Step 1
Review cardiovascular resources:
- Cardiovascular Best Practice Intervention Practices
- Join the Cardiovascular Learning and Action Network
- Register and create a Health Quality Improvement Data Access account at the Data Access Tutorial.

Step 2
Determine the Home Health Agency's cardiac focus for improving cardiovascular care.

Step 3
Select the aspirin, blood pressure, cholesterol, and smoking measures on which your agency wishes to focus. You will have this choice each month. You may select a few, several, or all. Consider where required chart abstraction items will be found in your agency's patient records.

Resource: HHCDR Chart Abstraction Tool and HHCDR Overview webinar (37 minutes in length)

Step 4
Develop an internal process for collecting and entering data into the HHCDR. Consider the following options:
- Select one person and an alternate to be responsible for abstracting and entering all required data on a monthly basis.
- Include the HHCDR Chart Abstraction Tool as part of the discharge process for clinicians and submit to staff members to enter data when an episode populates in the HHCDR (about six weeks after discharge).
- Incorporate chart abstraction and HHCDR data entry into monthly chart review process.

Step 5
Access HHCDR on the 15th of the month.
- Log in to HHQI Data Access.
- Click the HHCDR tab on the brown tool bar at the top.

Step 6
Following your internal process from Step 4, complete the data abstraction.
- Select the Month and Year of discharged patients to be abstracted.
- Select measure(s) (A, B, C, or S based on Step 3)
- Abstract the required number of episodes of care (minimum of 12 per selected measure).

Step 6a
Abstract additional patients beyond the required amount to make your report stronger.

Step 7
Complete the abstraction and “close out the month” by the 14th of the following month.
- Access and evaluate the HHCDR Report on the 23rd of the month.