitus type 1	
<input checked="" type="checkbox"/>	Current			Diabetes mellitus type 2	
<input checked="" type="checkbox"/>	Current			Diseases of mitral and aortic valves	
<input checked="" type="checkbox"/>	Current			Dyslipidemia	

Tasking: You can add actions to be completed in the form of tasks to the patient visit from the care plan. This is an efficiency measure, so you don’t have to order tasks one by one.

HF care and monitoring are a continuous exercise so some of these tasks are recurrent. When you set up recurrent tasks from the care plan they will automatically appear in your inbox in the designated interval.

The various tasks you might add include investigations, patient recalls, immunizations, and consultations.

Tasks									
Active Results									
	Due	Urgency	Owner	Description	Reason	Recur			
<input checked="" type="checkbox"/>	03Feb25	Normal		Recall, Heart Failure Follow-up	Congestive heart failure , 42343007	1 week			
<input checked="" type="checkbox"/>	03Feb25	Normal		Recall, Heart Failure Follow-up	Congestive heart failure , 42343007	1 month			
<input checked="" type="checkbox"/>	03Feb25	Normal		Recall, Heart Failure Follow-up	Congestive heart failure , 42343007	6 months			

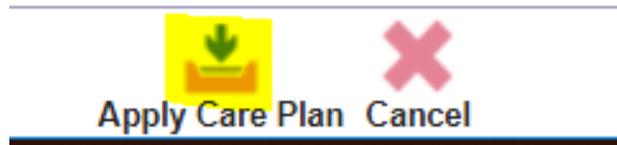
Labs									
Active Requests									
	Date	Test Group Name	Description	Observations					
<input checked="" type="checkbox"/>	03Feb25 11:27 PM	*eDOCSNL Lab Req: Outpatient Specimen Collection (NL) INR	Lab, Follow-up Labs for Heart Failure, *eDOCSNL Lab Req: Outpatient Specimen Collection (NL) INR						
<input checked="" type="checkbox"/>	03Feb25 11:26 PM	*eDOCSNL Lab Req: Outpatient Specimen Collection (NL) INR	Lab, Baseline Labs for Heart Failure, *eDOCSNL Lab Req: Outpatient Specimen Collection (NL) INR						

Investigations										
Active Requests										
	Date	Urgency	Ordering Provider	Facility	Type	Description	Reason	Observation Status		
<input checked="" type="checkbox"/>	03Feb25	Normal			X-Ray	Investigation, X-Ray, CH Chest X-ray Requestion				
<input checked="" type="checkbox"/>	03Feb25	Normal			Exercise Stress Test	Investigation, Exercise Stress Test, CH Exercise Stress Test Referral	Congestive heart failure , 42343007			
<input checked="" type="checkbox"/>	03Feb25	Normal			EKG	Investigation, EKG, EKG/ECG				
<input checked="" type="checkbox"/>	03Feb25	Normal			X-Ray	Investigation, X-Ray, WH Chest X-ray Requestion				
<input checked="" type="checkbox"/>	03Feb25	Normal			X-Ray	Investigation, X-Ray, EH Chest X-ray Requestion				
<input checked="" type="checkbox"/>	03Feb25	Normal			Echocardiography	Investigation, Echocardiography, EH Echocardiography Referral				

Consults										
Active Requests										
	Date	Urgency	Ordering Provider	Service Provider	Type	Description	Reason	Observation Status		
<input checked="" type="checkbox"/>	03Feb25	Normal			Cardiologist	Consult, Cardiologist, Congestive Heart Failure Referral				
<input checked="" type="checkbox"/>	03Feb25	Normal			Supplemental O2	Consult, Supplemental O2, Referral for Supplemental O2				

Immunizations										
Active Requests										
	Date	Urgency	Ordering Provider	Service Provider	Type	Description	Reason	Observation Status		
<input checked="" type="checkbox"/>	03Feb25	Normal			Pneumococcal Polysaccharide	Immunization, Pneumococcal Polysaccharide, Pneumococcal Polysaccharide Vaccine	Pneumococcal polysaccharide conjugate vaccine , 1801000221105			
<input checked="" type="checkbox"/>	03Feb25	Normal			Pneumococcal Conjugate 7	Immunization, Pneumococcal Conjugate 7, Pneumococcal Conjugate 7 Vaccine	Pneumococcal 7-valent conjugate vaccine , 1052328007			
<input checked="" type="checkbox"/>	03Feb25	Normal			Pneumococcal Conjugate 13	Immunization, Pneumococcal Conjugate 13, Pneumococcal Conjugate 13 Vaccine	Pneumococcal 13-valent conjugate vaccine , 51451000087105			

Executing the Care Plan: When you are finished selecting the elements of the care plan you wish to apply to the current patient, click the “Apply Care Plan” icon at the bottom of the care plan, you will then be returned to the patient visit view. You will see in the “Plan” section, a summary of all the tasks that were ordered by applying the care plan. You can action them individually from here. Please note that these items are not completed or applied until they are actioned from this area.



Plan

Print Care Plan Task Inv Con Lab Imm Med Draw

Tasks

- Recall, Heart Failure Follow-up assigned to Fred Melindy
- Lab, Baseline Labs for Heart Failure, Baseline CHF Labs assigned to Fred Melindy
- Investigation, EKG, EKG/ECG assigned to Fred Melindy
- Consult, Cardiologist, Congestive Heart Failure Referral assigned to Fred Melindy
- Immunization, COVID-19 Immunization, COVID-19 Vaccine assigned to Fred Melindy

Thanks for viewing this Practice 360 educational document on the Practice 360 Heart Failure Tools. These tools are a product of the collaboration between eDOCSNL and the Canadian Cardiovascular Society.

For more detail on each component of the Practice 360 tools, please see the Practice 360 section on the eDOCSNL website which can be viewed [here](#) or under the Practice 360 tab in the “Advancing to Mature Use” section.