



# AFIB

## ATRIAL FIBRILLATION FACT SHEET

Get With The Guidelines®-AFIB is the newest addition to the American Heart Association’s collaborative performance improvement programs. The program is designed to assist hospital care teams in consistently providing the latest evidence-based treatment to their atrial fibrillation patients. At the same time, it offers a means of monitoring the quality of the atrial fibrillation care in U.S. hospitals and building a database for continued research and further quality improvement.

The program provides hospitals with access to: web-based Patient Management Tool™ (powered by IQVIA), clinical decision support, robust registry, real-time benchmarking capabilities and other performance improvement methodologies toward the goal of enhancing patient outcomes and saving lives.

The following is a list of ICD-10-CM codes applicable for Get With the Guidelines-AFIB: I148.0-4; I48.91-92

### AFIB ACHIEVEMENT MEASURES

- **ACEI/ARB or ARNI Prescribed Prior to Discharge (When LVEF ≤40):** Percentage of patients with a diagnosis of AF or atrial flutter, with HF with an LVEF ≤40, who were prescribed an ACEI, ARB or ARNI prior to discharge.
- **CHA2DS2-VASc risk Score Documented Prior to Discharge:** Percent of patients, age 18 and older, with nonvalvular and bioprosthetic valve Atrial Fibrillation or Atrial Flutter for in whom assessment of thromboembolic risk factors using the CHA2DS2-VASc risk score criteria has been documented in the medical record.
- **Beta Blocker Prescribed Prior to Discharge (when LVEF ≤ 40):** Percentage of patients, age ≥18 y, with a diagnosis of AF or atrial flutter with an LVEF ≤40 who were prescribed a beta blocker prior to discharge.
- **FDA approved Anticoagulation Prescribed Prior to Discharge:** Percent of patients, age 18 and older, with nonvalvular, valvular and bioprosthetic valve atrial fibrillation or atrial flutter who were discharged on warfarin or another Food and Drug Administration (FDA) approved other anticoagulant drug that is FDA approved for the prevention of thromboembolism for all patients with nonvalvular, valvular and bioprosthetic valve atrial fibrillation or atrial flutter at high risk for thromboembolism, according to CHA2DS2-VASc risk stratification.
- **PT/INR Planned Follow-Up Documented Prior to Discharge for Warfarin Treatment:** Percentage of patients, age ≥18 y, with nonvalvular, valvular and bioprosthetic valve AF or atrial flutter who have been prescribed warfarin and who have a PT/INR follow-up scheduled prior to hospital discharge.
- **Statin at discharge in AF patients with CAD, CVA/TIA, PVD, or Diabetes:** Percent of patients with either CAD, CVA/TIA, PVD or diabetes who were prescribed a statin at hospital discharge

## AFIB QUALITY MEASURES

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- **Aldosterone antagonist at discharge:** Percent of Atrial Fibrillation or Atrial Flutter patients with LVSD with no contraindications or documented intolerance who were prescribed Aldosterone Antagonist at discharge.
- **Anticoagulation therapy education:** Percent of Atrial Fibrillation or Atrial Flutter patients or their caregivers who were given education and/or educational materials during the hospital stay addressing anticoagulation therapy.
- **Atrial fibrillation patient education:** Percent of Atrial Fibrillation or Atrial Flutter patients or their caregivers who were given education and/or educational materials during the hospital stay addressing ALL of the following: Risk factors, Stroke Risk, Management, Medication Adherence, Follow-up, When to call provider.
- **Discharge Heart Rate <110bpm:** Percent Atrial Fibrillation or Atrial Flutter patients who have a documented resting heart rate of <110 bpm closest to hospital discharge.
- **Smoking Cessation:** Percent of patients with a history of smoking cigarettes, who are given smoking cessation advice or counseling during hospital stay. For purposes of this measure, a smoker is defined as someone who has smoked cigarettes anytime during the year prior to hospital arrival.
- **Warfarin at Discharge for Valvular Atrial Fibrillation or Atrial Flutter Patients:** Percent of eligible valvular Atrial Fibrillation or Atrial Flutter patients discharged on warfarin.
- **Inappropriate Prescription of Antiarrhythmic Drugs to Patients With Permanent Atrial Fibrillation Prior to Discharge for Rhythm Control:** Percentage of patients, age ≥18 y, with permanent AF who were prescribed an antiarrhythmic medication prior to discharge for rhythm control.
- **Inappropriate Prescription of Dofetilide or Sotalol Prior to Discharge in Patients With Atrial Fibrillation and End-Stage Kidney Disease or on Dialysis:** Percentage of patients, age ≥18 y, with AF who also have end-stage kidney disease (CrCl<15 mL/min) or are on dialysis and who were prescribed dofetilide or sotalol prior to discharge.
- **Inappropriate Prescription of a Direct Thrombin or Factor Xa Inhibitor Prior to Discharge in Patients With Atrial Fibrillation With a Mechanical Heart Valve:** Percentage of patients, age ≥18 y, with a mechanical heart valve and with a diagnosis of AF who were inappropriately prescribed a direct thrombin or factor Xa inhibitor prior to discharge.
- **Inappropriate Prescription of a Direct Thrombin or Factor Xa inhibitor (Rivaroxaban or Edoxaban or dabigatran) Prior to Discharge in Patients With Atrial Fibrillation and End-Stage Kidney Disease or on Dialysis:** Percentage of patients, age ≥18 y, with AF who also have end-stage kidney disease (CrCl <15 mL/min) or are on dialysis and who were prescribed a direct thrombin or factor Xa inhibitor (rivaroxaban or edoxaban or dabigatran) prior to discharge.
- **Inappropriate Prescription of Antiplatelet and Oral Anticoagulation Therapy Prior to Discharge for Patients Who Do Not Have Coronary Artery Disease and/or Vascular Disease:** Percentage of patients, age ≥18 y, with AF who do not currently have coronary artery disease and/or vascular disease who were inappropriately prescribed both an antiplatelet and an oral anticoagulant prior to discharge.
- **Inappropriate Prescription of Nondihydropyridine Calcium Channel Antagonist Prior to Discharge in Patients With Reduced Ejection Fraction:** Percentage of patients, age ≥18 y, with reduced ejection fraction (≤40) and a diagnosis of AF who were inappropriately prescribed nondihydropyridine calcium channel antagonist prior to discharge.

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## AFIB REPORTING MEASURES

- **Antiarrhythmic at discharge:** Percent of Atrial Fibrillation or Atrial Flutter patients who were prescribed an antiarrhythmic at hospital discharge. For the purposes of this reporting measure, antiarrhythmic includes: Amiodarone, Dofetilide, Dronedarone, Flecainide, Propafenone, Sotalol, Other.
- **Anticoagulation During Hospitalization:** Percent of Atrial Fibrillation or Atrial Flutter patients who received anticoagulation therapy during their hospitalization.
- **Aspirin at Discharge:** Percent of Atrial Fibrillation or Atrial Flutter patients who were prescribed Aspirin at hospital discharge.
- **QT Interval Measured after initiation or Increase and Sustained Treatment with Dofetilide or Sotalol:** Percent of patients that had Dofetilide or Sotalol newly initiated or dose increased during hospitalization, sustained for 5 or more doses and were prescribed Dofetilide or Sotalol at discharge that had QT Interval measured prior to discharge and after initiation.

## AFIB REPORTING MEASURES CONTINUED

- **Inappropriate prescription of aspirin or antiplatelet therapy in patients with atrial fibrillation (CHADSVASC score greater than or equal to 2) and no evidence of coronary artery disease or vascular disease:** Percent of Atrial Fibrillation or Atrial Flutter patients with CHA2DS2-VASc score greater than or equal to 2, who do not currently have coronary artery and/or vascular disease, who are prescribed antiplatelet therapy or aspirin at hospital discharge.
- **Appropriate prescription of antiplatelet (including aspirin) and oral anticoagulation therapy prior to discharge in patients with atrial fibrillation and coronary artery and/or vascular disease:** Percent of Atrial Fibrillation or Atrial Flutter patients with coronary artery and/or vascular disease discharged on BOTH an Antiplatelet (including Aspirin) and an Anticoagulant at Hospital Discharge.
- **Screening for Obstructive Sleep Apnea:** Percent of Atrial Fibrillation or Atrial Flutter patients who were screened for obstructive sleep apnea.
- **Discharge Heart Rate <80 bpm:** Percent Atrial Fibrillation or Atrial Flutter patients with left ventricular systolic dysfunction who have a documented resting heart rate of <80 bpm closest to hospital discharge.
- **Digoxin at Discharge:** Percent of Atrial Fibrillation or Atrial Flutter patients prescribed Digoxin at hospital discharge.

## AFIB DESCRIPTIVE MEASURES

- **Age:** Patients grouped by age.
- **Atrial Fibrillation Categorization:** Patients with a diagnosis of Atrial Fibrillation grouped by category
- **Atrial Flutter Categorization:** Patients with a diagnosis
- **Diagnosis:** Patients grouped by diagnosis.
- **Gender:** Patients grouped by gender.
- **LOS:** Length of stay, defined as arrival date to discharge date (or admission date to discharge date if arrival date is missing).
- **Race:** Patients grouped by race and Hispanic ethnicity.

## AFIB ABLATION MEASURES

- **Ablation Anticoagulation Strategy:** Distribution of the anticoagulation strategies used in ablation procedures.
- **Ablation Procedure Rate:** Percent of patients with a diagnosis of atrial fibrillation or atrial flutter with an ablation procedure (documented on Ablation tab).
- **Ablation Procedure Types:** Distribution of the types of ablation procedures performed.
- **Age-Ablation Patients:** Patients undergoing ablation procedure during this episode of care grouped by age.
- **Antiarrhythmic Drugs Post Discharge:** Distribution of antiarrhythmic drug(s) being taken 180 days following hospital discharge by patients who underwent ablation procedure
- **Co-Morbidities—Ablation Patients:** Distribution of comorbidities among patients who undergo ablation procedure during this episode of care.
- **Procedure and Fluoroscopy Times:** Average procedure, ablation and fluoroscopy times and average fluoroscopy dose for ablation procedure.
- **Sinus Rhythm at Discharge:** Percent of patients discharged in sinus rhythm following ablation procedure
- **Sinus Rhythm Maintained Following Ablation—Post-Discharge:** Percent of patients who maintained sinus rhythm after hospital discharge following ablation procedure.
- **Complications Following Ablation:** Distribution of complications occurring during or post-procedure among patients who undergo ablation procedure during this episode of care.
- **Energy Sources:** Distribution of energy sources used during ablation procedures
- **Gender—Ablation Patients:** Patients undergoing ablation procedure during this episode of care grouped by gender.
- **Indications for Ablation:** Distribution of indications for the procedure for patients who undergo ablation procedure during this episode of care.
- **In-Hospital Survival Rate—Ablation:** Percent of patients who underwent ablation procedure and survived to discharge.
- **Length of Stay—Ablation:** Length of stay for patients who underwent ablation procedure during this episode of care.
- **Modified EHRA Symptom Score:** Distribution by Modified European Heart Rhythm Association (EHRA) Symptom Score for patient who underwent ablation procedure during this episode of care.
- **Survival at 180 Days Following Ablation Procedure:** Percent of patients who are alive at 180 days post-ablation procedure.
- **Trans-septal Approaches for Ablation Procedures:** Distribution of trans-septal approaches used in ablation procedures.
- **Cardiac Tamponade and/or Pericardiocentesis Following Ablation:** Percent of patient with cardiac tamponade and/or pericardiocentesis occurring within 30 days following ablation procedure.
- **Co-Morbidities—All Patients:** Distribution of comorbidities among all patients with atrial fibrillation or atrial flutter.

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## AFIB COMPOSITE MEASURES

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- **AFIB composite measure:** The composite quality-of-care measure indicates how well your hospital does to provide appropriate, evidence-based interventions for each patient.
- **AFIB defect-free measure:** The defect-free measure gauges how well your hospital did in providing all the appropriate interventions to every patient.

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## HOW ACHIEVEMENT AND QUALITY MEASURES ARE DETERMINED

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Achievement and quality measures provide the basis for evaluating and improving treatment of in-hospital atrial fibrillation patients. Formulating those measures begins with a detailed review of American Heart Association's guidelines for atrial fibrillation.

When evidence for a process or aspect of care is so strong that failure to act on it reduces the likelihood of an optimal patient outcome, an achievement measure may be developed regarding that process or aspect of care. Achievement measure data are continually collected and results are monitored over time to determine when new initiatives or revised processes should be incorporated. As such, achievement measures help speed the translation of strong clinical evidence into practice.

In order for participating hospitals to earn recognition for their achievement in the program, they must adhere to achievement measures.

Quality measures apply to processes and aspects of care that are strongly supported by science. Application of quality measures may not, however, be as universally indicated as achievement measures.

The Get With The Guidelines team follows a strict set of criteria in creating achievement and quality measures. We make every effort to ensure compatibility with existing performance measures from other organizations.

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## GET WITH THE GUIDELINES - AFIB AWARDS: RECOGNITION FOR YOUR PERFORMANCE

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Hospitals teams that participate actively and consistently in Get With The Guidelines-AFIB get more than a pat on the back. They are rewarded with public recognition that helps hospitals hone a competitive edge in the marketplace by providing patients and stakeholders with tangible evidence of their commitment to improving quality care.

Bronze, Silver and Gold award-winning Get With The Guidelines-AFIB hospitals are honored at national recognition events during Scientific Sessions and listed by name in the "Best Hospitals" issue of *U.S. News & World Report*. Moreover, all award-winning hospitals are provided with customizable marketing materials they can use to announce their achievements locally.

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## GET WITH THE GUIDELINES-AFIB

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Get With The Guidelines-AFIB draws from the American Heart Association's vast collection of content-rich resources for patients and healthcare professionals, including educational tools, treatment guidelines and quality initiatives.

To learn more about Get With The Guidelines-AFIB [go to heart.org/focusonafib](http://heart.org/focusonafib).

Visit [heart.org/quality](http://heart.org/quality) for more information.

*Web-based Patient Management Tool powered by IQVIA*