

Readiness Assessment For Heart Failure

Complete this assessment form at a team meeting gathering input from all members. Complete the form at the beginning of your heart failure quality improvement initiative and again at the end of the initiative. Compare the two assessments. Did the answers to the assessment at the end of the initiative show positive movement?

1. Our physicians consistently use left ventricular function (LVF) assessment as a diagnostic and management tool for heart failure patients:

- Always (on 100% of appropriate patients)
- Most of the time (more than 75% of appropriate patients)
- Occasionally (25 – 75% of appropriate patients)
- Rarely or never (less than 25 % of the time)

2. What is the method most often used for LVF assessment at your facility?

- Echocardiography
- Other (please list): _____

3. Does your facility have a systematic way of obtaining LVF assessment results for patients as they are admitted to acute care?

- YES**, our process includes (*check all that apply*):
 - Standard process for reviewing past records for LVF assessment results
 - Communication process with outpatient setting
 - Mechanism for flagging patients with previous LVF assessment
 - Other, please describe: _____

NO (rely solely on physician recognition) – **Skip to Question #5**

4. If you have a process in place, how often is it used?

- Always (on 100% of appropriate patients)
- Most of the time (more than 75% of appropriate patients)
- Occasionally (25 – 75% of appropriate patients)
- Rarely or never (less than 25 % of the time)

5. Does your facility have a systematic way to ensure patients with decreased ejection fraction (EF) are evaluated for and discharged on ACE inhibitors if appropriate?

- YES**, our process includes (*check all that apply*):
 - Mechanism for flagging patients with EF<40
 - Pharmacy involvement in assessing appropriate medications
 - Other, please describe: _____

NO (rely solely on physician recognition) – **Skip to Question #7**

(continued)

6. If you have a process in place, how often is it used?
- Always (on 100% of appropriate patients)
 - Most of the time (more than 75% of appropriate patients)
 - Occasionally (25 – 75% of appropriate patients)
 - Rarely or never (less than 25 % of the time)
7. Does your facility have a standard process for discharge education for heart failure patients?
- YES**, our process includes information on (*check all that apply*):
 - Drug regimens and drug interactions
 - Follow-up appointments
 - Dietary guidelines/restrictions
 - Symptoms of worsening heart failure
 - What to do if symptoms worsen
 - Weight monitoring
 - Activity level
 - Other, please list: _____
 - NO - Skip to Question #9**
8. If your facility has a standard packet of materials for heart failure discharge education, how often is it used?
- Always (on 100% of appropriate patients)
 - Most of the time (more than 75% of appropriate patients)
 - Occasionally (25 – 75% of appropriate patients)
 - Rarely or never (less than 25 % of the time)
 - We do not have a standard packet of materials
9. At what point does discharge education for heart failure patients typically begin during their stay?
- Process initiated upon admission
 - Initiated within first 24 hours
 - Initiated when patient is being prepared for discharge
 - No standard point in time, varies by patient
10. Does your facility have a standard process for assessment and documentation of tobacco use/counseling for all of your patients?
- YES**, our process includes (*check all that apply*):
 - Systematic identification of all tobacco users at every admission
 - Standard place in patient charts to document tobacco use status
 - Standard process for assessing willingness to quit
- (continued)

- Standard process for providing counseling or referrals to resources to assist those willing to quit
- Other, please list: _____

NO (rely solely on health care provider recognition and initiative)
Skip to Question #12

11. If your facility has a process in place, how often is it used?

- Always (on 100% of appropriate patients)
- Most of the time (more than 75% of appropriate patients)
- Occasionally (25 – 75% of appropriate patients)
- Rarely or never (less than 25 % of the time)

This material was prepared by Stratis Health under a contract with the Centers for Medicare & Medicaid Services (CMS).
The materials do not necessarily reflect CMS policy.
7SOW-MN-1c-HF-03-02