

Welcome to the ICARe-HF programme

**Pre-accreditation criteria
for Advanced Quality of
Care Centres (QCCs)**

DEFINITIONS

ICARe-HF: Improving Care through Accreditation and Recognition in Heart Failure

Advanced Quality of Care Centres (QCCs) will include national reference centres that provide inpatient care for advanced/severely decompensated HF patients, and for heart transplant/mechanical circulatory support candidates and recipients.

A distinction will be made between:

TYPE A	TYPE B
Perform cardiac surgery such as heart transplants and/or mechanical circulatory implantations for candidates and recipients. +	
Support cardiac surgery such as heart transplants and/or mechanical circulatory implantations for candidates and recipients: <ul style="list-style-type: none">• Identify the need for surgery for recipients / Assess the candidates' profiles,• Refer patients• Undertake patients' follow-up care.	

QCC Director: the QCC director is the director of the centre/institution.

QCC Coordinator: the QCC Coordinator is the local HF expert within the centre/institution.

PRE-ACCREDITATION CRITERIA FOR “ADVANCED” QUALITY OF CARE CENTRES

The application must be submitted in English

IMPORTANT:

The QCC director **MUST** either have an HFA Gold membership or be a Fellow of the HFA (FHFA) for the pre-accreditation application to be valid.

You can purchase a Gold Member membership on the following link:

[HFA Membership and Communities](#)

Please provide all the documents listed below:

All documents must be provided in English. Any document in local language must be accompanied by an English translation.

- Curriculum vitae of advanced QCC medical personnel
- An official document confirming that the advanced QCC adheres to HFA/ESC accreditation requirements, and that all information provided in the pre-accreditation form is accurate. This document must be signed by the QCC coordinator and QCC director
- Letter of support from your National Heart Failure Society or Working group
- A motivation letter to outline why your centre is a good candidate for accreditation and any relevant details for the attention of the accreditation committee. This letter must be signed by the QCC coordinator and QCC director

Information: The platform limits the number of attachments to 10 documents. If you have more than 10 documents to upload, please send us the remaining ones to icarehf@escardio.org.

NB: To limit the number of attachments, all CVs can be merged into one PDF file.

Please note random audits can be conducted to examine the reported data.

General information on the centre

Centre name*:

This is the "official name" that will appear on your certificate

City*:

Country*:

Year of establishment of your centre*:

Type of centre*:

Centre website link (if any):

Please indicate the URL link here in case your centre has any dedicated webpage

Generic email to contact your centre (if any):

QCC Management information

Name of the QCC Director*:

The QCC director is the director of the centre/institution

Please indicate his/her first name and his/her last name

ESC ID of the QCC Director*

HFA Membership of the QCC Director*

I understand that the QCC Director must have an HFA Gold Membership or be a Fellow of the HFA (FHFA) for the pre-accreditation application to be valid.

Name of the QCC Coordinator*:

The QCC Coordinator is the local HF expert within the centre/institution

Please indicate his/her first name and his/her last name

More about you

Your first name and your last name*:

Your position/role within the QCC*:

Your email to be used in future communications*:

Your phone number:

Specific pre-accreditation criteria for Advanced Quality of Care Centres

SECTION 1 – SERVICE PORTFOLIO, FACILITIES, AND EQUIPMENT

Mandatory criteria

1 – Outpatient services (rooms)

Your centre has examination beds for the management of outpatients with mild acute/decompensated HF*: (Mandatory criterion except for outpatient centres) ☐ Yes ☐ No

Your centre has the equipment for monitoring of oxygen saturation*: ☐ Yes ☐ No

Your centre has the equipment for monitoring of cardiac rate and rhythm*: ☐ Yes ☐ No

Your centre has the equipment for monitoring non-invasive blood pressure*: ☐ Yes ☐ No

Your centre has resuscitation facility (e.g. automated external defibrillator)*: ☐ Yes ☐ No

2 - Coronary care unit

Your centre has a coronary care unit/intensive care unit with beds available for patients with acute/decompensated HF*: ☐ Yes ☐ No

Your centre has short-term mechanical circulatory support*: ☐ Yes ☐ No

Your centre has renal replacement / ultrafiltration system*: ☐ Yes ☐ No

3 - Hospitalized patients with HF in cardiology/internal medicine wards

Your center has rooms for the treatment of hospitalized patients with HF in cardiology/internal medicine wards*: ☐ Yes ☐ No

4 - Invasive and interventional services

Your centre can perform cardiac catheterization with the availability of emergency percutaneous coronary interventions 24h/7 days*: ☐ Yes ☐ No

Your centre can perform permanent pacemakers/ICD/CRT implantation/electronic with the equipment for electronic control*: ☐ Yes ☐ No

Your centre can perform electrophysiology procedures with the capability of catheter ablation of cardiac arrhythmias*: ☐ Yes ☐ No

A distinction will be made between:

TYPE A	TYPE B
Perform cardiac surgery (heart transplant/mechanical circulatory) for candidates and recipients. +	
Support cardiac surgery (heart transplant/mechanical circulatory) for candidates and recipients: <ul style="list-style-type: none"> Identify the need for surgery for recipients / Assess the candidates' profiles, <ul style="list-style-type: none"> Direct patients Undertake patients' follow-up care. 	

Your centre can perform cardiac surgery with the availability of heart transplants * : ☐ Yes ☐ No

Please indicate the total number of heart transplants performed in your centre **in the last three years** * :

Please indicate the total number of heart transplants performed in your centre **per year** * :

Your centre can perform cardiac surgery with the availability of long-term mechanical support implantations (e.g. LVAD, BiVAD)* : ☐ Yes ☐ No

Please indicate the total number of long-term mechanical support implantations (e.g. LVAD, BiVAD) performed in your centre **in the last three years** * :

Please indicate the total number of long-term mechanical support implantations (e.g. LVAD, BiVAD) performed in your centre **per year** * :

Optional criteria

Your centre can perform transcatheter aortic valve replacement*: ☐ Yes ☐ No

Your centre can perform transcatheter mitral valve repair*: ☐ Yes ☐ No

Your centre can perform endomyocardial biopsies*: ☐ Yes ☐ No

5 - Diagnostic tools (equipment and services)

Mandatory criteria

Your centre can perform ECG*: ☐ Yes ☐ No

Your centre can perform blood pressure measurement*: ☐ Yes ☐ No

Your centre can perform the below list of laboratory analyses (available within 24 h)*: ☐ Yes ☐ No

- Blood count
- Biochemistry
- Arterial Blood gases
- Troponin
- Natriuretic peptides
- Serum iron, ferritin, transferrin saturation
- Thyroid hormones
- HbA1c

Optional : advanced laboratory analyses:*

- ☐ Serologic and immunologic tests required for the differential diagnosis of myocardial pathologies
- ☐ Genetic testing and counselling
- ☐ N/A

Your centre can perform transthoracic echocardiography*: ☐ Yes ☐ No

Your centre can perform transoesophageal echocardiography*: ☐ Yes ☐ No

Your centre can perform stress-echocardiography*: ☐ Yes ☐ No

Your centre can perform diastolic stress testing*: ☐ Yes ☐ No

Your centre can perform 24-h ambulatory ECG monitoring*: ☐ Yes ☐ No

Your centre can perform 24-h ambulatory blood pressure monitoring*: ☐ Yes ☐ No

Your centre can perform complete lung function tests*: ☐ Yes ☐ No

Your centre can perform cardiopulmonary exercise testing (ergo-spirometry)*: ☐ Yes ☐ No

Your centre can perform cardiac computed tomography*: ☐ Yes ☐ No

Your centre can perform coronary artery computed tomography angiography*: ☐ Yes ☐ No

Your centre can perform cardiac magnetic resonance*: ☐ Yes ☐ No

Your centre can perform cardiac single-photon emission and/or position computed tomography*: ☐ Yes ☐ No

SECTION 2 - HUMAN RESOURCES

Your centre has an advanced QCC coordinator*: ☐ Yes ☐ No

A QCC Coordinator is a medical doctor (cardiologist) in charge of the QCC, with experience in HF (certified by publications, titles, etc.)

Your centre has a team of at least three additional medical doctors (cardiologists), trained in HF management, assigned to the QCC*: ☐ Yes ☐ No

Your centre has at least four nurses assigned to the QCC, trained in HF care and with 2 years of experience minimum *: ☐ Yes ☐ No

Please indicate for each nurse the total number of years of experience within a heart failure unit (min 2 years of experience required) *:

First name LAST NAME – 3 years First name LAST NAME – 5 years etc...

Please upload for each nurse a certificate / proof of training (if any) or otherwise, please hereby certify each of them will follow a specialized HF course within 3 years.

☐

Your centre has a heart team for the management of complex HF patients*: ☐ Yes ☐ No

Availability of other specialists*

- ☐ Nephrologist
- ☐ Endocrinologist
- ☐ Diabetologist
- ☐ Pulmonologist
- ☐ Cardiac surgeon
- ☐ Others (please specify)

Please list below all the medical personnel involved in HF management (cardiologist(s), nurses, specialist(s)...)*

Example:

First name LAST NAME - Cardiologist First name LAST NAME - Nephrologist First name LAST NAME - Nurse
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Please note all their curriculum vitae must be provided.



HFA SECTION 3 - PROCESS MEASURES Heart Failure

Mandatory criteria

Your centre is inserted in a network of collaboration with Community and Specialized HF Units*: ☐ Yes ☐ No

Your centre has care pathways (protocols) that adhere to current HFA/ESC guidelines and position papers*: ☐ Yes ☐ No

Your centre has care pathways that define all aspects of patient management:* ☐ Yes ☐ No

Including:

- *For outpatient services*
 - ☐ *Appointment system (please indicate the name of the one you use)*
- *For inpatients:*
 - ☐ *Admission*
 - ☐ *In-hospital management*
 - ☐ *Pre-discharge assessment*
 - ☐ *Post-discharge follow-up plan*
- *Collaboration/consultation protocol with the referring specialized QCC*

Optional criteria

Your centre has care pathways (protocols) for:* ☐ Yes ☐ No

- ☐ Nurse home visits
- ☐ Telemonitoring
- ☐ Palliative care
- ☐ N/A

Please provide a detailed description of care pathways (protocols) in place in your centre for HF patient management*:

SECTION 4 - PERFORMANCE MEASURES



Mandatory criteria:

Heart Failure
Association

Please indicate the number of HF patients treated in your centre per year*:

Please indicate the total number of cardiac catheterizations procedures performed in your centre per year*:

Please indicate the number of PCI procedures performed in your centre per year*:

Please indicate the number of pacemaker implantations performed in your centre per year*:

Please indicate the number of ICD implantations performed in your centre per year*:

Please indicate the number of CRT-P/D implantations performed in your centre per year*:

Please indicate the total number of electrophysiology procedures performed in your centre per year*:

Please indicate the total number of cardiac surgeries performed in your centre per year*:

Has your centre any university affiliation?*: ☐ Yes ☐ No

Is your centre currently participating in national and/or international HF studies/registries?
Or has participated in the past?*: ☐ Yes ☐ No

If yes, please specify name and number of enrolled patients for each of your participation in HF registries or studies*:

Optional performance measures

Please indicate the number of endomyocardial biopsies performed in your centre per year:

Please indicate the total number of short-term mechanical circulatory support devices implantations in your centre per year:

Do you have any other relevant accreditation? ☐ Yes ☐ No

General comments

GENERAL COMMENTS

Mandatory to obtain ICARe-HF accreditation

- ☐ I, confirm that my centre will enroll in the GRASP-HF*

- ☐ If my centre receives pre-accreditation, I understand that it will be listed on the ESC website as an HFA [pre-accredited ICARe-HF Quality of Care Centre](#). Its name and contact details will also be made available to applicants of the [HFA Grants programme](#) looking for a host centre.

- ☐ I, declare that all information provided in this document are correct and reflect the current state of services, facilities, equipment, and resources available in my centre*

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The information collected in the Pre-accreditation form for Advanced Quality of Care Centres is subject to data processing to grant accreditation to centres.

The recipients of the data is the European Society of Cardiology.

Data collected will be kept for 10 years.

The completion of this declaration in full and submission is mandatory for all persons requiring the ICARe-HF accreditation. In accordance with the chapter 3 of the European Regulation 2016/679 with regards to data protection, you have the right to request from ESC, access to and rectification or erasure of your personal data or restriction of processing concerning your data or to object to processing as well as the right to data portability.

For such, please contact dataprivacy@escardio.org (be aware that a proof of identity will be requested during the process via a secured web link).

You have the right to lodge a complaint with a supervisory authority, and for information, ESC has appointed a Data Protection Officer that you can reach at dpo@escardio.org