



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 program provides hospitals with a web-based IQVIA Registry Platform™ (powered by IQVIA), decision support, robust registry, real-time benchmarking capabilities and other performance improvement methodologies toward the goal of enhancing patient outcomes and saving lives.

Get With The Guidelines-HF is for patients in ICD-10 codes HF: I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.810, I50.811, I50.812, I50.813, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9

HF ACHIEVEMENT 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) contraindications or angiotensin-receptor/neprilysin inhibitor (ARNi) contraindications who are prescribed an ACEI, ARB or ARNi at hospital discharge.

TARGET: HEART FAILURE MEASURE

- Evidence-based specific beta blockers: Percent of heart failure patients who were prescribed with evidence-based specific beta blockers (Bisoprolol, Carvedilol, Metoprolol Succinate CR/XL) at discharge.

TARGET: HEART FAILURE MEASURE

- Measure LV function: Percent of heart failure patients with documentation in the hospital record that left ventricular function (LVF) was assessed before arrival, during hospitalization, or is planned for after discharge.
- Post-discharge appointment for heart failure patients: Percent of eligible heart failure patients for whom a follow-up appointment or telehealth was scheduled and documented including location, date, and time for follow up visit or location and date for home health visit.

Percent of heart failure patients with left ventricular ejection fraction less than or equal to 35%, QRS duration of 120 ms or above and left bundle branch block or QRS duration of 150 ms 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.

- ICD counseling, or ICD placed or prescribed at discharge: Percent of heart failure patients with left ventricular ejection fraction less than or equal to 35% with no contraindications, documented intolerance, or any other reason against who had ICD counseling provided, who have ICD prior to hospitalization, had an ICD placed, or were prescribed an ICD at discharge.

- Influenza vaccination during flu season: Percent of patients that received an influenza vaccination prior to discharge during flu season.

ed or prescribed at discharge:



- Follow-up visit or contact within 72 hours of discharge scheduled: Percent of heart failure patients who had a follow-up visit or phone call scheduled to take place within 72 hours or less of hospital discharge
- Heart failure disease management program referral: Percent of heart failure patients referred to disease management program.
- ICD placed or prescribed at discharge: Percent of heart failure patients with left ventricular ejection fraction less than or equal to 35% with no contraindications, documented intolerance, or any other reason against who have ICD prior to hospitalization, had ICD placed, or were prescribed ICD at discharge.
- Ivabradine at Discharge: Percent of eligible heart failure patients who are prescribed ivabradine at hospital discharge.
- Lipid-lowering medications at discharge: Percent of heart failure patients with either CAD, PVD, CVA, or diabetes who were prescribed lipid lowering medications at discharge.
- SGLT-2 Inhibitor at Discharge



who have the minimum necessary data elements complete to be included in GWTG Quality Measures for award calculation. NOTE: This does not mean the patient is compliant with the measure just that they meet the minimum criteria for measure inclusion.

- Missing HF Achievement Award Qualified: Histogram of missing data for key elements needed for appropriate inclusion in GWTG Achievement Measures.
- Missing HF Quality Award Qualified: Histogram of missing data for key elements needed for appropriate inclusion in GWTG Quality Measures.

Record completion rate: Percent of patient records that are saved as complete.

HF DESCRIPTIVE MEASURES

- Age: Patients grouped by age.
- Diagnosis: Patients grouped by diagnosis.
- Sex: Patients grouped by sex.
- Race: Patients grouped by race and Hispanic ethnicity.
- In-hospital mortality: Patients grouped by whether they expired in-hospital.
- LOS: Length of stay: Patient's length of stay, grouped by diagnosis.
- Beta blocker medication at discharge (all patients): All patients grouped by specific beta blocker medication prescribed at hospital discharge.
- Beta blocker medication at discharge (eligible patients): Eligible patients grouped by specific beta blocker medication prescribed at hospital discharge.
- Discharge disposition: Patients grouped by discharge disposition.
- Smoking Cessation Therapies Prescribed: Patients who received Smoking Cessation Therapies grouped by Smoking Cessation Therapies Prescribed.
- Identified Areas of Unmet Social Needs 21: Patients with heart failure who were assessed for health-related social needs grouped by unmet social needs identified
- Medical History: A histogram of previously known medical history.

COMPOSITE MEASURES

- HF Composite: The composite quality of care measure indicates how well your hospital does



30 DAY DESCRIPTIVE MEASURES

- 30 Day Re-hospitalization (Heart Failure): Percent of heart failure patients (unadjusted) with one or more re-hospitalizations in the first 30 days post discharge.
- 30-day Follow Up Not Completed: Patients without a completed 30-day follow up form, grouped by



NOTE: The Get with the Guidelines Readmission Measures are not equivalent to the CMS 30



TARGET: HEART