





Heart Failure National Hospital Quality Measures Documentation Protocols



Please do NOT chart by exception for EBM measures. Chart the results of your assessment every time!!

Measure	Who	When	What to Document	Where to Document	*Special Situations	Why?
 Discharge Instructions	Nurse	Discharge	Check all 6 elements for written discharge instructions given Activity Level Diet Discharge Meds Follow-up Appt Weight Monitoring Worsening Symptoms		*Noting "discharge packet given" is not sufficient. Must check that written instructions were given for each of 6 items. Weight Monitoring is often missed. Give pt written instructions specific to their Medication Regimen.	Non-compliance with physician's instructions is often a cause for re-hospitalization. Thus it is important that pts and families understand their condition and what they should do after discharge. (Journal of American College of Cardiology, 1995)
	UC	Discharge				
	Provider	Discharge			Do NOT document "continue home meds".	
 Smoking Cessation Counseling	Nurse	On Admission	Tobacco use within last 12 months Y,N Do you want Help Quitting Y,N, Refused		If unable to counsel pt on admission, then follow up later in stay and document in Daily Nursing Assessment in Education Topic "Tobacco" or "Smoking Counseling"	Cigarette smoking accounts for 1 out of 5 deaths in the United States. Pts who receive even brief smoking cessation advice from their provider are more likely to quit than those who receive no counseling (Public Health Service, 2000)
	UC	On Admission	Determine if pt is a smoker by reviewing nursing notes		If direct admission, ask physician if they would like to use the EBM-HF Orderset. If ED Admit, put EBM orderset on the pts chart if HF dx on admission.	
	Provider	On Admission				
 LVF Assessment	Nurse	On Admission			If pt has not had LVF assessment, ask physician to assess and document in H&P or DC summary.	The combined use of history, physical examination, chest x-ray, and electrocardiography cannot reliably distinguish between the major categories of heart failure: left-ventricular systolic dysfunction, left-ventricular diastolic dysfunction, or a non-cardiac etiology. If a measurement of ventricular performance is not obtained in patients presenting with heart failure, appropriate treatment may be withheld. Specifically, patients with left ventricular systolic dysfunction will not be identified and treated with agents known to prolong life. (Clinical Practice Guidelines, 1994; Journal of American College of Cardiology, 1995).
	UC	On Admission			If direct admission, ask physician if they would like to use the EBM-HF Orderset. If ED Admit, put EBM orderset on the pts chart if HF dx on admission.	
	Provider	On Admission	determine LVF note Ejection Fraction.		If pt has never had an echo performed, plan to have assessment this admission or document that assessment is planned after discharge.	
 ACEI at Discharge for LVSD	Nurse	Discharge			Be sure physician has written a prescription for ACEI if EF < 40% and not contraindicated. Note ARBs not a substitute for ACEI according to the literature.	Treatment with ACEI reduces morbidity and mortality in pts with heart failure and Left Ventricular Systolic Dysfunction (Journal of American College of Cardiology, 1995; New England Journal of Medicine, 1991 and 1992)
	UC	Discharge	Place Cardiac discharge order sheet on the pts chart			
	Provider	Ejection Fraction < 40%	note if pt discharged on ACEI or contraindications (allergy, moderate/severe aortic stenosis, other reason)		Note ARBs are not supported in literature as first line therapy. Renal failure is not a hard fast contraindication according to the literature. If you would like to withhold RX of ACEI, note "not prescribing ACEI, due to X,Y,Z reason" in your DC summary. Documentation must indicate that ACEI was considered.	