Scottish Patient Safety Programme (SPSP)
Audit Proforma for Implementing the Heart Failure Bundle

NHS Greater Glasgow and Clyde

Please write in boxes or use patient addressograph:	
PATIENTS NAME:	
PATIENTS CHI:	
PATIENTS D.O.B:	
DATE OF ADMISSION	

NAME OF PERSON COMPLETING AUDIT FORM:	
DESIGNATION:	
DATE OF COMPLETION:	
HOSPITAL SITE:	
WARD:	

PLEASE COMPLETE FORM PRIOR TO PATIENT'S DISCHARGE.

No	QUESTION	RESPONSE
1	Does the patient have heart failure?	Yes ☐ No ☐
2	Does the patient have LVSD?	Yes ☐ No ☐
	If yes to LVSD, please complete the audit form	
EXPERT REVIEW		
3	Was an expert review carried out? *(Expert review is defined as a Consultant Cardiologist or Specialist Trainee 4/5 or a physician with a special interest).*	Yes ☐ No ☐
REVIEW AND CONFIRMATION OF THE DIAGNOSIS AND AETIOLOGY		
4	Did the patient have an ECG during this admission?	Yes ☐ No ☐
5	QRS Duration > 120 ms?	Yes ☐ No ☐
6	Did patient have an ECHO during this admission?	Yes ☐ No ☐
7	If yes, was ECHO carried out < 48 hours from time of admission?	Yes ☐ No ☐
8	If echo not carried out during this admission, why not?	< 6 months since last ECHO ☐ Other reason ☐ Please specify other reason(s) under space in question 8
9	Degree of LVSD documented	Mild ☐ Moderate ☐ Severe ☐
10	Has aetiology been confirmed and documented?	Yes ☐ No ☐
11	Has a review of medications for potential interactions, side effects and unnecessary drugs taken place?	Yes ☐ No ☐
12	Has there been consideration of DVT prophylaxis and the need for long term anticoagulant therapy?	Yes ☐ No ☐
13	Has there been consideration of device therapies (ICD, CRT)?	Yes ☐ No ☐
14	Has there been consideration of advanced heart failure therapies (LVAD, transplant)?	Yes ☐ No ☐
15	Has there been consideration of palliative care involvement?	Yes ☐ No ☐
EVIDENCE BASED DRUGS		
16	Has there been any consideration of evidence based drugs prescribed during admission:	
	i. ACE Inhibitor	Yes ☐ No ☐
	ii. Beta Blocker	Yes ☐ No ☐
	iii. Spironolactone	Yes ☐ No ☐
	iv. Angiotensin Receptor Blocker	Yes ☐ No ☐
REFERRAL TO SPECIALIST HEART FAILURE SERVICE		
17	Has referral to Specialist Heart Failure Service been carried out?	Yes ☐ No ☐
18	If no, why?	Already known to HF CNS ☐ Other reason ☐ Please specify other reason(s) in space under question 18

If you have any questions regarding this form or the SPSP Heart Failure Bundle Implementation, please contact the heart failure CNS on 2114543 or John.Carson@ggc.scot.nhs.uk