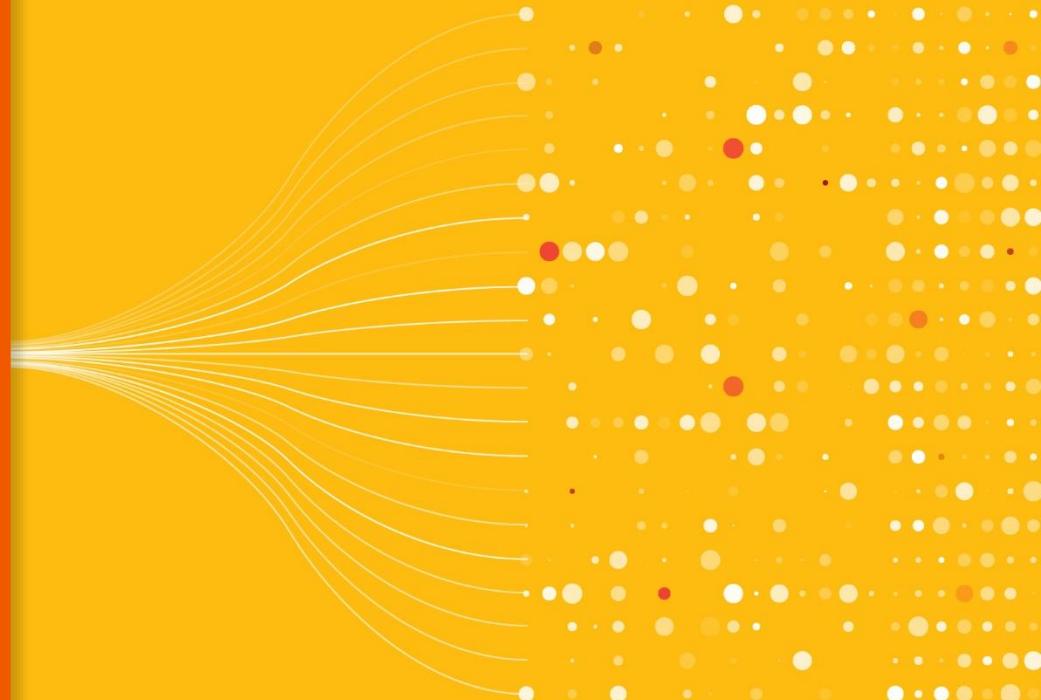




ICARe-HF

Improving **C**are through
Accreditation and **R**ecognition in
Heat **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



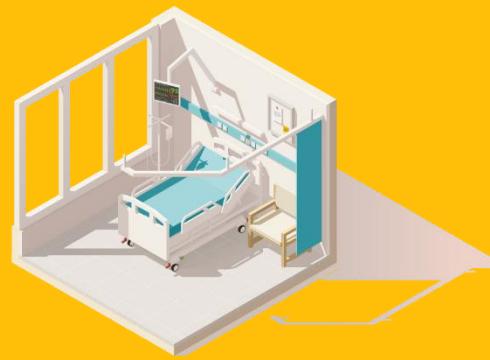
Feedback to identify gaps in education and research, and **recommendations on how to bridge these gaps**

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.

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.



Specialised QCC

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

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



Advanced QCC

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.



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

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

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

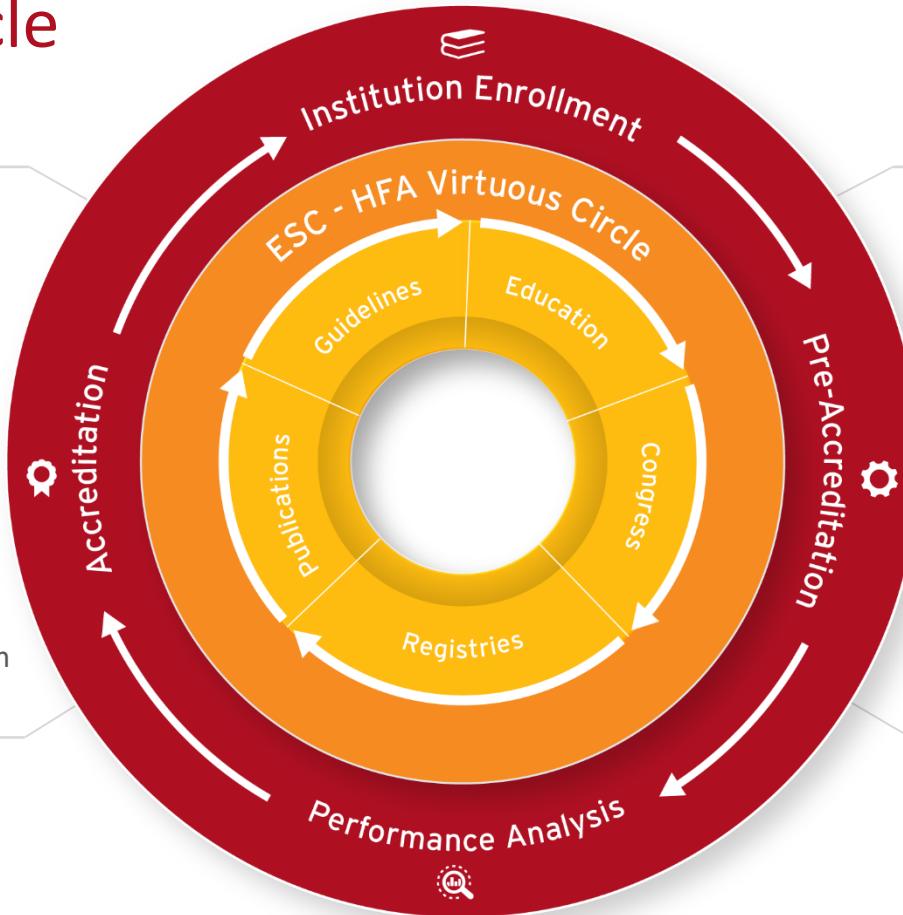
Validation of performance and application of the ESC Guidelines according to GDMT through data collected in the ESC's GRASP (the new Global Registries And Surveys Programme). Centres applying are required to enroll in GRASP-HF.

ICARE-HF cycle

- Identification of gaps in education and research
- Advise on future research and education

- Creation of a network of HFA Quality of Care Centres
- Support individual centres in improving care

- Verification of quality standards
- Enrollment in GRASP
- Assessment of centres performance
- Verification of ESC Guidelines implementation



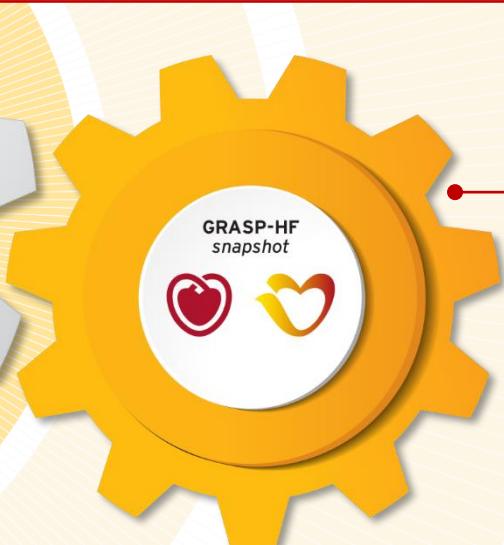
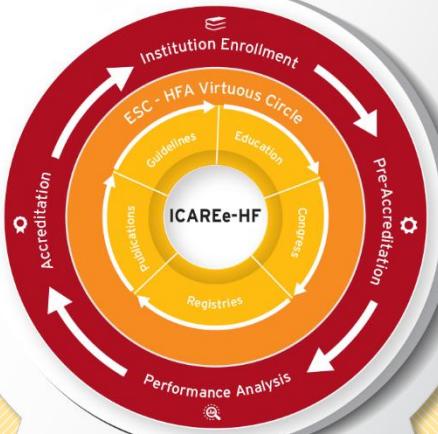
ICARe-HF Programme



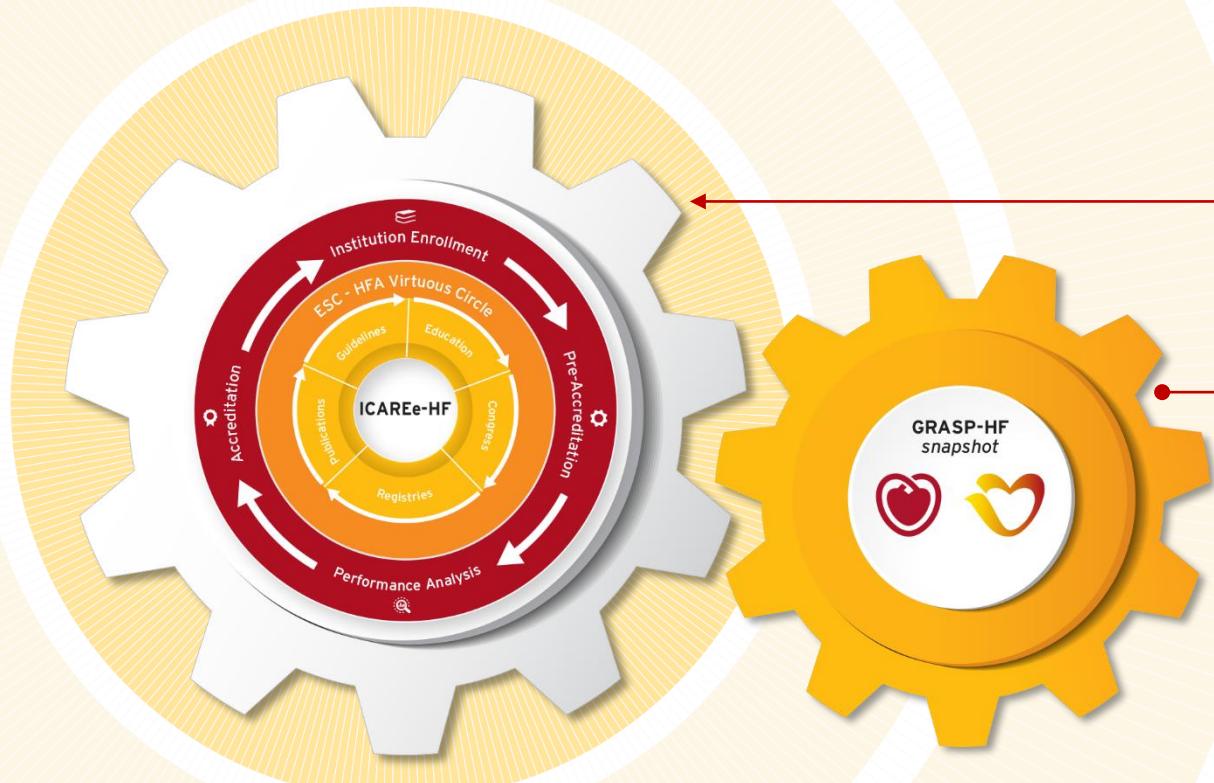
GRASP-HF Snapshot



Generalizability External validity



Reliability Internal validity

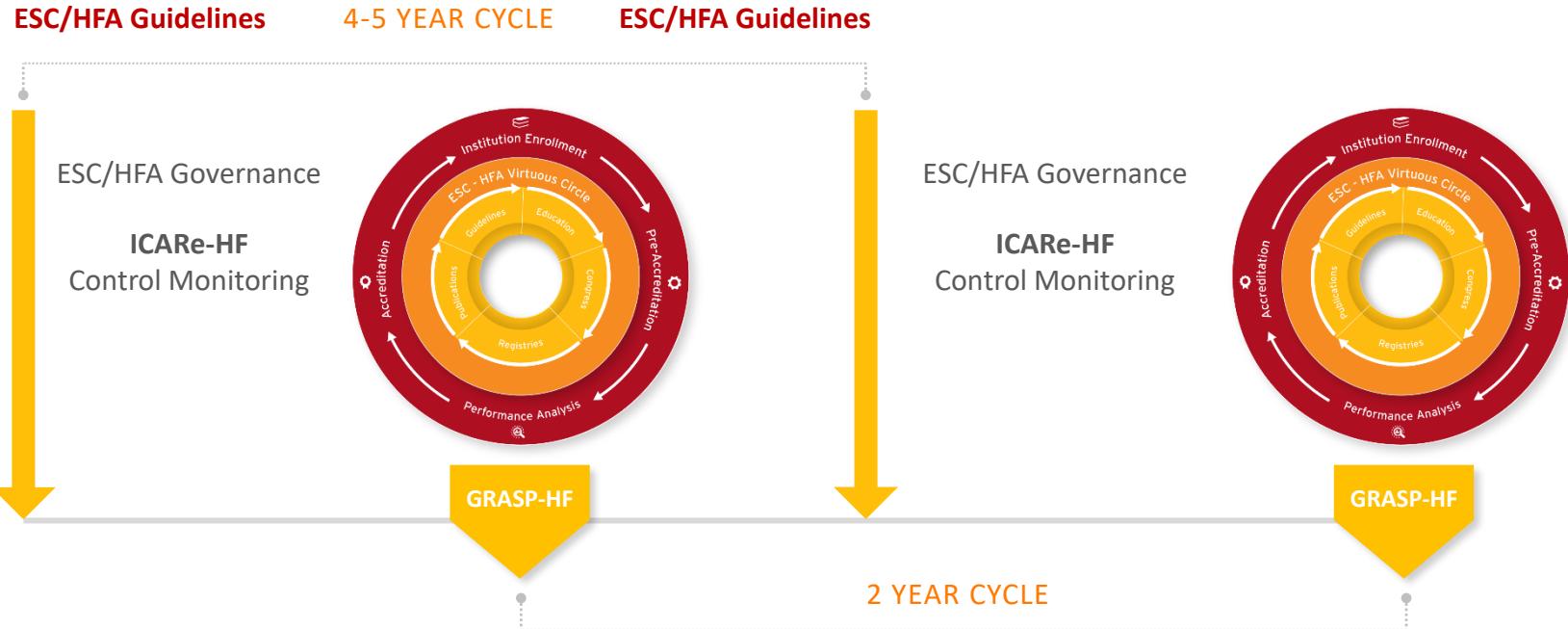


ESC/HFA Guidelines

ESC
Educational
Programmes

NHFSs

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



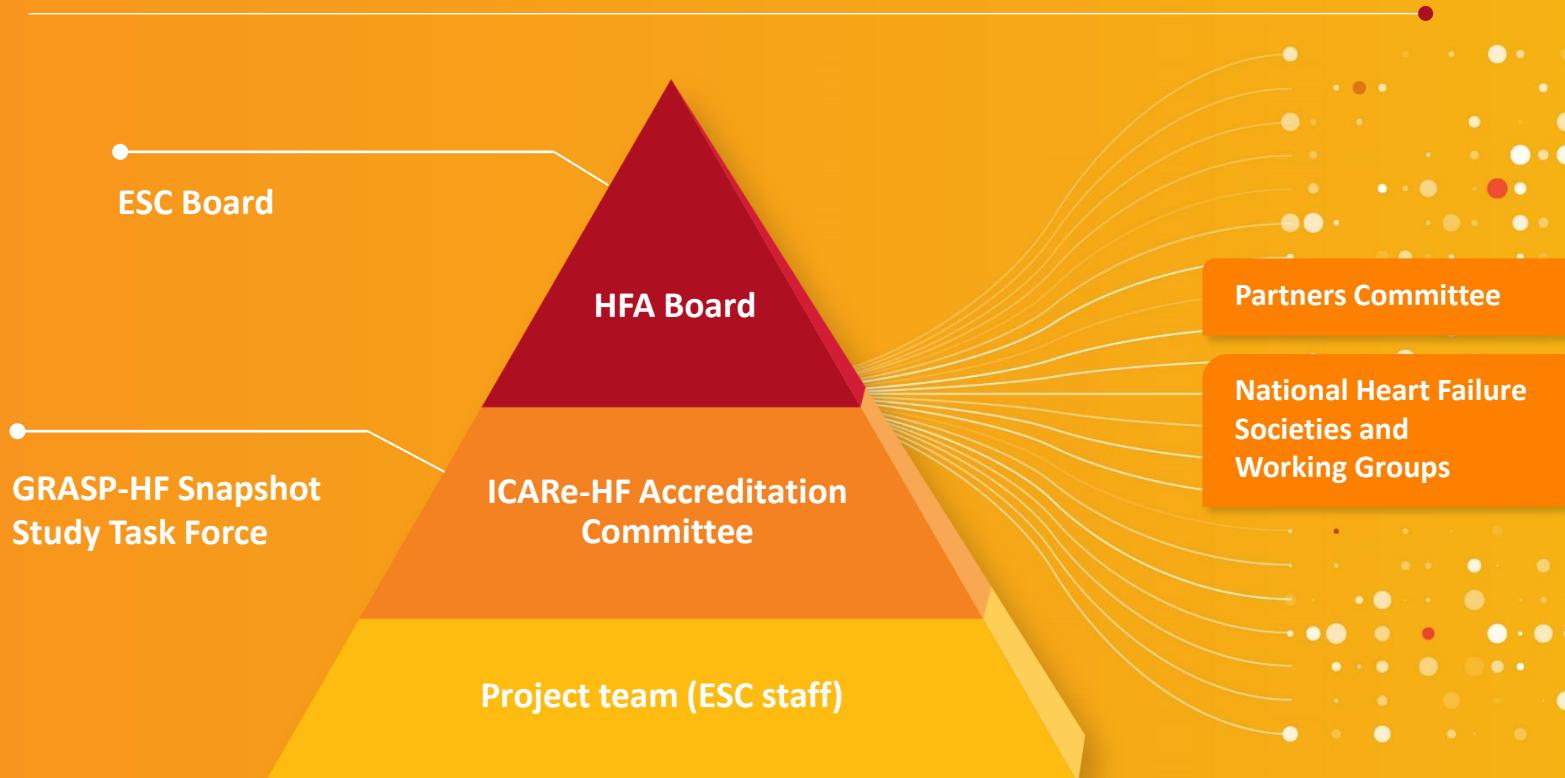
- *Gaps in Guideline's implementation*
- *Gaps in Quality of care*

- *Gaps in Guideline's implementation*
- *Gaps in Quality of care*

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



A collaborative process with National Heart Failure Societies

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

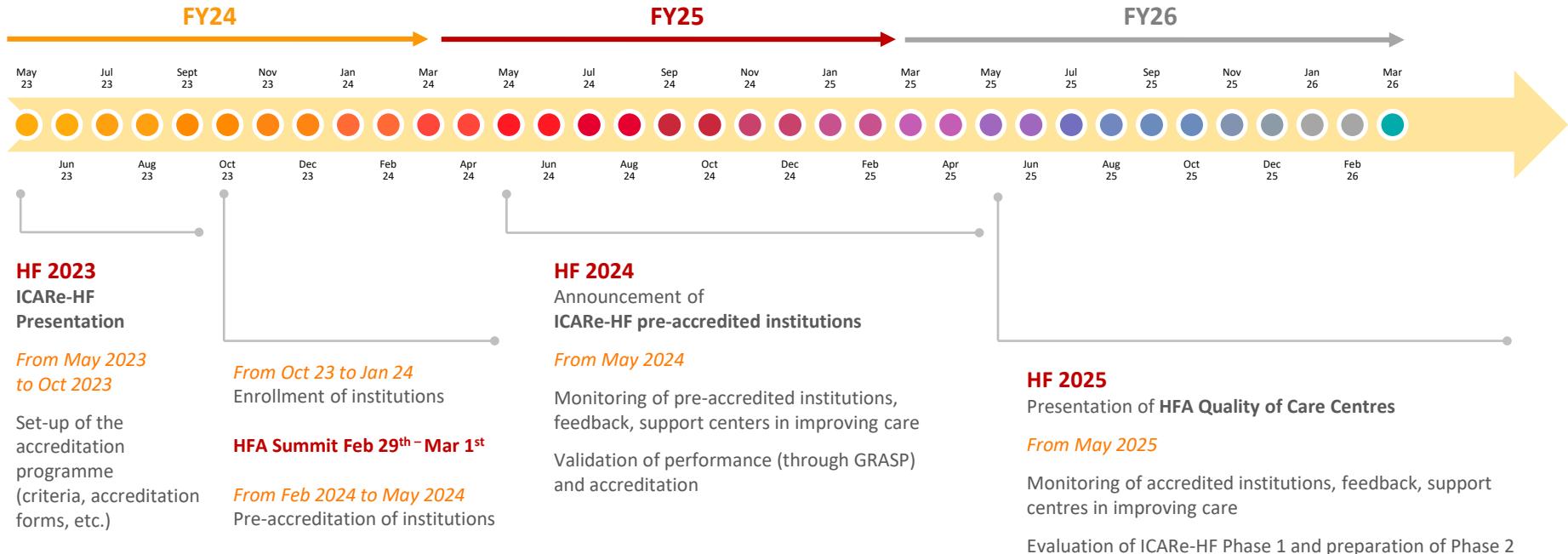
National Heart Failure Societies (NHFS) will be the first point of contact to help institutions understand the value of **ICARe-HF** and how they can become accredited.

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