2008-2009 Core Measure
Adult Inpatient CHF (18 Years or Older)
Patient Summary Audit Form
PLEASE COMPLETE EACH SECTION

Diagnosis_____Date_____

Clinical Standard	Summary of Patient Care
Left ventricular function assessment documented	Date_____E.F._____%
ACEI or ARB IF LVEF <40%	Date Ordered_____ Drug_____ or if contraindicated must document reason: _____
Smoking Cessation Advice/Counseling--patients must receive smoking cessation advice or counseling during the inpatient stay--if patient is a smoker or has quit within the last year	Patient smokes or smoked anytime within the last year: yes □ no □ ↓ Counseled about quitting □ Smoking cessation packet given □ Patient refused counseling/education □
Discharge instructions given	Diet Medications Follow-up Activity Report of worsening sxs Weight monitoring **YES TO ALL_____**
Physician Signature: _____	**Date:_____** Time**:**_____

Ventura County Medical Center
Santa Paula Hospital
2008-2009 CORE MEASURE CHF
PATIENT SUMMARY FORM

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