

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

**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](mailto: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/7days\*:  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
<b>Perform cardiac surgery (heart transplant/mechanical circulatory) for candidates and recipients.</b> <b>+</b>	
<b>Support cardiac surgery (heart transplant/mechanical circulatory) for candidates and recipients:</b> <ul style="list-style-type: none"> <li>• Identify the need for surgery for recipients / Assess the candidates' profiles,</li> <li>• Direct patients</li> <li>• Undertake patients' follow-up care.</li> </ul>	

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

Yes  No

Your centre can perform endomyocardial biopsies\*:

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 positron 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\*:  Yes  No

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

Please note all their curriculum vitae must be provided.

## SECTION 3 - PROCESS MEASURES

### **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:

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\*

---

2024 European Society of Cardiology - All rights reserved

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](mailto: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](mailto:dpo@escardio.org)