



AMERICAN
COLLEGE *of*
CARDIOLOGY

National Cardiovascular Data Registry (NCDR®)

PINNACLE Registry®



DIABETES
COLLABORATIVE
REGISTRY®

Qualified Clinical Data Registry

Measures Specifications

ACCPIN3: HEART FAILURE: PATIENT SELF CARE EDUCATION (ACC)	
NQS Domain: Communication and Care Coordination	Measure Type: Process
Measure Description	Patients, age 18 and older, with a principle diagnosis of heart failure (LVEF <40) who received educational counseling on weight monitoring, sodium restriction, physical activity and medication instruction.
Numerator	Heart failure patients who received educational counseling on weight monitoring, sodium restriction, physical activity and medication instruction.
Denominator	All patient with a principle diagnosis of heart failure with an LVEF <40.
Exceptions and exclusions of the measure (if applicable)	Exceptions: <ul style="list-style-type: none"> • Documentation of medical reasons for not providing education counselingsuch as limited life expectancy.
Proportion measure scoring	Yes
Data Source	EHR/Registry
Rationale	<p>The self-care regimen for patients with HF is complex and multifaceted. Patients need to understand how to monitor their symptoms and weight fluctuations, restrict their sodium intake, take their medications as prescribed, and stay physically active. Education regarding these recommendations is necessary, albeit not always sufficient, to significantly improve outcomes. A systematic review of 35 educational intervention studies for patients with HF demonstrated that education improved knowledge, self-monitoring, and medication adherence, time to hospitalization, and days in the hospital. Patients who receive in-hospital education have higher knowledge scores at discharge and 1 year later when compared with those who did not receive in-hospital education. Dietary sodium restriction is commonly recommended to patients with HF and is endorsed by many guidelines. The data on which this recommendation is drawn upon, however, are modest, and variances in protocols, fluid intake, measurement of sodium intake and compliance, and other clinical and therapeutic characteristics among these studies make it challenging to compare data and draw definitive conclusions.</p> <p>Guideline Recommendations:</p> <p>2013 ACCF/AHA Guideline for the Management of Heart Failure Patients with HF should receive specific education to facilitate HF self-care (Class I: Level of Evidence: B)</p> <p>Sodium restriction is reasonable for patients with symptomatic HF to reduce congestive symptoms. (Class I: Level of Evidence: C)</p> <p>Exercise training (or regular physical activity) is recommended as safe and effective for patients with HF who are able to participate to improve functional status. (Class I: Level of Evidence: A)</p>