

## Special article

## Classification and Quality Standards of Heart Failure Units: Scientific Consensus of the Spanish Society of Cardiology



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## ABSTRACT

The prevalence of heart failure remains high and represents the highest disease burden in Spain. Heart failure units have been developed to systematize the diagnosis, treatment, and clinical follow-up of heart failure patients, provide a structure to coordinate the actions of various entities and personnel involved in patient care, and improve prognosis and quality of life. There is ample evidence on the benefits of heart failure units or programs, which have become widespread in Spain. One of the challenges to the analysis of heart failure units is standardization of their classification, by determining which “programs” can be identified as heart failure “units” and by characterizing their complexity level. The aim of this article was to present the standards developed by the Spanish Society of Cardiology to classify and establish the requirements for heart failure units within the SEC-Excellence project.

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### Tipología y estándares de calidad de las unidades de insuficiencia cardíaca: consenso científico de la Sociedad Española de Cardiología

## RESUMEN

La insuficiencia cardíaca tiene una elevada prevalencia y es el proceso asistencial con mayor carga de enfermedad en España. Las unidades de insuficiencia cardíaca se han desarrollado para sistematizar el diagnóstico, el tratamiento y el seguimiento clínico de los pacientes con dicha enfermedad proporcionando una estructura que coordine las actuaciones de distintas entidades y personas implicadas en el cuidado de los pacientes, con el fin último de mejorar su pronóstico y la calidad de vida. Se dispone de amplia evidencia sobre las bondades de las unidades o los programas de insuficiencia cardíaca, y estas unidades han tenido un importante despliegue en nuestro país. Uno de los retos a los que se enfrenta el análisis de las unidades de insuficiencia cardíaca es normalizar su clasificación determinando qué «programas» se puede identificar como «unidades» de insuficiencia cardíaca, así como su nivel de complejidad, y cuáles no. La finalidad de este documento es exponer los estándares elaborados por la Sociedad Española de Cardiología para clasificar y establecer los requisitos para las unidades de insuficiencia cardíaca dentro del marco del proyecto SEC-Excelente.

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## Palabras clave:

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## Abbreviations

AHFU: advanced heart failure unit  
 CHFU: community heart failure unit  
 HF: heart failure  
 HFU: heart failure unit  
 SEC: Spanish Society of Cardiology  
 SHFU: specialized heart failure unit

## INTRODUCTION

The estimated prevalence of heart failure (HF) is high and ranges from 7% to 8% in individuals older than 45 years.<sup>1</sup> The Primary Care Clinical Database of the Spanish National Health System estimates 9.2 cases per 1000 population (8.1 men and 10.2 women) aged between 14 and 64 years and 35.5 cases per 1000 population in individuals aged 65 years or older (33.1 men and 37.3 women).<sup>2</sup> These ratios are closer to those reported in European studies (approximately 1.5%).<sup>3</sup> Heart failure is a health problem of the first order in Spain.<sup>4</sup> Among heart diseases, this condition provokes the highest number of hospital admissions with prolonged hospital stay (mean 8.5 days in 2013) and is a major cause of mortality and hospital readmissions (9.7% and 20% in 2013, respectively),<sup>5</sup> as well as loss of quality of life.<sup>6,7</sup> Therefore, its systematic management is a priority to improve health outcomes and optimize resource use.<sup>8</sup>

Heart failure units (HFU) have been developed to systematize the diagnosis, treatment, and clinical follow-up of HF patients.<sup>9</sup> The application of a universal HFU model is not feasible because of differences in organizational structures and the available resources. In fact, the main determinants of the final model are local conditions.<sup>10</sup> There are many reasons underlying the need for HFU, which include epidemiological, clinical, therapeutic, and economic aspects.<sup>11–13</sup>

The benefits of HFUs or HF programs have been amply demonstrated in both observational and randomized studies, such as fewer emergency department visits and fewer readmissions (between 35% and 90%), improved treatment adherence, and increased survival.<sup>8,11–35</sup> In Spain, the integration of cardiology and primary care has been shown to improve the management of HF.<sup>36,37</sup> These findings have been confirmed by several meta-analyses, which have also shown that more complex models confer an additional survival benefit.<sup>38–40</sup> Some studies have shown that these benefits are maintained in the long-term, although continuous intervention may be needed.<sup>41,42</sup> Several performance measures have been proposed for HFUs, some of which address process management while others address process indicators and HFU outcomes.<sup>43</sup>

Heart failure units or HF programs currently face multiple challenges, namely, their widespread implementation in the health system, the incorporation of new clinical management strategies, and their integration within the different levels of the care process. Jaarsma et al.<sup>44</sup> conducted a survey of 673 hospitals in 43 European countries and only 7 had specialized HF programs in more than 30% of their hospitals. The results of the recently published MOSAIC (Map of the Organization of Heart Failure in Spain) project show that the number and complexity of HFUs has grown slightly in recent years.<sup>45</sup> Similar results have been found in other countries.<sup>46</sup>

One of the challenges to analysis of HFUs in Spain is to standardize their classification, by determining which “programs”

can be identified as HF “units” and by characterizing their level of complexity. The European Society of Cardiology Heart Failure Association has proposed a set of standards for HF management programs.<sup>47</sup>

## THE SPANISH SOCIETY OF CARDIOLOGY SEC-EXCELLENCE PROJECT

The Spanish Society of Cardiology (SEC) has made quality assurance in the clinical management of heart disease patients one of its priority objectives.<sup>48</sup> Within the SEC-Quality project, the society has launched the SEC-Excellence project, which is dedicated to the evaluation and accreditation of healthcare processes in cardiology services. An overview of its basic philosophy is presented in the [Figure](#). To be able to provide performance accreditation, it is essential to guarantee adherence to measurable and objective minimum goals and standards.<sup>49</sup> Given the enormous impact of HF, and based on the above aspects, the SEC-Excellence project Executive Committee decided that HF was the first process to be developed.

### The SEC-Excellence Heart Failure Project. Methodology Used to Determine Standards and Types of Heart Failure Units

In Spain, although attention and adherence to the recommendations of the European guidelines for cardiology services are excellent,<sup>50</sup> there are marked differences in outcomes (mortality, readmissions) between hospitals.<sup>5</sup> The preparation by the SEC of process and HFU standards is part of the strategy of the Spanish National Health System to manage chronicity<sup>51</sup> and ischemic heart disease.<sup>52,53</sup>

The SEC-Excellence HF Committee was asked to define standards for the clinical management (process) of HF patients and the HFUs involving the participation of cardiology services. The committee comprised experts nominated by the Executive Committee of the SEC-Excellence project and the Heart Failure Section of the SEC. The committee developed a proposal for standards based on the available scientific, organizational, and managerial evidence, which included the document on standards and recommendations in the area of cardiology,<sup>48</sup> INCARDIO,<sup>54</sup> the guidelines of the European Society of Cardiology (ESC),<sup>55</sup> the American College of Cardiology (ACC),<sup>56,57</sup> and the NICE (National Institute for Health and Excellence),<sup>58–60</sup> other scientific-professional institutions,<sup>61,62</sup> and Spanish autonomous communities.<sup>63</sup> The proposed standards were submitted to the presidents of the SEC-affiliated scientific sections and societies, and to the heads of the cardiology services that are members of the SEC.

The committee developed and defined 3 aspects: *a*) the classification and nomenclature of HFUs; *b*) standards for the different types of units proposed, and *c*) standards for general care processes in HF. Each cardiology department will be able to request accreditation for the HF care process and for the different types of units available. The accreditation process will begin when a service voluntarily applies to the SEC-Excellence committee for inclusion in the assessment process. The SEC-Excellence committee will examine adherence to the standards ([Table 1](#), [Table 2](#), and [Table 3](#)) through an external audit process, which will be validated by members of the SEC-Excellence HF Committee. Adherence to quality standards by a service or unit may lead to accreditation for Excellence in HF by the SEC. The accreditation of Excellence in HF will not be indefinite, but will be periodically reviewed to ensure that the service continues to meet the proposed quality and performance standards. To ensure the feasibility of the process, a

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