



# ICARe-HF

Improving **C**are through  
**A**ccreditation and **R**ecognition in  
**H**ear**F**ailure (ICARe-HF)

# What is ICARe-HF?

ICARe-HF is an **accreditation programme** that will improve heart failure patient outcomes across Europe and beyond.

It has been created by the Heart Failure Association of the ESC and National Heart Failure Societies.

The ICARe-HF accreditation process supports and promotes excellence by:

Raising standards in  
care facilities

Recognising those who  
apply best practices

Promoting research  
and education

# How does ICARe-HF work?

- Care centres demonstrate they apply best practices measured against recognised standards of care
- Qualifying centres are awarded the status of 'HFA Quality of Care Centre' - the new gold standard in heart failure care
- Ongoing centre assessment ensures continuous improvement



# How will ICARe-HF improve patient outcomes?

ICARe-HF evaluates the performance of individual centres, institutions and clinics against recognised standards of care developed according to the Heart Failure Association of the ESC (HFA) Curricula, the ESC Guidelines and appropriate publications.



# Why should centres seek accreditation?



Recognition of their quality of care at a  
**European level**



Improved information for referral sources and  
patients on the categorisation of the centre



Access to a network of HFA Accredited  
Centres in Europe



**Feedback to identify gaps** in education and  
research, and **recommendations on how to  
bridge these gaps**

# Three categories of HFA Quality of Care Centres

## • Community QCC



## • Specialised QCC



## • Advanced QCC



## • **Criteria for pre-assessment of Quality of Care Centres**

Target patients • Setting • Accessibility • Service portfolio/Equipment • Human Resources

# Community QCC

Includes primary care institutions, resident cardiologists, and local (community-based) hospitals and rehabilitation centres.

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*Their role is to provide initial assessment and treatment of patients presenting with heart failure in the community setting and to ensure the optimisation of therapy in chronic heart failure.*

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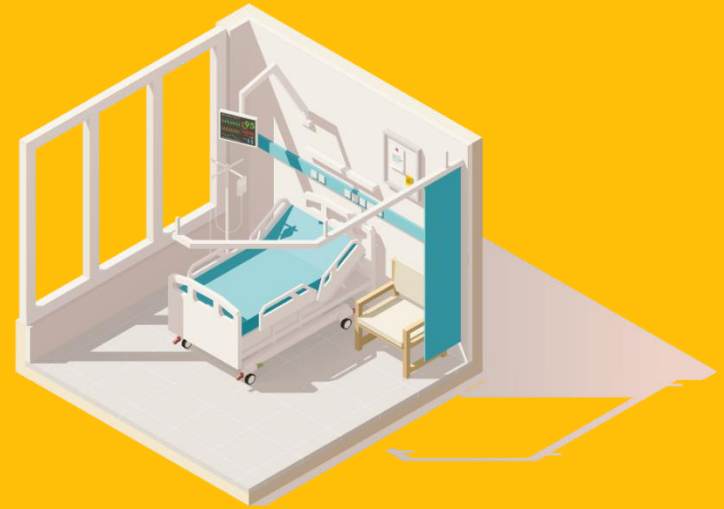
# Specialised QCC

Includes district hospitals with intensive care units and cardiac catheterisation facilities.

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*Specialised QCCs provide further etiological diagnostic assessment and treatment, as well as treat decompensated HF patients of intermediate complexity.*

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






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Includes national reference centres that provide inpatient care for advanced/severely decompensated heart failure patients, and for heart transplant/mechanical circulatory support candidates and recipients.

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	<b>COMMUNITY QCC</b> 	<b>SPECIALISED QCC</b> 	<b>ADVANCED QCC</b> 
<b>TARGET PATIENTS</b> 	<ul style="list-style-type: none"> <li>Chronic outpatients / rehabilitation</li> <li>Acute, not severe HF / mildly decompensated</li> </ul>	<ul style="list-style-type: none"> <li>Moderate HF complexity,</li> <li>New-onset HF / after recent hospitalisation</li> </ul>	<ul style="list-style-type: none"> <li>Severe / Advanced HF patients</li> <li>HTx and/or MCS candidates/ recipients</li> </ul>
<b>SETTINGS</b> 	<ul style="list-style-type: none"> <li>Primary care</li> <li>Cardiology / rehabilitation</li> <li>Community hospital</li> </ul>	<ul style="list-style-type: none"> <li>CCU / ICU / chest pain unit and specialised wards in district hospitals</li> </ul>	<ul style="list-style-type: none"> <li>As in specialised QCC</li> <li>+ Heart Surgery</li> </ul>
<b>ACCESSIBILITY</b> 	<ul style="list-style-type: none"> <li>Elective</li> <li>Prompt (&lt;48h) access if needed</li> </ul>	<ul style="list-style-type: none"> <li>On-Duty cardiologist 24/7</li> <li>CCU/ICU dedicated beds</li> </ul>	<ul style="list-style-type: none"> <li>As in specialised QCC</li> <li>+ Cardiac surgery in a heart team</li> <li>+ ICU dedicated beds</li> </ul>
<b>SERVICE / EQUIPMENT</b> 	<ul style="list-style-type: none"> <li>Therapeutic optimisation</li> <li>Patient &amp; caregiver education</li> <li>Rehabilitation</li> <li>ECG, TTE, 24h ECG/BP Holter, laboratory tests</li> <li>Referral to higher level centers</li> </ul>	<ul style="list-style-type: none"> <li>Aetiology assessment,</li> <li>Therapeutic optimisation,</li> <li>Cardiac catheterisation, Arrhythmia ablation,</li> <li>ICD/CRT implantation</li> <li>TOE, CMR, CPET</li> <li>Renal replacement therapy</li> </ul>	<ul style="list-style-type: none"> <li>As in specialised QCC</li> <li>+</li> <li>Circ. Support</li> <li>Perform HTx and/or MCS and/or provide support</li> <li>Cardiac surgery</li> <li>Valve intervention.</li> <li>EMB, genetic testing</li> </ul>
<b>HUMAN RESOURCES</b> 	<ul style="list-style-type: none"> <li>Primary care</li> <li>Internists /</li> <li>Cardiologists</li> <li>Nurses</li> </ul>	<ul style="list-style-type: none"> <li>Cardiologist 24/7,</li> <li>HF nurses,</li> <li>Other specialties</li> </ul>	<ul style="list-style-type: none"> <li>As in specialised QCC</li> <li>+ Cardiac surgeons 24/7</li> <li>+ Heart team</li> </ul>
	CCU, coronary care units CRT, cardiac resynchronisation therapy	HF, heart failure HTx, heart transplantation	ICU, intensive care units ICD, implantable cardioverter defibrillators MCS, mechanical circulatory support



**HFA**  
Heart Failure  
Association



# Two phases in the accreditation process



## PHASE 1

### **Pre-accreditation:**

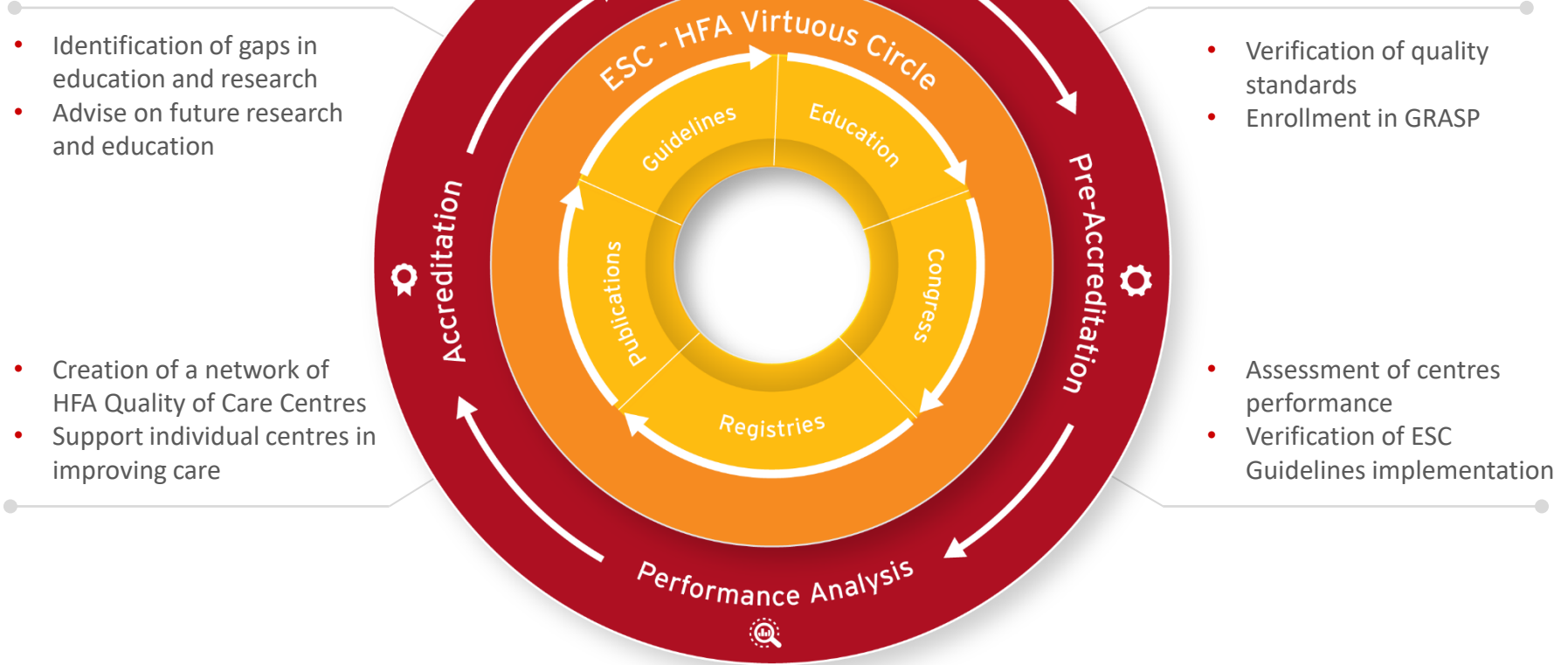
Identification of the centre's category according to structural criteria (type of patients, setting, accessibility, portfolio, equipment and staffing).



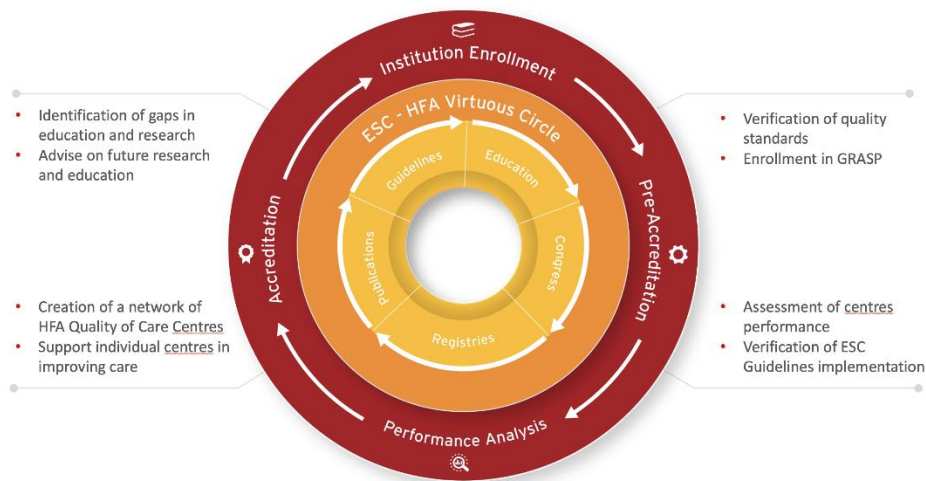
## PHASE 2

**Validation** of performance and application of the ESC Guidelines according to GDMT through data collected in the ESC's GRASP (the new Global Registries And Surveys Programme). Centres applying are required to enroll in GRASP-HF.

# ICARe-HF cycle



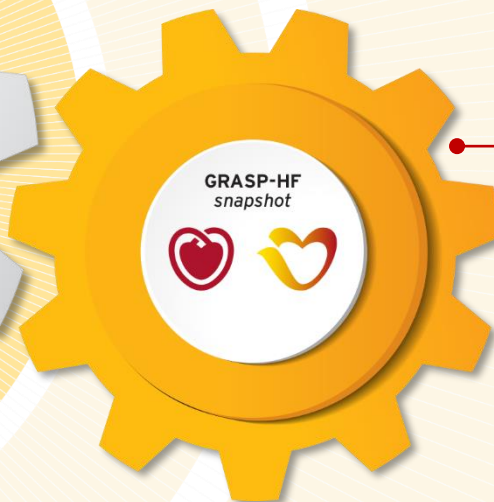
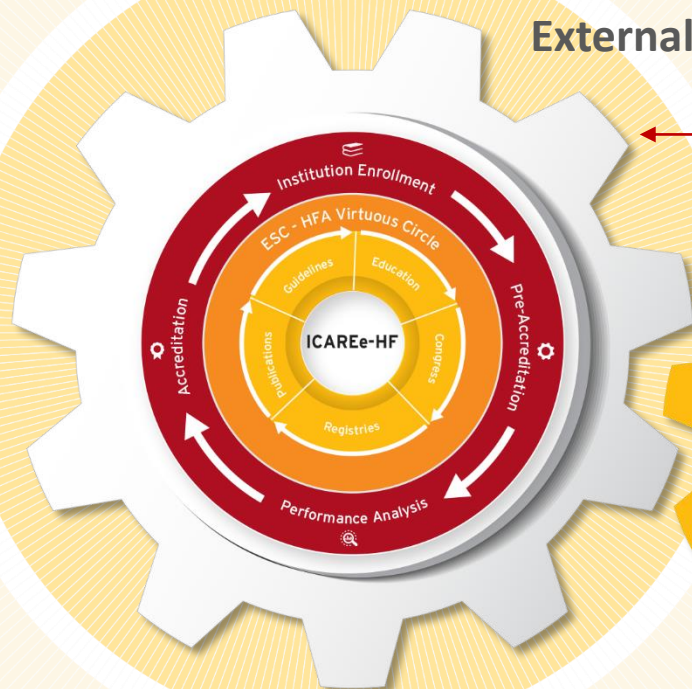
## ICARe-HF Programme



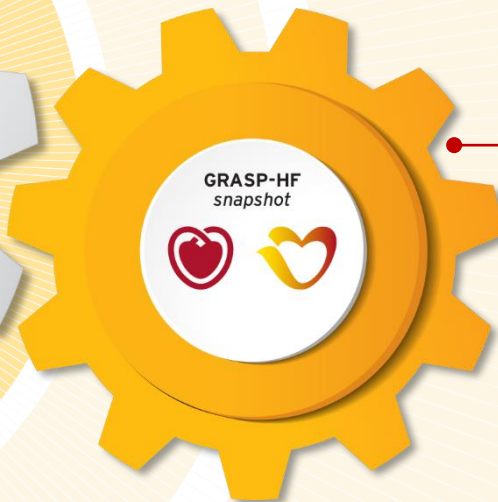
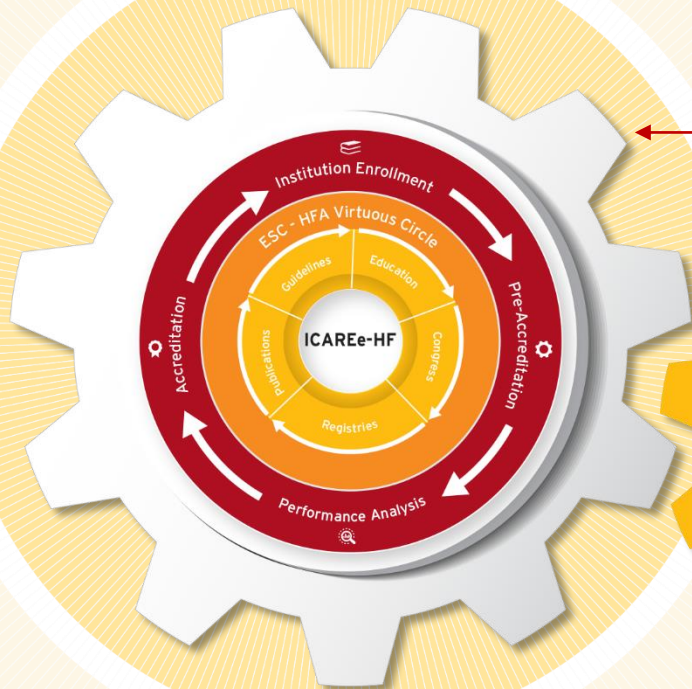
## GRASP-HF Snapshot



**Generalizability**  
External validity



**Reliability**  
Internal validity



**ESC/HFA Guidelines**

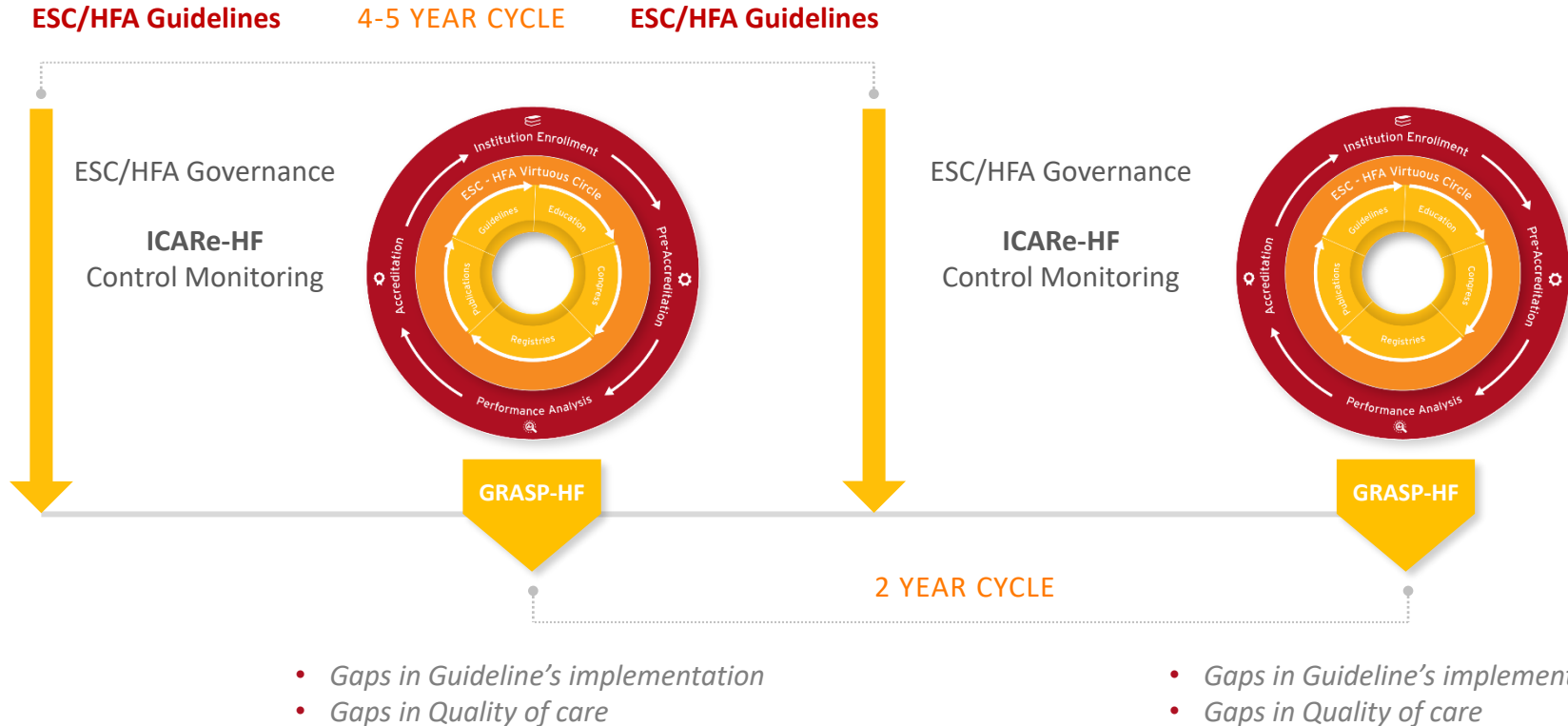
**ESC  
Educational  
Programmes**

**NHFSs**





# Ideally.....repetitive assessment.....

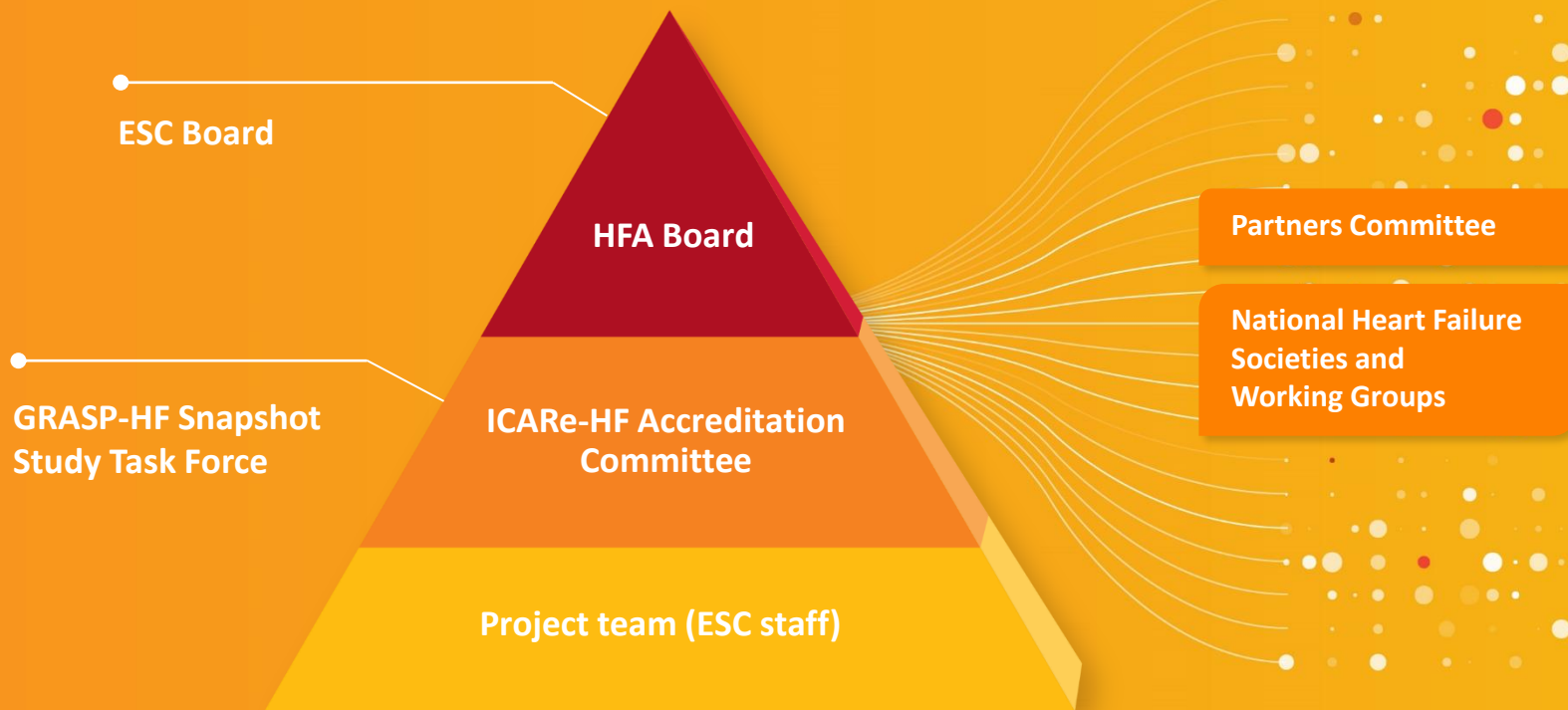




# ICARe-HF will impact multiple stakeholders, who are part of an interdependent ecosystem



# ICARE-HF governance



# ICARe-HF Committee



**O. Chioncel**  
*Co-chairperson*



**M. Volterrani**  
*Co-chairperson*



**L. Hill**



**B. Gellen**



**O. Amir**



**M. Metra**



**G. Savarese**



**M. Tokmakova**



**S. Stoerk**



**A. Bayes Genis**

National Heart  
Failure Societies are  
integral to the  
success of  
**ICARe-HF**  
and improving  
patient outcomes



**HFA**  
Heart Failure  
Association



# A collaborative process with National Heart Failure Societies

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The ICARe-HF Committee includes representatives from National Heart Failure Societies.

Institutions wishing to be accredited are required to include a support letter from their National Heart Failure Society along with their application.



# You are key to the success of ICARe-HF

National Heart Failure Societies (NHFS) will be the first point of contact to help institutions understand the value of **ICARe-HF** and how they can become accredited.

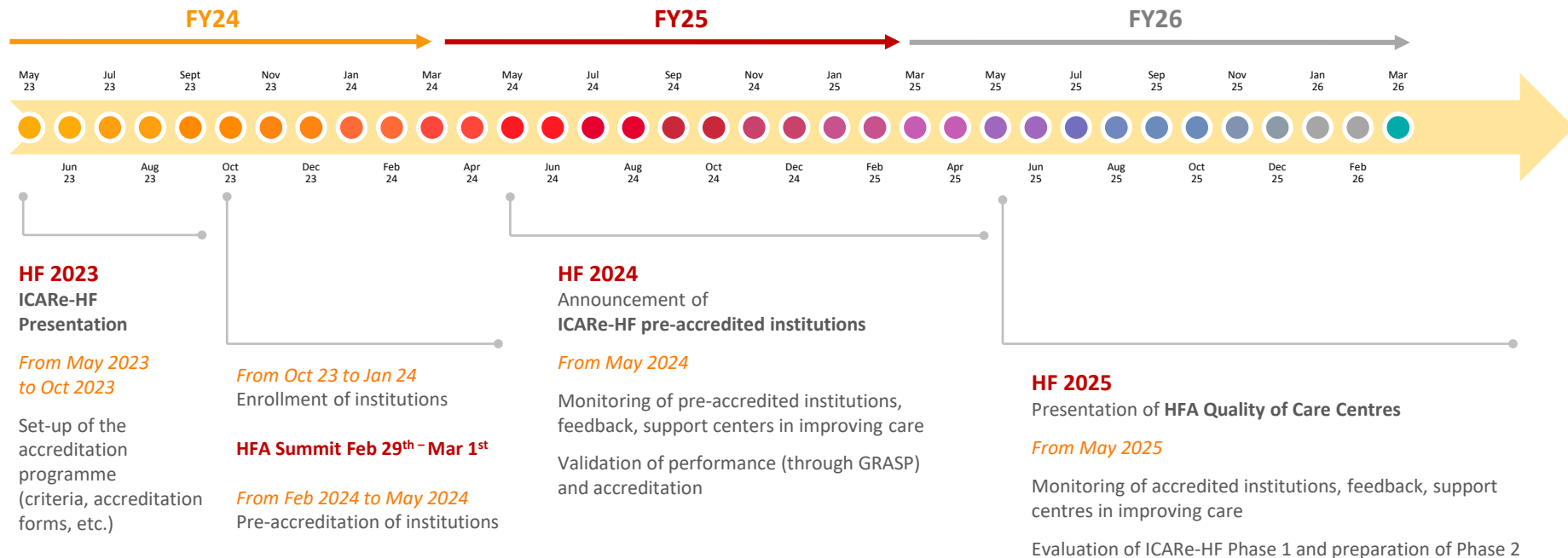
**The HFA's ICARe-HF Team will support you by providing:**

- **Slides that explain** the programme and how to get involved. You are invited to translate them if this would be beneficial.
- A **short video** that explains ICARe-HF and what it can bring to institutions, heart failure care teams and patients.
- A **promotional slide** to include in other presentations to drive awareness
- A **journal advert** that you can resize for your national publication
- **Information and guidance**



What is the  
timeline for the  
launch and  
implementation  
of **ICARe-HF**?





## GRASP HF Snapshot timeline

From May 24 to Nov 24  
**Sites recruitment and contracting**

From May 24 up to April 25  
**Data collection including 6-month follow-up**  
**Data review**

May 25 to July 25  
**Data cleaning and analysis**