



DNV GL - HEALTHCARE HEART FAILURE PROGRAM CERTIFICATION REQUIREMENTS

Version 17.0

DNV GL - Healthcare
400 Techne Center Drive, Suite 100
Milford, OH 45150
Phone 513-947-8343 • Fax 513-947-1250

Table of Contents

DNV GL- HEALTHCARE HEART FAILURE PROGRAM CERTIFICATION	6
QUALITY MANAGEMENT SYSTEM (QM)	7
QM.1 QUALITY MANAGEMENT SYSTEM.....	7
QM.2 QUALITY OUTLINE.....	7
QM.3 HEART FAILURE PROGRAM MANAGEMENT REPRESENTATIVE	8
QM.4 DOCUMENTATION AND MANAGEMENT REVIEWS	8
QM.5 SYSTEM REQUIREMENTS.....	8
QM.6 MEASUREMENT, MONITORING, ANALYSIS	8
QM.7 PATIENT SAFETY SYSTEM	9
PROGRAM MANAGEMENT (PM)	9
PM.1 TOP MANAGEMENT	9
PM.2 MANAGEMENT COMMITMENT.....	10
MEDICAL STAFF (MS).....	10
MS.1 MEDICAL STAFF	10
NURSING SERVICES (NS).....	10
NS.1 NURSING SERVICES	10
CASE MANAGEMENT (CM).....	10
CM.1 CASE MANAGEMENT.....	10
STAFFING MANAGEMENT (SM)	11
SM.1 PERSONNEL (GENERAL)	11
SM.2 COMPETENCE, TRAINING, AND AWARENESS.....	11
SM.3 DETERMINING AND MODIFYING STAFFING.....	12
SM.4 JOB DESCRIPTION	12
SM.5 ORIENTATION	12
SM.6 STAFF EVALUATIONS	12
PATIENT RIGHTS (PR)	13
PR.1 PATIENT RIGHTS	13
PR.2 LANGUAGE AND COMMUNICATION	13
INFECTION PREVENTION AND CONTROL (IC)	13
IC.1 INFECTION PREVENTION AND CONTROL SYSTEM	13
MEDICAL RECORDS SERVICE (MR)	14
MR.1 MEDICAL RECORD SERVICE.....	14
PHYSICAL ENVIRONMENT (PE)	14
PE.1 INFRASTRUCTURE.....	14
PE.2 WORK ENVIRONMENT	14

PE.3	SAFETY MANAGEMENT SYSTEM.....	14
PE.4	SECURITY MANAGEMENT SYSTEM.....	14
PE.5	MEDICAL EQUIPMENT MANAGEMENT SYSTEM.....	15
PE.6	UTILITY MANAGEMENT SYSTEM	15
HEART FAILURE PROGRAM SERVICE DELIVERY (SD).....		15
SD.1	PLANNING FOR SERVICE DELIVERY.....	15
SD.2	REVIEW OF REQUIREMENTS RELATED TO THE DELIVERY OF HEART FAILURE SERVICES.....	15
SD.3	CONTROL OF SERVICE DELIVERY	16
SD.4	PERFORMANCE EVALUATION.....	16
SD.5	HEART FAILURE PROGRAM PROTOCOLS AND PATHWAYS	17
SD.6	PLAN OF CARE	17
SD.7	MEDICATION MANAGEMENT	17
SD.8	DIAGNOSTIC TESTS.....	18
SD.9	PATIENT MANAGEMENT	18
SD.10	HEART FAILURE INTERDISCIPLINARY TEAM.....	19

GLOSSARY

AAHFN	American Association of Heart Failure Nurses
AHA	American Heart Association
CFR	Code of Federal Regulations
CMS	Centers for Medicare Medicaid Services
CoPs	Conditions of Participation
ED	Emergency Department
EMS	Emergency Medical Systems
FMEA	Failure Mode Effect Analysis
HF	Heart Failure
HFSA	Heart Failure Society of America
PI	Performance Improvement
QA	Quality Assessment
QI	Quality Improvement
QMS	Quality Management System
RCA	Root Cause Analysis

DNV GL- HEALTHCARE HEART FAILURE PROGRAM CERTIFICATION

DNV GL- Healthcare Heart Failure Program Certification Requirements– Version 17.0

Effective Date: March 31, 2017

Introduction

The Heart Failure Program Certification (HFPC) is offered by DNV GL- Healthcare and integrates requirements related to the CMS Conditions for Participation for hospitals.

The HFPC is designed to recognize excellence in heart failure diagnosis and treatment inclusive of initial diagnostic services, surgical services, and therapies related to heart failure. The certification recognizes that a hospital has demonstrated compliance with the DNV-GL Healthcare Heart Failure certification requirements.

Professional Organization Standards of Practice and Guidelines

Standards of practice of relevant professional organizations referenced in these HFPC requirements are consultative and considered in the certification decision.

Federal Laws, Rules and Regulations

Healthcare organizations seeking and maintaining certification must participate in the Medicare program and be in compliance with the CMS CoPs. Compliance with the CMS CoPs may be demonstrated by maintaining accreditation with DNV GL- Healthcare or another accreditation organization, approved by CMS to deem healthcare organizations in compliance with the CoP.

The Heart Failure Program, through its association with the host hospital participating in the Medicare and Medicaid program, is expected to comply with current CoP. When new or revised requirements are published, the Heart Failure Program is expected to demonstrate compliance in a time frame consistent with the effective date as published by CMS in the Federal Register and/or as required by DNV GL- Healthcare.

These Program Certification Requirements address healthcare organizations that are either applying for DNV GL- Healthcare certification of their Heart Failure Program or are currently certified by DNV GL- Healthcare. When a healthcare organization has applied for but not received DNV GL- Healthcare certification, it is referred to as an "Applicant Organization." When a healthcare organization is currently certified by DNV GL- Healthcare, it is referred to as a "Certified Organization".

The Certification Survey is conducted separate and apart from a DNV-GL Accreditation Survey. The organization will be provided advance notice of the upcoming survey, not to exceed one month before the assessment of the Heart Failure Program.

QUALITY MANAGEMENT SYSTEM (QM)

QM.1 QUALITY MANAGEMENT SYSTEM

The governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the HF Program, medical staff, and administrative officials) is responsible and accountable for ensuring that the HF Program implements and maintains an effective quality management system (QMS). This QMS shall ensure that corrective and preventive actions taken by the HF Program are implemented, measured, and monitored.

In addition to any other QMS standard, the HF Program is required to comply with QM.1 at all times as part of its QMS.

- CR.1 The HF Program must develop, implement, and maintain an ongoing system for measuring, monitoring, and managing quality and patient safety.
- CR.2 The HF Program must implement quality assessment (QA) and performance improvement (PI) efforts to address priorities for improved quality of care and patient safety and those corrective and preventive actions are implemented and evaluated for effectiveness.
- CR.3 The standards for QA and PI will focus on using information derived from measurement data to improve or validate clinical practice.
- CR.4 The HF Program must have a formal documentation process for all policies, procedures, protocols, and forms.
 - CR.4a All policies, procedures, protocols and forms are reviewed at least annually with date of the review/revision documented.
 - CR.5b All previous policies, procedures, protocols, and forms are removed from any manuals, references or patient care areas to ensure that only the most current versions are available for use.
- CR.5 Control of records: the HF Program ensures that suitable records are maintained.
- CR.6 The HF Program conducts internal reviews of its processes and resultant corrective/preventive action measures are implemented and verified to be effective.
 - CR.6a At the time of the initial DNV GL- Healthcare HF Program certification survey, the HF Program must provide at least 6 months of collected data on each performance measure and 12 months of data annually thereafter.
 - CR.6b The HF Program is accountable for ensuring the accuracy and completeness of the performance measure data.
 - CR.6c Feedback shall be given to clinicians who fail to meet HF Program goals.
- CR.7 The HF Program has established measurable quality objectives and the results are analyzed.
- CR.8 Appropriate information has been submitted to the host hospital's oversight group for quality management as well as top management for review and analysis during a management review process.

QM.2 QUALITY OUTLINE

The HF Program shall clearly outline its methodology, practice, and related policies for addressing how quality and performance are measured, monitored, analyzed, and continually improved to promote favorable health outcomes and reduce risks for patients.

QM.3 HEART FAILURE PROGRAM QUALITY REPRESENTATIVE

A quality representative shall be designated and shall have the responsibility and authority for ensuring requirements of the QMS are implemented and maintained for the HF Program.

QM.4 DOCUMENTATION AND MANAGEMENT REVIEWS

Any variation, deficiency, or non-conformity identified by the HF Program shall be addressed by the HF Program. Appropriate corrective or preventive action will be determined, applied, and documented. Documentation of activities may take the form of a Failure, Mode and Effect Analysis (FMEA), Root Cause Analysis (RCA), Performance Report, non-Conformity Report, specific Improvement Project analysis, etc. This documentation shall become a part of the host hospital's Management Review performed at regular intervals, at a minimum of once annually. Feedback to clinicians who fail to meet the Program's goals shall be included as part of the Management Review.

QM.5 SYSTEM REQUIREMENTS

In establishing the HF Program QMS, the HF Program shall be required to have the following as a part of this system:

- CR.1 An interdisciplinary group to oversee the QMS that includes at least the Medical Director or designee, HF Program Quality Representative (QM.3), HF Program Coordinator, cardiologist, and practitioners who must be doctors of medicine or osteopathy. The HF Program should also include consideration of registered nurses, social workers, palliative care specialists, and dieticians as representatives.
- CR.2 Written document defining the HF Program QMS, to include all clinical and non-clinical services;
- CR.3 Measurable Quality Objectives; and,
- CR.4 Goal Measurement / prioritization of activities based in some manner on:
 - CR.4a Problem-prone areas, processes, or functions;
 - CR.4b A consideration of the incidence, prevalence and severity of problems in these areas, processes or functions; and,
 - CR.4c A consideration of efforts to affect health outcomes, improve patient safety and quality of care.

QM.6 MEASUREMENT, MONITORING, ANALYSIS

The HF Program shall strive to optimize the effectiveness of Program processes and systems. This goal shall be accomplished by identifying both process and outcome measures for key functions and for the Program as a whole.

Evaluations of the HF Program shall encompass overall patient outcomes, linkages among key components of the HF Program, and potential problems that could affect the care provided by the HF Program (See SD.4).

The HF Program shall develop performance measures and strategies for measuring, refining and reassessing the following key program components:

- CR.1 Patient Length of Stay;

- CR.2 Discharge Disposition to Home: (Patients discharged directly home from the hospital without transfer or admission to an inpatient rehabilitation center);
- CR.3 Readmission Rates;
- CR.4 Anticoagulation as appropriate; and,
- CR.5 Mortality Rate.
- CR.6 The HF Program shall evaluate all organized services and processes, both direct and supportive, including services provided by any contracted service. The monitoring shall include the use of internal reviews of the HF Program.
- CR.7 Documentation of quality improvement initiatives, performance measures and/or clinical indicators are presented and discussed at least on a quarterly basis.

QM.7 PATIENT SAFETY SYSTEM

- CR.1 The host hospital shall have a means for establishing clear expectations for identifying and detecting the prevalence and severity of incidents that impact or threaten patient safety. This shall include medical errors and adverse patient events.
- CR.2 The host hospital's Patient Safety System shall be documented and shall address the following:
 - CR.2a Detection;
 - CR.2b Preventative and corrective action;
 - CR.2c Defined processes to reduce risk;
 - CR.2d Implementation of action plans;
 - CR.2e On-going measurement to ensure action effectiveness;
 - CR.2f Management review of response and resource allocation to the results of the patient adverse event and other analyses; and,
 - CR.2g Policy and practice of informing patients and/or families about unexpected adverse events.

PROGRAM MANAGEMENT (PM)

PM.1 TOP MANAGEMENT

- CR.1 The host hospital top management is responsible and accountable for ensuring the following:
 - CR.1a The host hospital must be accredited by an organization approved by CMS or certified by the state agency acting on behalf of CMS
 - CR.1b The HF Program is in compliance with all applicable Federal and State laws regarding the health and safety of its patients;
 - CR.1c Criteria that include aspects of individual character, competence, training, experience and judgment is established for the selection of individuals working for the HF Program, directly or under contract;
 - CR.1d The personnel working in the HF Program are properly licensed or otherwise

meet all applicable Federal, State, and local laws;

CR.1e Responsibilities and authorities are defined and communicated within the HF Program; and,

CR.1f Appointment and qualifications of the Medical Director for the HF Program.

CR.1f(i) The Medical Director for the HF Program will be a Cardiologist, or other MD/DO with qualifications as defined for diagnosis and treatment of cardiovascular disease.

PM.2 MANAGEMENT COMMITMENT

Host hospital top management shall provide evidence of its commitment to the development and implementation of the HF Program and continually improving its effectiveness by:

CR.1 Communicating to the HF Program the importance of meeting customer as well as statutory and regulatory requirements;

CR.2 Establishing the HF Program, ensuring that objectives are established; and,

CR.3 Conducting HF Program reviews and ensuring the availability of resources.

MEDICAL STAFF (MS)

MS.1 MEDICAL STAFF

CR.1 The HF Program shall include criteria for determining the privileges to be granted to HF Program practitioners and a procedure for applying the criteria to those individuals that request privileges.

CR.2 The host hospital shall comply with 42 CFR 482.22 - Condition of participation: Medical Staff.

NURSING SERVICES (NS)

NS.1 NURSING SERVICES

CR.1 The host hospital must have a well-organized nursing service with a plan of administrative authority and delineation of responsibilities for the delivery of patient care under the HF Program.

CR.2 There shall be 24-hour nursing services and a HF coordinator must coordinate with nurse managers, the supervision, and evaluation of the nursing care for each patient of the HF Program.

CASE MANAGEMENT (CM)

CM.1 CASE MANAGEMENT

CR.1 A registered nurse, social worker, or other appropriately qualified personnel must develop, or supervise, the management of the patient through discharge.

- CR.1a The responsible personnel should have experience in case management, discharge planning, knowledge of social and physical factors that affect functional status at discharge, and knowledge of community resources to meet post-discharge needs.
- CR.2 The discharge planning evaluation shall include:
 - CR.2a An evaluation of the likelihood of a patient needing post-hospital services and of the availability of the services;
 - CR.2b An evaluation of the likelihood of a patient's capacity for self-care or of the possibility of the patient being cared for in the environment from which he or she entered the organization; and,
 - CR.2c A means to inform the patient or the patient's family of their freedom to choose among participating Medicare providers of post-hospital care services, and must, when possible, respect patient and family preferences when they are expressed.
- CR.3 The discharge planning evaluation shall be completed on a timely basis so that appropriate arrangements are made before discharge, and unnecessary delays in discharge are avoided.
- CR.4 The discharge planning evaluation shall be a part of the patient's medical record and be used when forming the discharge plan with the patient or individual acting on his or her behalf.
- CR.5 If the results of the discharge evaluation so indicate, or at the request of the patient's physician, a registered nurse, social worker, or other appropriately qualified personnel shall develop, or supervise the development of, a discharge plan and associated educational materials.
- SR.5a The results of the discharge planning evaluations must be discussed with the patient or individual acting on their behalf.

STAFFING MANAGEMENT (SM)

SM.1 PERSONNEL (GENERAL)

Personnel performing work affecting conformity to the HF Program requirements shall be competent on the basis of appropriate education, training, skills, and experience.

- CR.1 The host hospital shall have a policy and practice outlining and verifying that each staff member possesses a valid and current license or certification as required by the HF Program and Federal and State laws. This written policy shall be strictly enforced and compliance data reported to top management.

SM.2 COMPETENCE, TRAINING, AND AWARENESS

The HF Program shall:

- CR.1 Determine the necessary competence for personnel performing work affecting conformity to the HF Program requirements;
- CR.2 Have evidence to demonstrate initial and ongoing training in the care of HF patients;
- CR.3 Where applicable, provide training or take other actions to achieve the necessary competence;

- CR.4 Evaluate the effectiveness of the actions taken;
- CR.5 Provide continuing education or other equivalent educational activity no less than annually to staff members assigned to care for HF patients, as determined appropriate by the HF Program and as appropriate to the care practitioners' level of responsibility related specifically to HF Program;
- CR.6 Ensure that its personnel are aware of the relevance and importance of their activities and how they contribute to the achievement of the quality objectives; and,
- CR.7 Maintain appropriate records of education, training skills and experience.

SM.3 DETERMINING AND MODIFYING STAFFING

- CR.1 The method for determining and modifying staffing shall be validated through periodic reporting of variance from core staffing, outlining justification and linking that justification with patient and process outcomes, including any untoward patient events or process failures.
- CR.2 This validation shall be completed and reported to quality management oversight, when indicated.

SM.4 JOB DESCRIPTION

- CR.1 All HF Program personnel, whether clinical or supportive, including contract staff, shall have available a current job description that contains the experience, educational and physical requirements, and performance expectations for that position.

SM.5 ORIENTATION

- CR.1 All HF Program personnel, whether clinical or supportive, including contract staff, shall receive an orientation to specific job duties and responsibilities, and their work environment, as required by Federal and State law and regulation and the HF Program. The orientation shall take place prior to the individual functioning independently in their job.

SM.6 STAFF EVALUATIONS

- CR.1 The performance/competency evaluation shall contain indicators that will objectively measure the ability of HF Program staff to perform all job duties as outlined in the job description. Relevant indicators shall then be selected from this complete list of indicators for measurement as outline below.
- CR.2 The staff shall be evaluated initially and on an on-going basis against indicators that measure issues and opportunities for improvement that are identified through the following:
 - CR.2a Variations and problem processes identified through the analysis of outcomes measurement as required by the HF Program;
 - CR.2b New technology/equipment/processes;
 - CR.2c Customer satisfaction feedback;
 - CR.2d Scheduled training session outcomes;
 - CR.2e Staff learning needs assessments that include variations identified through prior staff performance measurement;
 - CR.2f Staff feedback;

- CR.2g Medical staff feedback; and,
- CR.2h Requirements of Federal and State law (as applicable).
- CR.3 Indicator measurement for contract staff may be modified based on HF outcomes and frequency of service of the individual. Modification of this measurement must take place no less than annually and shall be justified by data analysis.
- CR.4 The HF Program shall aggregate the objective performance data for the individual staff and within each job classification to identify variations for further training, coaching and mentoring:
 - CR.4a Re-measurement shall follow any intervention.
 - CR.4b The outcomes of this measurement shall be reported in the aggregate to top management.
- CR.5 The host hospital shall define a timeframe, not less than annually, and a policy and practice for sharing the indicators measurement of individual staff member with those staff members that allows for staff feedback.
- CR.6 The host hospital shall require each staff member, including contract staff, to participate in continuing education as required by individual licensure/certification, professional association, law or regulation, or HF policy. Compliance with this standard shall be reported to Quality Management Oversight.

PATIENT RIGHTS (PR)

PR.1 PATIENT RIGHTS

The host hospital shall protect and promote each patient's rights. The host hospital shall inform, whenever possible, each patient and/or legal representative (as allowed under State law) of the patient's rights in advance of providing or discontinuing care and allow the patient to exercise his or her rights accordingly.

- CR.1 The host hospital shall comply with 42 CFR 484.13 - Condition of participation: Patient Rights.

PR.2 LANGUAGE AND COMMUNICATION

The host hospital shall communicate with the patient and/or legal representative in language and format that the patient and/or legal representative understand.

- CR.1 The host hospital's policy and practice provides for competent individuals to interpret the patient's language for individuals who do not speak English or provide alternative communication aids for those who are deaf, blind, or otherwise impaired.

INFECTION PREVENTION AND CONTROL (IC)

IC.1 INFECTION PREVENTION AND CONTROL SYSTEM

- CR.1 The HF Program shall participate in the host hospital's infection control and prevention program to maintain a sanitary environment for HF patients, staff, and others.

MEDICAL RECORDS SERVICE (MR)

MR.1 MEDICAL RECORD SERVICE

- CR.1 The host hospital shall maintain a medical record service in compliance with 42 CFR §482.24-Condition of participation: Medical Record Services.

PHYSICAL ENVIRONMENT (PE)

The host hospital will abide by the management systems for maintaining the physical environment in place under the operation of the hospital and applicable CMS Conditions of Participation (CoPs) and accreditation organization requirements.

PE.1 INFRASTRUCTURE

The host hospital shall determine, provide, and maintain the infrastructure needed to achieve conformity to the HF Program requirements. Infrastructure includes, as applicable:

- CR.1 Buildings, workspace and associated utilities;
- CR.2 Process equipment (both hardware and software); and,
- CR.3 Supporting services (such as transport, communication, or information systems).

PE.2 WORK ENVIRONMENT

The host hospital shall determine and manage the work environment needed to facilitate patient care.

- CR.1 The facilities for the HF Program shall be maintained to ensure the safety of patients, visitors, and staff.
- CR.2 The HF Program must maintain adequate and safe facilities for its services.

PE.3 SAFETY MANAGEMENT SYSTEM

- CR.1 The host hospital shall provide and maintain safe and adequate diagnostic and therapeutic facilities.
- CR.2 The host hospital shall require that facilities, supplies, and equipment be properly maintained and ensure an acceptable level of safety and quality. The extent and complexity of facilities shall be determined by the services offered under the HF Program.
- CR.3 The host hospital shall require that the HF Program maintain an environment free of hazards and manages staff activities to reduce the risk of occupational related illnesses or injuries.
- CR.4 The host hospital shall address safety recalls and alerts involving the HF Program.

PE.4 SECURITY MANAGEMENT SYSTEM

- CR.1 The host hospital shall develop a system that provides for a secure environment.
- CR.2 The host hospital shall provide for identification of patients, employees, and others.
- CR.3 The host hospital shall require a process for reporting and investigating security related issues.

PE.5 MEDICAL EQUIPMENT MANAGEMENT SYSTEM

- CR.1 The host hospital shall ensure that effective processes are in place for the acquisition, safe use, and the appropriate selection of equipment used within the HF Program.
- CR.2 The host hospital shall address issues related to the HF Program's initial service inspection, orientation, and demonstration of rental or physician owned equipment.

PE.6 UTILITY MANAGEMENT SYSTEM

- CR.1 The host hospital shall ensure maintenance, testing, and inspection processes for critical utilities used in the operation of the HF Program.
- CR.2 The host hospital shall ensure emergency processes for utility system failures or disruptions.
- CR.3 The host hospital will ensure that all relevant utility systems shall be maintained, inspected and tested.

HEART FAILURE PROGRAM SERVICE DELIVERY (SD)

SD.1 PLANNING FOR SERVICE DELIVERY

The HF Program shall plan and develop the processes needed for HF service delivery. HF Program service delivery processes shall be consistent with the DNV GL HF Program Certification Requirements.

In planning HF services delivery, the HF Program shall determine:

- CR.1 Quality objectives and requirements for the HF Program;
- CR.2 Required processes and documents, and necessary resources specific to the HF Program;
- CR.3 Required verification, validation, monitoring, and measurement, specific to the HF Program; and,
- CR.4 Records needed to provide evidence that the processes meet requirements. The output of this planning shall be in a form suitable for the HF Program's method of operations.

SD.2 REVIEW OF REQUIREMENTS RELATED TO THE DELIVERY OF HEART FAILURE SERVICES

The HF Program shall review requirements related to the HF Program. This review shall be conducted prior to the HF Program's commitment to provide services to patients and shall ensure:

- CR.1 HF Program requirements are clearly defined;
- CR.2 The HF Program has the ability to meet the defined requirements;
- CR.3 Records of the results of the review and actions arising from the review shall be maintained;
- CR.4 If any HF Program requirements are changed, the HF Program shall ensure that all relevant documents are amended; and,
- CR.5 Communication to all relevant personnel is made about any changes and the competence of all practitioners is reassessed when new techniques or responsibilities are introduced and periodically within the timeframes defined by the HF Program.

SD.3 CONTROL OF SERVICE DELIVERY

The HF Program shall plan and carry out services under controlled conditions. Controlled conditions shall include, as applicable:

- CR.1 The availability of information that describes the characteristics of the HF Program;
- CR.2 The availability of work instructions, as necessary;
- CR.3 The use of suitable equipment;
- CR.4 The availability and use of monitoring and measuring equipment; and,
- CR.5 The implementation of monitoring and measurement.

SD.4 PERFORMANCE EVALUATION

The HF Program shall evaluate the performance and effectiveness of the Program as a part of its QMS (see QM.6).

The HF Program must collect and analyze data on the following performance measures:

- CR.1 Use of angiotensin – converting enzyme inhibitor (ACEI) or and angiotensin II receptor blocker (ARB) for left ventricular systolic dysfunction (LVSD);
- CR.2 Left ventricular function (LVF) assessment;
- CR.3 Smoking cessation counseling;
- CR.4 HF patient discharge instructions including:
 - CR.4a Activity level;
 - CR.4b Diet;
 - CR.4c Discharge medications;
 - CR.4d Follow up appointment;
 - CR.4e Weight monitoring; and,
 - CR.4f What to do if symptoms worsen.
- CR.5 Community education;
- CR.6 The HF Program must collect and analyze data on at least four additional performance measures.
 - CR.6a Two of the measures must be clinical process or outcomes measures from generally accepted clinical practice guidelines. Examples might include:
 - The American Heart Association Get with the Guidelines for Heart Failure http://www.heart.org/HEARTORG/Professional/GetWithTheGuidelines/GetWithTheGuidelines-HF/Get-With-The-Guidelines-Heart-Failure-Home-Page_UCM_306087_SubHomePage.jsp
 - HFSA Comprehensive Heart Failure Practice Guideline <http://www.hfsa.org/heart-failure-guidelines-2/>

- 2016 ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure
<http://professional.heart.org/professional/registration/volunteerForm.jsp>

CR.6b The two remaining measures may be clinical or related to health status, functional status, administrative or financial areas.

Interpretive Guidelines:

A smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital admission. Smoking cessation counseling should occur during the inpatient episode of care.

Community HF education includes community outreach initiatives that offer education programs in the community about the causes, signs, symptoms and treatment of heart failure, support groups and other activities focused on improving HF awareness.

SD.5 HEART FAILURE PROGRAM PROTOCOLS AND PATHWAYS

CR.1 The HF Program is responsible for the development, maintenance, and utilization of efficient pathways, protocols, and processes to ensure appropriate identification, evaluation and treatment of HF program patients.

CR.2 The HF Program is responsible for the development, maintenance, and utilization of efficient pathways, protocols, and processes for implantable cardioverter defibrillator (ICD) implantation.

CR.2a If the HF Program does not provide ICD services onsite, there shall be a documented referral protocol in place and knowledge of nearby facilities offering this service.

CR.3 The HF Program is responsible for the development, maintenance, and utilization of efficient pathways, protocols, and processes for biventricular resynchronization pacemaker insertion.

CR.3a If the HF Program does not provide biventricular resynchronization pacemaker insertion services onsite, there shall be a documented referral protocol in place and knowledge of nearby facilities offering this service.

CR.4 The HF Program is responsible for the development, maintenance, and utilization of efficient pathways, protocols, and processes for dual chamber pacemaker insertion.

CR.4a If the HF Program does not provide dual chamber pacemaker insertion services onsite, there shall be a documented referral protocol in place and knowledge of nearby facilities offering this service.

SD.6 PLAN OF CARE

CR.1 HF Program staff shall develop and maintain a plan of care prepared by qualified individuals for each patient within 24 hours of inpatient admission that reflects the input of other disciplines, as appropriate. Documentation of these interdisciplinary findings, including relevant co-morbidities and interventions, shall be included in the plan of care.

CR.2 The inpatient plan of care will include initial discharge planning for continuing care and treatment based on needs, condition, and prognosis of the patient.

SD.7 MEDICATION MANAGEMENT

CR.1 The host hospital shall provide pharmacy services to meet the needs of the patients. Medications will be administered in accordance with accepted professional principles. The

pharmacy service will be directed by a full-time, part-time, or consulting registered pharmacist responsible for developing, supervising, and coordinating all the activities of the pharmacy services. The pharmacy service must have an adequate number of qualified personnel to ensure medication management services, including emergency services.

- CR.2 All medications shall be administered by or under the supervision of nursing or other qualified personnel in accordance with applicable Federal and State laws. All drugs and biologicals shall be administered only upon the orders of the practitioner responsible for the care of the HF patient in accordance with approved medical staff policies and procedures, and accepted standards of practice.
- CR.3 All compounding, packaging, and dispensing of medication shall be under the supervision of a pharmacist.
- CR.4 The HF Program shall have a process in place for ensuring the reconciliation of the HF patient's medications across the continuum of care.

Interpretive Guidelines:

Medication reconciliation at points of care transition and in the ongoing outpatient setting has been demonstrated to be an effective strategy for avoiding adverse drug events. HF Programs should consider the recommendations of Federal (e.g., <https://www.ahrq.gov/professionals/quality-patient-safety/patient-safety-resources/resources/match/index.html>) and other organizations such as the Institute for Healthcare Improvement (e.g., <http://www.ihl.org/Topics/ADEsMedicationReconciliation/Pages/default.aspx>) when developing policy and practice regarding medication reconciliation.

SD.8 DIAGNOSTIC TESTS

- CR.1 Medical record documentation must include completed diagnostic studies (laboratory, imaging, echocardiogram, chest x-ray, anticoagulation management) as applicable.
- CR.2 Diagnostic testing will be obtained on an inpatient and outpatient basis as appropriate to identify trends, assess device function, monitor anticoagulation therapies when indicated, and to monitor health management issues.
- CR.3 Diagnostic studies associated with a HF clinical trial will be ordered and completed according to the protocol for that study.

SD.9 PATIENT MANAGEMENT

- CR.1 The HF Program Team must collaborate with personnel in the CCU, ICU, and other units (e.g., ED, GI Lab, Cardiac Catheterization Lab) where HF patients are cared for, to organize and coordinate the patient's care.
- CR.2 The HF Program must maintain a current and complete call schedule with contact information for the appropriate physicians and HF Program Coordinator available for the HF Program Team.
- CR.3 The HF Program will ensure that the patient and family is provided the information necessary to make informed decisions regarding care planning and treatment, and decisions about managing their disease or condition including changes in lifestyle.
- CR.4 The HF Program will follow up with inpatients within 72 hours of discharge.
- CR.5 The HF Program will ensure that the patient is provided with a follow up appointment at the time of discharge not to exceed 7 days' post discharge.
- CR.6 HF patients shall have an individualized treatment plan prepared by qualified individuals that is maintained across the continuum of care.

Interpretive Guidelines:

The patient follow up communication post discharge typically consists of a telephone call to verify or review:

- Patient home medications and compliance
- Delivery and functionality of any applicable durable medical equipment or supplies
- Status of any outpatient services ordered at discharge
- Questions or concerns from patient

SD.10 HEART FAILURE INTERDISCIPLINARY TEAM

CR.1 The HF Program shall define the criteria and qualifications (through plan, policy, or procedure) required for designation of qualified practitioners, professional and other personnel assigned to the HF Program. HF patients must be managed by an interdisciplinary team of medical professionals with the appropriate qualifications, training, and experience. The team embodies collaboration and dedication across medical specialties to offer optimal patient-centered care.

The HF Program Team must include, at a minimum, all of the following individuals:

CR.1a The HF Program Medical Director must have sufficient knowledge of the diagnosis and treatment of HF as evidenced by Board Certification in cardiovascular disease or completion of a recognized fellowship in cardiovascular disease with board eligibility with a defined plan to achieve board certification;

CR.1b Other physician team members, as appropriate, shall be board certified or board eligible with a defined plan to achieve certification;

CR.1c HF Program coordinator (nurse, nurse practitioner, physician assistant);

CR.1d Social worker;

CR.1e Dietician; and,

CR.1f Registered Nurse(s).

CR.2 The HF Program shall maintain an interdisciplinary approach to proper medical care of the HF patient, including the participation of nurses, occupational therapists, physical therapists, palliative care specialists, respiratory therapists, pastoral care, psychologists, and pharmacists, case management, and dietitian, as appropriate.