American Heart Association.

American Heart Association.
Get With The Guidelines.
Heart Failure

GET ON TRACK

REDUCE PATIENT MORTALITY BY IMPROVING HEART FAILURE PATIENT CARE

Overcome clinical inertia, leverage staff and patient resources, and bridge the gap between guidelines and practice.

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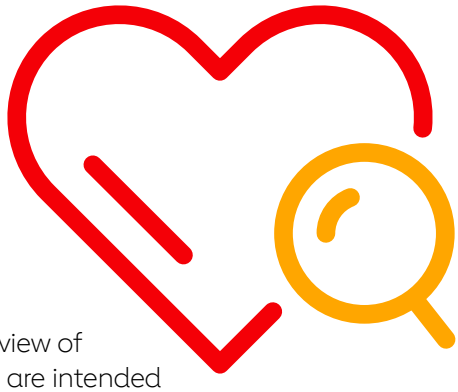
INTRODUCTION

Hospitals and healthcare systems have the potential to significantly improve heart failure patient outcomes by following established heart failure guidelines; however, they face challenges adhering to both existing guidelines and updated recommendations. Overcoming clinical inertia and keeping clinical teams aligned with the latest evidence-based care advancements is paramount to ensuring heart failure patients receive the care they need to thrive.

This document provides a program self-assessment and valuable information on how hospital leaders may evaluate, monitor, and improve their teams' heart failure management. It offers actionable strategies to enhance support for clinical teams and improve patient care in the midst of an evolving treatment landscape and continual increase in heart failure incidence.

To speak with an American Heart Association representative directly, please visit **heart.org/HFqualityimprovement**.

SELF-ASSESSMENT



Is your heart failure program on track to meet patient and staff needs?

This informal program self-evaluation is designed to provide a brief overview of your hospital's current heart failure treatment processes. These questions are intended to help identify areas for improvement and consideration of additional support.

For more rigorous and accurate benchmarking and performance tracking, participation and regular engagement with an established heart failure quality improvement registry is highly recommended.

Please rate your program on the following questions on a scale of 1 to 5.

How robust is your hospital's heart failure program?

1	2	3	4	5
Receives very little support / No centralized program		Somewhat integrated, with a dedicated heart failure coordinator		Fully integrated with a dedicated coordinator and organization-wide processes

Does your hospital benchmark its heart failure care and performance metrics against other hospitals?

1	2	3	4	5
No, we do not compare across hospitals		Yes, we compare within our own system		Yes, we compare with other hospitals, external to our hospital system

Rate your hospital's communication of heart failure patient care status and concerns to leadership.

1	2	3	4	5
Poor, we do not regularly communicate this to leadership		Adequate, we communicate with leadership quarterly		Great, we communicate with leadership monthly

Rate your hospital's ability to identify and address patient barriers to care and health equity disparities.

1	2	3	4	5
We do not have the ability to identify and address these issues		We have the ability, but it is not used consistently		We regularly evaluate and implement improvements in this category

Rate your readiness or ability to quickly adapt to and implement new care guidelines (for example, quadruple therapy).

1	2	3	4	5
Poor		Adequate		Great

SO....

How did your hospital or heart failure program do?

5–15	**GETTING STARTED** — Assembling the essentials with great potential for growth
16–20	**ON THE RIGHT PATH** — Building momentum with opportunities to improve
21–24	**ALMOST THERE** — Potential for strengthening with key support tools
25	**EXCELLENT** — Model sharing candidate

Surprised by your results?

Many hospitals, including those with robust heart failure programs, struggle to maintain a balance in supporting their heart failure patient population and their internal teams — and it's often not for lack of trying.

Examine the following sections of this paper to understand expert-backed, critical areas for improvement and how you can leverage resources available to every hospital caring for the heart failure population.

MANY HOSPITALS STRUGGLE TO MEET THE

GROWING IMPACT OF HEART FAILURE

Heart Failure Incidence is Increasing[1]

Worldwide, more than 64 million people live with heart failure.[2] The disease affects 6.7 million people in the U.S., and that number is likely to rise to 8.7 million by 2030.[3]

Despite the availability of and evidence behind guideline-directed medical therapy (GDMT) for heart failure, many hospitals still fall short in adhering to proven standards of care. Currently, fewer than 10% of eligible, hospitalized heart failure patients are prescribed appropriate guideline-directed medical therapy upon discharge.[4]

Fewer than 1 in 10 patients are prescribed quadruple therapy at discharge.[4]

Other Factors Influencing Treatment of Heart Failure Patients

SOCIAL DETERMINANTS OF HEALTH IMPACT OUTCOMES.

Economic instability makes it difficult, if not prohibitive, for many heart failure patients to afford medications, healthy foods, and stable housing. Lack of transportation, inadequate family support, and low health literacy can reduce access to timely preventive and follow-up treatment,[5] increasing heart failure hospitalizations and the worsening of patient symptoms.

HOSPITAL COSTS ARE RISING.

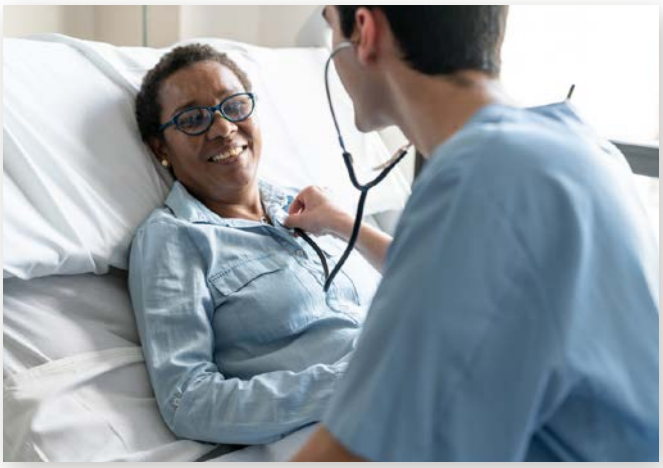
As hospitals cut costs, heart failure programs struggle to do more with less. Often, staff have fewer resources to dedicate to their programs, which serve an increasing number of patients requiring comprehensive heart failure care.[6] Additionally, medication costs put enormous burdens on hospitals, healthcare systems, and patients. [7]

[1] Heart Failure Epidemiology and Outcomes Statistics: A Report of the Heart Failure Society of America
[2] Global burden of heart failure: a comprehensive and updated review of epidemiology
[3] Heart Failure Epidemiology and Outcomes Statistics: A Report of the Heart Failure Society of America
[4] Quadruple Therapy Is the New Standard of Care for HFrEF| JACC: Heart Failure
[5] Influence of Social Determinants of Health on Heart Failure Outcomes: A Systematic Review
[6] National Survey of Hospital Strategies to Reduce Heart Failure Readmissions: Findings from the Get With The Guidelines – Heart Failure Registry
[7] American Hospital Association, Drug Prices

QUADRUPLE MEDICAL THERAPY:

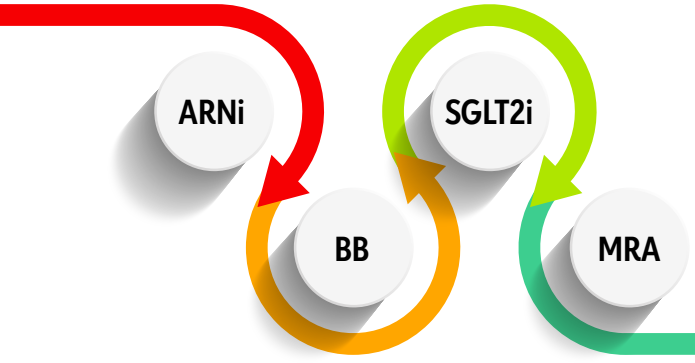
A PROVEN APPROACH TO IMPROVING OUTCOMES

In 2022, the American Heart Association and other industry leaders published national guidelines giving a Class 1 recommendation for quadruple guideline-directed medical therapy, which includes angiotensin receptor-neprilysin inhibitors (ARNi), beta blockers (BB), sodium-glucose cotransporter-2 inhibitors (SGLT2i), and mineralocorticoid receptor antagonists (MRA).[8]

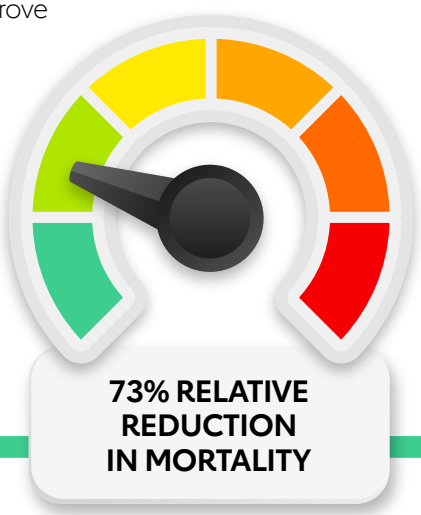


Quadruple therapy significantly reduces the risk of mortality.

The cumulative effect of quadruple medical therapy has shown an estimated 73% relative reduction in all-cause mortality over two years.[9] This therapy improves survival, reduces hospitalizations, slows the progression of kidney dysfunction, reduces the risk of end-stage kidney disease, and improves patient-reported quality of life within days of initiation.[10] One study found quadruple therapy may improve survival by approximately eight years for a 55-year-old heart failure patient.[11]



Cumulative effect of Quadruple GDMT has shown an estimated 73% relative reduction in all-cause mortality over 2 years.[9]



[8] 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines

[9] Association of Optimal Implementation of Sodium-Glucose Cotransporter 2 Inhibitor Therapy With Outcome for Patients with Heart Failure

[10] Quadruple Medical Therapy for Heart Failure: Medications Working Together to Provide the Best Care

[11] Beyond Quadruple Therapy and Current Therapeutic Strategies in Heart Failure with Reduced Ejection Fraction: Medical Therapies with Potential to Become Part of the Therapeutic Armamentarium - PMC (nih.gov)

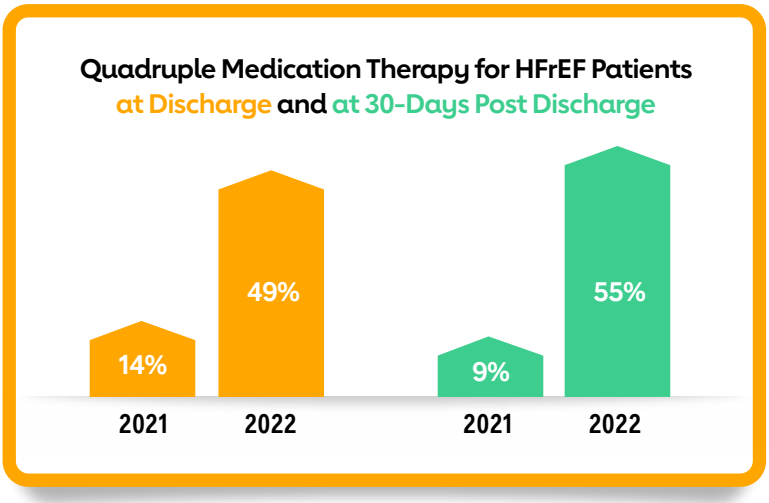
TACKLING CLINICAL INERTIA:

THE AHA'S QUALITY IMPROVEMENT INITIATIVE DEDICATED TO QUADRUPLE THERAPY

Research shows that clinical inertia significantly influences adoption of new guidelines into practice, and it is currently one of the main factors leading to under treatment of heart failure patients.[12]

To address this dynamic, the American Heart Association launched a targeted initiative in 2020, IMPLEMENT-HF, using the Get With The Guidelines® – Heart Failure program and consultation to help hospitals stay up to date with clinical guidelines.

The study featured focused support and resources for clinicians to accelerate implementation of and adherence to quadruple GDMT. Within one year, the percentage of patients at participating hospitals with heart failure with reduced ejection fraction (HFrEF) receiving quad therapy at discharge rose from 14% to 49%, and the percentage still using quad therapy 30 days later rose from 9% to 55%.[13]



The IMPLEMENT-HF results demonstrate the dramatic benefits of using Get With The Guidelines® – Heart Failure and targeted support to drive adherence to guideline-based care and, therefore, improve patient outcomes.

> "There's been more awareness [of quadruple therapy at our site] because you have people pushing that information out and you also have our abstractors who are talking with our providers and saying, 'You're not meeting the mark on these things.' It has increased the awareness of what needs to be done."
>
> *– Implement HF Program Participant*

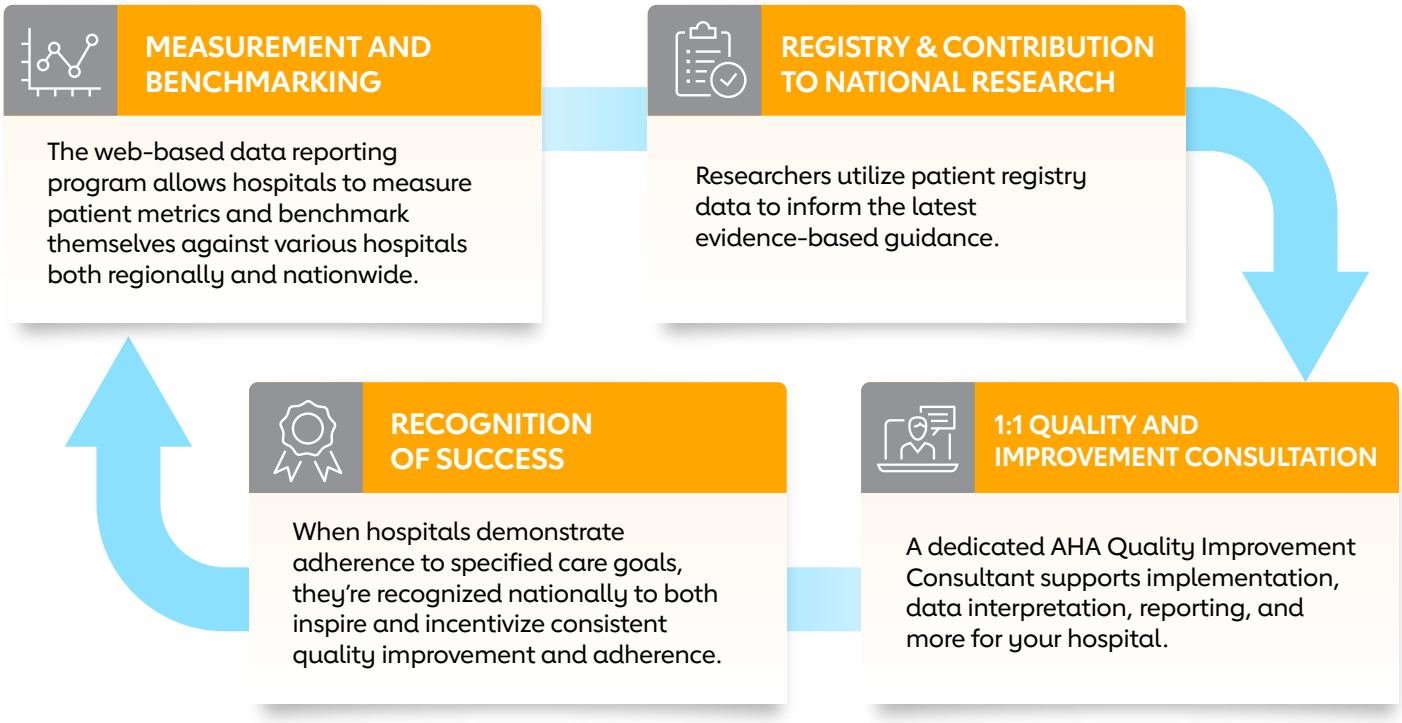
[1] Clinical inertia in the treatment of heart failure: a major issue to tackle
[2] A National Heart Failure Initiative Is Associated with Improve Use of Quadruple Guideline-directed Medical Therapy

LEVERAGING GET WITH THE GUIDELINES® FOR

IMPACT AND EFFICIENCY

The foundational program leveraged in IMPLEMENT-HF is the American Heart Association's quality improvement registry Get With The Guidelines® - Heart Failure. Built in 2005, this program has been newly augmented with resources from the successful 2022 study to better support quadruple therapy adherence. The ever-evolving program also includes cutting edge scientific recommendations for patient care, potentially before formal guideline updates are published.

How does Get With The Guidelines® work?



Proven Program to Improve Guideline Adherence

Taking action to improve guideline adherence with Get With the Guidelines® – Heart Failure is an investment in your hospital, staff, and patients. This game-changing approach to quality improvement gives your hospital the opportunity to reduce costs through improved care efficiency and decreased lengths of stay.[14]

Improving Health Equity

In 2024, Get With The Guidelines® – Heart Failure introduced health equity dashboards for hospitals to examine their heart failure care in the context of health equity factors, including race, insurance status, ethnicity, and other social determinants of health, to better identify patient care gaps and address barriers to treatment.

[14] Synthesizing Lessons Learned from Get With The Guidelines

TOOLS & RESOURCES

Put these resources and strategies into practice for your patients & teams

No matter how robust your hospital's heart failure care is now, you can take significant steps to improve adherence to guideline-directed patient care. Take action by implementing the steps and resources below.

The following section is organized into three levels of engagement:

1. **Getting Started**
2. **Connect & Support**
3. **Fully Engage Your HF Program**

1 Getting Started

Operationalize updated processes for clinician decision-making and the provision of guideline-directed care, and empower patients with tailored support tools:

- **Leverage the heart failure Expert Consensus Decision Pathway**, which provides practical and succinct guidance for clinicians navigating guideline-directed medical therapy prescribing.[15] Available free to all on the Get With the Guidelines® on The Go app on **GooglePlay** and the **App Store**.
- **Support patients with cost-saving resources:** The **FindHelp App**, developed as part of IMPLEMENT-HF, hosts resources that allow patients to search for social services and financial assistance by zip code. Additionally, **NeedyMeds** is a national non-profit platform that connects patients to programs that help them afford prescription medications and other health care costs.[16]
- **Patient self-management post-discharge:** **The Heart and Stroke Helper** is a self-management app that offers educational content on blood pressure, stroke, cholesterol, and heart failure.
- **Equip staff:** The Get With The Guidelines® clinician pocket card provides at-a-glance information on quad therapy medications and dosages.

For Get With The Guidelines® Participants:

- **Consistent patient data capture:** Input patient data, run preconfigured reports, and identify strengths and gaps in care. Regular engagement with the program highlights key areas for improvement and provides a pathway to hospital recognition.

"This program impacts patients in huge ways. [Get With The Guidelines - Heart Failure] holds us as providers accountable for the care patients need."

-Heart Failure Team Lead & Advanced Heart Care Clinic Manager

[15] 2024 ACC Expert Consensus Decision Pathway for Treatment of Heart Failure with Reduced Ejection Fraction: A Report of the American College of Cardiology Solution Set Oversight Committee

[16] Needymeds.org

2 Connect & Support

Connect the dots for your organization's teams by encouraging collaboration between departments and specialties. Strengthen your program by participating in national conversations and learning opportunities.

- **Involve pharmacists, physicians, nurses, and other staff** in patient care decisions to improve outcomes. Bedside registered nurses and hospital pharmacists, for example, are instrumental in double-checking all necessary medications that are prescribed at discharge and educating patients on the importance of filling their medications.
- **Set up reminders** in electronic medical records to reinforce quadruple therapy prescribing both in-hospital and at discharge.
- **Attend industry conferences** by the American Association of Heart Failure Nurses, the Heart Failure Society of America, and the American Heart Association to share challenges and successes.

For Get With The Guidelines® Participants:

- **Data-Driven Decisions:** Leverage data insights for both quality improvement and research projects. Hold regular meetings with leadership to review Get With The Guidelines® data and reports to understand performance gaps and pivot appropriately. Regularly following data trends and contributing to national research datasets encourages hospitals to follow and engage with field publications, posters, nursing-led research, and new care opportunities.

3 Fully Engage Your HF Program

Implement a proven, scalable quality improvement program for your heart failure guideline adherence. Programs like Get With The Guidelines® – Heart Failure equip your teams to find and improve upon areas of deficiency. Leverage these programs by encouraging your team to join a community of peers to share findings and uncover solutions together.

Leverage model shares from high performers: Participate in the American Heart Association's Healthcare Network to access current model shares from high-performing hospitals, collaborate with others, and learn new approaches to patient management.

Strengthen your system of care: Encourage your hospital's referral organizations to become certified in post-acute heart failure care. Learn more at **heart.org/certifiedcare**.

For Get With The Guidelines® Participants

- **Support Beyond the Hospital:** Implement and track the use of the Get With The Guidelines® follow-up form to support patients post discharge. The use of this tool allows hospitals to better support their patients across the continuum of care, ensures medication adjustment and adherence, and monitors patient-reported outcomes over time.
- **Seek Hospital Certification:** Hospitals with the **Advanced Certification in Heart Failure** from The Joint Commission meet a set of evidence-based patient care standards. In addition to driving improved care, this distinction can set your hospital apart from competitors. Get With The Guidelines® – Heart Failure contains the required measures to meet this certification.

"[After starting the program, we had] a lot more collaboration across departments. I feel like that's the only way we've been able to improve anything. The numbers that we're getting out of the registry are forcing us to find those solutions."

– Implement HF & Get With The Guidelines participant

LOOKING FOR MORE INFORMATION?

REACH OUT.

Strengthen Your Heart Failure Program

CONTACT AN AMERICAN HEART ASSOCIATION REPRESENTATIVE

American Heart Association representatives are available to support improving your hospital's heart failure care.

heart.org/HFqualityimprovement

GO IN DEPTH WITH ACCELERATION OF QUADRUPLE THERAPY

For more information on how your hospital can improve adherence to quadruple GDMT, watch "Accelerating the use of Quadruple GDMT," a recorded webinar from Dr. Lee Goldberg and download additional resources.

heart.org/GetOnTrackHF

ADVANCED HEART FAILURE HOSPITAL CERTIFICATION

The American Heart Association and The Joint Commission recognize hospital inpatient and outpatient programs that demonstrate exceptional care and optimize quality of life for heart failure patients.

heart.org/certification

Strengthen Your Heart Failure System of Care

EQUIP POST-ACUTE ORGANIZATIONS FOR SUCCESS

Patient outcomes depend on a strong system of care: ensure your heart failure patients are receiving guideline-directed care post-discharge.

Recommend that the skilled nursing facilities, home health agencies, palliative care and hospice organizations within your system of care become certified by the American Heart Association.

heart.org/certifiedcare

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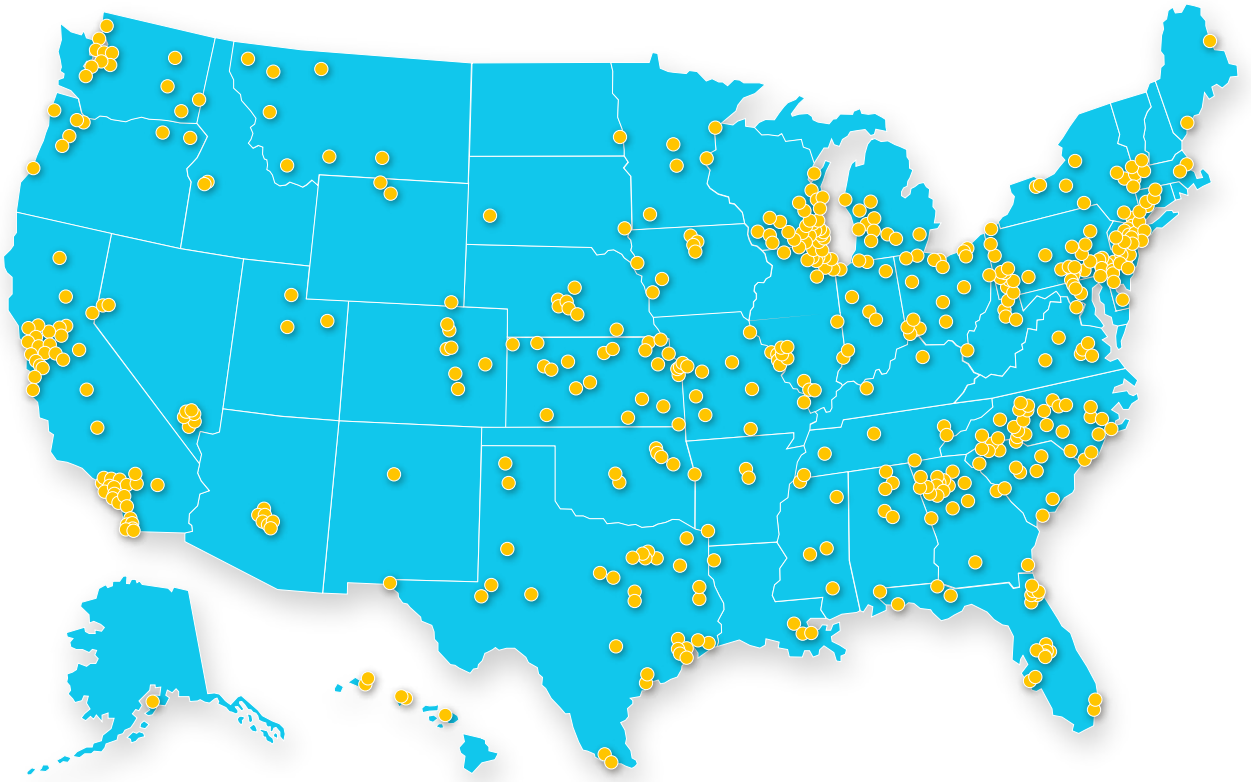
Hospitals Participating in
GET WITH THE GUIDELINES® - HEART FAILURE



Heart.org/GWTGHF

QUALITY IMPROVEMENT ACROSS SYSTEMS OF CARE

The American Heart Association's quality improvement team provides professional education programs, resources, support, and technical assistance to healthcare professionals and organizations across systems of care for multiple disease states. For more information on health care quality improvement, visit **heart.org/quality**.

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