

Quality Measure Worksheet

			Please choose ONE of the following (ACEI, ARB, ARNI):					
<input type="checkbox"/> MI (STEMI/NSTEMI) <input type="checkbox"/> Stent <input type="checkbox"/> None	ASA	Beta Blocker	ACEI if EF <40%	ARB if EF <40%	ARNI (Entresto) if EF <40%	Aldosterone Antagonist if EF <40%	Statin	Antiplatelet Therapy
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intol/Allergy <input type="checkbox"/> GI Bleed/Ulcer <input type="checkbox"/> Coumadin/Thrombin or Xa inhibitor <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intol/Allergy <input type="checkbox"/> Bradycardia/blocks <input type="checkbox"/> Hypotension <input type="checkbox"/> Wheezing <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EF >40 (HFpEF) <input type="checkbox"/> Intol/Allergy <input type="checkbox"/> Angioedema <input type="checkbox"/> Renal Insuf./Fail. <input type="checkbox"/> Renal Artery Stenosis <input type="checkbox"/> Hypotension <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> On Equivalent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EF >40 (HFpEF) <input type="checkbox"/> Intol/Allergy <input type="checkbox"/> Angioedema <input type="checkbox"/> Renal Insuf./Fail. <input type="checkbox"/> Renal Artery Stenosis <input type="checkbox"/> Hypotension <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> On Equivalent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EF >40 (HFpEF) <input type="checkbox"/> Intol/Allergy <input type="checkbox"/> Angioedema <input type="checkbox"/> Renal Insuf./Fail. <input type="checkbox"/> Renal Artery Stenosis <input type="checkbox"/> On aliskiren & diabetic <input type="checkbox"/> Hypotension <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> On Equivalent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EF >40(HFpEF) <input type="checkbox"/> Intol/ Allergy <input type="checkbox"/> Close pt. monitor cannot be ensured. <input type="checkbox"/> Serum Cr > 2.5mg/dL (male); >2.0mg/dL (female) <input type="checkbox"/> Estimated Cr Clearance <30ml/min <input type="checkbox"/> Evaluate as an OP <input type="checkbox"/> Other therapy not at max dose. <input type="checkbox"/> K+ >5.0	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intol / Allergy <input type="checkbox"/> Elevated LFT/ Hepatitis/Cirrhosis <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intol./ Allergy <input type="checkbox"/> Not Indicated <input type="checkbox"/> Other: _____ P2Y12 _____ → (if done)
<input type="checkbox"/> HF (ie: Hx of CHF, cardiomyopathy, diastolic dysfunction or systolic dysfunction, and pulmonary edema) <input type="checkbox"/> NO HF	EF Percentage	Beta Blocker if EF <40% or MI/ICMY	ACEI if EF <40%	ARB if EF <40%	ARNI (Entresto) if EF <40%	Aldosterone Antagonist if EF <35%	Hydralazine and Isosorbide Dinitrate	Ivabradine (Corlanor) if EF ≤ 35%
	EF: _____% Date: _____ <input type="checkbox"/> Echo <input type="checkbox"/> TEE <input type="checkbox"/> Cath <input type="checkbox"/> Muga <input type="checkbox"/> Stress <input type="checkbox"/> Other: _____ NYHA Functional Class: _____ Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EF > 40 (HFpEF) <input type="checkbox"/> Intol / Allergy <input type="checkbox"/> Bradycardia / Blocks <input type="checkbox"/> Hypotension <input type="checkbox"/> Wheezing <input type="checkbox"/> Other: _____ Evidence Based BB: *bisoprolol, carvedilol, or metoprolol succinate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EF >40 (HFpEF) <input type="checkbox"/> Intol/Allergy <input type="checkbox"/> Angioedema <input type="checkbox"/> Renal Insuf./Fail. <input type="checkbox"/> Renal Artery Stenosis <input type="checkbox"/> Hypotension <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> On Equivalent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EF >40 (HFpEF) <input type="checkbox"/> Intol/Allergy <input type="checkbox"/> Angioedema <input type="checkbox"/> Renal Insuf./Fail. <input type="checkbox"/> Renal Artery Stenosis <input type="checkbox"/> Hypotension <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> On Equivalent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EF >40 (HFpEF) <input type="checkbox"/> Intol/Allergy <input type="checkbox"/> Angioedema <input type="checkbox"/> Renal Insuf./Fail. <input type="checkbox"/> Renal Artery Stenosis <input type="checkbox"/> On aliskiren & diabetic <input type="checkbox"/> Hypotension <input type="checkbox"/> Hyperkalemia <input type="checkbox"/> On Equivalent <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> EF >35(HFpEF) <input type="checkbox"/> Intol/ Allergy <input type="checkbox"/> Close pt. monitor cannot be ensured. <input type="checkbox"/> Serum Cr > 2.5mg/dL (male); >2.0mg/dL (female) <input type="checkbox"/> Estimated Cr Clearance <30ml/min <input type="checkbox"/> Evaluate as an OP <input type="checkbox"/> Other therapy not at max dose. <input type="checkbox"/> K+ >5.0	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Indicated <input type="checkbox"/> Hypotension <input type="checkbox"/> On PD5 inhibitors <input type="checkbox"/> Eval as an OP <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> HR <70bpm at rest <input type="checkbox"/> Intol/Allergy <input type="checkbox"/> NYHA I or IV <input type="checkbox"/> BB not maximized <input type="checkbox"/> New Onset HF <input type="checkbox"/> Not in NSR <input type="checkbox"/> 100% A or V-paced <input type="checkbox"/> On inhibitors of 3a4 enzyme system <input type="checkbox"/> Severe liver impairment
VTE Assessed			Was patient changed to ARNI (Entresto) at discharge?			Followup Appointments needed		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pharm. <input type="checkbox"/> Mech/SCD's applied <input type="checkbox"/> N/A			<input type="checkbox"/> Yes <input type="checkbox"/> Not switched to ARNI: <input type="checkbox"/> New onset HF <input type="checkbox"/> NYHA Class IV <input type="checkbox"/> NYHA class I <input type="checkbox"/> Intolerant ACEI/ARB			<input type="checkbox"/> HF Clinic: _____ <input type="checkbox"/> MD _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> N/A (DC to: SNF/Acute Care Hosp. /AMA/Hospice/ or psych)		
MD/NP/PA: _____ Date: _____ Time: _____ Notes: _____								

PLEASE TURN OVER TO COMPLETE PAGE 2



Quality Measure Worksheet continued:


Transition in Care	Initial	Complete prior to discharge	Initial	Complete prior to discharge	Patient Label
		Four Block Sheet signed & on chart (This indicates appropriate teaching was completed via Patient Education Book and given to patient)		Influenza Vaccine Addressed during appropriate season (Sept-March) (iCare matches protocol) If Pneumococcal order give prior to DC.	
		HF self-care management education completed via teach-back. (Book/Magnet/Eval for Scale, HF TV = 60 minutes) <i>(Daily Weight *Meds *Salt and Fluid* Activity *When to seek help are all documented in iCare)</i>		VTE Prophylaxis Documented Daily	
		Afib: risk of stroke education completed If prescribed Coumadin @ DC, INR follow up is documented for the patient on dc sheet		Appointments are scheduled prior to discharge and documented on DC Sheet: Location, Date, Time <i>(HH HF Clinic)</i>	
				Cardiac Rehab (Education / Referral by RN or Cardiac Rehab) (CABG, Valve, Intervention, MI are all indications for Cardiac Rehab)	
	RN _____ /Initial: _____	Date _____	Time _____		
	RN _____ /Initial: _____	Date _____	Time _____		
	CN _____ /Initial: _____	Date _____	Time _____		
	MD/NP/PA _____ /Initial: _____	Date _____	Time _____		



Quality Measures Instructions

- This is a double check to make sure all core measures have been addressed prior to discharge.
- Cardiac Rehab. In the event Cardiac Rehab RN does not see the patient prior to discharge, review cardiac rehab information in the patient education book located on page 6.

Interventions for each stage	ACC/AHA Stages of HF		NYHA Functional Classification	
Modify Risk Factors	A	At high risk for HF but without structural heart dz or sx of HF	None	
Treat Heart Disease	B	Structural heart dz but without signs or symptoms of HF	I	No limitation of physical activity. Ordinary physical activity does not cause symptoms of HF.
Reduce Morbidity & Mortality	C	Structural heart disease with prior or current symptoms of HF	I	No limitation of physical activity. Ordinary physical activity does not cause symptoms of HF.
			II	Slight limitation of physical activity. Comfortable at rest, but ordinary physical activity results in symptoms of HF.
			III	Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms of HF.
	D	Refractory HF requiring special activity. Comfortable at rest, but less than ordinary activity causes symptoms of HF. specialized interventions.	IV	Unable to carry on any physical activity without symptoms of HF, or symptoms of HF at rest.

- **Ivabradine indications:** symptomatic NYHA II-III, chronic HFrEF (LVEF ≤35%) on GDMT with beta blocker at maximum tolerated dose, and in normal sinus rhythm with a heart rate of 70 bpm or greater at rest. **Ivabradine contraindications:** strong inhibitors of 3a4 enzyme system (azole antifungals:itraconazole, macrolide antibiotics (clarithromycin), HIV protease inhibitors (nelfinavir), and nefazodone; avoid concomitant use of moderate CYP3a4 inhibitors: diltiazem, verapamil, and grapefruit juice.
- Aldosterone Antagonist is a recommended drug for routine use in patients with NYHA class II-IV Heart Failure
- Hydralazine and Nitrates: indicated in African Americans with moderate to severe symptoms and reduced LVEF or LV dilation on top of standard therapy with ACEI/ARB, BB and Aldosterone Antagonists. Considered reasonable in non- African Americans with persistent symptoms despite standard therapy. Indicated in those intolerant of ACEI's/ARB's.
- Heart Failure (HF) teaching is completed daily via teach-back for a total of 60 minutes of education following the HF teaching guide. TV guide to heart failure education is located on PULSE – hot list – core measures – heart failure.
- All heart failure patients need an appointment scheduled prior to discharge if possible; ideally within 7 days.
- Follow up appointment instructions (Who, Where, & When) are communicated to the patient and documented on the patient dc instruction sheet.
-  Indicates this is a new indicator to the Quality Form as of 0 1/2017

• **This list may not include all medications or combination medications**

ACE	ARB	Xa Inhibitor	Thrombin Inhibitor
Capoten (captopril) Vasotec (enalapril) Prinivil, Zestril (lisinopril) Lotensin (benazepril) Monopril (fosinopril) Altace (ramipril) Accupril (quinapril) Aceon (perindopril) Mavik (trandolapril) Univasc (moexipril)	Atacand (candesartan cilexetil) Teveten (eprosartan) Avapro (irbesartan) Cozaar (losartan) Benicar (olmesartan medoxomil) Micardis (telmisartan) Diovan (valsartan) Edarbi (azilisartan)	Eliquis (apixaban) Xarelto (rivaroxaban) Savaysa (Edoxaban)	Pradaxa (dabigatran etexilate mesylate)

Beta Blockers (Evidenced-based BB in bold)	Aldosterone Antagonist	Combination / Other
Betapace (sotalol), Blocadren (timolol), Bisoprolol, Bisoprolol, Bisoprolol/fumurate, Bisoprolol/hydrochlorothiazide Brevibloc (esmolol), Bystolic (nebivolol), Cartrrol (carteolol), Coreg (carvedilol) , Corgard (nadolol), Inderal (propranolol), Inderal-LA (propranolol), Kerlone (betaxolol), Levatol (penbutolol), Lopressor (metoprolol), Metoprolol Succinate, Metoprolol Succinate CR/XL Normodyne (labetalol), Sectral (acebutolol), Tenormin (atenolol), Toprol, Toprol-XL (metoprolol) , Trandate (labetalol), Visken (pindolol), Zebeta (bisoprolol), Ziac	Inspra (eplerenone) Aldactone (spironolactone)	Bidil (Isosorbide dinitrate and Hydralazine) Sacubitril-valsartan (Entresto) Ivabradine (Corlanor)
	Lipid Lowering Agents (Evidence-based in bold)	
	Crestor (rosuvastatin) Lipitor (atorvastatin) Lescol (fluvastatin) Tricor (fenofibrate) Mevacor (lovastatin)	Zocor (simvastatin) Pravachol (pravastatin) Zetia, gemfibrozil, whelchol, fishoil Livalo (pitavastatin)

