

Meridian Health Core Measure Quality Indicator Information/Reference

Heart Failure (HF)

Discharge Instructions

HF patients *must* receive written/computerized discharge instructions that address the following 6 areas:

1. Activity
2. Diet
3. Follow-up Appointment (not 'as needed')
4. Daily Weight Monitoring
5. HF Symptoms Worsening (must be specific to HF)
6. Discharge Medications clearly and accurately listed for the patient

The Discharge Medications listed on the patients discharge instruction form **MUST** Match the discharge medications noted in the physician discharge summary!

Medical record documentation must indicate that the patient has received all of the above specific discharge instructions. Maintain a copy of the discharge instructions in the medical record.

Evaluation of LVS Function:

Evaluate Left Ventricular Systolic Function either:

- Prior to arrival (current hospital admission must note the prior EF in the chart)
- During hospital stay
- Specifically planned LVS assessment for after discharge (i.e. "Pt is scheduled for Echo next wk")

Or document a reason for Not evaluating LVS function in the medical record.

Adult Smoking Cessation Advice/Counseling:

Give smoking cessation information to pts with a clear history of cigarette smoking anytime during the past year prior to arrival. Always inquire as to smoking history.

Document smoking cessation advice/counseling in the medical record.

ACEI/ARB at Discharge for LVSD: (Includes RAS/RAAS blockers/inhibitors)

Prescribe EITHER ACEI or ARB at discharge for pts with <40% EF or moderate/severe LVSD; **or** document a reason for No ACEI **AND** No ARB at discharge.

- Reasons:
- Allergy
 - Moderate or severe aortic stenosis [counts for BOTH]
 - Other explicitly documented reason by the physician/PA/APN/Pharmacist
(If no ACEI & no ARB are prescribed, then the reason has to refer to Both)
 - Physician/APN/PA/Pharmacist documentation that either an ACEI or an ARB was not given due to one of the following 5 conditions [counts for BOTH]:

- 1) Angioedema
- 2) Hyperkalemia
- 3) Hypotension
- 4) Renal artery stenosis
- 5) Worsening renal function/renal disease/dysfunction

Beta Blocker at Discharge for LVSD: (This is a Get With the Guidelines required indicator)

Prescribe a Beta Blocker at discharge for pts with <40% EF or moderate/severe LVSD; **or** document a reason for Not prescribing a Beta Blocker at discharge.