



CONNECTING HEARTS: LIVING WELL WITH HEART FAILURE

Suzanne Upfield, RN, MSN
Heart Failure Program Coordinator
January 8, 2026

EMPOWERING THROUGH EDUCATION

Goal: Empower patients and families with knowledge to improve quality of life and health outcomes.

How We Achieve This:

- **Peer-to-Peer:** Mended Hearts members share experiences and practical strategies, helping patients and caregivers understand heart failure management
- **Caregiver Inclusion and Advocacy:** Involving caregivers strengthens family engagement in care decisions, reduces stress, and improves patient outcomes
- **Evidence-Based Impact:** Structured education and peer support reduce hospital readmissions, enhance self-care behaviors, and boost confidence for both patients and caregivers.

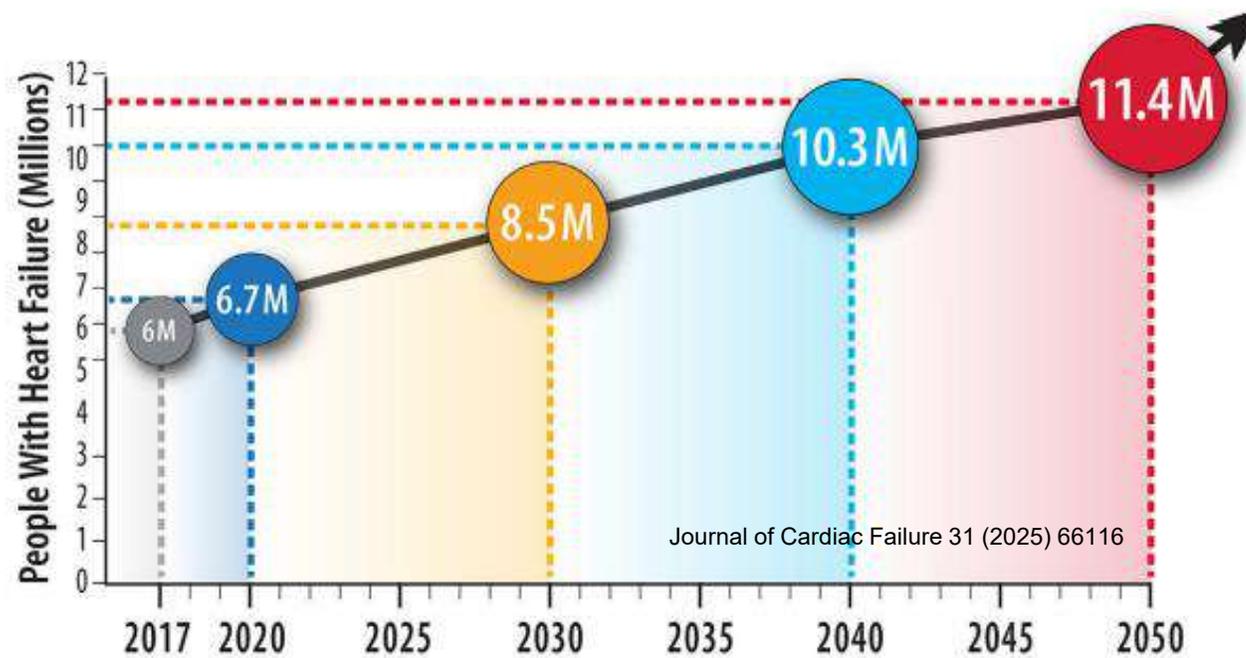


DISCUSSION TOPICS

- **Understanding Heart Failure:**
 - Prevalence and impact
 - What is heart failure
 - Causes
 - Types
- **Recognizing and Managing Symptoms:**
 - Signs and symptoms
 - Classification and treatment
 - Management strategies
- **Interactive Session**
 - Open discussion



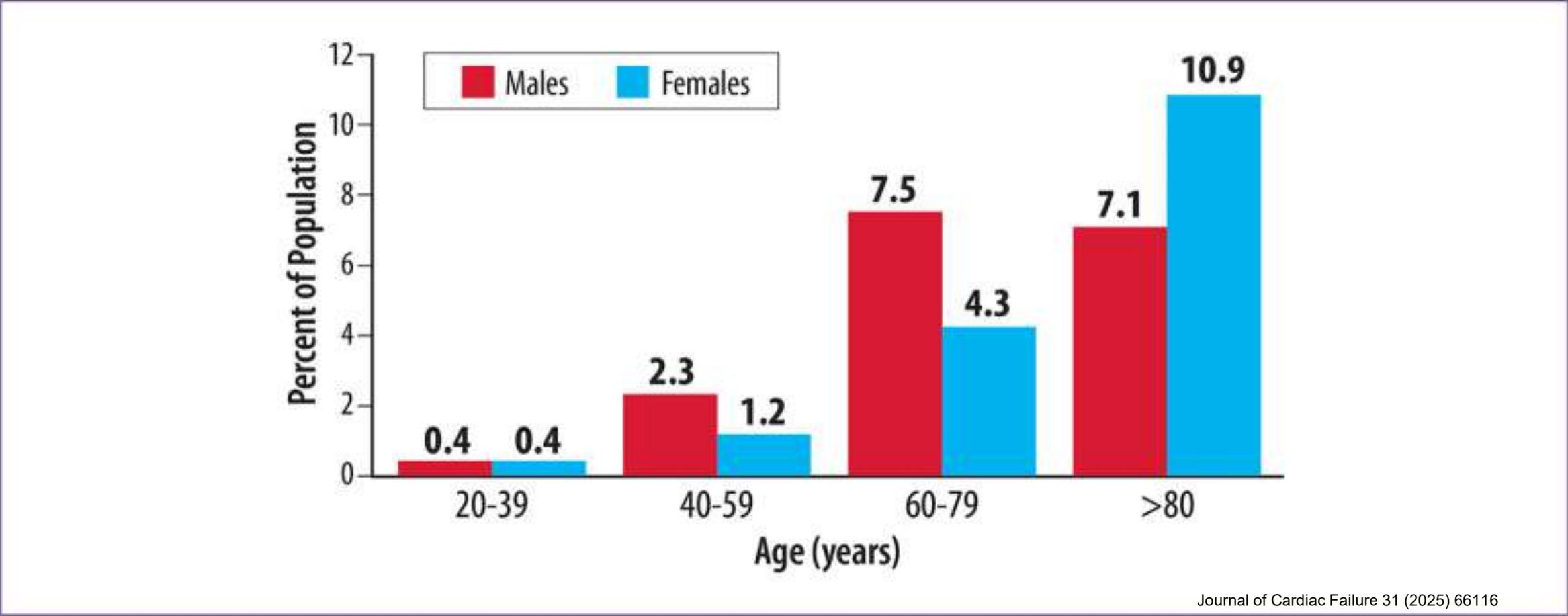
HEART FAILURE OVERVIEW



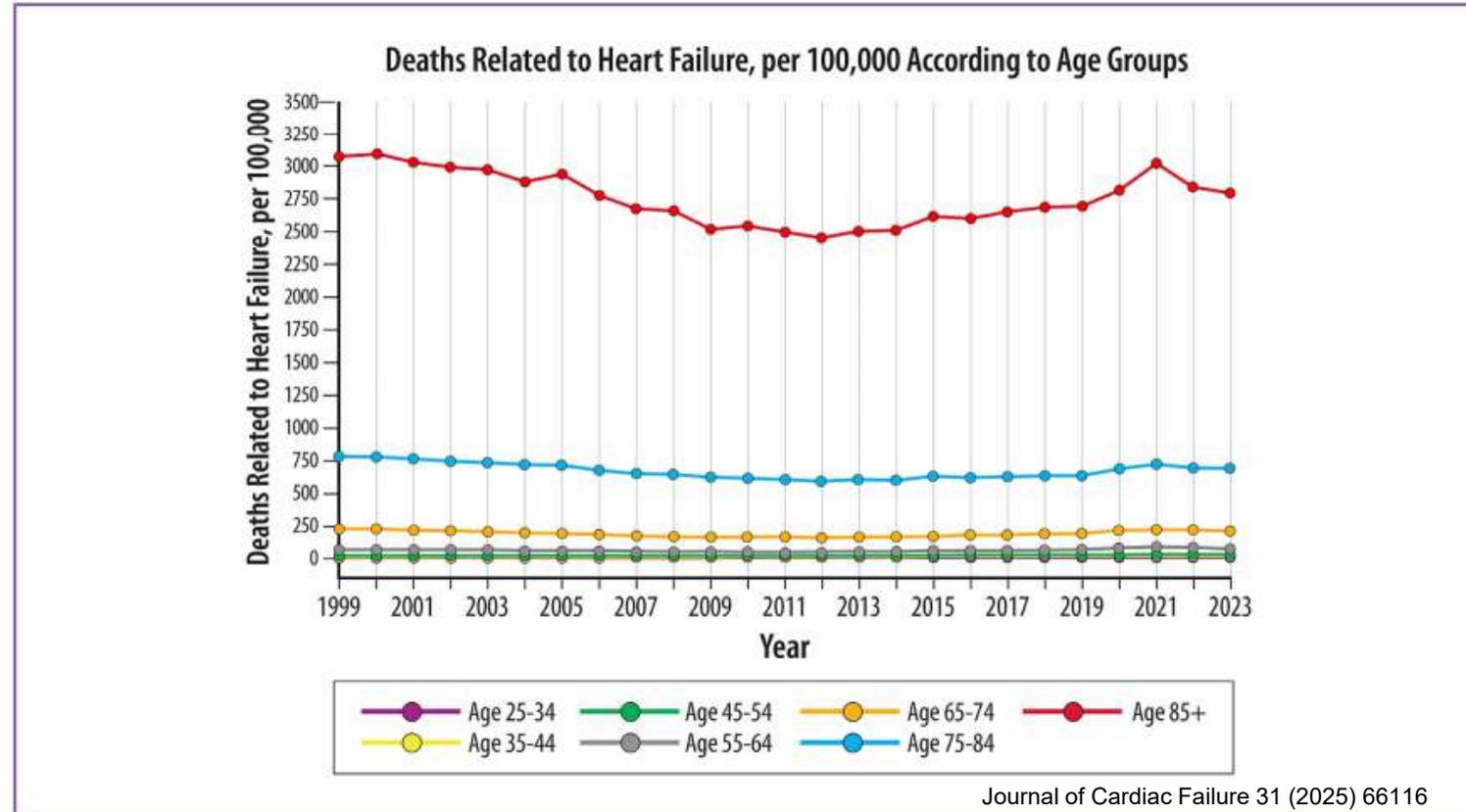
- **Lifetime Risk:** The lifetime risk of developing heart failure has increased to 25%, meaning approximately **one in four** people will develop the condition
- The risk of developing heart failure increases **fourfold after age 65**

Journal of Cardiac Failure 31 (2025) 66116

PREVALENCE OF MEN VERSUS WOMEN



MORTALITY AND SURVIVAL



- Approximately **50% of people diagnosed with heart failure die within five years** of their diagnosis
- Mortality rates are **rising more rapidly among younger adults (ages 35–64)** compared to older populations

HFSA, <https://doi.org/10.1016/j.cardfail.2025.07.007>

HOSPITALIZATION AND HEALTHCARE IMPACT

- **Leading Cause of Admission:** Heart failure remains the **#1 cause of hospitalization** for Medicare beneficiaries (adults 65 and older)
- **Readmission:** **One in four** individuals is readmitted within **30 days** of hospital discharge
- **Economic Cost:** Direct medical costs for heart failure in the U.S. were estimated at **\$32 billion** in 2020, with total costs (including indirect) projected to reach **\$142 billion** by 2050
- **Increasing Number of older adults:** As the population ages, the number and proportion of older heart failure patients will grow, intensifying the healthcare burden
- **Increased Complexity:** This demographic shift means more complex cases, higher costs, and greater demand for specialized care



Circulation: Heart Failure, Volume 15, number5, Jan. 2022

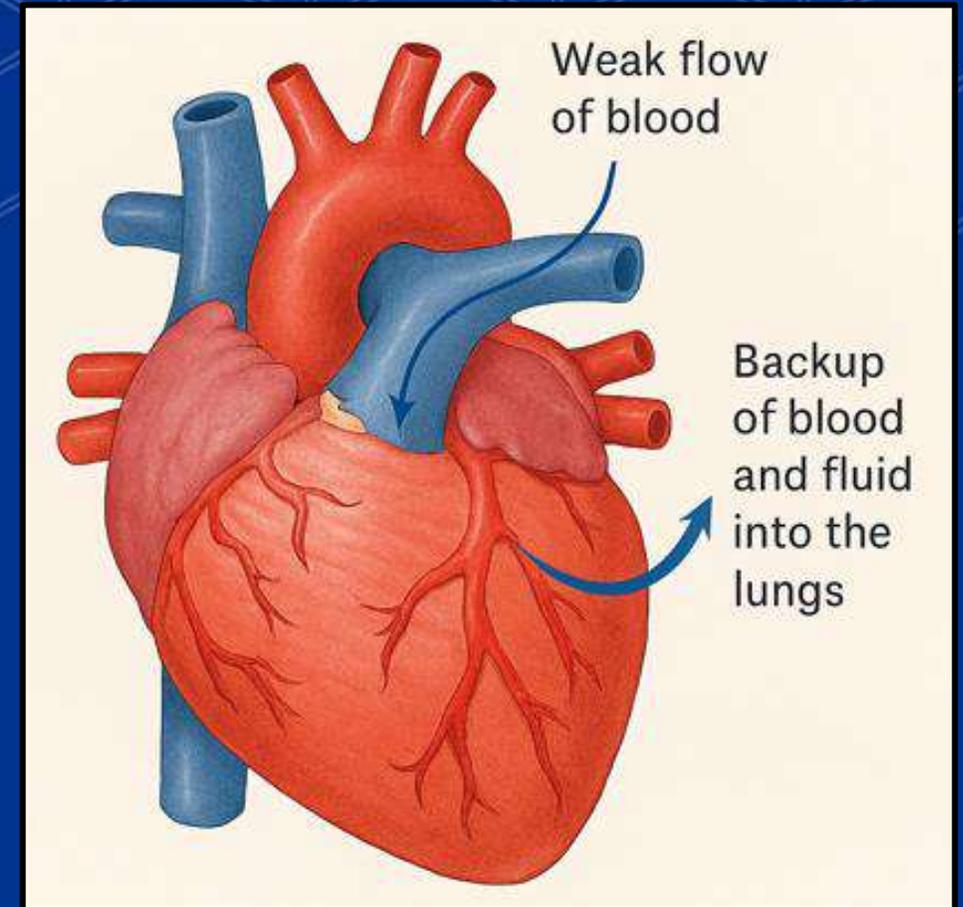
REASONS HOSPITAL READMISSIONS OCCURS

- Symptoms worsen after discharge
 - Heart failure is a complex condition
 - Comorbidities may not be addressed
- Medication Challenges
 - Non-adherence
 - Complex regimens
 - Cost
- Inadequate Follow-up Care
 - Access to care
 - Poor communication
- Lifestyle and Self-Care Challenges
 - Diet
 - Alcohol and drug use
 - Education
- Social and Economic Factors
 - Limited transportation
 - Financial constraints

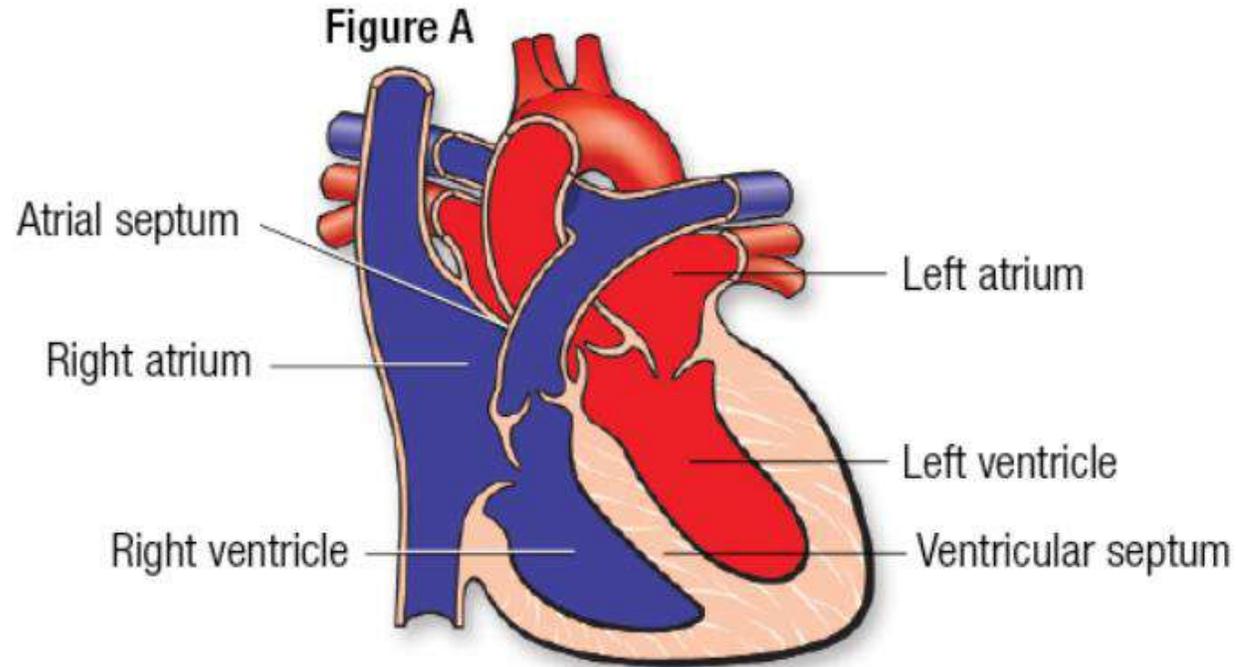


WHAT IS HEART FAILURE?

- ✓ **A chronic condition:** where the heart cannot pump enough blood and oxygen to meet the body's needs
- ✓ **Not a sudden event:** It develops gradually over time and can often be prevented or managed
- ✓ **Not curable, but treatable:** With proper care, patients can live longer and feel better
- ✓ **Why it matters:** When the heart's pumping ability weakens, blood and fluid can back up into the lungs and body, causing symptoms such as shortness of breath, fatigue, and swelling



HEART FAILURE AND VENTRICLES



American Heart Association. (n.d.).
Diagram of the heart showing atria and ventricles.
Retrieved from <https://www.heart.org>

- Heart failure is primarily a disease of the ventricles
- It is caused by remodeling of the ventricles
- Cardiomyopathy is a disease of the heart muscle and can lead to heart failure
- The conditions are different and can cause confusion
- Many people have both diagnoses

CAUSES OF HEART FAILURE



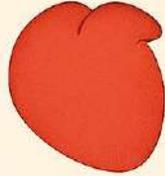
Coronary Artery Disease



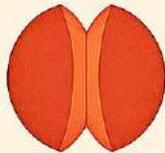
High Blood Pressure



Heart Attack



Cardio-myopathy



Heart Valve Disease



Arrhythmias



Congenital Heart Defects



Diabetes

When the heart is damaged or under stress, it compensates to maintain blood and oxygen supply to the body. These adjustments are called compensatory mechanisms. While they help temporarily, over time they weaken the heart.

HOW THE HEART COMPENSATES

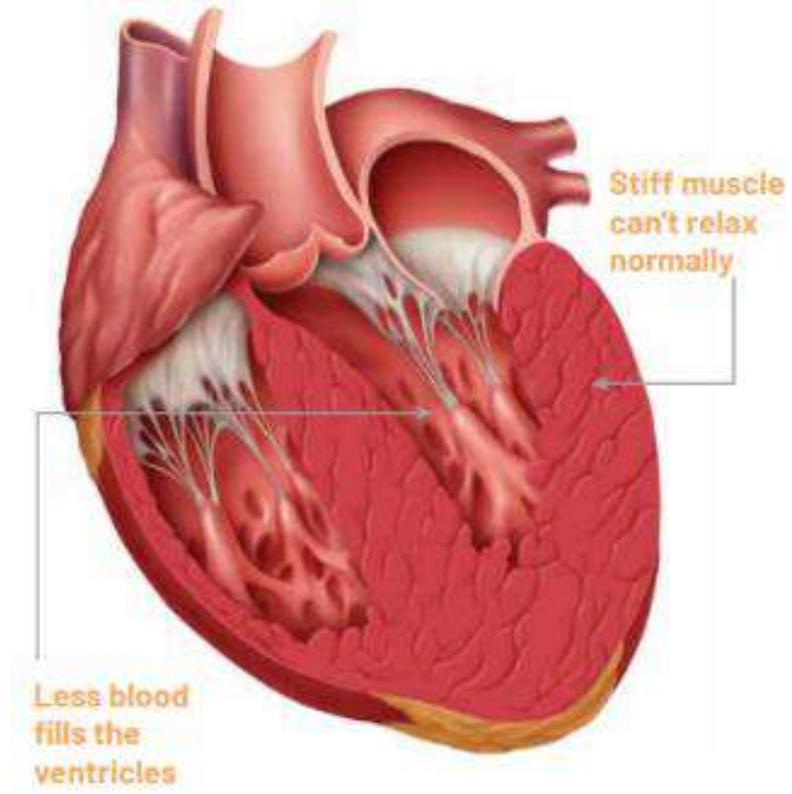
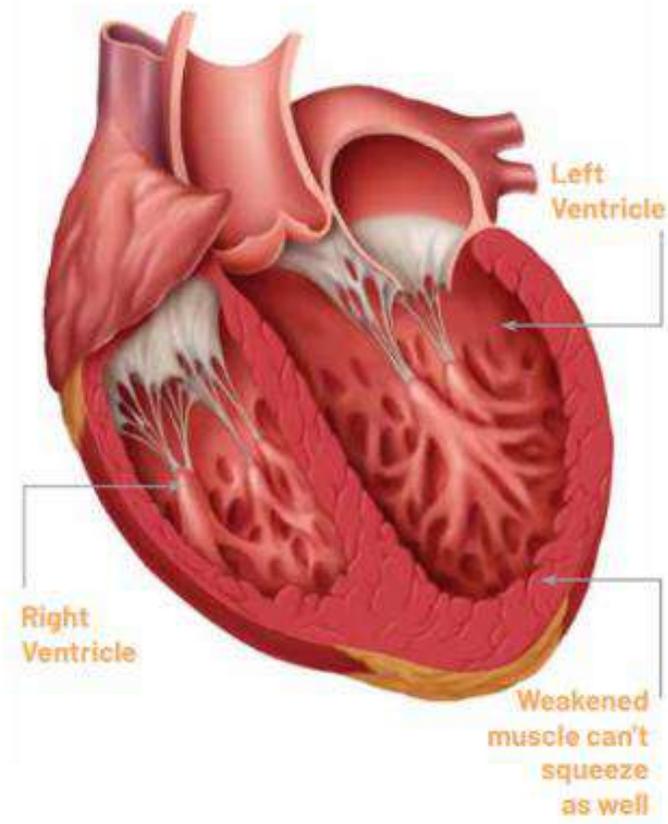
When the heart is damaged or stressed, it uses compensatory mechanisms to help your heart pump enough blood and oxygen. What happens?

- The heart speeds up to keep blood moving
- Hormones kick in, raising blood pressure and retaining fluid
- Over time, the heart muscle changes from continually compensating
- This process is silent and often goes unrecognized until the heart muscle no longer works as well
- When the heart does not work well, fluid backs up and causes swelling, shortness of breath, and fatigue



TYPES OF HEART FAILURE

Systolic (Latin: relating to contracting)
Heart failure happens when the heart muscle becomes weak and cannot squeeze effectively



Diastolic (Latin: relating to expansion)
Heart failure happens when the heart muscle becomes stiff and cannot relax, preventing the heart from filling with enough blood to pump effectively

TYPES OF HEART FAILURE

Left-Sided Heart Failure: Most cases of heart failure start with the left ventricle because it is the main pumping chamber that sends oxygen-rich blood to the entire body.

Right-Sided Heart Failure: Left-sided failure often leads to right-sided failure over time, because the strain on the right-side increases. Lung disease can also cause right-sided heart failure.

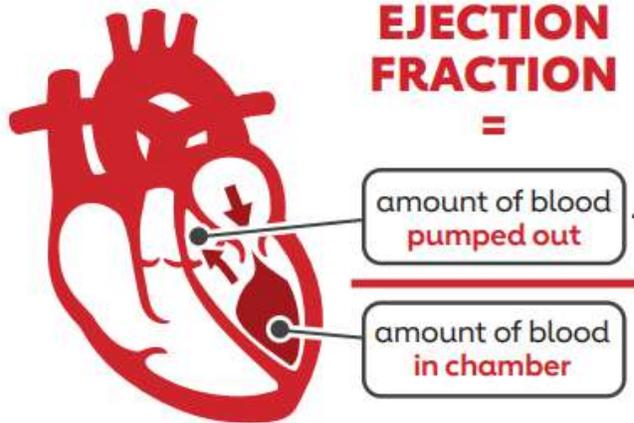
Biventricular Heart Failure: Both the left and right ventricles of the heart are failing to pump blood effectively. This is considered an advanced stage of heart failure.

Ejection Fraction (EF) measures how much blood the left ventricle pumps out with each beat.

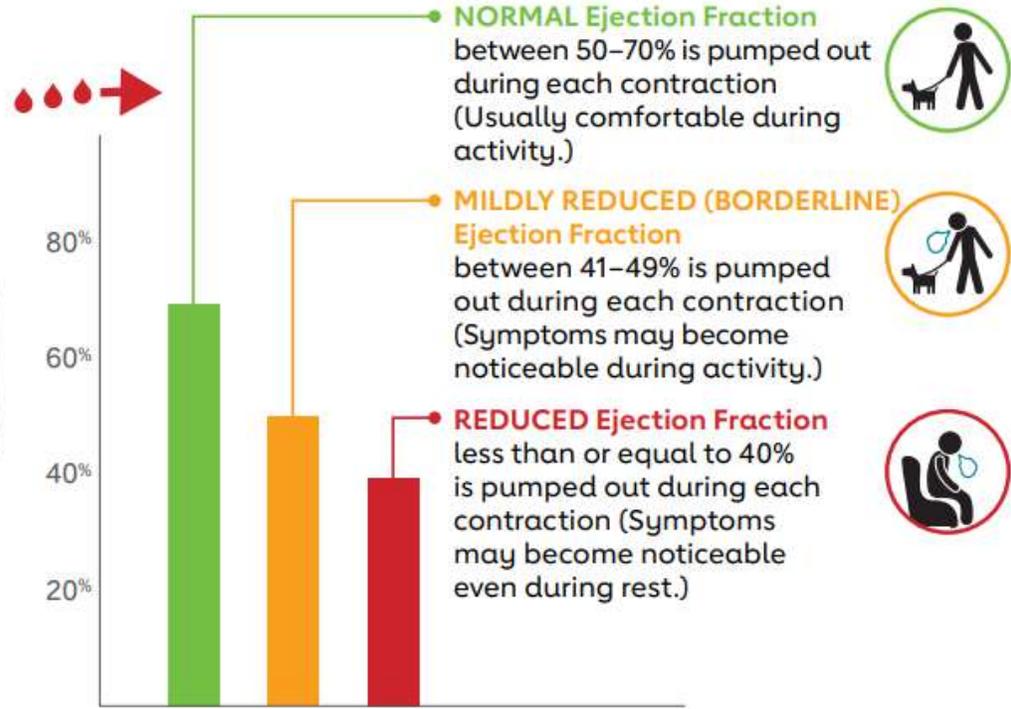
- Normal EF: 50-70%
- Reduce EF (HFrEF): $\leq 40\%$
- Preserved EF (HFpEF): $\geq 50\%$

- ✓ Heart Failure Reduced and Preserved both cause symptoms
- ✓ HFrEF has been researched extensively, so there are proven, evidence-based therapies that reduce symptoms and help patient live longer

The **ejection fraction** compares the **amount of blood in the heart** to the **amount of blood pumped out**. The fraction or percentage helps describe how well the heart is pumping blood to the body.



How much blood is pumped out?



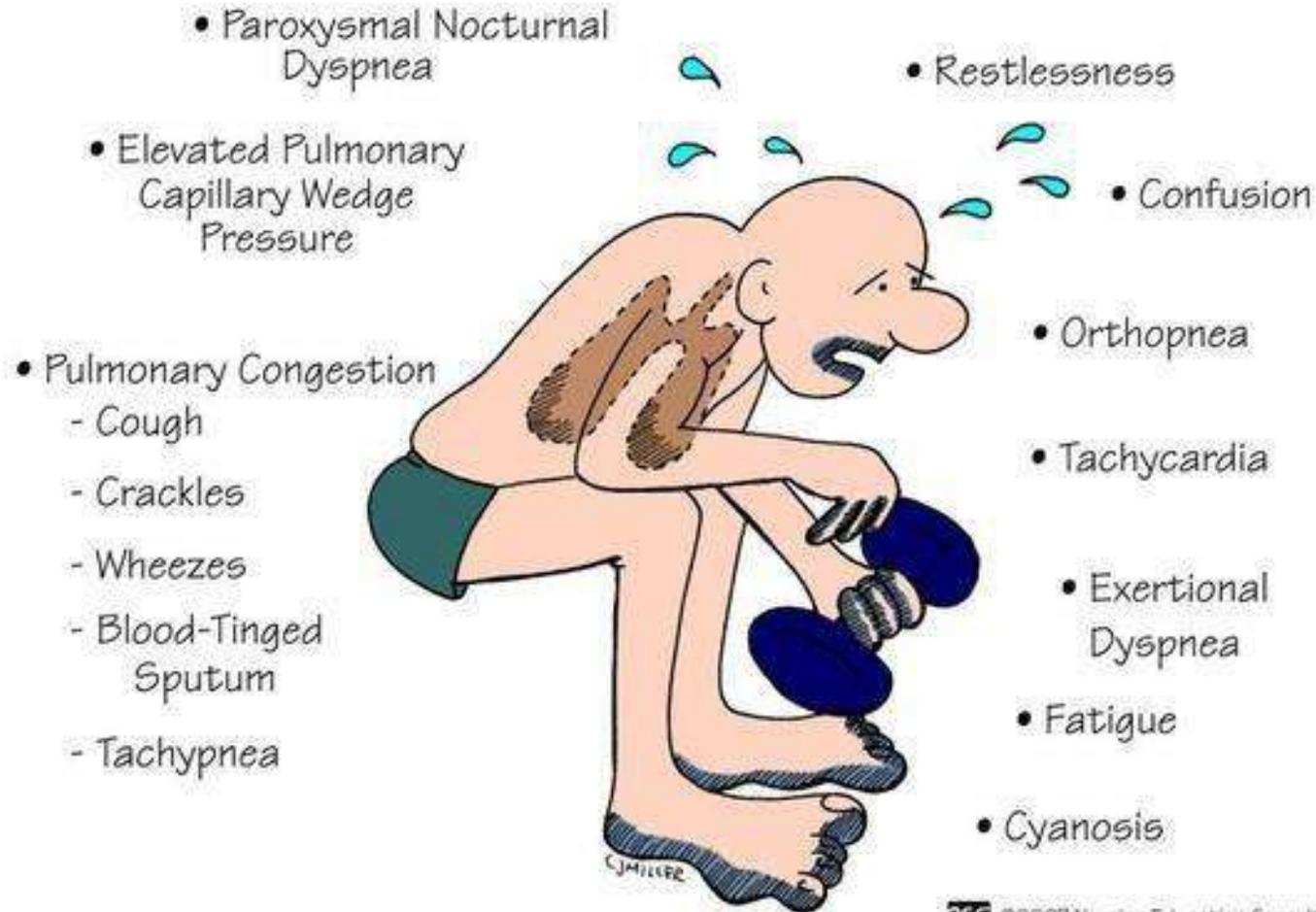
It is also possible to have a diagnosis of heart failure with a seemingly normal (or preserved) ejection fraction of greater than or equal to 50%.



With the proper care and treatment, many people are able to improve their ejection fraction and live a longer and healthier life. Talk with your health care professional about your options.

HEART FAILURE SYMPTOMS

LEFT SIDED ♥ FAILURE



©2007 Nursing Education Consultants, Inc.

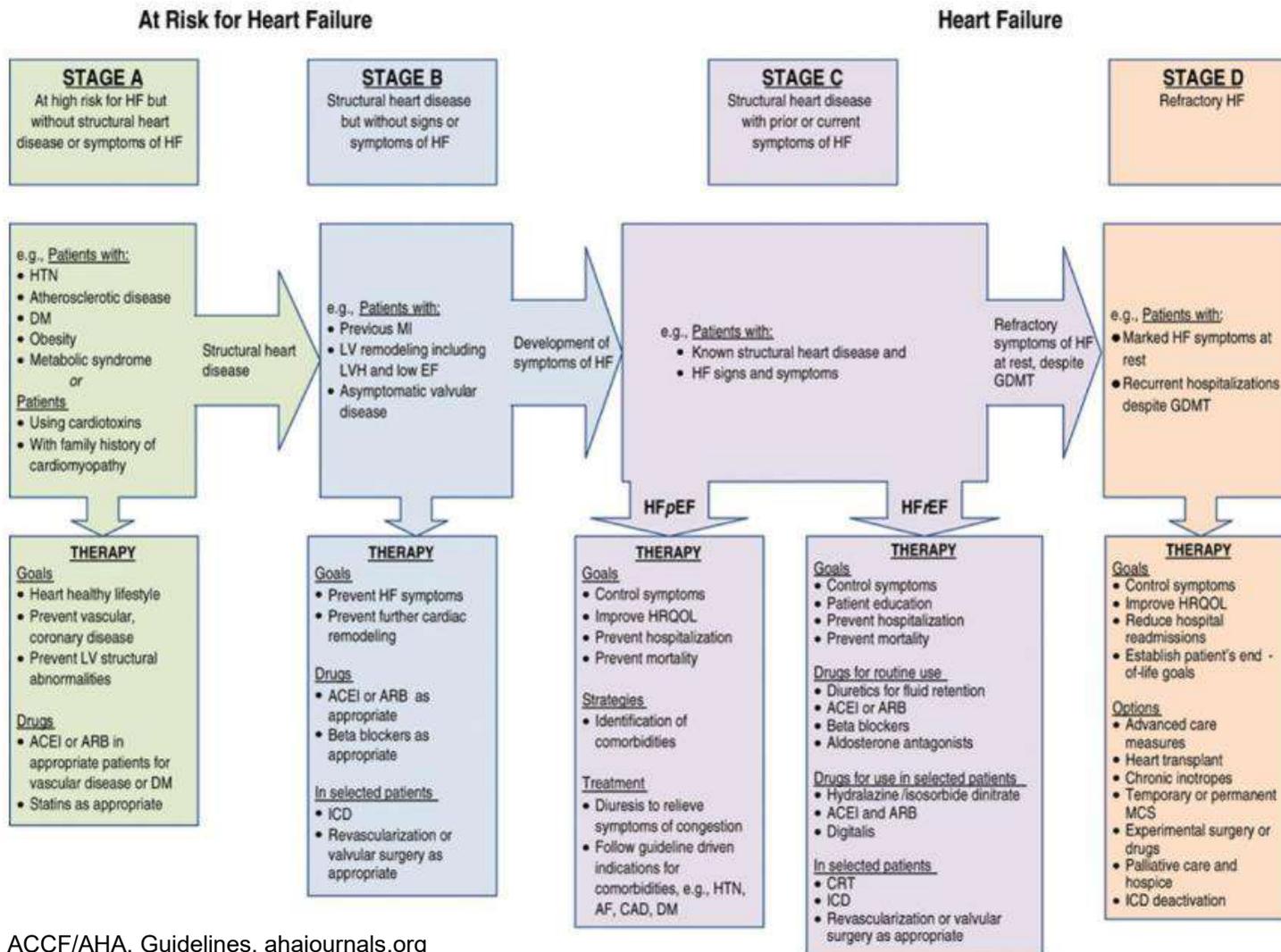
HEART FAILURE SYMPTOMS

RIGHT SIDED ♥ FAILURE

(Cor Pulmonale)



STAGING HEART FAILURE



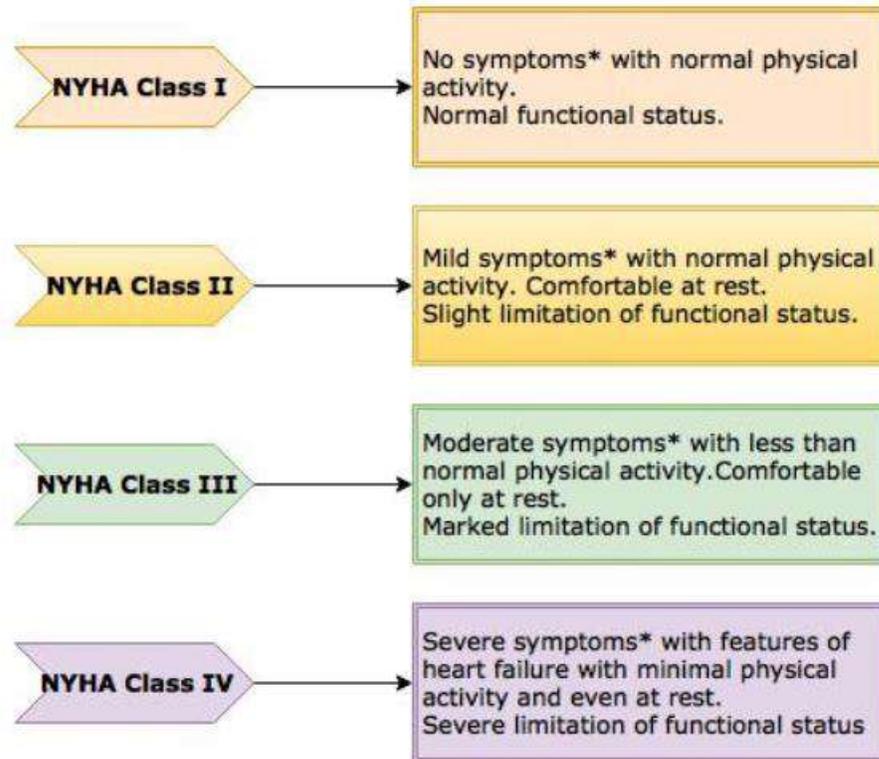
ACCF/AHA, Guidelines, ahajournals.org

Why stage heart failure?

- Helps guide treatment
 - Evidence-based
 - Demonstrates progression
 - Accounts for risk factors
- ❖ **Population at Risk: About one-third of U.S. adults are considered "At-Risk" (Stage A), and 24–34% have "Pre-Heart Failure" (Stage B)**

CLASSIFICATION OF HEART FAILURE

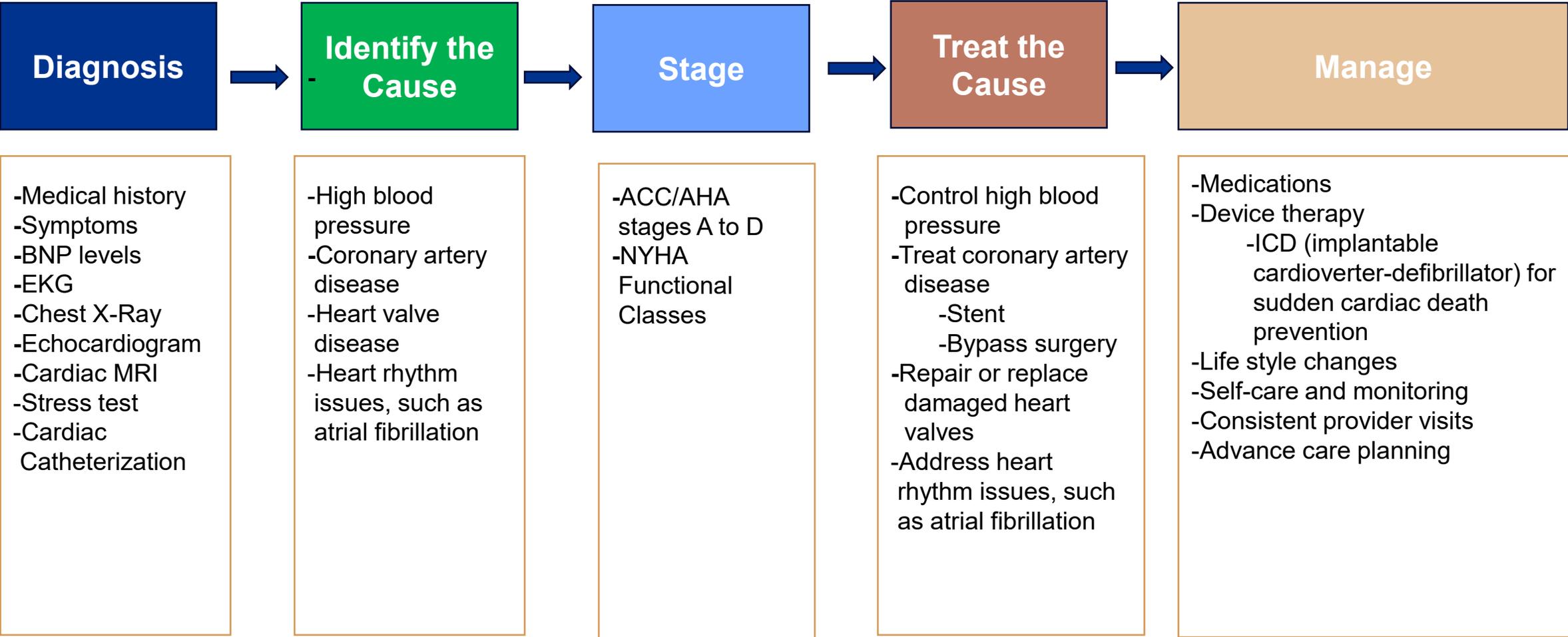
New York Heart Association (NYHA) Classification of severity of Heart Failure



Why classify heart failure?

- Helps to gauge patients' functional status
- Shows whether the condition is stable, improving, or worsening
- Guides treatment decisions

HEALTHCARE APPROACH TO HEART FAILURE



HEART FAILURE MANAGEMENT: Primary Care Provider (PCP)

- PCPs play a vital role in managing comorbidities such as hypertension, diabetes, and chronic kidney disease, which can precipitate or worsen heart failure
- PCPs often serve as the first point of contact and maintain long-term, trusted relationships, enabling early detection of symptoms
- PCPs provide important specialty referrals, manage medications, and monitor necessary lab work
- PCPs deliver preventive and essential services that specialized cardiologists may not, including annual vaccines (e.g., like flu and pneumonia), cancer screenings, and mental health support



HEART FAILURE MANAGEMENT: Medication

- Guideline-directed medical therapy (GDMT) significantly reduces mortality in patients with HFrEF
 - Medication is key for these type of heart failure patients
- GDMT lowers the risk of recurrent hospital admissions
- Diuretics help manage fluid overload, reducing shortness of breath, swelling, and fatigue
- Drugs like ACE inhibitors and beta-blockers slow ventricular remodeling and prevent worsening heart failure
- Optimized medication regimens improve exercise tolerance and daily function
- Studies show that patients on quadruple therapy (ARNI, beta-blocker, MRA, SGLT2 inhibitor) have the best outcomes
- ❖ **Treatment Gap:** Fewer than **one in four** eligible patients with reduced ejection fraction (HFrEF) receive the recommended "quadruple" medical therapy, (HFSA, 2025)



HEART FAILURE MANAGEMENT: Monitoring Symptoms

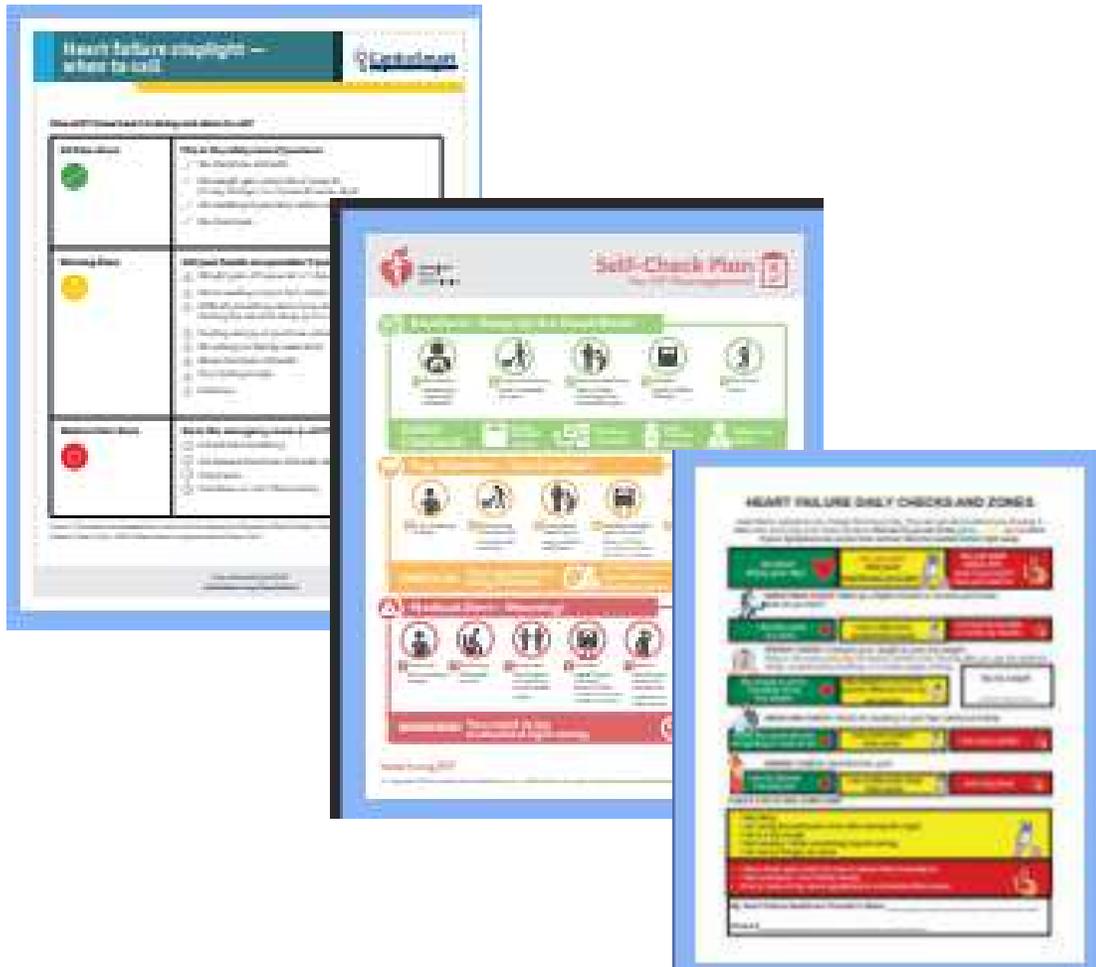
Monitoring Symptoms in Heart Failure



- **Track Weight Daily:** Sudden weight gain (e.g., 2-3 pounds in 24 hours or 5 pounds in a week) may indicate fluid retention
- **Watch for Swelling:** Check ankles, legs, and abdomen for increased swelling (edema)
- **Monitor Breathing:** Note any increase in shortness of breath, especially during rest or at night (orthopnea or paroxysmal nocturnal dyspnea)
- **Assess Fatigue Levels:** Increased tiredness or reduced ability to perform daily activities can signal worsening heart failure
- **Observe for Cough or Wheezing:** Persistent cough or wheezing may indicate fluid buildup
- **Check Heart Rate and Rhythm:** Irregular or rapid heartbeat can be a warning sign

- **Know your baseline, including weight, activity, breathing, and swelling**
- **Contact your provider when you notice changes from your baseline**
- **Do not delay contacting provider thinking symptoms will improve**
- **Use a Zone Tool or Stop Light Tool to help monitor your symptoms daily**

HEART FAILURE SELF-CARE TOOLS



Zone & Stoplight Tools for Symptom Monitoring

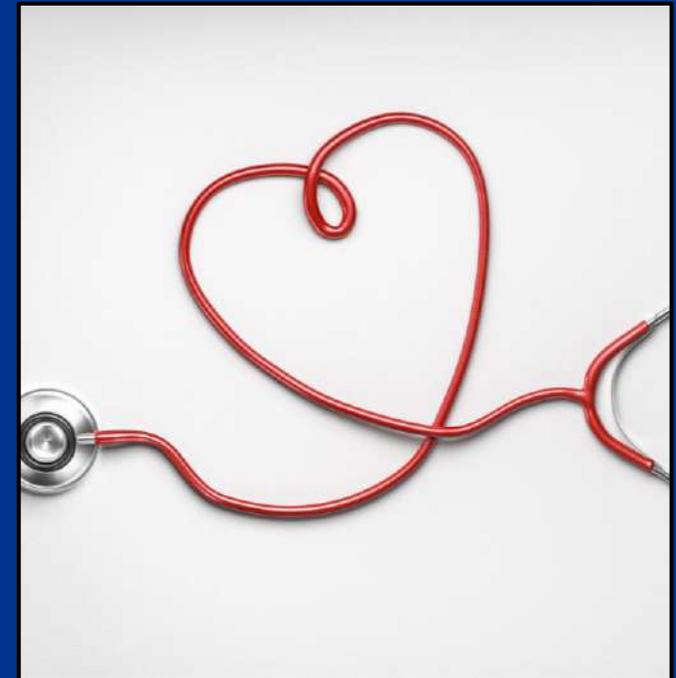
- *Cardiosmart (ACC)-Heart Failure Stoplight Tool*
- *American Heart Association (AHA)-Heart Failure Tools & Resources*
- *Providence Health-Heart Failure Zone Tool*
- *Cleveland Clinic - Heart Failure Zones Handout*

HEART FAILURE MANAGEMENT: Lifestyle

- Engage in moderate-intensity exercise as recommended by your care team
- Participate in a structured cardiac rehab program, which includes supervised exercise, education, and emotional support tailored for heart failure patients
- Limit sodium intake to reduce fluid retention
- Avoid processed and restaurant foods high in salt
- Follow your provider's recommended daily fluid limits
- Limit alcohol and avoid tobacco
- Stay up to date on vaccines

❖ **The influenza vaccination** has been associated with an 18-19% reduction in all-cause mortality and a 31% reduction in HF-related hospitalization

Journal of the American Heart Association: [Volume 14, Number 21](#)



HEART FAILURE MANAGEMENT: Advanced Care Planning

Key Components of Heart Failure Advanced Care Planning (ACP)

- **Choosing a Decision-Maker:** Appoint a healthcare power of attorney (or surrogate) who can speak for you if you become too ill to communicate
- **Documenting Preferences:** Use an Advance Directive (living will) to specify what life-sustaining treatments you want or do not want, including mechanical ventilation, and artificial nutrition
- **Mechanical Ventilation:** Discuss if you want the use of a breathing tube and machine, artificial nutrition (feeding tubes or IV fluids), and cardiopulmonary resuscitation (CPR)
- **Address Device Use:** Discuss the future management of care with your cardiologist, including the use of implanted devices, such as pacemakers or ICDs (Implantable Cardioverter Defibrillators)
 - ❖ ACP was associated with a statistically significant improvement in quality of life (Standardized Mean Difference: 0.38). Re-expressed estimates suggest ACP can improve quality of life by 93% compared to usual care

J Gen Intern Med. 2019 Nov 12;35(3):874–884

HEART FAILURE MANAGEMENT: Advanced Care Planning

Palliative care is not just for the end of life; it can be integrated at any stage of heart failure, to improve quality of life.

- **Symptom Management:** Relief from pain, shortness of breath, and fatigue
- **Emotional Support:** Counseling for you and your family to manage the stress and depression often associated with chronic illness
- **Practical Help:** Assistance with insurance, legal matters, and coordinating with your cardiology team
- ❖ Washington State Medical Association (WSMA): Offers the current (updated Spring 2024) **Durable Power of Attorney for Health Care (DPOA-HC)** forms and "Personal Values Statements" that meet all 2026 Washington legal requirements

HEART FAILURE MANAGEMENT: Strategies for Success

- Work closely with your care team to manage heart failure well
 - Do not wait until you feel worse to reach out
 - Share any changes in your health promptly
 - Make sure your contact information is updated
 - Always have an appointment scheduled ahead
 - You do not need to wait for your condition to worsen before contacting your care team
- ❖ These steps help prevent complications, reduce hospital visits, and keep your care team informed for timely treatment adjustments

Checklist



Post-Hospital Discharge

- ✓ Schedule follow-up (7-14 days)
- ✓ Bring updated medication list
- ✓ Track weight daily
- ✓ Request refills early



- ✓ Work closely with your care team to manage symptoms and medications
- ✓ Share any changes in your health promptly
- ✓ Keep a symptom and weight log to discuss at visits



Medication & Pharmacy Support

- ✓ Take meds as prescribed
- ✓ Pharmacist as resource for questions about medication
- ✓ Explore cost-saving options (generics, assistance programs)

Open Discussion



Thank you,
Suzanne Upfield, RN, MSN
Suzanne.upfield@providence.org
360-515-7019