

UCLA Cardiac Hospitalization Documentation Protocol

Quality of Care Indicator Summary

Acute Myocardial Infarction

- § Aspirin administration on arrival
- § Aspirin prescribed at discharge
- § Beta blocker administration on arrival
- § Beta blocker prescribed at discharge
- § ACE inhibitor prescribed at discharge
- § Statin prescribed at discharge, dosed to achieve LDL cholesterol \leq 100 mg/dl
- § Smoking cessation advice/counseling in all patients having smoked in the past one year

Congestive Heart Failure

- § ACE inhibitor prescribed at discharge in patients with LVEF < 0.40
- § Beta blocker prescribed at discharge or documented plan to initiate on outpatient basis.
- § Measurement of left ventricular ejection fraction before or during admission
- § Anticoagulation in patients with atrial fibrillation
- § Smoking cessation advice/counseling in all patients having smoked in the past one year
- § Complete discharge instructions in medical record including all of the following: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and what to do if symptoms worsen.

Quality of Care Indicators

Acute Myocardial Infarction

1. Aspirin administration at arrival in all acute myocardial infarction patients, unless a contraindication to aspirin is documented in the medical record as the reason for not prescribing aspirin. Evidence must be present in the medical record that aspirin was administered. Contraindications: active bleeding, allergy or intolerance, patient refuses, taking warfarin/coumadin and at high risk of bleeding.
2. Aspirin prescription at discharge in all acute myocardial infarction patients, unless a contraindication to aspirin is documented in the medical record as the reason for not prescribing aspirin. Evidence must be present in the medical record that aspirin was prescribed at discharge. Contraindications: active bleeding, allergy or intolerance, patient refuses, taking warfarin/coumadin and at high risk of bleeding.
3. Beta blocker administration at arrival in all acute myocardial infarction patients, unless a contraindication to beta blockers is documented in the medical record as the reason for not prescribing a beta blocker. Evidence must be present in the medical record that a beta blocker was administered. Contraindications: allergy or intolerance to beta blockers, second or third degree heart block, symptomatic bradycardia, cardiogenic shock or hypotension, decompensated heart failure, severe asthma.
4. Beta blocker prescription at discharge in all acute myocardial infarction patients, unless a contraindication to beta blockers is documented in the medical record as the reason for not prescribing a beta blocker. Evidence must be present in the medical record that a beta blocker was prescribed at discharge. Contraindications: allergy or intolerance to beta blockers, second or third degree heart block, symptomatic bradycardia, cardiogenic shock or hypotension, decompensated heart failure, severe asthma.
5. ACE inhibitor prescription at discharge in all acute myocardial infarction patients, unless a contraindication to ACE inhibitors is documented in the medical record as the reason for not prescribing a ACE inhibitor. Angiotensin receptor blockers may be utilized as an alternative treatment in patients with ACE inhibitor intolerance. Evidence must be present in the medical record that a ACE inhibitor was prescribed at discharge. Contraindications: allergy or intolerance, angioedema, hyperkalemia, pregnancy, symptomatic hypotension, bilateral renal artery stenosis.
6. HMG CoA reductase inhibitor prescription at discharge in all acute myocardial infarction patients regardless of LDL, unless a contraindications to HMG CoA reductase inhibitor is documented in the medical record as the reason for not prescribing a HMG CoA reductase inhibitor. Medication should be dosed to achieve a LDL cholesterol of < 100 mg/dl. Evidence must be present in the medical record that a HMG CoA reductase inhibitor was prescribed at discharge. Contraindications: allergy or intolerance, liver failure.
7. Smoking cessation advice/counseling in all acute myocardial infarction patients with a history of smoking within the year prior to admission. Documentation of smoking status (nonsmoker, former smoker, current smoker) must be provided in the medical record of all patients. Evidence must be present in the medical record that smoking cessation counseling was provided to patients with a history of smoking within the year prior to admission by: patient advised to stop smoking, given brochure or handout on smoking cessation, or discharged on smoking cessation aid such as Nicoderm or Zyban.

Congestive Heart Failure

1. ACE inhibitor prescription at discharge in all patients with heart failure with LVEF less than 40 percent, unless a contraindication to ACE inhibitors is documented in the medical record as the reason for not

prescribing an ACE inhibitor. Angiotensin receptor blockers may be utilized as an alternative treatment in patients with ACE inhibitor intolerance. Evidence must be present in the medical record that a ACE inhibitor was prescribed at discharge. Contraindications: allergy or intolerance, angioedema, hyperkalemia, pregnancy, symptomatic hypotension, bilateral renal artery stenosis.

2. Beta blocker prescription at discharge in all patients with heart failure with LVEF less and 40 percent, unless a contraindication to beta blockers is documented in the medical record as the reason for not prescribing the beta blocker or a plan is documented to initiate on an outpatient basis. Patients who are Class I to stabilized Class IV heart failure should be treated with a beta blocker. Patients should not be in the CCU/ICU or required IV inotropes in the prior 3-4 days or be markedly volume overloaded.

Contraindications: allergy or intolerance, 2nd or 3rd degree heart block without a pacemaker, symptomatic bradycardia, hypotension, cardiogenic shock, severe asthma or COPD.

3. Evaluation of left ventricular ejection fraction in all patients with heart failure before or during admission. Evidence must be present in the medical record that LVEF was evaluated any time prior to or during admission.

4. Oral anticoagulation prescription at discharge in all patients with atrial fibrillation and heart failure, unless a contraindication to warfarin/Coumadin exists. Evidence must be present in the medical record that warfarin/Coumadin was prescribed at discharge. Contraindications: blood dyscrasia, allergy, history of recurrent falls, inability to cooperate with course of treatment, recent bleeding episode, vascular malformation, uncontrolled seizure disorder.

5. Smoking cessation advice/counseling in all heart failure patients with a history of smoking within the year prior to admission. Documentation of smoking status (nonsmoker, former smoker, current smoker) must be provided in the medical record of all patients. Evidence must be present in the medical record that smoking cessation counseling was provided to patients with a history of smoking within the year prior to admission by: patient advised to stop smoking, given brochure or handout on smoking cessation, or discharged on smoking cessation aid such as Nicoderm or Zyban.

6. Complete discharge instructions provided in the medical record in all heart failure patients including all of the following: a) activity level, b) diet, c) complete list of discharge medications, d) follow-up appointment, e) weight monitoring, f) what to do if symptoms worsen. Evidence must be present in the medical record that the patient received written discharge instructions containing each and every one of the components with the medical record containing a copy of the written discharge instructions provided to the patient.

Discharge Note and Dictated Discharge Summary to Include the Following:

Medications

Post Myocardial Infarction

Aspirin (if patient not being discharged on aspirin, document specific contraindication)

Beta Blocker (if patient not being discharged on beta blocker document specific contraindication)

ACE inhibitor (if patient not being discharged on ACE inhibitor document specific contraindication)

HMG CoA RI (if patient not being discharged on statin, document specific contraindication or LDL < 100 mg/dl)

Heart failure and Asymptomatic LV Dysfunction (LVEF < 0.40)

ACE inhibitor (if patient not being discharged on ACE inhibitor, document specific contraindication)

Beta blocker (if patient not being discharged on beta blocker, document specific contraindication or outpatient plan)

Post Coronary Stenting

Aspirin (if patient not being discharged on aspirin, document specific contraindication)
Clopidigrel or ticlopidine (if patient not being discharged on this Rx, document specific contraindication)
plus CAD medications

Coronary Artery Disease (includes UA, AMI, PTCA, CABG, Heart failure with CAD, CHD Risk Equivalents)

Aspirin (if patient not being discharged on aspirin, document specific contraindication)
HMG CoA RI (if patient not being discharged on statin, document specific contraindication or LDL < 100 mg/dl)
ACE inhibitor (if patient not being discharged on ACE inhibitor document specific contraindication)
Beta Blocker (if patient not being discharged on beta blocker document specific contraindication)

Diagnostic Testing

(obtained during the index hospitalization or documented from a result obtained in the previous 12 months)

Coronary Artery Disease (includes all post MI, UA, PTCA, stent, CABG and CAD with heart failure patients)
LDL (if not measured, state why and specific discharge plan to obtain on treatment LDL)

Heart Failure

LVEF (if not measured, state why and specific discharge plan to obtain this essential diagnostic measure)

Diabetes Mellitus

blood sugar and glycosylated hemoglobin (if not measured, state why and specific discharge plan to obtain this diagnostic measure)

Counseling (written instructions given to patient and copy placed in chart)

Current Smokers (any smoking in prior one year)

Counseling and smoking cessation advice (specific documentation that cessation was advised along with, as indicated, referral to cessation program, educational material, replacement/suppression therapy clearly documented)

Coronary Artery Disease/Heart Failure

Activity level and exercise prescription documentation

Diet (CAD: Step II AHA Diet, Heart Failure: 2 gram sodium diet, Diabetes ADA diet)

What to do if symptoms worsen or chest pain occurs

Daily weights for heart failure patients.

Follow-up

Documentation of specific follow-up plan and testing

Primary care follow-up appt, Cardiology follow-up appt

Planned laboratory and/or diagnostic testing