St. Anthony Hospitals
Centura Health

Date: January 23, 2008

Dear Dr. Smith,

Your patient, John Doe, *(MR# CA12345, hospitalized from Nov. 28-30, 2007 for Heart Failure),*
did not receive an ACE-I/ARB at discharge, or have a documented contraindication.
(Details: LVEF 25%, ACE d/c'd during stay, not re-ordered, and no documented contraindication)

As you may know, specific clinical interventions have been demonstrated to improve clinical outcomes for Heart Failure patients. The Joint Commission and CMS require accredited hospitals to collect and publicly report performance data on all coded heart failure discharges. This requirement was established to improve the safety and quality of inpatient care, and to support performance improvement in hospitals.

The following **Physician-Driven "Core Measures"** are based on the American College of Cardiology and American Heart Association clinical guidelines for the treatment of heart failure.

- **Documentation of LV function:** All patients with heart failure contributing to their hospitalization are to have documentation of their left ventricular function (LVF) with each admission. This identifies patients with impaired left ventricular systolic function (LVSD or EF<40%), which allows appropriate selection of medications to reduce morbidity and mortality.
  - LVF documentation may be qualitative or quantitative
  - Documentation can be a notation of previously established ejection fraction, from a diagnostic study during this admission, or a plan to assess LVF after discharge.

- ***For patients with LVSD (EF <40%):***
  - **Prescription of** *both* **ACE-I/ARB** and **Beta-blocker at discharge**
    - Both ACE-I/ARB and β-blocker therapies reduce mortality and morbidity in patients with heart failure and left ventricular systolic dysfunction (EF <40%).
    - ARBs are acceptable alternatives to ACE-I therapy.
    - β-blockers specifically shown to reduce mortality and morbidity in HF with LVSD are carvedilol (Coreg), metoprolol succinate (Toprol XL), and bisoprolol.

These recommendations are made for eligible patients without documented contraindications. Obviously, evidence-based therapies are not always appropriate for each patient. In such cases, please clearly document the contraindication related to the specific measure in the medical record (i.e." no ACE-I/ARB due to worsening renal failure").

The goal at St. Anthony Hospitals' is to achieve 100% on all Heart Failure Core Measures, and maintain our certification as a Joint Commission Center of Excellence for HF. Thank you for your dedication to delivering evidence-based care to our patients. For questions regarding treatment recommendations or references, please contact the Heart Failure Coordinator or Physician Champions.

Sincerely,

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