APPENDIX 1. GOVERNANCE OF THE STUDY

The Steering Committee, consisting of representatives from the AHA, SBC, Brazilian MOH and HCor, will be responsible for designing the study, monitoring the program, establishing relationship strategies among the participants, guiding budget execution in accordance with Brazilian MOH and AHA guidelines, setting priorities and supporting the resolution of operational or conflicting issues that may arise during the project.

The study will be managed by the Project Coordinating Committee composed by HCor investigators and will be responsible for overseeing and coordinating all project activities. It is also part of its attributions to develop the project and all the complementary documents that will be used for its regulatory approval and execution.

The Advisory Board and the Support and Operations Committee will be responsible for protocol review and for supporting the development of specific aspects of the project, respectively. The Publications Committee will review and authorize sub studies requests of partial or final data to be reported in indexed journals or scientific events.

APPENDIX 2. ELIGIBILITY CRITERIA OF PARTICIPATING PATIENTS

In general, patients will be eligible if they are 18 years old or older and consent to participate in the study by signing the informed consent. The primary diagnosis of the hospitalization will be considered as the main inclusion criterion.

HEART FAILURE

The patient must have a rapid onset or clinical change in signs and symptoms of new or chronic heart failure, resulting in the necessity for urgent in-hospital admission. Patients will be excluded by any of the following criteria: admission in the emergency department with dyspnea from other causes; planned transfer to another facility or in-hospital length of stay below 24 hours; BNP below or equal to 100, or NT-proBNP below or equal to 400 (if available).

ATRIAL FIBRILLATION

The patient must have a diagnosis of acute, new onset or recurrent (paroxysmal or persistent) AF or typical or atypical atrial flutter, regardless of valvular or non-valvular etiology. Patients will be excluded if they have a history of isolated AF/flutter and are in sinus rhythm at the time of consultation.

ACUTE CORONARY SYNDROME

The patient must be diagnosed with an acute myocardial infarction with or without ST segment elevation or unstable angina. Patients will be excluded if they present with an ACS resulting from a surgical or percutaneous myocardial revascularization or from a major surgical procedure.

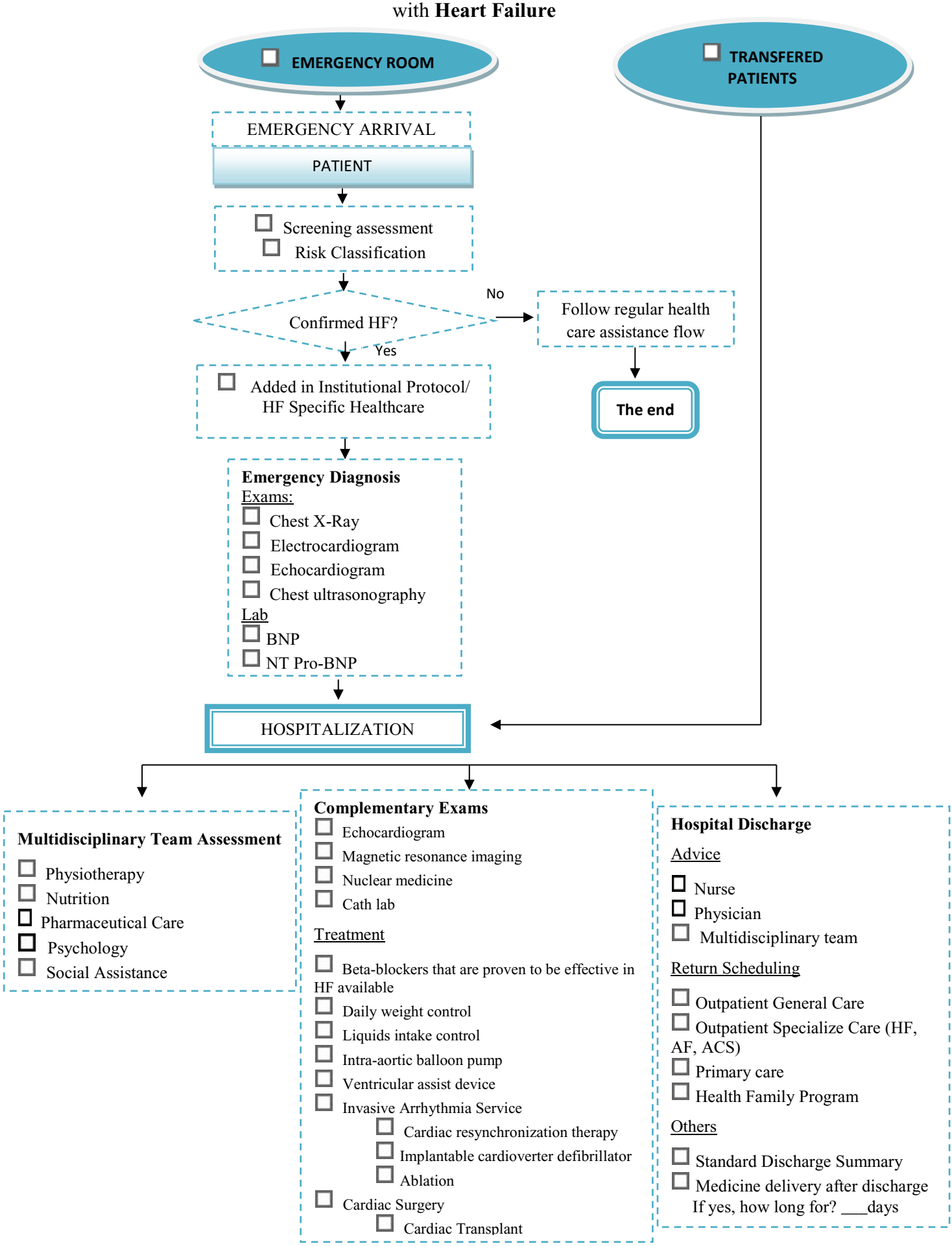
APPENDIX 3: QUALITY METRICS

Time	Quality metrics	Definition	HF	AFib	ACS
Within 24h of arrival	EKG within 10 min	Proportion of ACS patients submitted to EKG within 10 min of hospital arrival			◉
	ADP selective inhibitor*	Proportion of STEAMI patients taking ADP selective inhibitor			◉
	Anticoagulants*	Proportion of NSTEMI patients prescribed unfractionated heparin, enoxaparin or fondaparinux 24 hours prior to or after hospital arrival			◉
	Hemodynamic profile	Proportion of acute HF patients profiled in the patient medical record as wet-warm, wet-cold, dry-warm or dry-cold	◉		
During hospitalization	LDL cholesterol assessment	Proportion of ACS patients that had an LDL-Cholesterol assessment			◉
	CHADS2 risk score	Proportion of non-valvar AF/Flutter patients with CHADS2-VASc documented in the patient medical record		◉	
	Weight control	Proportion of HF patients whose weight was documented in at least 70% of hospitalization period in the patient medical record	◉		
	DVT prophylaxis	Proportion of HF patients confined to bed who receive DVT prophylaxis	◉		
At discharge	Nitrate + hydralazine*	Proportion of HF patients prescribed with Nitrate+Hidralazine either in addition to ACEI/ARB and beta blocker in decompensated HF patients or if ACEI/ARB is contra-indicated.	◉		
	Ivabradin*	Proportion of AF patients with sinus rhythm and HR > 70 in spite of beta blocker in optimal dosis or with contra-indication to the use of the same	◉		
	Anticoagulants*	Proportion of valvar AF/Flutter or HF patients with non-valvar AF/Flutter and CHAD2 of high risk for thromboembolism prescribed with an anticoagulant	◉	◉	
	Aldosterone inhibitors*	Proportion of patients with HF or AF and LVEF d 35% or proportion of patients with AMI taking aldosterone inhibitors at discharge.	◉	◉	◉
	Controlled Heart Rate	Proportion of AF/Flutter patients who have a documented resting heart rate of <110 bpm		◉	
	Dual anti-platelet therapy*	Proportion of patients submitted to coronary angioplasty that are taking dual anti-platelet therapy			◉
	Counseling and recommendations	Proportion of AF/Flutter patients or their caregivers who received instructions or educational material addressing all of the following: risk factors, stroke/TIA risk, disease management, drug adherence, follow-up visits, warning criteria to contact a physician/health service.		◉	
		Proportion of AF/Flutter patients or their caregivers who received instructions or educational material addressing anticoagulation therapy.		◉	
		Proportion of HF patients who received written recommendations or didactic material addressing physical activity, diet, drug therapy, medical follow-up visits, weight management, and what to do if symptoms worsen.	◉		
		Proportion of HF patients that received recommendation of influenza and Pneumococcal vaccination	◉		
		Proportion of HF or AF patients, who are active smoker within the past 12 months, who receive smoking cessation counseling.	◉	◉	

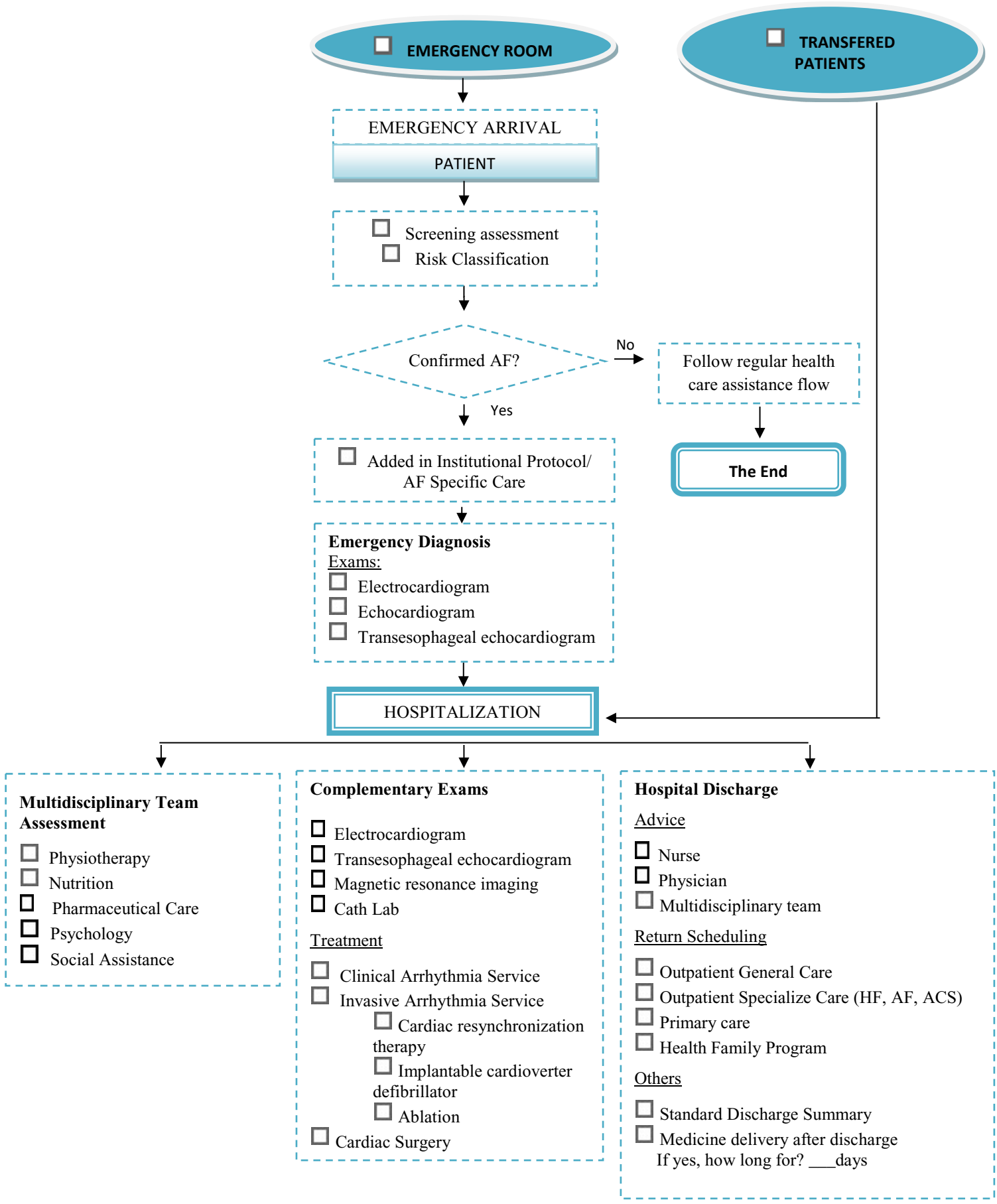
*Only eligible patients, without contraindications, will be computed in the denominator. ACS: Acute coronary syndrome; ACEI: angiotensin-converting enzyme inhibitor; AF: Atrial Fibrillation; ADP: Adenosine diphosphate; ARB: Angiotensin Receptor Blocker; CAD: Coronary artery disease. CVA: cerebrovascular accident; DVT: Deep Vein Thrombosis; HF: heart failure; INR: International Normalized Ratio; LDL: Low Density Lipoprotein; LV: left ventricle; LVEF: Left ventricle ejection fraction; LVSD: Left ventricle systolic dysfunction; PVD: Peripheral Vascular Disease; STEAMI: ST Elevation Acute Myocardial Infarction; TIA: Transient Ischemic Attack.

APPENDIX 4. FORMS USED FOR SITES EVALUATION

Check in the box if the item is available in your hospital to attendance patients with **Heart Failure**



Check in the box if the item is available in your hospital to attendance patients with **Atrial Fibrillation**



Check in the box if the item is available in your hospital for the care of patients with **Acute Coronary Syndrome**