St. Anthony Hospitals
Centura Health

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires accredited hospitals to collect and submit performance data on heart failure patients. This requirement was established to improve the safety and quality of care, and to support performance improvement efforts in hospitals.

It appears that this patient is being treated for Heart Failure

The following required data elements must be documented by a provider (MD, NP, PA) during the current admission, and are based on recommendations from the American College of Cardiology and American Heart Association care guidelines:

☐ **Left Ventricular Function (LVF):** All patients with heart failure contributing to their hospitalization are to have documentation of their left ventricular function (LVF) with each admission. This identifies patients with impaired left ventricular systolic function (LVSD or EF<40%), which allows appropriate selection of medications to reduce morbidity and mortality.
- o LVF documentation may be qualitative or quantitative
- o Documentation can be a notation of previously established ejection fraction, from a diagnostic study during this admission, or a plan to assess LVF after discharge

☐ **ACE-I/ARB therapy for LVSD (EF <40%):** Prescription of ACE-I/ARB at discharge
- o ACE-I/ARB reduce mortality and morbidity in patients with heart failure and left ventricular systolic dysfunction (EF <40%).
- o ARBs are acceptable alternatives to ACE-I therapy.

☐ **β-blocker therapy for LVSD (EF <40%):** Prescription of β-blocker at discharge
- o β-blockers reduce mortality and morbidity in patients with heart failure and left ventricular systolic dysfunction (EF <40%).
- o β-blockers specifically shown to reduce mortality and morbidity in HF with LVSD are carvedilol (Coreg), metoprolol succinate (Toprol XL), and bisoprolol.

These recommendations are made for eligible patients without documented contraindications. Obviously, evidence-based therapies are not always appropriate for each patient. In such cases, please clearly document the contraindication related to the specific measure in the medical record (i.e." no ACE-I/ARB due to worsening renal failure", "no further workup due to family wishes", "no BB due to bradycardia").

For reference information or questions about SAH process for improving heart failure care, contact Ann Peterson (303) 629-4630