

# Clinical Documentation Improvement Education on Heart Failure



- **Heart Failure** is defined as impairment of diastolic or systolic ejection of blood that results from functional or structural abnormalities of the heart.
- Type of Heart Failure
- **Systolic**
  - Ejection fraction (EF) below normal (<55%) also known as “reduced” or HFrEF)
  - EF <40% highly suggestive of heart failure whether previously diagnosed or not
  - Most common cause is ischemic heart disease, e.g. coronary artery disease
- **Diastolic**
  - Normal (55-70%) or elevated (>70%) EF also known as “preserved” or HFpEF
  - Echo may also show diastolic dysfunction parameters
  - Most common cause is hypertensive and/or ESRD
- Acuity of Heart Failure
- **Chronic**
- **Acute**
- **Acute on Chronic or Combined**
- Indicators of Acute Heart Failure
  - Exacerbation of symptoms
  - IV medications (usually lasix)
  - Supplemental oxygen
  - Pulmonary edema/congestion or increasing (or new) pleural effusion on CXR
  - BNP>500 or Pro-BNP>3000 (if no renal impairment)
- **Framingham Criteria for Congestive Heart Failure**
  - Diagnosis of CHF requires the simultaneous presence of at least 2 major criteria or 1 major criterion in conjunction with 2 minor criteria
  - **Major criteria:**
    - Paroxysmal nocturnal dyspnea
    - Neck vein distention
    - Rales
    - Radiographic cardiomegaly (increased heart size on CXR)
    - Acute pulmonary edema
    - S3 Gallop
    - Increased CVP (>16 cm H2O at right atrium)
    - Hepatojugular reflux
    - Wt. loss >4.5 kg in 5 days in response to treatment
  - **Minor Criteria**
    - Bilateral ankle edema
    - Nocturnal cough
    - Dyspnea on ordinary exertion
    - Hepatomegaly
    - Pleural effusion
    - Decrease in vital capacity by one third from maximum recorded
    - Tachycardia (HR>120 beats/minute)
- Minor criteria are acceptable only if they cannot be attributed to another medical condition (such as pulmonary hypertension, chronic lung disease, cirrhosis, ascites or the nephrotic syndrome).
- The Framingham Study criteria are 100% sensitive and 78% specific for identifying persons with definite congestive heart failure



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- **Treatment for Heart Failure**

- Diuretic
- Beta Blocker
- Ace Inhibitor
- Angiotensin Receptor Blocker
- Digoxin
- Nitrates
- Hydralazine

- **Required Documentation for Heart Failure**

- **Type**
  - **Systolic (Reduced EF or HFrEF)**
  - **Diastolic (Preserved EF or HFpEF)**
  - **Combined**
- **Acuity**
  - **Acute**
  - **Chronic**
  - **Acute on Chronic or Exacerbation**
- **Cause**
  - **Ischemic heart disease or CAD**
  - **Hypertensive heart disease**
  - **ESRD**
  - **Atrial Fibrillation**
  - **Aortic Stenosis**

- **Additional Issues**

- If an ESRD patient is admitted with fluid overload due to dialysis non-compliance, please indicate if the fluid overload:
  - Is cardiogenic in nature
  - Is not cardiogenic in nature
- If the patient has heart failure, hypertension and renal failure; are either or both linked to the heart failure?



- **References**

- Pinson & Tang, 2017 CDI Pocket Guide. ACDIS, HC Pro 2017 pg 92-95
- 2013 ACCF/AHA Guideline for the Management of Heart Failure. Executive Summary: A Report of the American College of Cardiology Foundation/ American Heart Association Task Force on Practice Guidelines. J Am Cardiol 2013; 62:1495-1539
- MCKee PA, Castelli WP, McNamara PM, Kannel WB. The natural history of congestive heart failure: the Framingham study. N Engl J Med. 1971 Dec 23; 285(26) :1441-6
- Frady A. False assumptions: Linking Hypertensive Heart and Kidney Disease; ICD10 Monitor 2017 Jan 10