

Introduction:

Get With The Guidelines®- Heart Failure is the American Heart Association's collaborative quality improvement program demonstrated to improve adherence to evidence-based care of patients hospitalized with heart failure. The registry facilitates opportunities to enter and monitor data on patients with heart failure. Metrics are tracked on hospitalization, secondary prevention strategies, discharge, and follow-up care. Additionally, teams can optimize their quality improvement activities utilizing the creative reporting capabilities of our newest platform. Super User accounts are available for health system quality staff to monitor the performance of all affiliated sites allowing for high level quality initiatives across systems. The American Heart Association supports the Get With The Guidelines platforms with a knowledgeable team of quality improvement consultants. An added value to our customers is ongoing virtual education featuring guideline-driven care, current hot topics, model-sharing, expert consultant panels and more!

Heart Failure Achievement Measures:

- Evidence-based specific beta blockers: Percent of HF patients who were prescribed evidence-based specific beta blockers (bisoprolol, carvedilol, metoprolol succinate CR/XL) at discharge. AHAHF2
- Left Ventricular Function Assessed: HF patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge. AHAHF3
- Post-discharge appointment for heart failure patients: Percent of eligible heart failure patients for whom a follow-up appointment was scheduled and documented including location, date, and time for follow-up visits or home health visits. AHAHF4
- Angiotensin receptor-neprilysin inhibitor (ARNi) at discharge: Percentage of eligible patients with heart failure who are prescribed an ARNI at hospital discharge. AHAHF6
- SGLT-2 inhibitor at discharge for patients with HFrEF: Percent of patients with heart failure (HF) and reduced ejection fraction who are discharged on a SGLT-2 Inhibitor. AHAHF93
- Mineralocorticoid receptor antagonist at discharge for patients with HFrEF (LVEF ≤ 40): Percent of heart failure patients with left ventricular ejection fraction $\leq 40\%$ or a qualitative assessment of moderate/severe dysfunction with no contraindications or documented intolerance who were prescribed mineralocorticoid receptor antagonists (MRA) or aldosterone antagonist at discharge. AHAHF110

Heart Failure Quality Measures:

- ACEI/ARB or ARNi at discharge: Percent of heart failure patients with left ventricular systolic dysfunction (LVSD) and without angiotensin converting enzyme inhibitor (ACEI) and angiotensin receptor blocker (ARB) or angiotensin-receptor/neprilysin inhibitor (ARNi) contraindications who are prescribed an ACEI, ARB, or ARNI at hospital discharge. AHAHF1
- Anticoagulation for atrial fibrillation or atrial flutter: Percent of patients with chronic or recurrent atrial fibrillation or atrial flutter at high risk for thromboembolism, according to CHA2DS2-VASc risk stratification prescribed anticoagulation at discharge. AHAHF7
- CRT-D or CRT-P placed or prescribed at discharge: Percent of heart failure patients with left ventricular ejection fraction less than or equal to 35% with a QRS duration of 120 ms or above and left bundle branch block or QRS 150ms or above regardless of QRS morphology, with no contraindications, documented intolerance, or any other reason against who have CRT-D or CRT-P, had CRT-D or CRT-P placed, or were prescribed CRT-D or CRT-P at discharge. AHAHF8
- DOAC at T- e # X

- Influenza vaccination during flu season: Percent of patients that received an influenza vaccination prior to discharge during flu season. AHAF13
- Lab monitoring follow up: Percentage of patients age ≥ 18 years with a diagnosis of heart failure who were newly prescribed an aldosterone antagonist (MRA) at discharge or who had an aldosterone antagonist upon admission with a dose increase during discharge, who had potassium and renal function planned or ordered within one week post-discharge. AHAF91
- Pneumococcal Vaccination: Percent of patients that received a pneumococcal vaccination prior to discharge. AHAF14
- Defect-free care for quadruple therapy medication for patients with HFrEF: Percentage of patients who received "perfect care" based upon their eligibility for each of the four component medication measures. AHAF106

Heart Failure Reporting Measures:

- Referral to HF disease management, 60 minutes patient education, discharge packet for patients diagnosed with HF, or referral to outpatient cardiac rehabilitation program: Percent of heart failure patients who were referred to heart failure disease management, received 60 minutes of patient education by a qualified educator, received an AHA heart failure interactive workbook, or were referred to an outpatient cardiac rehabilitation program.

- Mineralocorticoid receptor antagonist at discharge for patients with HFmrEF/HFpEF:

Completion Rates and Missing Elements:

- HF achievement award qualified: Percent of patients who have the minimum necessary data elements complete to be included in GTG Achievement Measures for award calculation. AHAHF56
- HF quality award qualified: Percent of patients who have the minimum necessary data elements complete to be included in GTG Quality Measures for award calculation. AHAHF57
- Record completion rate: Percent of patient records that are saved as complete. AHAHF58
- Missing HF achievement award qualified: Histogram of missing data for key elements needed for appropriate inclusion in GTG Achievement Measures. AHAHF59
- Missing HF quality award qualified: Histogram of missing data for key elements needed for appropriate inclusion in GTG Quality Measures. AHAHF60

Composites and Defect Free:

- Overall diabetes # 8r r r r Mi a r r I

