

# NATIONAL QUALITY FORUM

## NATIONAL VOLUNTARY CONSENSUS STANDARDS: CARDIOVASCULAR ENDORSEMENT MAINTENANCE 2010: A CONSENSUS REPORT ADDENDUM

Addendum to the draft report, [National Voluntary Consensus Standards: Cardiovascular Endorsement Maintenance, 2010](#):

### HEART FAILURE

#### Measure Not Recommended

<b>0136 Heart Failure (HF): Detailed discharge instructions</b>
<p><b>Description:</b> Percentage of heart failure patients discharged home with written instructions or educational material given to patient or caregiver at discharge or during the hospital stay addressing all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.</p> <p><b>Numerator Statement:</b> HF patients with documentation that they or their caregivers were given written discharge instructions or other educational material addressing all of the following:</p> <ol style="list-style-type: none"><li>1. activity level</li><li>2. diet</li><li>3. discharge medications</li><li>4. follow-up appointment</li><li>5. weight monitoring</li><li>6. what to do if symptoms worsen</li></ol> <p><b>Denominator Statement:</b> HF patients discharged home (ICD-9-CM principal diagnosis of HF: 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9); and a discharge to home, home care, or court/law enforcement</p> <p><b>Exclusions:</b> Exclusions:</p> <ul style="list-style-type: none"><li>• &lt;18 years of age</li><li>• Patients who have a length of stay greater than 120 days</li><li>• Patients enrolled in clinical trials</li><li>• Patients with comfort measures only documented</li><li>• Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospital stay (ICD-9-CM procedure code of LVAD and Heart Transplant: 33.6, 37.51, 37.52, 37.53, 37.54, 37.60, 37.62, 37.63, 37.65, 37.66, 37.68)</li></ul> <p><b>Adjustment/Stratification:</b> No risk adjustment necessary N/A</p> <p><b>Level of Analysis:</b> Facility/Agency, Population : National</p> <p><b>Type of Measure:</b> Process</p> <p><b>Data Source:</b> Paper medical record/flow-sheet</p> <p><b>Measure Steward:</b> Centers for Medicare &amp; Medicaid Services, 7500 Security Boulevard, Baltimore, MD 21244-1850</p>
<p><b>Steering Committee Recommendation for Endorsement:</b> <u>Do not recommend</u></p> <p><b>Rationale:</b> <u>Did not pass Importance Criteria.</u></p>
<p><b>1. Importance to Measure and Report:</b> <u>Y-4; N-16</u> (1a. Impact; 1b. Performance gap; 1c. Outcome or Evidence)</p> <p><b>Rationale:</b></p> <ul style="list-style-type: none"><li>• Evidence lacking for relationship to outcomes.</li><li>• Literacy level is not addressed.</li><li>• There is no assessment of whether the instructions were reviewed with the patient and that the patient had good understanding of the instructions..</li></ul>