



American Heart Association  
IMPLEMENT-EF

# Advancing HFpEF/HFmrEF Identification: Hospital Insights and Real-World Solutions

**Webinar will begin shortly**

*The American Heart Association's IMPLEMENT-EF initiative is supported by Bayer*

# IMPLEMENT-EF Initiative Overview



Scan the QR code to see a map of participating sites, stay informed about upcoming educational opportunities, and insights from the initiative.

[heart.org/IMPLEMENTEF](https://www.heart.org/IMPLEMENTEF)

In 2025, the American Heart Association, launched a quality improvement initiative to:

- Discover current gaps and identify ideal care models in the HFpEF/HFmrEF patient journey
- Build a network of multidisciplinary team members focused on improving HFpEF/HFmrEF care
- Amplify HFpEF/HFmrEF awareness with providers and monitoring adherence to evidence-based therapies for HFpEF/HFmrEF patients in hospitals

<https://www.heart.org/en/professional/quality-improvement/implement-ef>

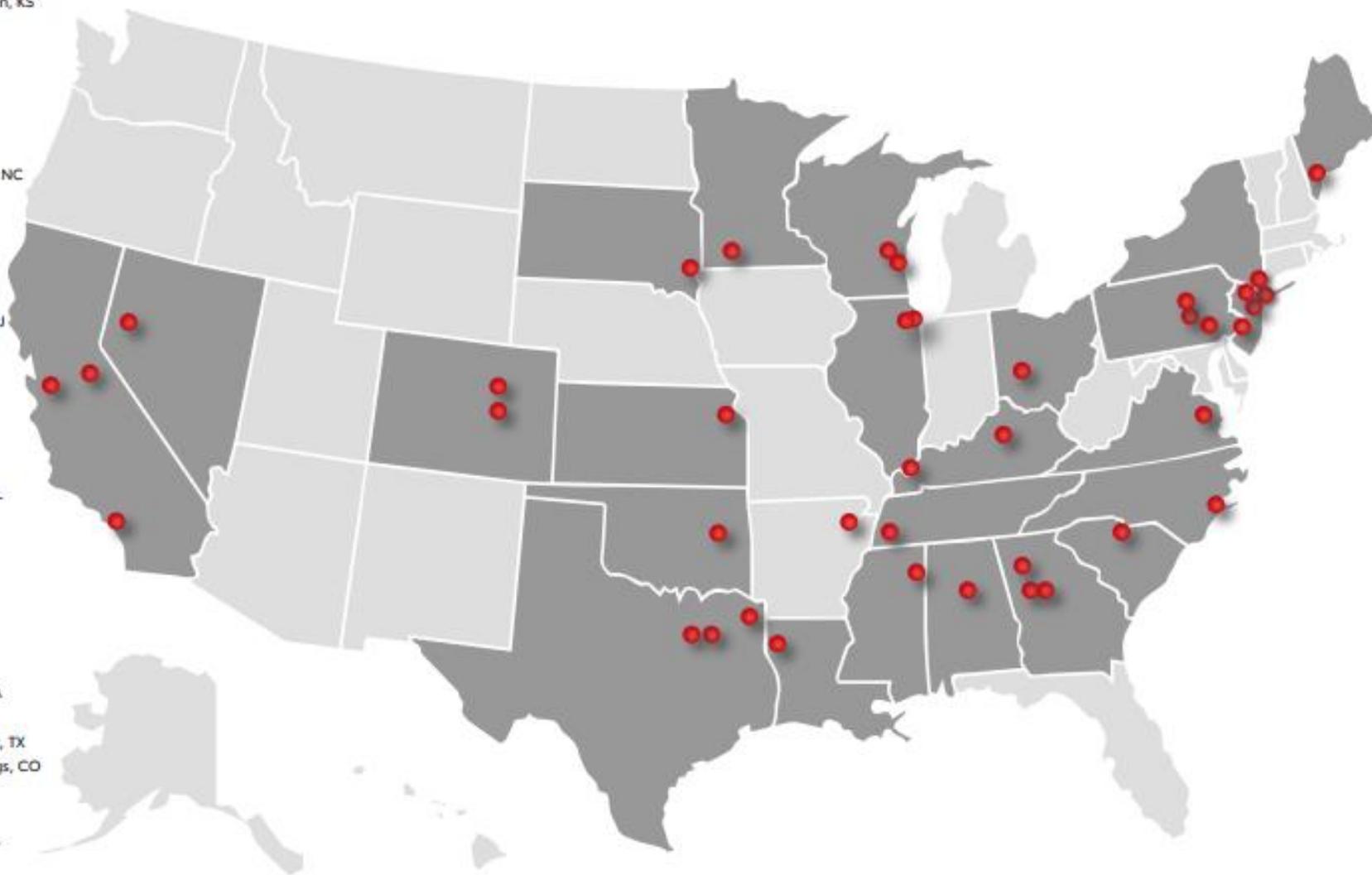


American Heart Association.  
IMPLEMENT-EF

# IMPLEMENT-EF Participating Sites

1. AdventHealth Redmond
2. AdventHealth Shawnee Mission
3. Avera McKennan Hospital & University Health Center
4. Baptist Health Paducah
5. Baptist Health Lexington
6. Baptist Memorial Hospital - Memphis
7. Bon Secours St. Mary's Hospital
8. Carolina Pines Regional Medical Center
9. Carteret Health Care
10. Dayton Veterans Affairs Medical Center
11. Froedtert Hospital
12. Froedtert West Bend Hospital
13. Gelsinger Medical Center
14. Hackensack Meridian JFK University Medical Center
15. Hackensack Meridian Southern Ocean Medical Center
16. Hackensack University Medical Center
17. MaineHealth Maine Medical Center Biddeford
18. Mount Sinai Health System
19. Murray County Medical Center
20. NEA Baptist Memorial Hospital
21. North Mississippi Medical Center
22. Northwestern Medicine Palos Hospital
23. NYC Health + Hospitals / Elmhurst
24. Ochsner LSU Health Shreveport
25. Penn Medicine Lancaster General Health
26. Penn State Health Milton S. Eshelman Medical Center
27. Renown Regional Medical Center
28. Saint Francis Hospital Muskogee
29. Stanford Health Care
30. Sutter Medical Center, Sacramento
31. Texas Health Fort Worth
32. Titus Regional Medical Center
33. UCHealth - Memorial Hospital Central
34. UCHealth University of Colorado Hospital
35. UI Health
36. University of Alabama at Birmingham Hospital
37. University of California Irvine Medical Center
38. University of Texas Southwestern Medical Center
39. WellStar Kennestone Regional Hospital
40. WellStar Paulding Hospital

- Rome, GA
- Shawnee Mission, KS
- Sioux Falls, SD
- Paducah, KY
- Lexington, KY
- Memphis, TN
- Richmond, VA
- Hartsville, SC
- Morehead City, NC
- Dayton, OH
- Milwaukee, WI
- West Bend, WI
- Danville, PA
- Edison, NJ
- Manahawkin, NJ
- Hackensack, NJ
- Biddeford, ME
- New York, NY
- Slayton, MN
- Jonesboro, AR
- Tupelo, MS
- Palos Heights, IL
- Elmhurst, NY
- Shreveport, LA
- Lancaster, PA
- Hershey, PA
- Reno, NV
- Muskogee, OK
- Stanford, CA
- Sacramento, CA
- Fort Worth, TX
- Mount Pleasant, TX
- Colorado Springs, CO
- Aurora, CO
- Chicago, IL
- Birmingham, AL
- Orange, CA
- Dallas, TX
- Marietta, GA
- Hiram, GA



[heart.org/IMPLEMENTEF](http://heart.org/IMPLEMENTEF)



# Zoom Events

Microphones are muted and cameras are disabled at start of event.

Feel free to ask questions by typing your question in the Q&A box located at the bottom of your screen in the Zoom control bar.

For live attendees, a PDF of the presentations will be available in the resources section of the Zoom Platform.

For viewers watching the recording you can access a PDF of the presentations at the bottom of the page.





# Disclaimer

***The recommendations and opinions presented by our guest speakers may not represent the official position of the American Heart Association. The materials are for educational purposes only, and do not constitute an endorsement or instruction by AHA/ASA. The AHA/ASA does not endorse any product or device.***



## IMPLEMENT-EF:

# Advancing HFpEF/HFmrEF Patient Identification: Hospital Insights and Real-world Solutions

Jessica Nensel DNP, ACNS-BC  
CV-Service Line Program Coordinator  
University of Colorado Hospital

## Disclosures

I have no disclosures

# University of Colorado Hospital Overview



- Available hospital beds: **844**
- Number of employees: **14,815 (Denver Metro)**
- Number of inpatient admissions and observation visits: **56,130**
- Number of outpatient visits: **2,095,822**
- Number of Emergency Department visits: **185,960**
- Number of EMS transports to ED: **29,154**
- American College of Surgeons (ACS) Level I Trauma Center.
- American Burn Association (ABA) Verified Burn Center
- National Cancer Institute (NCI) Designated Cancer Center
- The Joint Commission (TJC) Certifications:
  - Advanced Comprehensive Stroke Center Certification
  - Advanced Ventricular Assist Device Certification
  - Advanced Inpatient Diabetes Advanced Certification
  - Advanced Palliative Care Advanced Certification
  - Spinal Cord Injury Rehabilitation Certified

# Our system has been recognized as a leader in quality both locally and nationally.



**#1 in CO:** University of Colorado Hospital, 13<sup>th</sup> year in a row

**#2 in CO:** Medical Center of the Rockies

**#4 in CO:** Memorial Hospital

**Health Care's Most Wired**  
CHIME recognizes 26 hospitals  
University of CO Hospital #20 in 2024

**Top Major Teaching Hospital**  
Fortune/OINC AI 100 Top Hospitals 2024  
University of CO Hospital #11

**CMS 5-star quality rating**



**Top Employer for Women**  
Forbes 2023 Best Employers for Women  
UCHealth (Colorado) #12

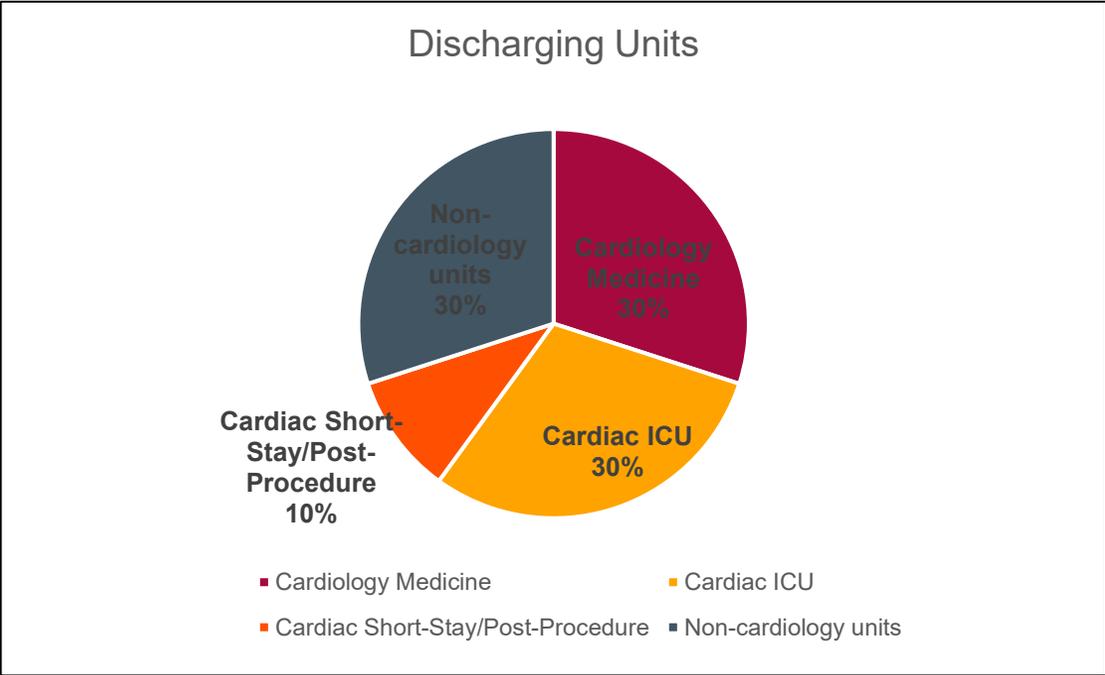
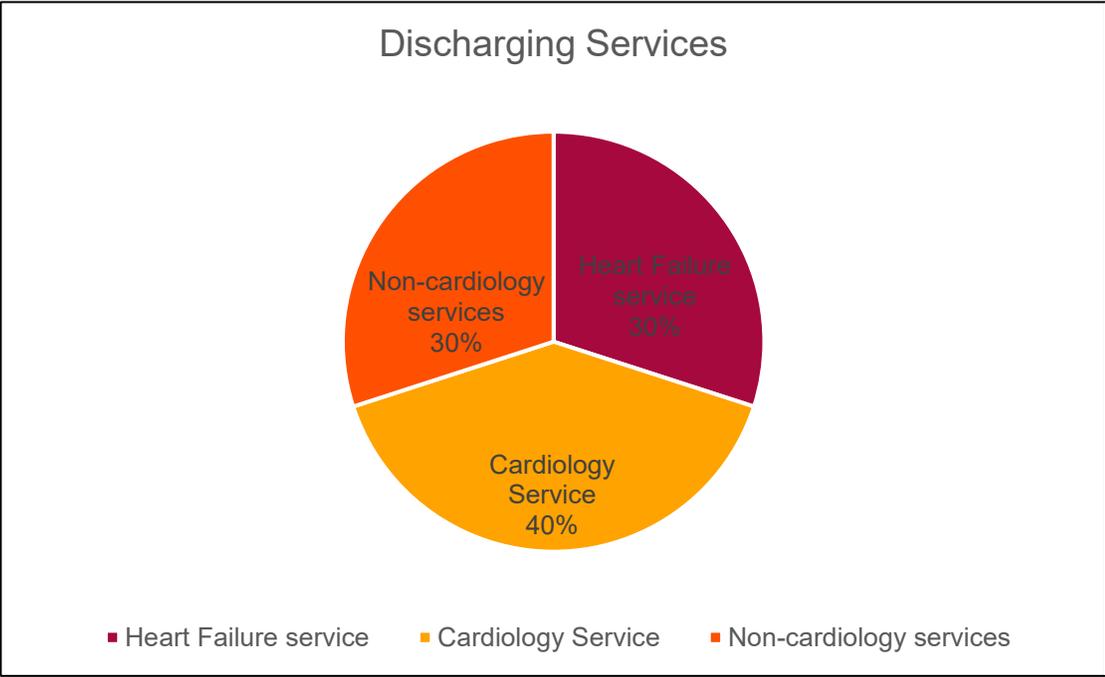
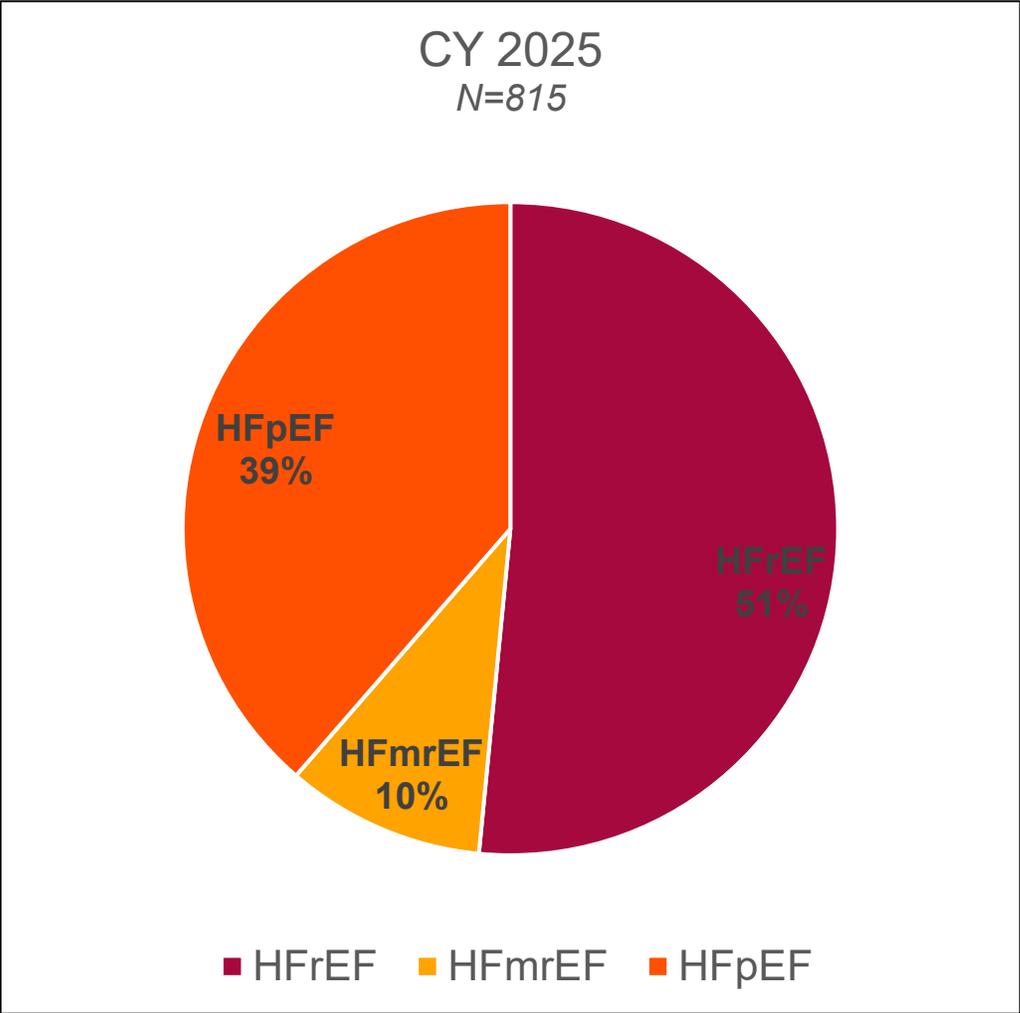
**Magnet Designation, American Nurses Credentialing Center**

Medical Center of the Rockies, Poudre Valley Hospital, and University of Colorado Hospital have all been awarded multiple Magnet designations for nursing excellence. University just received their 6<sup>th</sup> designation. Memorial Hospital received their first designation in 2023.



Ranked UCHealth as one of the country's Top performing health care systems in social responsibility, health care value and patient outcomes.

# University of Colorado Hospital: Heart Failure Population



# What are our challenges with identifying patients with heart failure during hospitalization

- Non-cardiology services managing ~1/3 of our IP heart failure population
  - Use of non-cardiology order sets
  - Key quality metrics not addressed during MDRs
  - TOC elements may be missed
- OPA alerts do not capture all captures on admission
  - Providers can defer the alert
  - Manual review process
  - Criteria sensitivity and specificity
- Patients presenting with the trifecta of hypertensive heart and chronic kidney disease
  - Challenging to determine primary reason for admission
  - Concurrent coding
- Rotating housestaff
  - Ensuring education on order sets, evidence-based guidelines, and quality metrics
  - Monthly education when starting cardiology rotation
- Some of our GWTG-HF metrics are missed TOC efforts for HFpEF patients
  - Heart failure discharge education
  - 7 day follow-up appointment

# Epic Tools to Assist in Identifying Patients with Heart Failure

## ➤ Epic tools:

- On admission:
  - OPAs
  - Cardiology and heart failure admission order sets
  - Patient lists (EF, HFpEF on problem list)
- On discharge
  - OPAs
  - Cardiology and heart failure discharge order set
- Care Progression Report Banner
- ARNI OPA

## Epic Tools:

### Heart Failure OurPractice Advisory (OPA) on Admission

- Purpose of OPA:
  - Alert providers during admission process that patient may have heart failure
  - Provides notification that OPA fired to the heart failure quality team
  - Encourage admitting provider to consider using the evidence-based heart failure admission order set if clinically appropriate
  - Provides link to heart failure order sets
  - Provides link to heart failure pathway

Links to  
admission order  
sets

Link to heart  
failure pathway

The screenshot shows an Epic OPA alert titled "Attention (1)" for "Chronic Conditions Management / Treatment (#922)". The main heading is "Has Actual/Suspected Heart Failure" with a heart icon. Below this, "Recommendations:" lists two bullet points: "Select each Open Order Set button to order from both Order Sets" and "Select the Heart Failure with Volume Overload Pathway for clinical guidelines." A note states "Based On: Help ensure Heart Failure quality metrics are met." A section titled "Why am I seeing this alert?" contains a list of "Criteria" such as "Activity orders not active for this encounter" and "Admitted more than 12 but less than 48 hours ago." At the bottom, there are two rows of buttons: "Open Order Set" and "Do Not Open" for "UCHS IP Cardiology Admission Order Set" and "UCHS Cardiology Heart Failure Focused Orders". A link for "Heart Failure with Volume Overload Pathway" is also present. At the very bottom, there are "Acknowledge Reason" buttons: "Patient doesn't have heart failure" and "Defer", and "Accept" and "Dismiss" buttons.

## Epic Tools: In Basket Notification of Heart Failure Admission OurPractice Advisory (OPA)

- Notification that appears in Epic InBasket that OPA fired
- Includes triggers that made OPA fire
- Requires chart review to determine reason for admission
- If appropriate, patient added to Heart Failure Inpatient List
- List shared with multidisciplinary teams
  - Pharmacy
  - Nursing
  - Care Management
  - PT/OT

Triggers that  
made OPA fire

Chronic Conditions Management / Treatment (#922)  
Has Actual/Suspected Heart Failure  
Recommendations:  
Select each Open Order Set button to order from both Order Sets  
Select the Heart Failure with Volume Overload Pathway for clinical guidelines.  
Based On: Help ensure Heart Failure quality metrics are met.

Date	User	Actions Taken	Triggers	Comment
01/27/26 0555	Viziteu, Jessica Rae, PA-C [57715]	In Basket Message - EOW: In Basket Message [1299175558]	Open Orders Sidebar <ul style="list-style-type: none"><li>• Rule - CER: UCH CDS DETECT ORDERS FROM HEART FAILURE ADMISSION ORDER SET [442992]</li><li>• Rule - CER: UCH CDS Detect Patient Class as Inpatient Only [445744]</li><li>• Lab Component - LRR: BIPLANE- MOD [8784] (Result 1: 28.1, Extension - LPP: LESS THAN OR EQUAL TO (USE MOST RECENT RESULT) [10032], Result 1 Unit: %, Result 1 Order: TTE COMPLETE WITH CONTRAST [1263998488])</li><li>• Rule - CER: UCH CDS Pt's time since admission is 12 - 48 hours [3050620]</li><li>• Rule - CER: UCH CDS Provider Type is Ordering Provider (MD, PA, NP, Med Student) [993892]</li></ul>	None

## Epic Tools:

### *In Basket Notification of Cardiology Admission Order Set*

- Notification that order set placed
- Behind the scenes....no alert to provider
- Requires manual chart review to determine reason for admission
- If appropriate, patient added to:
  - Heart Failure Inpatient list
  - Acute MI Inpatient list
  - Failure Inpatient List or the AMI Inpatient List

The screenshot displays the Epic EMR interface with a navigation bar at the top containing tabs for 't Note', 'Meds/Probs', 'Vitals/Labs', 'Patient Info', and 'Help'. Below the navigation bar is a toolbar with icons for navigation and a 'Chart' button. The main content area features a notification banner with the text: 'ATTN: Pt has Cardiology Admission Orderset and BPA 922 did not fire'. Below the banner, it indicates the notification was received yesterday and shows a message from 'Nguyen, Anthony Quang, MD' to 'Nensel, Jessica, RN'. A section titled 'Adm Card Orderset Notification (#2116)' is shown as 'Inactive'. Below this section is a table with the following data:

Date	User	Actions Taken	Triggers	Comment
01/26/26 0115	Nguyen, Anthony Quang, MD [142820]	In Basket Message - EOW: In Basket Message [1298471999] ⓘ	Open Patient Encounter <ul style="list-style-type: none"><li>• Rule - CER: UCH IP CLINDOC PATIENT CURRENTLY ADMITTED [199975]</li></ul>	None

## Epic Tools: *Cardiology Admission Order Set*

- One-stop shop for all cardiology admission order needs
- Ensures guideline-based care
- General cardiology admission order set with diagnosis-specific focused order sets
  - Heart failure
  - Acute Coronary Syndrome
  - Mechanical Circulatory Support
  - Afib
  - Heparin gtt (ACS/Afib, DVT/PE)
- Automated orders
  - GDMT
  - Multidisciplinary team consults
  - Education

# Epic Tools: Cardiology Admission Order Set

**Orders**

**UCHS IP Cardiology Admission Order Set**

**This order set can be used on it's own or with the following order sets**

- UCHS Cardiology ACS Focused Orders (3040599420)
- UCHS Cardiology AFIB Focused Orders (3040599422)
- UCHS Cardiology HF Focused Orders (3040599421)
- UCH MCS Focused Orders (3040599016) - AMC ONLY
- UCHS IP Heparin Infusion - DVT/PE, ACS/AFIB, Cardioversion and Arterial Thrombolysis

[Launch TIMI Risk Score Calculator](#)

**General**

**Cardiology Focused Order Set Links**

**Using the order below will open a BPA that will allow you to open the applicable order sets**

- Open Cardiology Focused (Afib/HF/ACS/VAD) or Heparin Ordersets

**Code Status**

**Due to the high risk of clinical deterioration, ensure that you discuss goals of care, prognosis, and code status with patients being admitted to the Intensive Care Unit. Use the .ACP dotphrase to document this discussion and ensure an up-to-date MDPOA form is on file in Epic.**

[Download MDPOA form here](#)

OurPractice Advisory - Green, Tilly

Suggestion FYI (1)

Suggested action (BPA# 14242)

**Please choose a cardiology focused order set for additional orders.**

**Perform the following actions**

- Open Order Set: UCHS Cardiology ACS Focused Orders
- Open Order Set: UCHS Cardiology AFIB Focused Orders
- Open Order Set: UCHS Cardiology Heart Failure Focused Orders
- Open Order Set: UCH Mechanical Circulatory Support (MCS) Focused Order Set
- Open Order Set: UCHS IP Heparin Infusion - DVT/PE, ACS/AFIB, Cardioversion and Arterial Thrombolysis

[Accept](#) [Dismiss](#)

# Epic Tools: Heart Failure OurPractice Advisory (OPA) on Discharge

The screenshot displays the Epic Discharge interface. At the top, there are tabs for "Discharge", "Discharge to Outside Facility", "Discharge Deceased", and "Discharge Readmit UCHHealth Facility". The left sidebar contains various menu items under categories like "BEST PRACTICE ADVISORIES", "ORDERS", "DOCUMENTATION", and "CHARGES". The main content area shows an "OurPractice Advisories" section with a yellow header. Below this, there is an "Attention (1)" section with a yellow background. The primary alert is titled "Has actual/suspected heart failure (#927)". It includes a heart icon, the text "Has Actual/Suspected Heart Failure", a recommendation to "Open Order Set - Cardiology Discharge Orders", and a note that this is based on ensuring heart failure quality metrics are met. A section titled "Why am I seeing this alert?" contains a list of criteria: hospital problem includes CHF or cardiomyopathy, provider log-in is MD, DO, PA, NP, PharmD, Pharm Resident, or Med Student, and patient class is inpatient. Below the criteria, there is a red circle around the "Apply the following" section, which contains a button labeled "+ Open Order Set" and a dropdown menu showing "UCHS Cardiology Discharge Orders". Other options include "Acknowledge and continue" with buttons for "Doesn't have HF" and "Deferred", and a link to "View Automatically Applied Actions".

## Epic Tools:

### *In Basket Notification of Heart Failure Discharge OPA*

- Notification that appears in Epic InBasket that OPA fired
- Includes triggers that made OPA fire
- Manual chart review
- Ensure key heart failure interventions are in place prior to discharge

Date	User	Actions Taken	Triggers	Comment	Inactive
01/31/26 1259	Nguyen, Anthony Quang, MD [142820]	In Basket Message - EOW: In Basket Message [1301773454] 	IP Discharge navigator section <ul style="list-style-type: none"><li>• Rule - CER: UCH CDS Detect Patient Class as Inpatient Only [445744]</li><li>• Lab Component - LRR: BIPLANE- MOD [8784] (Result 1: 39.6, Extension - LPP: LESS THAN OR EQUAL TO (USE MOST RECENT RESULT) [10032], Result 1 Unit: %, Result 1 Order: TTE COMPLETE WITH CONTRAST [1270905107])</li><li>• Rule - CER: UCH CDS Provider Type is Ordering Provider (MD, PA, NP, Med Student) [993892]</li></ul>	None	

## Epic Tools:

### *Cardiology Discharge Order Set*

- One-stop shop for cardiology discharge orders
- Guideline-based care
  - GDMT
- Transitions of care
  - Follow-up appointments
  - Outpatient consults
  - Heart failure education
- General cardiology discharge order set with diagnosis-specific focused order sets
  - Heart failure
  - Acute Coronary Syndrome
  - Mechanical Circulatory Support
  - Heart transplant

# Epic Tools: Cardiology Discharge Focused Order Sets

**Discharge**

Review and Update Problem List   Fix any PTA list issues   Review Orders for Discharge

Orders

**UCHS Cardiology Discharge Orders** ⤴

- ▼ Discharge
  - ▼ Nursing Orders Prior to Discharge
    - Provide patient with education materials as appropriate  
Routine, ONCE, today at 1334, For 1 occurrence
    - Discontinue peripheral IV  
Routine, ONCE, today at 1334, For 1 occurrence
    - Patient being discharged with line/drain in place
    - Remove all lines/drains prior to discharge

- ▼ Heart Failure
  - ▶ Heart Failure
- ▼ Acute Coronary Syndrome (ACS)
  - ▶ ACS - Acute Coronary Syndrome
- ▼ Mechanical Circulatory Support
  - ▶ Mechanical Circulatory Support
- ▼ Heart Transplant
  - ▶ Heart Transplant
- ▼ Additional SmartSet Orders

# Heart Failure Discharge Order Set

Heart Failure management information added to discharge AVS

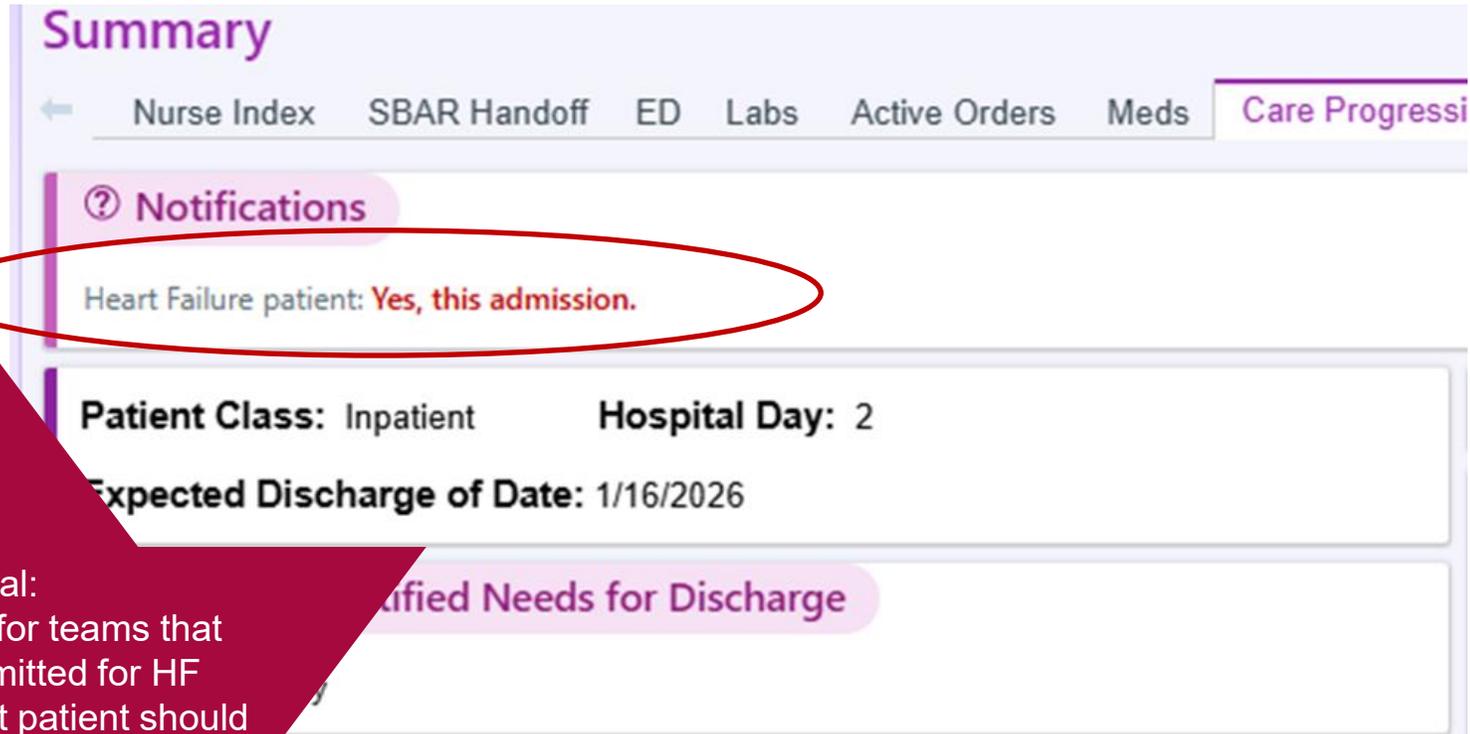
**Heart Failure**

- Heart Failure
  - Follow-up with Heart Failure Clinic in 3-5 days ■  
Routine, Clinic Performed, Expires: 1/28/2027, - It is very important for you to make and keep the follow-up appointment listed:
  - Heart Failure Home Management: When you should call your health care provider  
Routine, Clinic Performed, -Questions about your medications or if you have any difficulty obtaining your medications -Increased tolerance activities or exercise, worsening fatigue, or greater tiredness -Worsening shortness of breath, an increasing need to sleep -Unrelieved chest pains -Increased dizziness, nearly passing out, or passing out -Your defibrillator shocks you -Other worrisome p
  - Heart failure Patient Education: Review education booklet provided during hospitalization  
Routine, Clinic Performed, Please review the Heart failure education booklet. It reviews activity recommendations, how to measure your symptoms worsen.
  - Heart Failure Discharge weight monitoring  
Routine, Clinic Performed, -Discharge weight Last Weight: 30 kg (66 lb 2.2 oz) -Tell your nurse if you don't have a scale. -Recheck scale EVERY morning and record your weights. -Call your doctor if you have weight gain or loss greater than 3 pounds in 24 ho
  - Left ventricular ejection fraction (LVEF):  
Routine, Clinic Performed, Your left ventricular ejection fraction (LVEF) is: No results found for: "BIPLANE", "TWOCHAMBER", "FO
  - Heart Failure Virtual Class Information
    - UCHealth offers virtual heart failure education classes to help patients manage their heart failure at home. (

## Additional Tools for Heart Failure Identification and Management: *Cardiology multidisciplinary rounds*

- Cardiology multidisciplinary rounds
  - Attendees: provider, nursing, discharge RN, Case Management, Social Work, Pharmacy, Cardiac Rehab, Care Coordinator, Heart Failure nurse navigator
  - Purpose: briefly review patient's hospital course and predicted needs for discharge
  - Based on provider's verbal report out, may identify additional patients with heart failure

## Additional Tools for Heart Failure Identification and Management: *Heart Failure Banner in Care Progression Report*



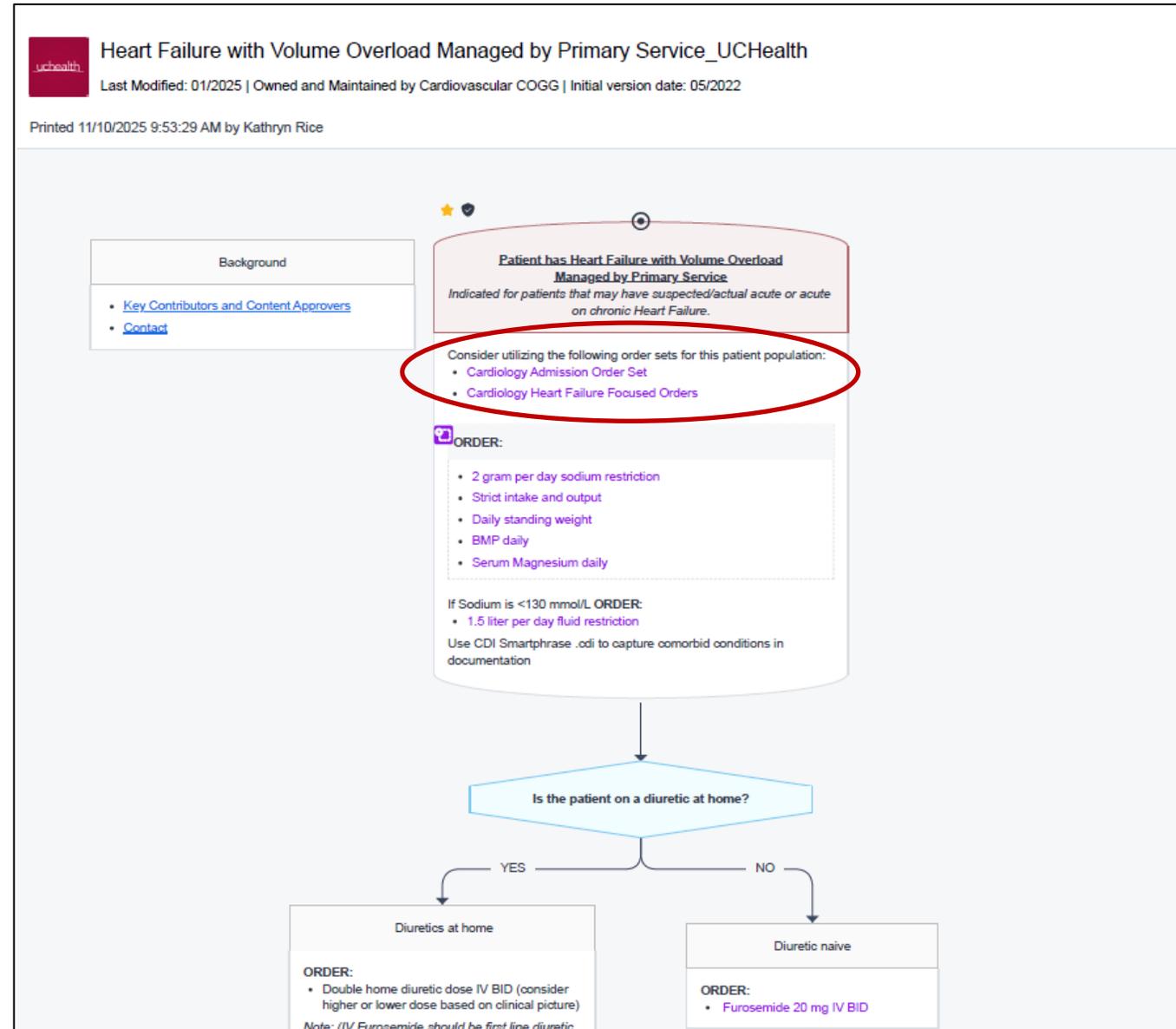
The screenshot displays a patient care progression report interface. At the top, there is a navigation bar with tabs for "Nurse Index", "SBAR Handoff", "ED", "Labs", "Active Orders", "Meds", and "Care Progression". Below this, a "Notifications" section is highlighted with a red oval, containing the text "Heart Failure patient: Yes, this admission." Below the notification, patient information is shown: "Patient Class: Inpatient", "Hospital Day: 2", and "Expected Discharge of Date: 1/16/2026". A section titled "Identified Needs for Discharge" is partially visible at the bottom.

### Goal:

- Awareness for teams that patient admitted for HF
- Reminder that patient should receive all the HF interventions prior to DC
- CM to ensure RN order if going home with HHC

# Additional Tools for Heart Failure Identification and Management: HF Volume Overload Pathway

- Purpose:
- Assist non-cardiology primary services with diuretic management of patients with heart failure
- Guide when to consult cardiology and/or renal teams



# Additional Tools for Heart Failure Identification and Management: *Heart Failure OPA and HF Volume Overload Pathway*

## Heart Failure OPA

Goal:  
Increase  
utilization of HF  
volume overload  
pathway

Attention (1)

Chronic Conditions Management / Treatment (#922)

**Has Actual/Suspected Heart Failure**

**Recommendations:**

- Select each Open Order Set button to order from both Order Sets
- Select the [Heart Failure with Volume Overload Pathway](#) for clinical guidelines.

Based On: Help ensure Heart Failure quality metrics are met.

Why am I seeing this alert?

**Criteria**

- Activity orders not active for this encounter
- Admitted more than 12 but less than 48 hours ago.
- Has IV loop diuretic medication active order
- Log in provider is MD, DO, PA, NP, PharmD, Pharm Resident or Med Student
- No orders from the Heart Failure Admission order set
- Patient class is Inpatient
- UCH CDS LVEF <= 40 - CRITERIA
- Vital Sign orders not active for this encounter

Open Order Set **Do Not Open** UCHS IP Cardiology Admission Order Set [Preview](#)

Open Order Set **Do Not Open** UCHS Cardiology Heart Failure Focused Orders [Preview](#)

[Heart Failure with Volume Overload Pathway](#)

Acknowledge Reason

Patient doesn't have heart failure **Defer**

## Additional Tools for Heart Failure Identification and Management: *Inpatient Heart Failure Nurse Navigator Consult Order*

- Inpatient heart failure nurse navigator order
- Focuses on the following quality metrics to assist with daily coordination of care and management of patients with heart failure during their hospital admission:
  - Ensure timely and appropriate hospital follow-up
  - Improve use of guideline-directed medical therapy
  - Improve patient education

# Additional Tools for Heart Failure Identification and Management: *Inpatient Heart Failure Nurse Navigator Consult Order*

▼ Heart Failure Specific Orders

**Use this order set in conjunction with the UCHS Cardiology Admission Orders (3040599419)**

▼ Heart Failure

- Nursing Interventions
  - Intake and output - Q4H for 24 hours, then Q8H  
Routine, EVERY 4 HOURS, First occurrence today at 1200, For 24 hours  
Type: Strict  
Details: All fluids and urine output incl. flushes and drains
  - Provide patient with Heart Failure education  
Routine, ONCE, today at 0952, For 1 occurrence
- Physician Consults
  - Inpatient Consult to Cardiology EP
- Ancillary Consults
  - Inpatient Consult to Heart Failure Coordinator  
Reason for Consult: Heart Failure Education
  - Inpatient Consult to Cardiology Heart Failure  
⚠ AMC Provider Team: AMC CARDIOLOGY HEART FAILURE CONSULT
  - Inpatient Consult to Case Management

**Inpatient Consult to Heart Failure Coordinator** ✓ Accept ✗ Cancel

Priority:  Routine STAT

Reason for Consult:

Comments: [+ Add Comments](#)

**Next Required** ✓ Accept ✗ Cancel

## Next Steps and Future Goals

- Consider future updates to cardiology order sets specific to HFpEF management
- Education to providers and staff specific to HFpEF clinical guidelines and management
  - Monthly resident education
  - Weekly housestaff and attending quality metric emails
  - Nursing staff lunch and learns
  - Nursing staff meetings
- Collaboration with Coding and CDI on current coding efforts
- Ongoing updates to heart failure OPAs
  - Capturing patients with HFpEF
  - Including ICD-10 grouper lists

Thank you!

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# Advancing HFpEF and HFmrEF Identification Hospital Insights and Real-World Solutions

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Disclosure: The presenter reports no relevant financial or non-financial relationships to disclose.



**At UCHealth, we do things differently.**

**We strive to promote individual and community health and leave no question unanswered along the way. We're driven to improve and optimize health care.**

# South Region Hospitals - UCHealth



Memorial Hospital Central- Colorado Springs



Pikes Peak Regional Hospital- Woodland Park



Grandview Hospital- Colorado Springs



Memorial Hospital North-Colorado Springs

# Our Local Context: HF Care Model at Memorial Hospital

- Heart failure patients are **admitted and managed by hospitalists**
- Cardiology involvement is **consult-based**, not primary admitting
- Consults typically occur for:
  - Inotropic support in the ICU
  - New-onset heart failure
  - Advanced or end-stage HF
- Requires broad HF guideline education across hospitalist teams

# HF Guideline Education: A Unique Challenge

- Large and diverse hospitalist group
- Variable comfort with HF guidelines across providers
  - Ongoing education required for:
    - GDMT optimization
    - HF phenotype recognition
    - Discharge planning standards
- Supported by a **hospitalist HF Champion**

# Operational Reality: No Dedicated HF Unit

- No dedicated heart failure unit
- HF patients admitted to **all units across the hospital**
  - Across the South Region:
  - Over **680 inpatient rooms**
    - Four hospitals
- Manual identification would be impractical

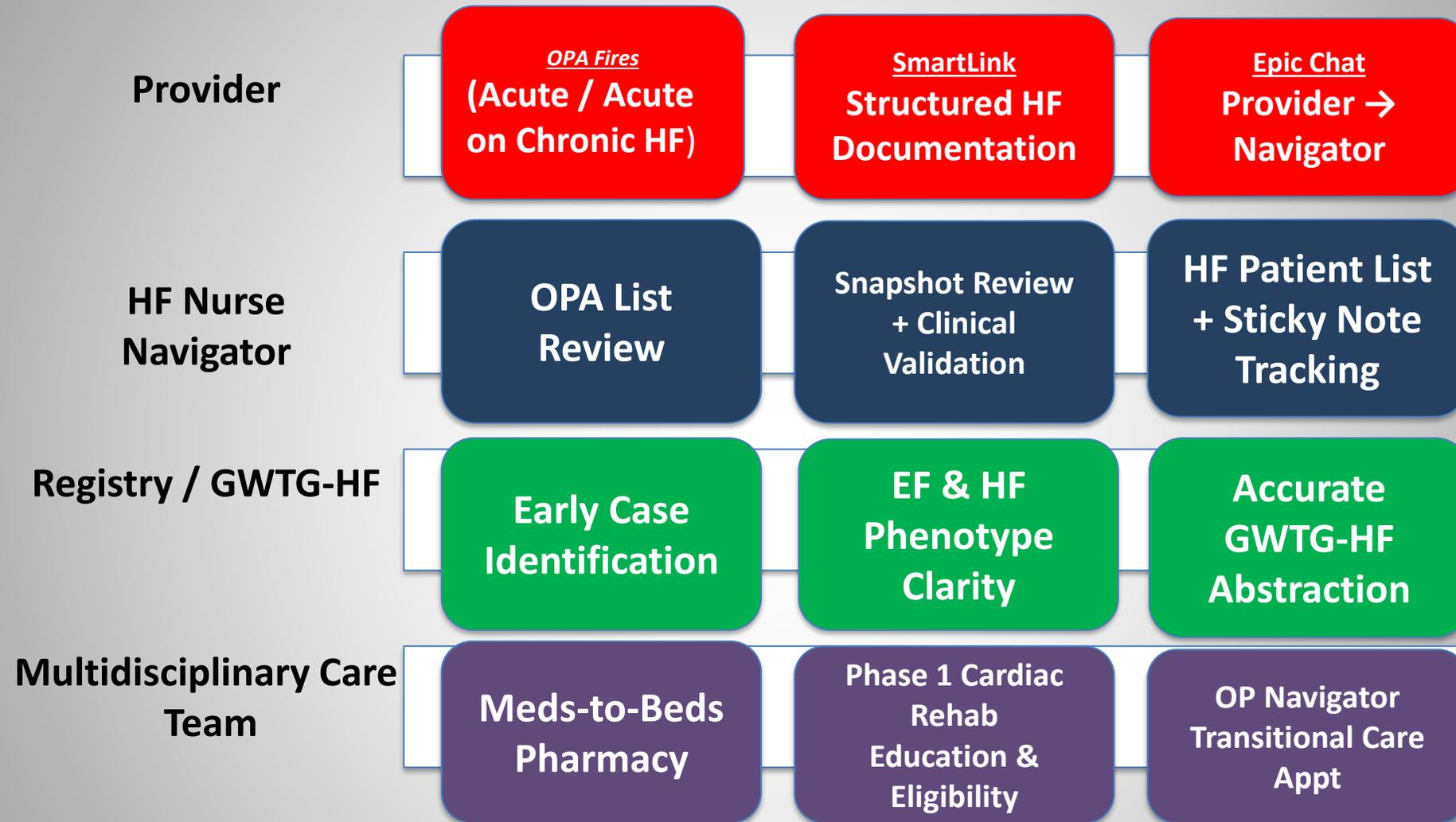
# Why Epic IT Tools Are Essential

- OPA enables **early, system-wide identification**
- Snapshot and patient lists reduce chart-by-chart searching
- Sticky Notes support longitudinal tracking
- Epic chat enables real-time collaboration
- Allows navigators to focus on **care coordination**, not patient hunting

# Impact on AHA GWTG–HF Performance

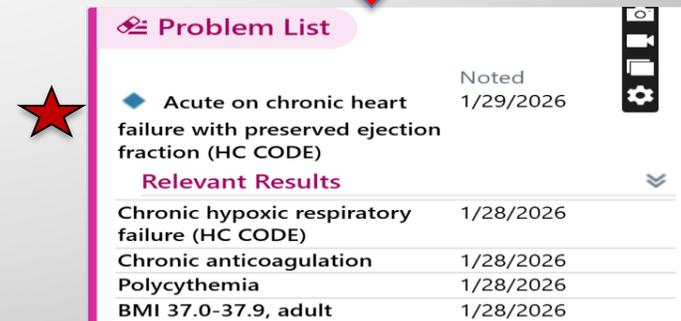
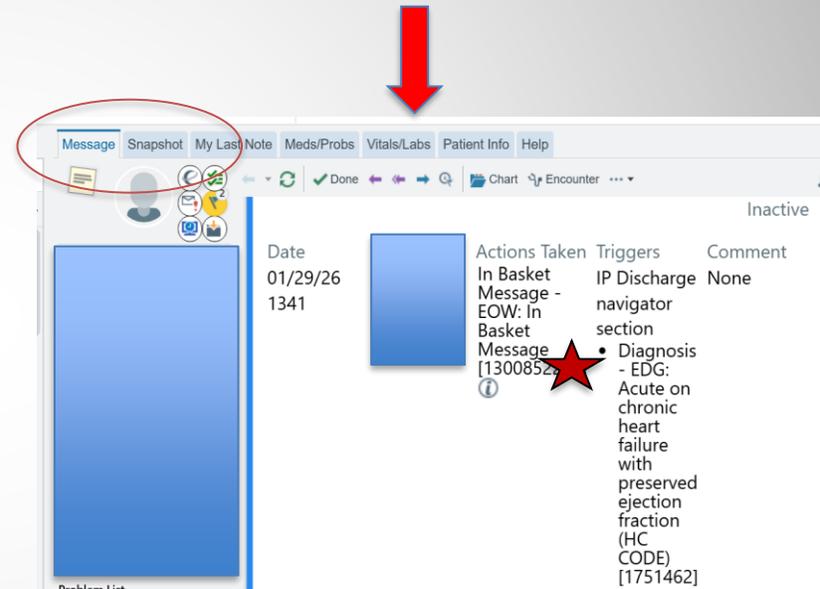
- Early identification despite non-cardiology admitting model
- Standardized care across all units
- Improved case capture for abstraction
  - Reduced missed HF admissions

# HF Identification & Care Coordination



# Navigator Snapshot Review

- OPA list auto-populates potential HF patients in Epic
- “Message” & “Snapshot” tab provides problem list with visit-linked dates
- Acute or acute on chronic HF prompts manual chart review



# Snapshot View

- Manual chart review confirms decompensated HF as primary reason
- Recent ED visits and hospitalizations inform risk assessment
- Future appointments support early follow-up coordination

Recent ED Visits and Hospitalizations		
	Witte, Michael Colin, DO, MHC IM	Melena ..., Admission (Discharged)
	Kuper, Kenneth Earl III, MD; Bari..., Powers	Paroxysmal atrial fibrillation (HC CODE) ..., ED (Discharge)

Future Appointments	
2/10/2026	Appointment with MHC CARD SURG PA at UHealth Cardiac Surgery - Memorial Hospital Central (719-364-3278)



# My Shared HF Patient List

HF Admissions 771 Patients Refreshed just now  Search All My Lists

Patient Name/Age/Gender	Atter	Exp Discl Date	Chief Compl	Admiss Info	Dischar order signed?	AVS Printed	Discharge Date	Discha Summ	Length of Stay (Days)	MRN	AVS Print Instar	My Sticky Note Text	Diagnos registra coded	D/C Delay Comr	Has I/O Orde	CHF Educ	City/State	CM Discl Disp	Bipla EF	Ejec Frac (EF) Less than 40
S... N... M...			Sho... of Bre...	301... P Fall,...	—		—	—	0		0... 0... PM	**notify MLD; dismiss...	Acq... hyp... PAF...	No D... D...			COLO... Color...	—	B... 13.3 D...	3.7 D...
C... J... L...			Fall; Chest Pain	C1 ... C1 05 None	—	—	—	—	0		—	AMA ED CP SS...	—	No D... D...	—		FOUN... Color...	—	B... 23.7 D...	23.7 D...
H... C... M...			Em... Chest Pain	C2 ... C2 19 None	—	—	—	—	0		—	ED GI AP GH-p CP ef...	—	No D... D...	—		COLO... Color...	—	B... 13.0 D...	13.0 D...
S...			Sho...	145...							AP PPRH	COPD	No			CRIP				20.0

- Chief Complaint
- LOS
- My sticky note

- Diagnosis Registration Coded
- DC Disposition (HHC, SNF, IPRH, Hospice)
- EF% and date

•Columns can be customized

## Multidisciplinary Shared Patient Lists and Longitudinal Tracking

- HF education/appt added to discharge paperwork
- Referrals sent to transitional care clinic partner
- Sticky Note tracks EF, GDMT follow-up, insurance, cardiologist, readmits, referrals

**Patient Lists**

Edit List | Sign In | Sign C

**My Lists**

- ▶ Discharged HF p...
- ▶ HF CRehab possi...
- ▶ HF Mortality
- ▶ HF NN Education
- ▶ Inapprop firing B...
- ▶ PPRH xfers
- ▶ TOC list
- ▶ ☆ My Favorite Lists
- ▶ Shared Patient Li...
- ▶ ☆ HF Admissions
- ▶ MHC: Cardiology...

**My Sticky Note**

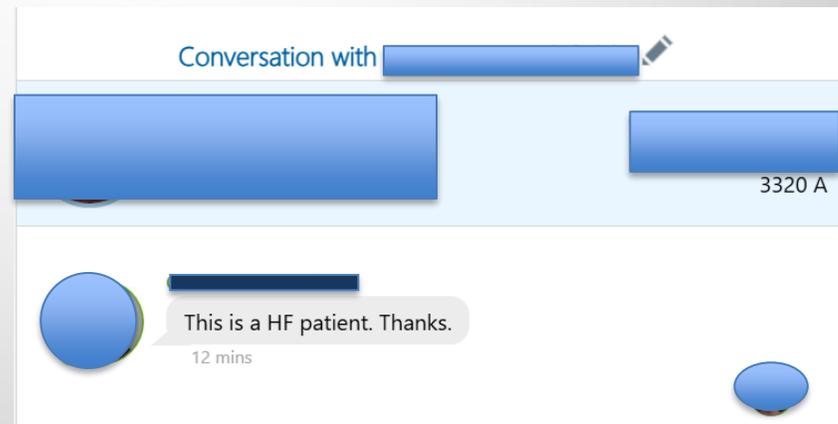
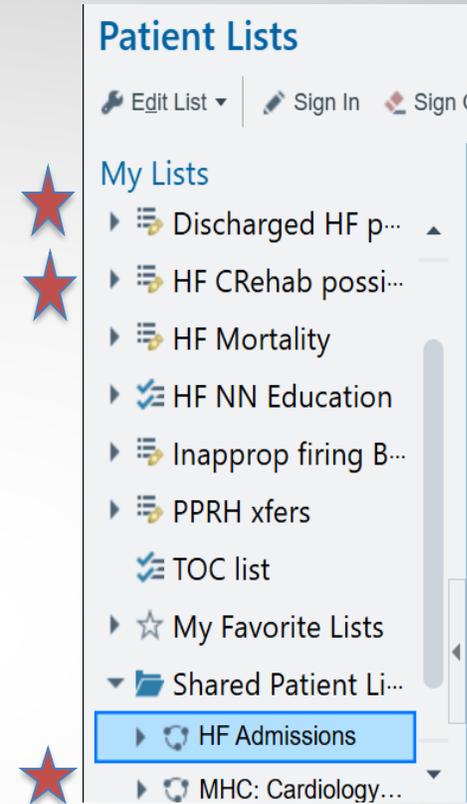
☆

GDMT-AKI/HOTN ARF PPDC- AF RVR pulm edema ac/SDHF ef 40 bnp18K RV-OL HOTN BB/HUMMCR Weak a/c-mrHF af/rvr DCCV ef 40-45 Mrsev coreg MB/DB 8.6.25 MHN DB 10.9.24 Resp HmEF cath-p af/rvr phn-sev ef 30-40 ?DD coreg sglr2 CC/DB'23 MHN4+ Hum MCR CS

Last updated: 2 days ago

## Epic Chat = Closed-Loop Communication

- Patient followed in real time until discharge
- Shared Lists support pharmacy, cardiac rehab, and OP navigation
- Epic Chat enables closed-loop communication with case managers and providers

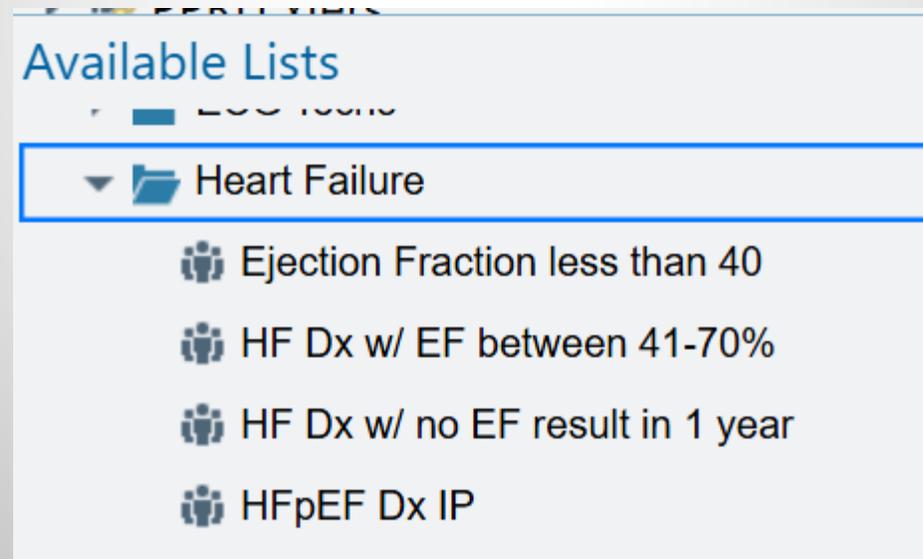


# Why This Works

- Combines automation with clinical judgment
- Supports early navigator identification
- Enhances multidisciplinary collaboration
- Improves continuity across admissions

# IT-Built HF Patient Identification Lists

- Heart Failure with Reduced Ejection Fraction (HFrEF): EF  $\leq$  40%
- Heart Failure with Mildly Reduced Ejection Fraction (HFmrEF): EF 41–70%
- Heart Failure with Preserved Ejection Fraction (HFpEF): Inpatient diagnosis



# Why This Categorization Matters

- Promotes consistent HF phenotyping
- Improves identification of HFpEF and HFmrEF
- Flags patients with documentation gaps
- Supports navigator prioritization and registry accuracy

# Other Helpful Tools

- SmartLink with discreet drop-down fields
- Suggested documentation aligns with AHA-GWTG-HF

CHF

Type: acute/on chronic ▾ CHF TYPE ▾

NYHA Class ▾ ACC Stage ▾

VOLUME

- Volume Status: UCH IP CDI CHF VOLUME STATUS ▾

- Volume Management: \*\*\*

GDMT

BB: Beta Blocker ▾

ACEI / ARB / ARNI: RAAS Inhibitor ▾

ARA: MRA ▾

SGLT2: SGLT2 Inhibitor ▾

ISDN / Hydral: UCH IP CDI CHF H ISDN ▾

GDMT exclusions: \*\*\*

RISK VARIABLES:

Risk variables complicating care of this patient ▾

PLAN:

Weight on admission, Standing daily weights, Strict I&O, Daily BMP

\*\*\*

Cardiomyopathy ▾

ICD: ICD ▾

CHF

Type: acute/on chronic ▾ CHF TYPE ▾

NYHA Class ▾

VOLUME

- Volume St  systolic

UCH IP CD  diastolic

- Volume M  combined systolic and diastolic

GDMT  systolic, end stage

BB: Beta B  diastolic, end stage

ACEI / ARB  combined systolic and diastolic, end stage

ARA: MRA  \*\*\*

SGLT2: SGLT2 INHIBITOR ▾

# Real-World Impact and Early Navigator Review

- Enables early identification of HFpEF and HFmrEF
- Supports early nurse navigator review
- Reduces manual chart abstraction
- Improves transitions of care
- Aligns with AHA GWTG-HF performance metrics



# Key Takeaways

- HFpEF and HFmrEF identification requires intentional system design
- BPA tools are most effective when paired with navigator-visible lists
- Early navigator engagement improves care coordination
- Alignment with AHA GWTG-HF definitions strengthens quality outcomes

# Thank You

## Thank You

Thank you for your time and for the work you do supporting heart failure patients, quality improvement, and **AHA Get With The Guidelines–Heart Failure**.

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*Questions and shared experiences are welcome.*



Questions?





*Thank You.*

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IMPLEMENT-EF | American Heart Association