



**National Heart Failure Audit**  
**(Troubleshooting Session (Part 2) – Q & A's)**

	QUESTION	RESPONSE
1	If a patient is for end-of-life care and has HFrEF, is it acceptable to enter "not applicable" for disease modifying therapy?	If the patient is going home with a palliative discharge and end of life care, then 'not applicable' is acceptable.
2	Awaiting Device should be an option under Devices, especially given patients should be optimised first and re-echo'd.	For future discussion (It is unlikely that there will be further dataset changes at this juncture, but we may clarify the advice).
3	Should we be entering cases that have been deemed 'not heart failure' by the heart failure nurses but appear on our coding list?	<p>No, as only patients with HF are entered into the audit therefore entering patients without a HD diagnosis would affect case ascertainment.</p> <p>This is an issue for BPT and 70% case ascertainment. If they are coded as HF we enter then into the audit but use the not confirmed heart failure option. However, HES coders should be informed as part of an audit trail to improve the accuracy of HES coding. It is well worth working with senior members of the coding team to ensure full understanding of HF and the purpose of the audit.</p>

4	If a patient has right sided heart failure on echo but has not been diagnosed with cor pulmonale how do we record this?	Use option 8.
5	What is the current position in regards to instigating the national 'opt out' clause?	The deadline for compliance with the national opt out policy has been extended to the end of March 2022. We will update our website with any new information, but you can find current information about this here: <a href="https://www.nicor.org.uk/2021/09/01/national-data-opt-out-policy-compliance-deadline-extended-to-31-march-2022/">https://www.nicor.org.uk/2021/09/01/national-data-opt-out-policy-compliance-deadline-extended-to-31-march-2022/</a>
6	When I put in date of admission for date of review as directed by NICOR for when we do not have a date of review it throws up an error .	The error message only related to imported data, not direct data entry and NICOR is working to resolve this.
7	When will hospital level analysis include, 2-week f/U and ARNI	Two-week follow-up appointments, SGLT2's and ARNI fields will all be included in the hospital level analysis for the 2022/23 cycle starting in April 2022.
8	You changed things so the Date of Review Appointment is a mandatory field but as there may not be one or we don't know when it will be we are having to enter a false date (same as date of admission). Are you going to alter that back to a non- mandatory field?	It will not revert to non-mandatory. The 'false date' allows the record to save as complete. This date will not be used in the final analyses.
9	Is it possible to have an extra box to show those patients who have an outpatient echo booked?	No - we are wanting to measure quality of care. If the Trust are unable to achieve echo as inpatient, if not done in last 12 months, it could become part of an action plan for the Trust.

10	What data collection are you looking for dapagliflozin for HFrEF and how does this look on the inputting platform	Dapagliflozin is an option for fields 11.47 and 7.47 – data completeness for these fields can be checked, but not option specific. Queries can be built in the user designed reports.
11	A patient was admitted with raised tropinin and found to have clear coronaries. He was admitted to the ward and an echo showed LV dysfunction so he was reviewed by the HF team .An inpatient CMRI 3 days later showed recovered LV and the most likely diagnosis was myocardial stunning due to illicit drug use, which then recovered. This patient was coded primary diagnosis LV dysfunction. But completing the NICOR data - echo data shows LV dysfunction, but MRI is" no "to LV dysfunction. Confirmed diagnosis of heart failure? I would put" no "but then will this negate the whole record? Given the coding as heart failure, would this then reduce our" compliance "with submitting heart failure admissions to the audit?	This patient should not be coded as a HF patient.
12	History - should CKD be included here?	We ask for admission and discharge creatinine (i.e. renal function from bloods) which provides an indicator of chronic kidney disease (CKD).
13	If we are entering 'non heart failure' episodes, do these get excluded from the PEDW data?	This might something to check with your hospital PEDW coders, but we will be asking the two Welsh DEG members for clarification.
14	NTpro-BNP - is it only those tests taken during the admission period that are relevant for the blood results section?	Yes - The NTproBNP should be related to the admission episode. E.g. if it was recently done by a GP and patient admitted as a consequence the NTproBNP can be used.
15	When I select anything other than significant LVSD I.e valve disease for echo it ticks normal and throws up an error	This field turns red and gives an error message when empty, or when values 0, 9 or 10 are selected with any other option.
16	Can they add to Discharge and Referral – patient already under Cardio cons, Heart Failure Nurse in Community etc. Their form gives a false representation if there is no referral at point of discharge because the patient is already under cardio care.	If the patient is under the HF nurse/Cardiologist then it does not exclude the patient needing to be seen within 2 weeks

		after an acute admission, and hopefully this will make arranging these appointments easier.
17	On the medication drop down choices, is it possible to include 'not indicate'?	The medication options currently include an option for 'Unknown' and 'Not applicable'. 'Not indicated' is the same as 'Not-applicable'.
18	what do you do if the patient doesn't have a follow up appointment to add in the mandatory data set or if they will be followed up out of area and you do not know this information?	You should only submit follow-up information for patients where the follow-up appointment and date is known. If the review date is unknown for the appointment, then please use the date of admission.
19	Malignancy - If a patient is known to have a current malignancy at the point of admission does this count as a "yes" for previous malignancy as well as current malignancy because the diagnosis was made prior to admission ?	There is the option to select either previous or current malignancy.  Previous malignancy would be selected if a patient has had treatment and is now in remission or they are cured. Current malignancy should be selected for cancers being treated or otherwise active.
20	Medical History – AF .If AF not on admission and no past history, but gets AF during admission ,there is no way to represent this. Should there be an option for During Admission? We know this area is previous medical history, but for Device Therapy you want Prior to or During Admission so similar could apply.	We are not making immediate dataset changes, but we will be amending the guidance for the time being.
21	I was told to put the admission date for future appointment when the date is unknow. Is that ok?	Yes
22	When I put in admission date for follow up date it puts the record as serious error and in draft does this matter?	No, this will be saved as draft until the date is known. All draft and complete records are included in the analysis.

		Please see the response to question 8.
23	Re: PEDW coding: Coders code anything with pulmonary oedema as HF and won't change this. What should we do with these?	<p>Not all pulmonary oedema is due to heart failure.</p> <p>In Wales as in England there should be the potential to feedback to your local coders in the way that it is in England. We would advise you to take the most senior members of your team and arrange for meeting with the coders and explain to them the issues around the audit and what we're trying to capture. You can suggest that they contact you if they are unsure how to code or patient. There is usually a window of opportunity when you feel the coding is incorrect, and you can make changes within 6 weeks of coding.</p>
24	If the Referral date is 3-4 weeks and not within 2 weeks, should we record that instead of the admission date?	Yes – If you have an actual date, then that should always be entered.
25	Can I just check the echo standard, I thought pass was echo within 12 months previously OR within 2 weeks of discharge.	No – Only during admission where none undertaken in the previous 12 months.
26	Can I please ask with cardiac rehab option I only deal with data input I am not a specialist nurse so when I asked our nurses previously about cardiac rehab referral, I was told that patients don't get referred while inpatient as they may not be stable enough but once they get seen as follow up and if applicable than they do get referred for rehab what shall we do in that case?	<p>Ideally the referral should be made either during the admission or at the time of discharge. Remember this is a referral and rehabilitation will only be offered when the patient has been assessed and is stable. Some units like to make first contact immediately prior to discharge, but that is not available everywhere.</p> <p>We are trying to encourage more referrals through to cardiac rehab, because overall this</p>

		remains too low. When the data is re-evaluated, please check the numbers of patients referred and amend as appropriate.
27	Are the patients that have opted out also excluded from the HES data comparator?	Yes, they will be once we have agreed and confirmed how we will do this.