



American
Heart
Association.

HEART FAILURE CENTER CERTIFICATION

Eligibility Guide

Introduction

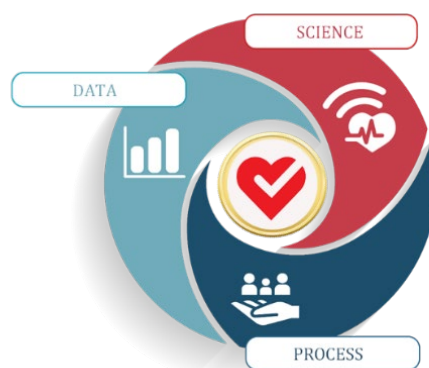
The American Heart Association (Association) believes that healthcare facility certification has great potential to improve the assessment, diagnosis, and treatment of heart failure. In order to maximize this benefit, certification must adhere to and reflect the latest clinical science and evidence-based guidelines that meet the current standards. As a public trust, these standards are developed independently and overseen by mission-driven organizations with the clinical background required to fulfill this trust by focusing on patient-centered quality healthcare, safety and value. Aligned in this purpose, the Association and our local collaborators are uniquely positioned to build upon our shared leadership in translating guidelines into programs and services that shape clinical care and improve patient outcomes to offer a comprehensive set of heart failure certification services for health care facilities around the world.

Certification Overview

We believe that hospitals and the patients they serve benefit from a coordinated certification program that provides enhanced value by enriching the Association's approach to quality improvement and certification. The overarching goals of the certified Heart Failure Centers encompasses the patient, provider, enhancing the relationship with local hospitals, pre-hospital providers, governmental health organizations, and engagement with insurers and payors. The Certification is focused on standardizing heart failure patient care and is designed to evaluate each hospital against a professional set of criteria based on demonstrated adherence to key standards and a rigorous review process.

The goals of the program are to:

- Ensure standardized care is driving decision making at all levels represented in the heart failure care environment
- Provide guidance and leadership on measurably improving heart failure care coordination and communication between and among care providers
- Demonstrate that high levels of compliance through certification or recognition results in measurable improvements in clinical quality of care and cost effectiveness



- Provides a framework focusing on evidence-based care to improve patient outcomes
- Assists organizations in establishing a consistent approach to care, reducing variations in care and the risk of errors
- Designation for excellence in the care of heart failure patients
- Facilitates the development of a loyal, cohesive, and highly competent clinical team
- Demonstrates commitment to a higher standard of clinical service
- Differentiate in the market
- May fulfill regulatory requirements

Benefits for Patients

- Provide patients with access to centers focused on heart failure care
- Provide patients with confidence that the centers can provide the most effective heart failure treatment strategies
- Provide patients with assurance that the center has been vetted and is recognized by the American Heart Association, based on professional evaluation criteria designed by international experts



Benefits for Certified Facilities

Heart Failure Center Certification

- Ability to care for patients with heart failure
 - Rapid assessment, imaging, ability to determine therapy.
 - Have the infrastructure to manage heart failure patients in their facility.
 - Interdisciplinary team availability to meet the medical, recovery, and social needs to the heart failure patient.
- Facilitate the transition of care from hospital to home and ongoing follow-up to optimize life saving guideline directed medical therapies.
- Heart failure specific educational requirements for all disciplines caring for heart failure patients.
- Data collection and interval submission of data.
- Robust heart failure quality improvement initiatives.

Data Burden Reduction

Certification measures data elements incorporated in the Association's Get With The Guidelines – Heart Failure registry to decrease your data burden and free up your resources, making your certification easier to achieve.



Certification Standards

Visit our website at heart.org/internationalQI to review the detailed Heart Failure Center Certification Program Manual.

Certification Term

Heart Failure Centers are each certified for a term of three years with an annual review process.

Fees

There is an annual fee for Heart Fail Center Certification. Please contact your local Quality Improvement Director for more information., which includes full participation in Get With The Guidelines-Heart Failure quality improvement registry (where available).

- ✓ processing the application
- ✓ confirming eligibility
- ✓ administering the review process, including review of standardized performance measures collected in GWTG- Heart Failure or other international Heart Failure registries.

When the agreement is fully executed, the Association representative will initiate the invoice process according to the contract terms. Please remit payment to the address located on the invoice. The certification review process and review of submitted documentation begins after receipt of certification fees.

Heart Failure Center Certification Eligibility Criteria

- The program uses a standardized method of delivering clinical care based on current evidence-based guidelines
- The program uses heart failure performance measurement to improve its performance over time
- The facility participates in Get With The Guidelines®-Heart Failure (where available)

INFRASTRUCTURE

Requirements:

Designated Cardiac Unit/ Cardiac Intensive Care Unit or beds for heart failure patients

Heart failure clinic (where the patient receives follow-up care)

Operating room

Angio Suite

Heart failure registry

Professional education / Training Program

The facility has a charting system/consolidated record in place that allows for information to be accessible 24/7 by all team members

Interprofessional team

Recommended:

Vascular surgery 24/7

Cardiothoracic Surgery 24/7

Diagnostic and interventional radiology

Critical Care Medicine

Remote monitoring

Palliative Care

Rehabilitation therapy (Cardiac, Physical, Occupational therapy)

STAFFING

Required:

Heart failure experts available 24/7 with on-call schedules

Heart failure Program Coordinator

Dedicated heart failure data abstractor

Heart Failure Medical Director

Cardiovascular services available 24/7 with on-call schedules

Recommended:

Interventional/endovascular physician(s) 24/7

Angio suite staffed 24/7

Operating room staffed 24/7

ANNUAL VOLUME REQUIREMENTS

Must treat a minimum of 25 patients annually (both inpatient and outpatient)

DIAGNOSTIC/TREATMENT TECHNIQUES AVAILABLE

Required:

12-lead electrocardiogram

Echocardiography

Chest radiography (x-ray)

Computed Tomography (CT) with coronary computed tomography (CCTA) capability

Cardiovascular magnetic resonance imaging (CMR or cardiac MRI)

Diagnostic cardiac stress testing

Cardiopulmonary exercising testing (CPET) and/or 6 Minute Walk Test

Laboratory Testing

Recommended:

Nuclear imaging

Cardiac catheterization

Transesophageal echocardiography (TEE)

Transthoracic echocardiography (TTE/Echo)

Surgical and interventional therapies

Electrophysiology/Device Implant

Advanced circulatory support/mechanical circulatory support

Certification Process

1. **Eligibility Information and Requirements:** Review the eligibility information contained in this document.
2. **Request Standards:** Visit our webpage at <http://www.heart.org/internationalQI> to download the comprehensive certification program manual, which includes the standards, measurement criteria, application, and the participation agreement.
3. **Application:** The organization completes and submits the application located in the program manual. *Applications will expire one year from the date received.*
4. **Participation Agreement:** The facility reviews, signs, and submits the agreement
5. **Fees:** Once payment is received you will be contacted by an Association Representative to initiate the certification review process.
6. **Certification Readiness Review:** Association staff will work closely with the hospital to prepare for certification review. Association staff helps you meet your heart failure program goals through ongoing collaboration with multidisciplinary team to improve patient care and outcomes. This includes but is not limited to site preparation to help your hospital prepare for certification review.
7. **Desk Review:** A Reviewer evaluates the facilities' application and supporting documentation for adherence to the Requirements. If there are any questions, the Reviewer schedules calls with the facility to resolve documentation questions.
8. **Virtual Review:** The virtual review will culminate with a virtual presentation of your hospital's heart failure program with Reviewers. This is an opportunity for the Reviewers to have a complete understanding of your program and learn about how you serve your heart failure community. The Reviewers will provide you with a suggested outline of information that should be presented.
9. **Committee Review:** The Reviewers make the recommendation report to the review committee for consensus agreement.
10. **Annual Review:** The annual review will be for maintenance of certification to provide updates on progress from recommended opportunities for improvement from previous review along with ongoing reporting and assessment of standardized quality measures.



Additional Resources

Heidenreich PA, et al. 2022 AHA/ACC/HFSA guideline for the management of heart failure: a report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2022;145:e895–e1032. doi: 10.1161/CIR.0000000000001063

Bonow RO, et al. ACCF/AHA/AMA-PCPI 2011 performance measures for adults with heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on Performance Measures and the American Medical Association– Physician Consortium for Performance Improvement. *Circulation*. 2012;125:2382–2401. doi: 10.1161/CIR.0b013e3182507bec

Albert NM, et al. on behalf of the American Heart Association Complex Cardiovascular Patient and Family Care Committee of the Council on Cardiovascular and Stroke Nursing, Council on Clinical Cardiology, and Council on Quality of Care and Outcomes Research. Transitions of care in heart failure: a scientific statement from the American Heart Association. *Circ Heart Fail*. 2015. doi.org/10.1161/HHF.0000000000000006

Hauptman PJ, Rich MW, Heidenreich PA, Chin J, Cummings N, Dunlap ME, Edwards ML, Gregory D, O'connor CM, Pezzella SM, Philbin E; Heart Failure Society of America. The heart failure clinic: a consensus statement of the Heart Failure Society of America. *J Card Fail*. 2008 Dec;14(10):801-15. doi: 10.1016/j.cardfail.2008.10.005. PMID: 19041043

Ferreira, Jao Pedro, et al. World Heart Federation Roadmap for Heart Failure; *Global Heart*, Vol 14, No. 3, 2019, September 2019: 197-214

Green, Stephen J. et al. Building a Heart Failure Clinic: A Practical Guide from the Heart Failure Society of America; *J Card Fail*. 2021 Jan;27(1):2-19. doi: 10.1016/j.cardfail.2020.10.008. Epub 2020 Oct 24

Greene SJ, Adusumalli S, Albert NM, Hauptman PJ, Rich MW, Heidenreich PA, Butler J; Heart Failure Society of America Quality of Care Committee. Building a Heart Failure Clinic: A Practical Guide from the Heart Failure Society of America. *J Card Fail*. 2021 Jan;27(1):2-19. doi: 10.1016/j.cardfail.2020.10.008. Epub 2020 Oct 24. PMID: 33289664.

Mebazaa A, Davison B, Chioncel O, Cohen-Solal A, Diaz R, Filippatos G, Metra M, Ponikowski P, Sliwa K, Voors AA, Edwards C, Novosadova M, Takagi K, Damasceno A, Saidu H, Gayat E, Pang PS, Celutkiene J, Cotter G. Safety, tolerability and efficacy of up-titration of guideline-directed medical therapies for acute heart failure (STRONG-HF): a multinational, open-label, randomised, trial. *Lancet*. 2022 Dec 3;400(10367):1938-1952. doi: 10.1016/S0140-6736(22)02076-1. Epub 2022 Nov 7. PMID: 36356631.

American Board of Internal Medicine: Advanced Heart Failure and Transplant Cardiology policies. <https://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/advanced-heart-failure-transplant-cardiology/>

Asia Region

Reyes, Eugenio B, et al. Heart failure across Asia: Same healthcare burden but differences in organization of care; *International Journal of Cardiology* 223 (2016) 163-167 doi.org/10.1016/j.ijcard.2016.07.256

Wang, Xiaoming, et al. Chinese expert consensus on the diagnosis and treatment of chronic heart failure in elderly patients (2021); *Aging Medicine* 2022; 5:78-93. DOI: 10.1002/agm2.12215

Tsutsui, Hiroyuki et al., JCS/JHFS 2021 Guideline Focused Update on Diagnosis and Treatment of Acute and Chronic Heart Failure; *J Card Fail*. 2021 Dec;27(12):1404-1444. doi: 10.1016/j.cardfail.2021.04.023. Epub 2021 Sep 28.

National Heart Foundation of Australia and Cardiac Society of Australia and New Zealand: Guidelines for the Prevention, Detection, and Management of Heart Failure in Australia 2018; Heart, Lung and Circulation (2018) 27, 1123-1208, doi: 10.1016/j.hlc.2018.06.1042

Health Hub: Heart Failure Transitions of Care Program Heart Failure Transitional Care Programme (healthhub.sg)

Latin American/South American Region

Magaña SJA, Cigarroa LJÁ, Chávez MA, Rayo, CJ, Galván OH, Aguilera MLF et al. First Mexican statement in Heart Failure. Cardiovasc Metab Sci. 2021; 32 (s1): s8-s85. <https://dx.doi.org/10.35366/98870>

Middle East Region

Magdy Abdelhamid, et.al. Regional expert opinion: Management of heart failure with preserved ejection fraction in the Middle East, North Africa, and Turkey. ESC Heart Failure (2023): published online in Wiley Online Library DOI: 10.1002/ehf2.14456

Elasfar, Abdelfatah; Alhabeeb, Waleed; and Elasfar, Salma (2020) "Heart Failure in The Middle East Arab Countries: Current and Future Perspectives," Journal of the Saudi Heart Association: Vol 32 : Iss.2, Article 18. doi: 10.37616/2212-5043.1040

Richard Ferrer, Rama Nasef, Bassam Atallah, Ziad G. Sadik, Mohammed E. Khalil, Hani Sabbour, Judy Stapleton, Feras Bader, Impact of a Multidisciplinary Heart Failure Inpatient Service on 30-day Readmission at a Tertiary Care Center in a Developing Country.