

## Appendix 2: Structural / Organizational Indicators

The structural indicators are attributes of institutions or organizational factors that contribute to the quality of heart failure care and affect disease outcomes. The following sections identify the eligible sample for which indicator applies and the defining features of the quality indicator. All of the subheadings with Roman numerals must be present unless otherwise stated (e.g., A or B) for the structural indicator to be considered present.

Coordinated ambulatory heart failure care programs can include heart failure clinics, but are not limited to formalized heart failure programs provided that all elements are present. Some of the indicators are test indicators (defined below).

<b>COORDINATED PROGRAM OF AMBULATORY HEART FAILURE CARE</b>	
<b>ELIGIBLE</b>	1) Any acute care hospital facility
<b>DEFINITION</b>	1) Coordinated inpatient/outpatient program consisting of the following elements: <ul style="list-style-type: none"> <li>i. Patient education: medications, diet, activity, compliance</li> <li>ii. Provides inpatient / outpatient care and surveillance of compliance / adverse effects</li> <li>iii. Access to physician / nurse via telephone support (with 24-36 hr response time) excluding an ED</li> <li>iv. Coordinated by a skilled nurse or a physician</li> </ul>
<b>STATISTIC</b>	Presence or absence of access to HF program

<b>CODING ACCURACY</b>	
<b>ELIGIBLE</b>	1) Any discharge diagnosis of congestive heart failure (most responsible, primary / secondary)
<b>DEFINITION</b>	1) Patient charts coded as CHF that qualify by clinical validation using either of: <ul style="list-style-type: none"> <li>i. Framingham criteria <u>or</u></li> <li>ii. Carlson criteria</li> </ul>
<b>STATISTIC</b>	% of patients coded as CHF that satisfy clinical criteria

<b>CARE BY SPECIALIST (TEST<sup>‡</sup>)</b>	
<b>ELIGIBLE</b>	1) Any congestive heart failure discharge (most responsible, primary / secondary)
<b>DEFINITION</b>	1) Patient receiving consultant or primary care by cardiologist or internist <ul style="list-style-type: none"> <li><b>Definition 1:</b> Primary care physician is discharging physician (final note)</li> <li><b>Definition 2:</b> Consultant physician has at least one consultation note on chart</li> </ul>
<b>STATISTIC</b>	% of patients receiving care by specialist

## Appendix 2 (continued): Structural / Organizational Indicators

STANDING ADMISSION ORDERS (TEST <sup>‡</sup> )	
<b>ELIGIBLE</b>	1) Any congestive heart failure discharge (most responsible, primary / secondary)
<b>DEFINITION</b>	1) Patient charts with standing admission orders for CHF present
<b>STATISTIC</b>	%of patients with standing orders for CHF present

<sup>‡</sup>Test indicator: quality indicator which has not been incorporated in published guidelines **or** for which it is uncertain whether the process of care can be feasibly and reliably measured **or** uncertain whether it is amenable to quality improvement efforts