



The Force for Health®
PREPARED PATIENT PROGRAM

PREPARED PATIENT

Heart Failure (CHF)

Your complete learning module — eight components from newly-diagnosed to a clinically Prepared Patient Ambassador. Everything to know and do, in one place.

8-Component Condition Module

WHAT'S INSIDE — THE 8 COMPONENTS

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SCAN TO OPEN THE
LIVE JOURNEY

1 Core Basics

Welcome — why becoming a Prepared Patient matters

Welcome. You're in the right place. This module turns Heart Failure (CHF) from something that happens to you into something you help manage — step by step, at your own pace. You don't need to become a doctor. You need to become the most prepared person in the room about *your* health.

WHY THIS MATTERS — FOR YOU AND THE PEOPLE AROUND YOU

As a Patient

Know your numbers, spot your red flags, and act fast when it counts. Prepared patients have better days and fewer emergencies.

As an Ambassador

Speak up in your own care as an equal partner — ask the right questions and help shape your plan.

As a Caregiver

Support someone you love with confidence — know what to watch for and what to do.

HEART FAILURE (CHF) — A NATIONAL OVERVIEW

Heart failure means your heart can't pump or fill well. Fluid backs up into your lungs. Your organs don't get enough oxygen. About 6.7 million U.S. adults have heart failure.

It is the #1 most costly reason Medicare patients return to the hospital. But most of these trips can be stopped. You do this by taking your medicine, eating less salt (sodium), and checking your weight.

There are two types. HFrEF means a weak pump (reduced ejection fraction). HFpEF means a stiff heart that can't fill (preserved ejection fraction). Here is the good news.

New medicines help you live longer and feel much better. These are the four pillars: an ACE/ARB or ARNi, a beta-blocker, an MRA, and an SGLT2 inhibitor.

PRE-KNOWLEDGE CHECK — RATE WHAT YOU KNOW RIGHT NOW (1–5)

Be honest — there's no wrong answer. You'll rate these again at Step 7 and see how far you've come.

What Heart Failure (CHF) actually is

○ ○ ○ ○ ○

My key numbers & targets

○ ○ ○ ○ ○

My red flags — and what to do

○ ○ ○ ○ ○

My medicines & how to take them

○ ○ ○ ○ ○

How to speak up with my care team

○ ○ ○ ○ ○

1 = new to me · 5 = I could teach it



1 Core Basics

Welcome — why becoming a Prepared Patient matters

★ My Prepared Patient Pledge

I pledge to learn about my Heart Failure (CHF), to know my numbers and my red flags, to speak up in my own care, and to take one small step at a time — for myself and for the people who count on me.

SIGNED

DATE

Additional Notes

☐ I've completed Step 1 · Welcome & Overview for Heart Failure (CHF)



2 Self-Reflection

Eight soft questions to find your honest starting point

No test, no wrong answers — an honest self-reflection to find your starting point with Heart Failure (CHF). This is an engagement screener, not a clinical assessment. Mark your answers, then carry them into the Fact Sheet.

Q1 Have you ever been told by a clinician that you have heart failure, congestive heart failure, cardiomyopathy, or a low ejection fraction?

Heart failure is sometimes called "weak heart" or "fluid in the lungs." Naming what you've actually been told is the first step.

CHOOSE ONE

- ☐ Yes — I have a clear heart failure or cardiomyopathy diagnosis
- ☐ Once or twice it was mentioned, but I'm not sure
- ☐ No, but I get short of breath, swollen ankles, or fast weight gain
- ☐ No — I don't have heart failure
- ☐ I'm not sure

Q2 Has anyone in your family had heart failure, heart attacks, sudden cardiac death, or genetic cardiomyopathy?

Family history is one of the strongest risk factors — and one of the most useful pieces of context.

CHOOSE ONE

- ☐ Yes
- ☐ No
- ☐ I don't know
- ☐ Some, but I'm not sure who



2 Self-Reflection

Eight soft questions to find your honest starting point

Q3 Have you ever heard about, or thought about, any of these in connection with heart failure? (check all that feel familiar)

This is just a familiarity check, not a behavior audit. Pick whatever rings a bell.

CHECK ALL THAT APPLY

- ☐ Ejection fraction (EF) — the heart's pumping percentage
- ☐ Daily weights as a way to track fluid
- ☐ Sodium / salt restriction (often 2,000 mg/day)
- ☐ GDMT meds: ACE/ARB/Entresto, beta blocker, MRA, SGLT2 inhibitor
- ☐ Diuretics ("water pills") — Lasix, Bumex, Torsemide
- ☐ Pacemaker, ICD, CRT, or LVAD
- ☐ Cardiac rehab
- ☐ None of these — this is all new to me

Q4 Do you feel confident that you understand heart failure — what it is, what it does to the body, and what helps?

"Somewhat" is a totally fair answer. Most people start there.

CHOOSE ONE

- ☐ Very confident — I know the basics well
- ☐ Somewhat — I know some, want to know more
- ☐ Not really — I'd like to learn more
- ☐ This is new to me

Q5 Do you feel confident you know how to live the highest-quality life possible despite (or to slow) heart failure?

Quality of life is the goal — energy, sleep, the things you love doing — not just "managing flares."

CHOOSE ONE

- ☐ Yes
- ☐ I'm getting there
- ☐ Not yet — I want to learn how
- ☐ Not applicable to me right now



2 Self-Reflection

Eight soft questions to find your honest starting point

Q6 Are you ready to become an informed and respected part of your care team — where your observations, communications, and actions are the most important part of your care?

This is the heart of the Prepared Patient idea.

CHOOSE ONE

- ☐ Yes — I'm ready
- ☐ Almost — I want to learn more first
- ☐ I'd like to but I'm not sure how
- ☐ I hadn't thought of it that way before

Q7 Do you have at least one person — family, friend, or care team — you can turn to about your heart?

Heart failure is a family condition. You don't have to do it alone.

CHOOSE ONE

- ☐ Yes — I have someone
- ☐ Maybe — I'm not sure who
- ☐ Not yet — but I'd like to find someone
- ☐ I prefer to figure it out myself first

Q8 What brought you to this Prepared Patient program today?

Your answer is private and helps us speak to you better.

CHOOSE ONE

- ☐ I have heart failure
- ☐ Someone I love has heart failure
- ☐ I might have it — I get short of breath or swollen ankles
- ☐ I want to prevent it (after a heart attack, or with risk factors)
- ☐ I'm a student, professional, or educator
- ☐ I'm just curious



2

Self-Reflection

Eight soft questions to find your honest starting point

What these answers tell me about where I'm starting

 Additional Notes

☐ I've completed Step 2 · Self-Reflection for Heart Failure (CHF)



3 Force Field Fact Sheet

Primer · Foundations

This is the heart of the resource: the complete Heart Failure (CHF) Force Field, organized in knowledge tiers. Each card gives the essentials, then **Concepts** (what to know), **Skills** (what you can do), **Actions** (this week), and your **Plan** (share & sustain).



What Heart Failure Is

PRIMER · TIER 0

Heart failure means your heart can't pump or fill well. Fluid backs up into your lungs. Your organs don't get enough oxygen. About 6.7 million U.S. adults have heart failure.

It is the #1 most costly reason Medicare patients return to the hospital. But most of these trips can be stopped. You do this by taking your medicine, eating less salt (sodium), and checking your weight.

There are two types. HFrEF means a weak pump (reduced ejection fraction). HFpEF means a stiff heart that can't fill (preserved ejection fraction). Here is the good news.

New medicines help you live longer and feel much better. These are the four pillars: an ACE/ARB or ARNi, a beta-blocker, an MRA, and an SGLT2 inhibitor.

CONCEPTS · LEARN IT

- Heart failure = the pump can't pump, or fill, or both
- About 6.7M U.S. adults; #1 costly reason for a hospital return
- Most hospital returns can be stopped with prep, medicine, and checks
- HFrEF (EF $\leq$ 40%, weak pump) vs HFpEF (EF $\geq$ 50%, stiff fill)
- Four-pillar medicine helps you live longer

ACTIONS · THIS WEEK

- Get your EF from your last echo, or ask for one
- Write down: your EF %, your HF type, your medicine names
- Bring your medicines and your EF to your next visit

SKILLS · LIVE IT

- Say your ejection fraction (EF, how well your heart pumps) and your type (HFrEF or HFpEF)
- Know heart failure signs (short of breath, swollen ankles, cough at night)
- Know your four-pillar medicines (what they do, side effects)

PLAN · SHARE IT

- This week: get or review your EF
- This month: finish your medicine list
- This quarter: meet your heart doctor (cardiologist)



3 Force Field Fact Sheet

Primer · Foundations



HFrEF vs HFpEF PRIMER

HFrEF means your heart's pump is weak. It is called reduced ejection fraction, $EF \leq 40\%$ (EF is how well your heart pumps). HFpEF means your heart is stiff and can't fill well.

It is called preserved ejection fraction, $EF \geq 50\%$. HFmrEF is in the middle, EF 41–49%. The causes differ. The treatments differ too. But you care for yourself the same way.

Take your medicine. Eat less salt (sodium). Weigh yourself every day. Know your EF. It shapes which medicines can help you.

CONCEPTS · LEARN IT

- HFrEF = $EF \leq 40\%$, weak pump, often from a heart attack (MI) or swelling (inflammation)
- HFpEF = $EF \geq 50\%$, stiff fill, often from high blood pressure (HTN), age, or weight
- HFmrEF = EF 41–49%, either cause
- Same self-care no matter the type
- Know your EF and type; treatment differs

ACTIONS · THIS WEEK

- Get your latest echo report (your EF %)
- Write down: your EF %, your HF type, your medicines
- Bring it to your next visit

SKILLS · LIVE IT

- Say your EF and your HF type
- Name your four-pillar medicines (or two if HFpEF)
- Explain why eating less salt helps both types

PLAN · SHARE IT

- This month: know your EF %
- This quarter: ask if your medicines are best for your type



3 Force Field Fact Sheet

Primer · Foundations



Who Gets Heart Failure?

PRIMER

Some things raise your risk. These include getting older, a past heart attack (MI), and high blood pressure (HTN) that is not controlled. Type 2 diabetes (T2D), kidney disease (CKD), and a fast, uneven heartbeat (A-fib) raise it too.

So do sleep apnea (OSA, when you stop breathing in sleep), heart valve problems, and heart disease that runs in families (cardiomyopathies). Alcohol and some cancer drugs (chemotherapy) can harm the heart as well.

Most heart failure builds up over years of heart risk that was not managed. Black adults get HFrEF earlier and more often. Some young women get it after giving birth (postpartum cardiomyopathy).

None of this is your fault. All of it is something you can act on.

CONCEPTS · LEARN IT

- Top causes: past heart attack (MI), uncontrolled high blood pressure (HTN), T2D, CKD, A-fib
- Black adults get HFrEF earlier; fairness matters
- Heart failure after birth (postpartum cardiomyopathy) in young women; know it
- Heart disease that runs in families (cardiomyopathies); ask about testing relatives
- Alcohol and heart-harming chemo can be stopped or reversed

ACTIONS · THIS WEEK

- Ask siblings and parents their EF and heart history
- Cut back on alcohol if it is a cause for you
- Get checked for sleep apnea (OSA) if you have signs

SKILLS · LIVE IT

- Know your family's heart history
- Track A-fib episodes if you have them
- Watch for shortness of breath for up to 6 months after giving birth

PLAN · SHARE IT

- Talk with family this month
- See a sleep doctor if you have signs
- Add your family history to your Health Passport



3 Force Field Fact Sheet

Primer · Foundations



The Numbers PRIMER

About 6.7 million U.S. adults have HF. About 25% return to the hospital within 30 days. HF costs Medicare more than any other condition. You can live much longer with the right care.

That care is the four pillars, daily weight checks, and cardiac rehab (a guided heart exercise program). SGLT2 inhibitors (a heart and sugar medicine) cut HF hospital stays by about 30% in HFrEF.

Daily weight checks catch fluid buildup 24 to 72 hours before you feel it.

CONCEPTS · LEARN IT

- About 6.7M U.S. adults; about \$30B/yr in direct cost
- About 25% return to the hospital within 30 days (Medicare)
- Four-pillar medicine (the standard care, GDMT) helps you live longer
- SGLT2 cuts HF hospital stays about 30% in HFrEF
- Daily weight checks catch fluid buildup early

ACTIONS · THIS WEEK

- List your HF events from the last 12 months
- Figure out your medicine adherence % (how often you take it)
- Ask for your latest BNP or NT-proBNP (a blood test for heart strain)

SKILLS · LIVE IT

- Track how many times you were readmitted and why
- Pick one number that keeps you going
- Know how much each pillar helps

PLAN · SHARE IT

- Keep a numbers log in your Health Passport
- Set a personal goal
- Join PHIT outcomes tracking



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Daily Weight — The Cornerstone

LEARN IT · TIER 1 AWARE

Weigh yourself the same time, on the same scale, after you pee, before breakfast. Do it every day. Use paper, an app, or a Bluetooth scale that sends to MyChart.

This is the most powerful HF habit you have. A jump of 2 to 3 pounds means your body is holding fluid. It shows up 24 to 72 hours before you feel short of breath.

Catch it early and you just make a phone call. Your team changes your water pill (diuretic). Catch it late and you end up in the ER.

CONCEPTS · LEARN IT

- Same time, same scale, same way every day
- Catches fluid 24–72 hours before you feel it
- Track in an app, on paper, or Bluetooth to MyChart
- The cornerstone of HF self-care
- Bring the log to every visit

ACTIONS · THIS WEEK

- Buy a digital scale (accurate to 0.2 lb)
- Start a 7-day starting log
- Set a phone alarm to weigh in daily

SKILLS · LIVE IT

- Show the right way to weigh yourself
- Spot a 2–3 lb jump in your log
- Tell normal water weight from fluid buildup

PLAN · SHARE IT

- This week: get a scale and a 7-day log
- This month: bring the log to every visit
- Quarterly: review the trend with your team



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Master the Four Pillars (HFrEF)

LEARN IT · TIER 1 AWARE

These are the four pillars, the standard medicines for HFrEF (called GDMT):

- (1) ARNi (sacubitril/valsartan), which relaxes blood vessels. Use an ACE/ARB instead if cost is a problem.
- (2) A beta-blocker, which slows and eases the heart. For HFrEF, only three work: carvedilol, metoprolol succinate, and bisoprolol.
- (3) An MRA (spironolactone or eplerenone), which removes extra fluid and protects the heart.
- (4) An SGLT2 inhibitor (dapagliflozin or empagliflozin), a heart and sugar medicine. Each pillar helps you live longer on its own. All four together work far better than any one alone.

HFpEF is simpler. It mainly needs an SGLT2 inhibitor, a water pill (diuretic), and control of other health problems.

CONCEPTS · LEARN IT

- ARNi or ACE/ARB · beta-blocker · MRA · SGLT2
- Each pillar helps you live longer on its own
- HFrEF needs all four; HFpEF mainly SGLT2 plus a water pill (diuretic)
- Call about side effects: cough (ACE), high potassium/K (MRA), dizzy (any)
- Reaching the target dose matters as much as starting

ACTIONS · THIS WEEK

- Set a daily medicine reminder
- Bring your full medicine list to every visit
- Ask: 'Am I on the best dose for me?'
- Bring your K+ (potassium) and creatinine (kidney) results

SKILLS · LIVE IT

- Name your four pillars (or two if HFpEF)
- Explain what each one does
- Check your medicine list at every visit
- Know which side effect means call your team

PLAN · SHARE IT

- This week: pillbox and reminder
- This month: talk about the best dose
- Quarterly: blood tests — BMP, K+ (potassium), eGFR (kidney)



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



The 3-and-5 Rule

LEARN IT · TIER 1 AWARE

Gained more than 3 lb in 2 days? Or more than 5 lb in 7 days? Call your team the SAME DAY. Most often they just change your water pill (diuretic) for a short time.

That stops an ER visit and a hospital stay. This one rule works. Used well, it is the cheapest way to prevent HF hospital returns in the research. Watch for other signs too.

You need extra pillows to breathe at night (orthopnea). Your ankles or legs swell. You get more short of breath when active (dyspnea). Call 911 for bad shortness of breath at rest, pink frothy spit, or feeling faint.

CONCEPTS · LEARN IT

- 3 lb in 2 days OR 5 lb in 7 days = call team same day
- Yellow zone signs: need extra pillows (orthopnea), swelling, more short of breath
- Red zone (911): bad shortness of breath at rest, pink frothy spit, fainting
- Most often just a water pill (diuretic) tweak; it prevents a hospital stay
- The single cheapest HF self-care rule

ACTIONS · THIS WEEK

- Print the 3-and-5 rule for the fridge
- Save your team's after-hours number
- Practice teach-back with family

SKILLS · LIVE IT

- Say the 3-and-5 rule from memory
- Tell yellow zone from red zone
- Use your weight log to know when to call
- Teach the rule to one family member

PLAN · SHARE IT

- This week: rule on the fridge
- This month: practice one scene with family
- Quarterly: review with your team



3 Force Field Fact Sheet

Tier 1 · Learn It · Aware



Sodium <2 g/day · Fluid Limit

LEARN IT · TIER 1 AWARE

Eat less than 2 g of sodium (salt) a day. This is the step people miss most in HF. Reading labels is harder than it sounds. One restaurant meal often has 1500 to 3000 mg of sodium by itself.

Cooking at home wins. **Limit fluids** too. Your team often caps you at about 2 L a day. If your HF is more severe (NYHA class III or IV), the limit may be tighter.

A dry mouth in HF does not mean you are dehydrated. Check before you drink more. Your water pill (diuretic), salt, and fluids all work together. Change one and the others may need to change too.

CONCEPTS · LEARN IT

- Less than 2 g sodium (salt) a day (often missed)
- Restaurant meals: 1500–3000 mg per meal
- Fluids often capped at about 2 L a day, per your team
- Dry mouth does not mean dehydration in HF
- Water pill (diuretic), salt, and fluids are linked

ACTIONS · THIS WEEK

- Keep a 3-day food diary
- Find your top 3 salt sources and swap them
- Buy a measuring cup to track fluids

SKILLS · LIVE IT

- Read a sodium label and stop at 2 g a day
- Spot the top salt sources (bread, deli meat, soup, sauce)
- Guess restaurant sodium
- Track your fluids for 2 weeks

PLAN · SHARE IT

- This week: 3-day food diary
- This month: top-3 salt swaps
- Quarterly: review your fluid limit with your team



3 Force Field Fact Sheet

Tier 2 · Live It · Active



HF Action Plan — Every Visit

LIVE IT · TIER 2 ACTIVE

A good HF visit is not about cramming. Bring your daily weight log. Bring your symptom diary. Bring three written questions. Do one teach-back. Make one shared choice.

Leave with one clear next step. Bring your Health Passport. Use the AHRQ SHARE Approach (a simple way to talk with your team). Ask: **"Am I on the best dose of all four pillars?" "What's my BNP trend?" "If you were me, what would you do next?"** Before you leave, say your next three steps out loud.

Make sure your team agrees.

CONCEPTS · LEARN IT

- Weight log + 3 questions + 1 teach-back + 1 shared choice
- The SHARE Approach beats 'just ask'
- Setting a goal up front saves 10 minutes
- Plan your next steps before you leave
- Get it in writing before you leave

ACTIONS · THIS WEEK

- This week: print your 7-day weight log
- Before the visit: write your 3 questions
- After the visit: confirm next steps in MyChart

SKILLS · LIVE IT

- Write a 3-question list before every visit
- Do teach-back: 'Let me say it back to you'
- Ask: 'What's my BNP trend?'
- Use the SHARE Approach

PLAN · SHARE IT

- Every visit: weight log + 3 questions + teach-back
- Quarterly: review BNP, K+, eGFR
- Yearly: echo plus a check of other health problems



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Cardiac Rehab — Underused

LIVE IT · TIER 2 ACTIVE

Cardiac rehab is 36 guided exercise and class sessions over 12 weeks. Medicare pays for it for HFrEF and after a heart attack (post-MI). It helps you live longer.

It cuts HF hospital returns. It makes life feel much better. Yet few people use it. Only about 30% of those who qualify are sent. Only about 10% finish.

Ask for a referral. Your exercise plan is made just for you. It is not 'go do whatever.' It also gives food coaching, stress help, and support to stick with your care.

CONCEPTS · LEARN IT

- 36 sessions, 12 weeks, guided
- Medicare pays for it for HFrEF and after a heart attack (post-MI)
- Cuts deaths and hospital returns
- The most underused HF care
- Includes food, stress, and adherence support

ACTIONS · THIS WEEK

- This week: ask for a cardiac rehab referral
- Confirm insurance and scheduling
- Block your calendar for 12 weeks

SKILLS · LIVE IT

- Ask for a cardiac rehab referral
- Show up to all 36 sessions
- Track how your fitness changes
- Use what you learn at home

PLAN · SHARE IT

- Finish all 36 sessions
- Keep exercising at home after
- Mentor a new HF patient through rehab



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Remote Monitoring & Tech

LIVE IT · TIER 2 ACTIVE

A Bluetooth scale sends your daily weight to MyChart. A nurse (RN navigator) at the HF clinic checks your trend between visits. They call you if it jumps.

Apps that report symptoms (like Heart Logic and ScalePARTNER) catch trouble early. For advanced HF, **CardioMEMS** is a tiny sensor placed in a lung artery.

It sends live pressure data to your heart doctor. It is proven to cut HF hospital stays. Telemedicine (video visits) handles most check-ins. Most HF visits can be done from home.

CONCEPTS · LEARN IT

- Bluetooth scale to MyChart trends
- HF-clinic nurse (RN) checks between visits
- Symptom apps catch trends
- CardioMEMS for advanced HF
- Most check-ins can be by video

ACTIONS · THIS WEEK

- This month: pair a Bluetooth scale
- Find your nurse (RN) navigator and how they like to be reached
- Ask about CardioMEMS if you are NYHA class III

SKILLS · LIVE IT

- Pair a Bluetooth scale to MyChart
- Use a symptom-tracking app
- Do a video visit with ease
- Know when video is enough and when to go in

PLAN · SHARE IT

- Set up your remote monitoring
- Practice setting up a video visit
- Once a year, review which tools work for you



3 Force Field Fact Sheet

Tier 2 · Live It · Active



Care Team & Comorbidities

LIVE IT · TIER 2 ACTIVE

Your primary care doctor leads the team. **Your cardiologist (heart doctor)** runs the four pillars. **An HF specialist and HF-clinic nurse (RN navigator)** help if your HF is worse.

They watch you daily or weekly. **A pharmacist** checks your medicine list and helps you keep taking it. **A dietitian (RD)** coaches you on salt and fluids. **The cardiac rehab team** works with you for 12 weeks.

A mental health provider helps with worry and low mood. Half of HF patients have these. Treat your other health problems too. A-fib affects half or more.

So can T2D, CKD, sleep apnea (OSA), low iron, and depression. Each one left untreated makes HF worse.

CONCEPTS · LEARN IT

- Primary care + cardiologist + HF specialist + nurse (RN) navigator
- Pharmacist + dietitian (RD) + cardiac rehab + mental health
- Other problems: A-fib, T2D, CKD, OSA, low iron, depression
- The HF-clinic nurse (RN) navigator helps the most
- Each untreated problem makes HF worse

ACTIONS · THIS WEEK

- Make a Care Team card
- Ask for an HF-clinic nurse (RN) navigator if you don't have one
- Get checked for sleep apnea (OSA), low iron, and depression

SKILLS · LIVE IT

- List every team member with phone and portal
- Use a 'who handles what' plan
- Set up yearly checks for other health problems
- Hold a handoff meeting with team and family

PLAN · SHARE IT

- Care Team card done
- Yearly checks scheduled
- Mental-health support in place
- A family member knows the team



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Family Catches Signs First

SHARE IT · TIER 3 CERTIFIED

HF patients often miss their own early warning signs. The fluid builds up slowly. Being short of breath feels like 'just being tired.' Needing extra pillows (orthopnea) feels like 'I just like this pillow now.' A trained family member helps a lot.

They weigh you in. They watch for new pillows. They notice swollen ankles. They listen for the 3-and-5 rule. **The phone call you make TOGETHER is what stops the hospital stay.** Share the Action Plan with your family on purpose.

CONCEPTS · LEARN IT

- Patients miss early signs more than family does
- Family weighs you in and watches signs; that is key
- The 3-and-5 rule belongs on the family fridge
- Share the Action Plan on purpose
- A bystander stepping in saves lives

ACTIONS · THIS WEEK

- This month: brief a family member
- Print the 3-and-5 rule for the fridge
- Run a teach-back practice

SKILLS · LIVE IT

- Brief one family member on the Action Plan
- Weigh in together each week
- Teach the 3-and-5 rule out loud
- Practice the phone-call scene

PLAN · SHARE IT

- Family member trained on the Action Plan
- 3-and-5 rule in plain sight
- Phone call practiced



Teach, Mentor, Ambassador

SHARE IT · TIER 3 CERTIFIED

You grow strongest when you teach what you have learned. **Mentor a newly diagnosed neighbor** through their first 90 days. That is when sticking with care is hardest.

Speak at cardiac rehab graduations. Patients listening to patients changes how people act. **Host a 'know your weight' coffee hour** at church or a community center.

Your story is rare and strong. Most newly diagnosed HF patients have never met someone living well with it.

CONCEPTS · LEARN IT

- Mentoring is medicine
- Patient stories change practice more than slides
- The first 90 days is the best time to mentor
- Talking in the community makes HF normal
- Your story belongs in alumni libraries

ACTIONS · THIS WEEK

- Send your story to the AHA or FFH alumni library
- Pick one peer to mentor
- Co-present once this year

SKILLS · LIVE IT

- Tell your HF story in 3 minutes
- Teach the 3-and-5 rule and the four pillars
- Mentor a newly diagnosed peer
- Co-present at a cardiac rehab graduation

PLAN · SHARE IT

- Yearly: mentor 1 peer
- Quarterly: 1 community talk
- Lifetime: give to the alumni library



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Advance Care Planning

SHARE IT · TIER 3 CERTIFIED

How HF plays out varies. Some patients live for decades. Some do not. **Have the goals-of-care talk early.** Do it while you feel well and can speak for yourself.

What matters most to you? What would you not want? Who decides if you can't? Write it down. Use an advance directive, a durable power of attorney for healthcare (someone who speaks for you), and a POLST where it is offered.

Share it with family. Share it with your team. **This gives you power. It is not giving up.** It makes sure your voice is heard, no matter what comes.

CONCEPTS · LEARN IT

- The goals-of-care talk gives you power; it is not giving up
- Advance directive + durable power of attorney (DPOA) + POLST where offered
- Write it down early, while you feel well
- Share it with family and team in writing
- Revisit it at big care changes

ACTIONS · THIS WEEK

- This month: fill out an advance directive
- This quarter: set up a durable power of attorney for healthcare
- Yearly: review and update

SKILLS · LIVE IT

- Name your top 3 care priorities
- Pick who will make health choices for you
- Fill out an advance directive
- Have the talk with family and team

PLAN · SHARE IT

- Documents on file with team and family
- The talk practiced
- Revisited at every big change



3 Force Field Fact Sheet

Tier 3 · Share It · Certified



Join the ROI Study (PHIT)

SHARE IT · TIER 3 CERTIFIED · STUDY

PHIT stands for **Population Health Impact Tracking**. It gathers results with no names attached. This includes hospital stays, ER visits, BNP trends, weight logs, and deaths.

It pulls from thousands of Prepared Patients who agreed to join. Your part helps prove this program cuts HF hospital returns, ER visits, and total cost of care for Banner's HF patients.

The data is grouped and anonymous. Caregivers can join too. Their stress and results are tracked alongside.

CONCEPTS · LEARN IT

- Outcome research with no names attached
- Tracks hospital stays, ER visits, BNP trends, weight logs
- Tracks the Banner group
- Caregivers can join
- Helps prove the program's value (ROI)

ACTIONS · THIS WEEK

- Join PHIT this month
- Read the consent and learn how data flows
- Bring PHIT sign-up to peer mentoring

SKILLS · LIVE IT

- Read an informed consent
- Join PHIT
- Ask family to join
- Use PHIT data when you speak up

PLAN · SHARE IT

- Enrolled in PHIT
- Family enrolled
- Quarterly data review opt-in

Additional Notes

☐ I've read the full Heart Failure (CHF) Fact Sheet · Step 3



4 Prepared Patient Course

The complete course — three levels, applied to your life

The course takes you through the Fact Sheet in three levels — from newly-diagnosed to prepared — then shows how every part applies to you and the people around you.

Level 1 · Aware

Know the basics — what Heart Failure (CHF) is, your numbers, your meds.

Level 2 · Active

Manage & do — self-monitor, act on red flags, work your plan.

Level 3 · Certified

Advocate & share — teach it, bring your team in, help others.

The Numbers

About 6.7 million U.S. adults have HF. About 25% return to the hospital within 30 days. HF costs Medicare more than any other condition. You can live much longer with the right care.

That care is the four pillars, daily weight checks, and cardiac rehab (a guided heart exercise program). SGLT2 inhibitors (a heart and sugar medicine) cut HF hospital stays by about 30% in HFrEF.

Daily weight checks catch fluid buildup 24 to 72 hours before you feel it.

- About 6.7M U.S. adults; about \$30B/yr in direct cost
- About 25% return to the hospital within 30 days (Medicare)
- Four-pillar medicine (the standard care, GDMT) helps you live longer
- SGLT2 cuts HF hospital stays about 30% in HFrEF
- Daily weight checks catch fluid buildup early

THE FULL COURSE — HOW EACH PART APPLIES TO YOUR LIFE

Every part of the Heart Failure (CHF) Force Field lands differently depending on who you are. Here is the complete course — what each concept means for **you**, your **family**, the **workplace**, and **students** learning it.

What Heart Failure Is

FOR YOU · THE PATIENT

This is your map. Read it once all the way through. Then come back one square at a time. Your shield gets stronger each step.

EMPLOYERS & WORKPLACE

Heart failure is real and lifelong. Small changes help a lot. Let people shift visit times. Allow light duty when they feel worse.

FAMILY & CAREGIVERS

You don't have to learn all the science. Learn enough to spot trouble. Watch for sudden shortness of breath, weight gain, and swelling. Then back up the patient.

STUDENTS & LEARNERS

Heart failure is the #1 costly reason Medicare patients return to the hospital. Stopping that return is a key skill.



4 Prepared Patient Course

The complete course — three levels, applied to your life

♥ HFrEF vs HFpEF

👤 FOR YOU · THE PATIENT

Your EF tells you which kind of HF you have. It also tells you which medicines will help you most.

🏢 EMPLOYERS & WORKPLACE

Knowing the EF type helps you plan the support a worker may need.

👥 FAMILY & CAREGIVERS

EF helps explain why care looks different for each person.

🎓 STUDENTS & LEARNERS

The HF type (HFrEF vs HFpEF) drives treatment. Know the difference.

👥 Who Gets Heart Failure?

👤 FOR YOU · THE PATIENT

You did not cause this. Knowing your family and risk story helps you. It helps the next generation too.

🏢 EMPLOYERS & WORKPLACE

HF affects about 6.7M U.S. adults. Most can work well with a few small changes.

👥 FAMILY & CAREGIVERS

Ask everyone their EF and blood pressure (BP). Make heart-health talk normal.

🎓 STUDENTS & LEARNERS

Fairness fact: Black adults develop HFrEF about 20 years earlier than non-Hispanic White adults (CDC, AHA).

📊 The Numbers

👤 FOR YOU · THE PATIENT

You are not a statistic. The facts help you when you talk to insurers and employers.

🏢 EMPLOYERS & WORKPLACE

Paying for HF self-care training pays off. Hospital costs are far higher than prevention costs.

👥 FAMILY & CAREGIVERS

These numbers show why daily weights and early calls prevent ER trips.

🎓 STUDENTS & LEARNERS

Learn these: about 6.7M, about 25% return in 30 days, four pillars, SGLT2 cuts HF hospital stays 30%.

⚖️ Daily Weight — The Cornerstone

👤 FOR YOU · THE PATIENT

Two minutes a day. It is the most powerful HF habit there is.

🏢 EMPLOYERS & WORKPLACE

A quiet space, a scale, and 2 minutes make an HF-friendly workplace.

👥 FAMILY & CAREGIVERS

Help build the habit. Weigh in together, log together, share alerts on phones.

🎓 STUDENTS & LEARNERS

Daily weight plus the 3-and-5 rule is the top patient teaching in HF care. Teach it cold.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Master the Four Pillars (HFrEF)

FOR YOU · THE PATIENT

Taking your medicine and reaching the right dose beats any single 'wonder drug.' All four pillars together are the wonder.

EMPLOYERS & WORKPLACE

Daily medicine is normal. A private spot to take it is a low-cost sign of trust.

FAMILY & CAREGIVERS

Help build the routine. Don't nag. Pillboxes and shared phone reminders work better than reminding.

STUDENTS & LEARNERS

GDMT in HFrEF: ARNi/ACE/ARB + beta-blocker + MRA + SGLT2. Learn it. Reach target doses. This saves lives.

The 3-and-5 Rule

FOR YOU · THE PATIENT

This rule saves lives. Treat it like a fire alarm. Call before you wait.

EMPLOYERS & WORKPLACE

A teammate who tracks weight with a fridge magnet is doing exactly the right thing.

FAMILY & CAREGIVERS

You may notice first. The phone call is what prevents the hospital stay.

STUDENTS & LEARNERS

The 3-and-5 rule is one of the highest-impact patient teaching tools in cardiology. Teach every HF patient.

Sodium <2 g/day · Fluid Limit

FOR YOU · THE PATIENT

Salt quietly wrecks HF self-care. Reading labels is the plain superpower.

EMPLOYERS & WORKPLACE

A low-salt cafeteria with clear nutrition labels helps everyone's heart.

FAMILY & CAREGIVERS

Cook at home together. Make the swaps a house rule, not just the patient's job.

STUDENTS & LEARNERS

Most HF patients guess their salt intake 2 to 3 times too low. Always start with a food diary.

HF Action Plan — Every Visit

FOR YOU · THE PATIENT

A visit you run saves time and gives better care. The 3-question habit is the lever.

EMPLOYERS & WORKPLACE

Paying for 15 minutes of visit prep pays off for workers with long-term illness.

FAMILY & CAREGIVERS

Come to one visit a year. Watch how it goes. Help your loved one practice.

STUDENTS & LEARNERS

Patient-led visits beat doctor-monologue visits. Teach the SHARE Approach. Practice it on yourself.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Cardiac Rehab — Underused

FOR YOU · THE PATIENT

This is the most unclaimed Medicare benefit in HF. Use it.

EMPLOYERS & WORKPLACE

A flexible schedule for 12 weeks of rehab is a high-value support.

FAMILY & CAREGIVERS

Drive them to sessions if needed. Cheer each milestone. Show up at graduation.

STUDENTS & LEARNERS

Cardiac rehab cuts all-cause deaths about 25%. That equals a major drug. Refer every patient who qualifies.

Remote Monitoring & Tech

FOR YOU · THE PATIENT

Tech makes daily weights and symptom logs stronger. Use it; don't just collect it.

EMPLOYERS & WORKPLACE

Video heart visits mean less time off work. A big win.

FAMILY & CAREGIVERS

Help set it up. Watch the trend charts. Be a second set of eyes.

STUDENTS & LEARNERS

Remote monitoring is the future of long-term illness care. Read the CardioMEMS study (the CHAMPION trial).

Care Team & Comorbidities

FOR YOU · THE PATIENT

You don't need to know everything. You need to know who knows what.

EMPLOYERS & WORKPLACE

Team-based HF care cuts total cost a lot. Worth covering.

FAMILY & CAREGIVERS

Learn the 'who to call for what' list. It can turn an ER trip into a phone call.

STUDENTS & LEARNERS

HF results track with team teamwork. Build ties across fields early.

Family Catches Signs First

FOR YOU · THE PATIENT

Letting your family in is not weakness. It is the system that catches what you miss.

EMPLOYERS & WORKPLACE

Caregivers need flexible time off too. Their work prevents the patient's hospital stay.

FAMILY & CAREGIVERS

You are part of the care team. Weighing in and watching signs is real medicine.

STUDENTS & LEARNERS

Family caregivers are the hidden backbone of HF self-care. Train them every chance you get.



4 Prepared Patient Course

The complete course — three levels, applied to your life

Teach, Mentor, Ambassador

FOR YOU · THE PATIENT

Sharing is real medicine. Your story will help the next patient who is scared.

EMPLOYERS & WORKPLACE

A teammate who mentors others lifts the whole culture. Notice it.

FAMILY & CAREGIVERS

You can teach too. Caregiver-to-caregiver mentoring is real and underused.

STUDENTS & LEARNERS

The best teaching you'll ever get is from a patient. Show up early to peer-led rounds and stay late.

Advance Care Planning

FOR YOU · THE PATIENT

This talk is one of the most empowering things you'll ever do. Don't wait for a crisis.

EMPLOYERS & WORKPLACE

Your EAP at work often helps with advance care planning. Point people to it.

FAMILY & CAREGIVERS

Hearing your loved one's wishes, in their own words, while they can speak, is a gift you give yourselves.

STUDENTS & LEARNERS

Goals-of-care talks are a clinical skill. Practice them on every HF rotation.

Join the ROI Study (PHIT)

FOR YOU · THE PATIENT

Joining is a quiet but real act of advocacy. It helps the program get paid for, grow, and reach people who can't afford it.

EMPLOYERS & WORKPLACE

Sponsoring a group of workers in PHIT shows your money is working. It gives you data to defend the spend.

FAMILY & CAREGIVERS

Caregivers can join too. Your stress and results are tracked as well.

STUDENTS & LEARNERS

This is research done right, with patients taking part. Study how PHIT was built and copy it.

QUIZ YOURSELF — CAN YOU ANSWER THESE WITHOUT NOTES?

- ☐ What is Heart Failure (CHF), in one plain sentence?
- ☐ What are my target numbers, and my personal baseline?
- ☐ What are my red flags — the signs that mean “call now”?
- ☐ What do I do first if those red flags happen?
- ☐ What is each of my medicines for?



4 Prepared Patient Course

The complete course — three levels, applied to your life

The one thing about Heart Failure (CHF) I most want to remember

 Additional Notes

☐ I've completed Step 4 · Prepared Patient Course for Heart Failure (CHF)



5 Materials & Tools

Your home kit — the tools that keep you prepared

Being prepared between visits takes a few simple tools. Set these up for Heart Failure (CHF), and check them off as you go.

YOUR KIT

- ☐ **Health Passport** — meds, numbers, allergies & contacts on one page.
- ☐ **Your meters / devices** — whatever you use to track Heart Failure (CHF) at home.
- ☐ **Your action plan** — green / yellow / red: what to do at each level.
- ☐ **Reminders** — a pillbox or phone alarm for medicines and refills.
- ☐ **A tracker** — one number or habit to watch over time.

THIS WEEK'S ACTIONS FOR HEART FAILURE (CHF)

- ☐ Get your EF from your last echo, or ask for one
- ☐ Write down: your EF %, your HF type, your medicine names
- ☐ Bring your medicines and your EF to your next visit
- ☐ Get your latest echo report (your EF %)
- ☐ Write down: your EF %, your HF type, your medicines
- ☐ Bring it to your next visit
- ☐ Ask siblings and parents their EF and heart history
- ☐ Cut back on alcohol if it is a cause for you
- ☐ Get checked for sleep apnea (OSA) if you have signs
- ☐ List your HF events from the last 12 months
- ☐ Figure out your medicine adherence % (how often you take it)
- ☐ Ask for your latest BNP or NT-proBNP (a blood test for heart strain)

The one number or habit I'll keep an eye on



5 Materials & Tools

Your home kit — the tools that keep you prepared

Additional Notes

☐ I've completed Step 5 · Materials & Tools for Heart Failure (CHF)



Skills Lab is where you **show** an educator (or a trusted person) the hands-on parts of managing Heart Failure (CHF), in your own words. Practise and demonstrate these:

SKILLS TO DEMONSTRATE

- ☐ Say your ejection fraction (EF, how well your heart pumps) and your type (HFrEF or HFpEF)
- ☐ Know heart failure signs (short of breath, swollen ankles, cough at night)
- ☐ Know your four-pillar medicines (what they do, side effects)
- ☐ Say your EF and your HF type
- ☐ Name your four-pillar medicines (or two if HFpEF)
- ☐ Explain why eating less salt helps both types
- ☐ Know your family's heart history
- ☐ Track A-fib episodes if you have them
- ☐ Watch for shortness of breath for up to 6 months after giving birth
- ☐ Track how many times you were readmitted and why
- ☐ Pick one number that keeps you going
- ☐ Know how much each pillar helps
- ☐ Show the right way to weigh yourself
- ☐ Spot a 2–3 lb jump in your log

TEACH IT BACK

The fastest way to know you've got it: explain Heart Failure (CHF) in your own words — what it is, your main signs, what helps, and your red flags — with no notes.

My red flags for Heart Failure (CHF) — the signs that mean “call now”



6

Skills Lab

Show you can do it — hands-on teach-back

Additional Notes

☐ I've completed Step 6 · Skills Lab for Heart Failure (CHF)





THE FORCE FOR HEALTH® · PREPARED PATIENT

Prepared Patient Ambassador

This certifies that

has completed the Prepared Patient module for **Heart Failure (CHF)** —
knowing their condition, their numbers, their red flags, and how to speak up
in their own care.

SKILLS-LAB EDUCATOR SIGN-OFF

DATE

Workbook completion certificate. The clinical Prepared Patient Ambassador credential is confirmed by your
Skills-Lab educator or the certification exam.



SCAN TO VERIFY &
COMPLETE
CERTIFICATION

8 Disease Advocate

Optional — beyond yourself: help those who come after you

This optional step is a gift you give the next person. Turn what you learned about Heart Failure (CHF) outward.

WAYS TO ADVOCATE & SHARE

- ☐ This week: get or review your EF
- ☐ This month: finish your medicine list
- ☐ This quarter: meet your heart doctor (cardiologist)
- ☐ This month: know your EF %
- ☐ This quarter: ask if your medicines are best for your type
- ☐ Talk with family this month
- ☐ See a sleep doctor if you have signs
- ☐ Add your family history to your Health Passport
- ☐ Keep a numbers log in your Health Passport
- ☐ Set a personal goal
- ☐ Share your story and what helped you most.
- ☐ Complete a row of Advocate Bingo.
- ☐ Support someone newly diagnosed with Heart Failure (CHF).

My feedback on this program (Coach Lucy & Dr. Rob read these)



8 Disease Advocate

Optional — beyond yourself: help those who come after you

Additional Notes

☐ I've completed Step 8 · Disease Advocate for Heart Failure (CHF)

