

PROGRAM MEASURES & DEFINITIONS

Updated 1/10/24: This document is updated annually, although the measures within the Get With The Guidelines® program may change more frequently. For the most current list of measures, log into your Get With The Guidelines user account or contact your American Heart Association Quality Consultant.

Introduction:

Get With The Guidelines®- Coronary Artery Disease (CAD) is the latest evidence-based quality improvement program for chest pain, ST-elevation myocardial infarction (STEMI), and non-ST-elevation myocardial infarction (NSTEMI) care. The product meets the needs of heart centers of all levels, sizes, and certifications, and offers a unique rural program.

Metrics tracking includes hyperacute management with thrombolysis and interventional procedures, hospitalization, secondary prevention strategies, discharge, and follow-up care. Super User accounts are available for health system quality staff to monitor the performance of all affiliated sites, which allows for high-level, system-wide quality initiatives.

Additionally, Get With The Guidelines — CAD reinforces Mission: Lifeline systems of care by providing a platform for sharing blinded, regional data. The American Heart Association supports Get With The Guidelines platforms with a knowledgeable team of quality improvement consultants. An added value to our customers is ongoing virtual education featuring guideline-driven care, current hot topics, model-sharing, expert consultant panels, and more.

Achievement Measures :

STEMI RECEIVING

- **ACE-Inhibitor or Angiotensin Receptor Blocker (ARB) for LVSD at Discharge:** Percentage of ST-elevation myocardial infarction (STEMI) patients with left ventricular systolic dysfunction (EF < 40% or with moderate or severe LVSD) who are prescribed an ACEI or ARB at hospital discharge. AHACAD1
- **Arrival at First Facility to Primary PCI ≤ 120 minutes:** Percentage of ST-elevation myocardial infarction (STEMI) patients transferred from a STEMI Referring Hospital who received primary PCI ≤ 120 minutes of arrival at the first facility (STEMI Referring Hospital door-to-device time). For admissions with STEMI diagnosed on subsequent ECG, arrival date/time is set to 0 and Arrival at First Facility to Primary PCI is set to Subsequent ECG time to Primary PCI. AHACAD2
- **Aspirin at Discharge:** Percentage of ST-elevation myocardial infarction (STEMI) patients prescribed aspirin at discharge. AHACAD3
- **Beta Blocker at Discharge:** Percentage of ST-elevation myocardial infarction (STEMI) patients prescribed a beta blocker at hospital discharge. AHACAD4
- **Cardiac Rehabilitation Patient Referral from an Inpatient Setting:** Percentage of patients hospitalized with ST-elevation myocardial infarction (STEMI) who were referred to an outpatient cardiac rehabilitation (CR) program during their hospital stay. AHACAD5
- **ECG within 10 Minutes of Arrival at This Receiving Center:** Percentage of ST-elevation myocardial infarction (STEMI) patients who present directly to Receiving Center and receive an ECG within 10 minutes of arrival. AHACAD6
- **High-Intensity Statin at Discharge:** Percentage of ST-elevation myocardial infarction (STEMI) patients who are prescribed a high-intensity statin at hospital discharge. AHACAD7
- **Mission: Lifeline EMS First Medical Contact to Primary PCI ≤ 90 Minutes OR ≤ 120 Minutes When Transport Time is Prolonged:** Percentage of ST-elevation myocardial infarction (STEMI) patients transported directly to a Receiving Center by EMS who received primary PCI within 90 minutes of EMS first medical contact. Or for those whose EMS transport time was ≥ 45 minutes received primary PCI within 120 minutes of EMS first medical contact and within 30 minutes of arrival at the Receiving Center. AHACAD8
- **Primary PCI ≤ 90 Minutes:** Percentage of direct admit (non-transfer) ST-elevation myocardial infarction (STEMI) patients who received primary PCI within 90 minutes of arrival at the Receiving Center (door-to-device time). For admissions with STEMI diagnosed on subsequent ECG, arrival date/time is set to 0 and Arrival to Primary PCI is set to Subsequent ECG time to Primary PCI. AHACAD9

STEMI REFERRING

- **ACE-Inhibitor or Angiotensin Receptor Blocker (ARB) for LVSD at Discharge:** Percentage of ST-elevation myocardial infarction (STEMI) patients with left ventricular systolic dysfunction (EF < 40% or with moderate or severe LVSD) who are prescribed an ACEI or ARB at hospital discharge. AHACAD1
- **Adult Smoking Cessation Advice:** Percentage of ST-elevation myocardial infarction (STEMI) patients who smoke cigarettes who receive smoking cessation counseling or advice during the hospital stay. AHACAD11
- **Arrival to Thrombolytics within 30 Minutes:** Percent of all ST-elevation myocardial infarction (STEMI) patients who receive thrombolytic therapy within 30 minutes of arrival. AHACAD22
- **Arrival to Transfer to PCI Center within 45 Minutes (Door In, Door Out):** Percentage of ST-elevation myocardial infarction (STEMI) patients who are transferred out for primary PCI within 45 minutes of arrival. AHACAD23

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- **Aspirin at Arrival:** Percentage of ST-elevation myocardial infarction (STEMI) patients who receive aspirin within 24 hours before or after first medical contact (if arriving via EMS, air, or mobile ICU), or within 24 hours before or after hospital arrival (if arriving via privately-owned vehicle). AHACAD13
- **Aspirin at Discharge:** Percentage of ST-elevation myocardial infarction (STEMI) patients prescribed aspirin at discharge. AHACAD3
- **Beta Blocker at Discharge:** Percentage of ST-elevation myocardial infarction (STEMI) patients prescribed a beta blocker at hospital discharge. AHACAD4
- **ECG within 10 Minutes of Arrival:** Percentage of ST-elevation myocardial infarction (STEMI) patients who received an ECG within 10 minutes of arrival. AHACAD24
- **High-Intensity Statin at Discharge:** Percentage of ST-elevation myocardial infarction (STEMI) patients who are prescribed a high-intensity statin at hospital discharge. AHACAD7
- **Mineralocorticoid receptor antagonist at discharge for patients with HFrEF (LVEF \leq 40):** Percent of heart failure patients with left ventricular ejection fraction \leq 40% or a qualitative assessment of moderate/severe dysfunction with no contraindications or documented intolerance who were prescribed mineralocorticoid receptor antagonists (MRA) or aldosterone antagonist at discharge. AHAHF110
- **Pneumococcal Vaccination:** Percent of patients that received a pneumococcal vaccination prior to discharge. AHAHF14
- **SGLT-2 inhibitor at discharge for patients with HFrEF:** Percent of patients with heart failure (HF) and reduced ejection fraction who are discharged on a SGLT-2 Inhibitor. AHAHF93
- **Defect-free care for quadruple therapy medication for patients with HFrEF:** Percentage of patients who received “perfect care” based upon their eligibility for each of the four component medication measures. AHAHF106

NSTEMI

- **ACE Inhibitor or ARB Prescribed at Discharge for NSTEMI-ACS:** Percentage of patients hospitalized with non-ST-elevation acute coronary syndrome (NSTEMI-ACS) with reduced left ventricular ejection fraction ($<$ 40%) who are prescribed an angiotensin-converting enzyme (ACE) inhibitor or an angiotensin receptor blocker (ARB) at discharge. AHACAD28
- **Adult Smoking Cessation Advice/Counseling for NSTEMI-ACS:** Percentage of patients hospitalized with non-ST-elevation acute coronary syndrome (NSTEMI-ACS) who receive smoking cessation advice/counseling during admission. AHACAD29
- **Cardiac Rehabilitation Patient Referral from an Inpatient Setting for NSTEMI-ACS:** Percentage of patients hospitalized with non-ST elevation acute coronary syndrome (NSTEMI-ACS) who were referred to an outpatient cardiac rehabilitation (CR) program. AHACAD30
- **Dual Antiplatelet Therapy Prescribed at Discharge:** Percentage of medically managed patients with non-ST-elevation acute coronary syndrome (NSTEMI-ACS) who were prescribed dual antiplatelet therapy (aspirin and appropriate P2Y12 inhibitor) at discharge. AHACAD31
- **Evaluation of LV Systolic Function:** Percentage of patients hospitalized with non-ST-elevation acute coronary syndrome (NSTEMI-ACS) whose left ventricular (LV) systolic function was evaluated during admission or is planned for after discharge. AHACAD32

Quality Measures (Plus Measures):

- **STEMI Receiving: Time from FMC (at or Before ED Arrival at STEMI Referring Hospital) to Primary PCI at STEMI Receiving Facility Among Transferred Patients:** Percentage ST-elevation myocardial infarction (STEMI) patients whose time from first medical contact (at or before ED arrival to the STEMI Referring Hospital) to primary PCI at the STEMI Receiving Center is \leq 120 minutes. AHACAD10
- **STEMI Referring: Arrival to Transfer to PCI Center within 30 minutes:** Percentage of ST-elevation myocardial infarction (STEMI) patients who are transferred out for primary PCI within 30 minutes of arrival. AHACAD25

Diabetes Measures:

- **ACE-I or ARB for LVSD at Discharge for Patients with Diabetes:** Percentage of Acute Myocardial Infarction (AMI) patients with diabetes and left ventricular systolic dysfunction (EF $<$ 40% or with moderate or severe LVSD) who are prescribed an ACEI or ARB at hospital discharge. AHACAD66
- **Adult Smoking Cessation Advice for Patients with Diabetes:** Percentage of Acute Myocardial Infarction (AMI) patients with diabetes who smoke cigarettes who receive smoking cessation advice/counseling during admission. AHACAD67
- **Antihyperglycemic Medication with Proven CVD Benefit:** Percent of Acute Myocardial Infarction (AMI) patients with type 2 diabetes who are discharged on an antihyperglycemic medication with proven cardiovascular disease (CVD) benefit (GLP-1 Receptor Agonist or SGLT-2 Inhibitor). AHACAD74
- **Aspirin at Discharge for Patients with Diabetes:** Percentage of Acute Myocardial Infarction (AMI) patients with diabetes prescribed aspirin at discharge. AHACAD68
- **Beta-Blocker at Discharge for Patients with Diabetes:** Percentage of Acute Myocardial Infarction (AMI) patients with diabetes prescribed a beta blocker at hospital discharge. AHACAD69
- **Cardiac Rehabilitation Patient Referral from an Inpatient Setting for Patients with Diabetes:** Percentage of patients with diabetes hospitalized with Acute Myocardial Infarction (AMI) who were referred to an outpatient cardiac rehabilitation (CR) program during their hospital stay. AHACAD70

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- **Dual Antiplatelet Therapy Prescribed at Discharge for Patients with Diabetes:** Percentage of medically managed patients with non-ST elevation-acute coronary syndrome (NSTEMI-ACS) with diabetes who were prescribed dual antiplatelet therapy (aspirin and appropriate P2Y12 inhibitor) at discharge. AHACAD71
- **High-Intensity Statin at Discharge for Patients with Diabetes:** Percentage of Acute Myocardial Infarction (AMI) patients with diabetes who are prescribed a high-intensity statin at hospital discharge. AHACAD72
- **Overall Diabetes Cardiovascular Initiative Composite Score:** Proportion of performance opportunities that were met among eligible opportunities for the 8 individual component measures. AHACAD73
- **Antihyperglycemic Medications:** Acute Myocardial Infarction (AMI) patients with type 2 diabetes grouped by antihyperglycemic medication(s) at discharge. AHACAD81

Composite

- **STEMI Receiving:** Overall Mission Lifeline® Composite Score: Proportion of performance opportunities that were met among eligible opportunities for all nine individual achievement measures. AHACAD21
- **STEMI Referring:** Overall Mission Lifeline® Composite Score: Proportion of performance opportunities that were met among eligible opportunities for all nine individual achievement measures. AHACAD27
- **Overall Diabetes Cardiovascular Initiative Composite Score:** Proportion of performance opportunities that were met among eligible opportunities for all eight individual achievement measures. AHACAD73

Reporting:

STEMI RECEIVING

- **Adult Smoking Cessation Advice:** Percentage of ST-elevation myocardial infarction (STEMI) patients who smoke cigarettes who receive smoking cessation advice/counseling during admission. AHACAD11
- **Arrival to STEMI Referring Hospital to Transfer to PCI Center within Minutes (Door In, Door Out):** Percentage of ST-elevation myocardial infarction (STEMI) patients who are transferred to the Receiving Center for primary PCI within 45 minutes of arrival at the STEMI Referring Hospital. AHACAD12
- **Aspirin at Arrival:** Percentage of ST-elevation myocardial infarction (STEMI) patients who receive aspirin within 24 hours before or after first medical contact (if arriving via EMS, air, or mobile ICU), or within 24 hours before or after hospital arrival (if arriving via privately-owned vehicle). AHACAD13
- **ECG within 10 Minutes of Arrival at First Hospital for Patients Transferred for PCI:** Percentage of ST-elevation myocardial infarction (STEMI) patients who are transferred to the Receiving Center who received an ECG within 10 minutes of arrival at the STEMI Referring Hospital. AHACAD14
- **Emergency Department (ED) Length of Stay ≤ 30 Minutes for STEMI:** Percentage of ST-elevation myocardial infarction (STEMI) patients who present to the ED at the Receiving Center who receive primary PCI and have ED length of stay ≤ 30 minutes. AHACAD15
- **Health-Related Social Needs Assessment (STEMI):** Percentage of ST-elevation myocardial infarction (STEMI) patients discharged from your facility who had documentation of a standardized health-related social needs form or assessment completed during admission. AHACAD19
- **Hospital Pre-Arrival Cath Lab Activation for STEMI:** Percentage of ST-elevation myocardial infarction (STEMI) patients for whom the cath lab was activated prior to arrival at the STEMI Receiving Center. AHACAD16
- **Mission: Lifeline EMS First Medical Contact to Primary PCI ≤ 120 Minutes when Transport Time is Prolonged:** Percentage of ST-elevation myocardial infarction (STEMI) patients transported directly to a Receiving Center by EMS who had a transport time ≥ 45 minutes and who received primary PCI within 120 minutes of EMS first medical contact and within 30 minutes of arrival at the Receiving Center. AHACAD17
- **Mission: Lifeline EMS First Medical Contact to Primary PCI ≤ 90 minutes:** Percentage of ST-elevation myocardial infarction (STEMI) patients transported directly to a Receiving Center by EMS who received primary PCI within 90 minutes of EMS first medical contact. AHACAD18

STEMI REFERRING

- **Cardiac Rehabilitation Patient Referral from an Inpatient Setting:** Percentage of patients hospitalized with ST-elevation myocardial infarction (STEMI) who were referred to an outpatient cardiac rehabilitation (CR) program during their hospital stay. AHACAD5
- **Health-Related Social Needs Assessment (STEMI):** Percentage of ST-elevation myocardial infarction (STEMI) patients discharged from your facility who had documentation of a standardized health-related social needs form or assessment completed during admission. AHACAD19
- **STEMI-Positive ECG to Interfacility Transport Requested within 10 Minutes:** Percentage of ST-elevation myocardial infarction (STEMI) patients whose time from first STEMI-positive 12-lead ECG to Interfacility transport requested is ≤ 10 minutes. AHACAD26

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NSTEMI

- **Early Cardiac Troponin Measurement (within 6 Hours of Arrival):** Percentage of patients with acute NSTEMI-ACS who have cardiac troponin biomarkers measured with results within six hours of hospital arrival. AHACAD33
- **Early Invasive Strategy (within 24 Hours) for High-Risk NSTEMI-ACS Patients:** Percentage of patients with acute NSTEMI-ACS who are at high risk and receive an early invasive strategy within 24 hours of arrival. AHACAD34
- **ECG within 10 Minutes of Arrival for NSTEMI-ACS:** Percentage of NSTEMI-ACS patients who received an ECG within 10 minutes of arrival. AHACAD35
- **Health-Related Social Needs Assessment (NSTEMI-ACS):** Percentage of non-ST-elevation acute coronary syndrome (NSTEMI-ACS) patients discharged from your facility that had documentation of a standardized health-related social needs form or assessment completed during admission. AHACAD38
- **High-Intensity Statin at Discharge for NSTEMI-ACS:** Percentage of non-ST-elevation Acute Coronary Syndrome (NSTEMI-ACS) patients who are prescribed a high-intensity statin at hospital discharge. AHACAD36
- **Risk Stratification of NSTEMI-ACS Patients:** Percentage of patients with NSTEMI who have a risk stratification score documented during hospitalization. AHACAD37
- **Follow-up instruction:** Heart failure patients discharged home with a copy of written instructions or educational materials given to patient or caregiver at discharge or during the hospital stay, addressing follow-up appointment. AHAHF29
- **Medication Instruction:** Heart failure patients discharged home with a copy of written instructions or educational materials given to patient or caregiver at discharge or during the hospital stay, addressing discharge medications. AHAHF36
- **Symptoms Worsening Instruction:** Heart failure patients discharged home with a copy of written instructions or educational materials given to patient or caregiver at discharge or during the hospital stay, addressing what to do if symptoms worsen. AHAHF42
- **Weight Instruction:** Heart failure patients discharged home with a copy of written instructions or educational materials given to patient or caregiver at discharge or during the hospital stay, addressing weight monitoring. AHAHF43

Descriptive Measures:

- **Diagnosis:** Patients grouped by cardiac diagnosis. AHACAD40
- **Identified Areas of Unmet Social Needs (NSTEMI-ACS):** Patients with non-ST-elevation acute coronary syndrome (NSTEMI-ACS) assessed for health-related social needs grouped by unmet social needs identified. AHACAD39
- **Identified Areas of Unmet Social Needs (STEMI):** Patients with ST-elevation myocardial infarction (STEMI) assessed for health-related social needs grouped by unmet social needs identified. AHACAD20
- **Length of Stay:** Average length of stay (in days) for patients grouped by cardiac diagnosis. AHACAD44
- **Medical History:** Patients are grouped by prior medical history. AHACAD82
- **Race:** Patients are grouped by race and Hispanic ethnicity. AHACAD43
- **Sex:** Patients are grouped by sex. AHACAD41

Rural Recognition Measures:

STEMI RECOGNITION

- **Rural Acute STEMI Composite Score:** Percentage of performance opportunities that were met among eligible opportunities for all 7 individual component STEMI measures. AHACAD84
- **Arrival or Subsequent STEMI-Positive ECG to Transfer to PCI Center within 45 minutes (Door In, Door Out):** Percentage of ST-elevation myocardial infarction (STEMI) patients who are transferred out for primary PCI within 45 minutes of arrival. For patients with STEMI first diagnosed on subsequent ECG, percentage of patients who are transferred out for primary PCI within 45 minutes of subsequent ECG time. AHACAD88
- **Arrival to Thrombolytics within 30 Minutes v2:** Percent of all ST-elevation myocardial infarction (STEMI) patients who receive thrombolytic therapy within 30 minutes of arrival. AHACAD89
- **Aspirin on Arrival or Prior to Transfer:** Percentage of ST-elevation myocardial infarction (STEMI) patients who receive aspirin within 24 hours prior to arrival or prior to transfer. AHACAD90
- **ECG within 10 Minutes of Arrival v2:** Percentage of ST-elevation myocardial infarction (STEMI) patients who received an ECG within 10 minutes of arrival. AHACAD91
- **P2Y12 Receptor Inhibitor Prior to Transfer:** Percentage of patients with ST-elevation myocardial infarction (STEMI) who receive a loading dose of an appropriate P2Y12 receptor inhibitor prior to transfer. AHACAD92

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- **STEMI Anticoagulant Administered Prior to Transfer:** Percentage of patients with ST-elevation myocardial infarction (STEMI) who receive an appropriate anticoagulant prior to transfer. AHACAD93
- **STEMI-Positive ECG to Interfacility Transport Requested within 10 Minutes:** Percentage of ST-elevation myocardial infarction (STEMI) patients whose time from first STEMI-positive 12-lead ECG to interfacility transport requested is less than or equal to 10 minutes. AHACAD94

STEMI REPORTING

- **Reasons for Delay in Transfer:** ST-elevation myocardial infarction (STEMI) patients who are transferred out to another acute care facility, grouped by documented reasons for delay in transfer. AHACAD83
- **Rural Acute STEMI Defect-Free Care:** Percentage of patients hospitalized with ST-elevation myocardial infarction (STEMI) who received “perfect care” based on their eligibility for each of the seven component STEMI measures. AHACAD86

CHEST PAIN (CP) AND SUSPECTED NSTEMI-ACS

- **Rural Acute CP and NSTEMI-ACS Composite Score:** Percentage of performance opportunities that were met among eligible opportunities for all 7 individual component non-ST-elevation acute coronary syndrome (NSTEMI-ACS) measures. AHACAD85
- **Early Cardiac Troponin Results within 90 Minutes of Arrival:** Percentage of patients with acute chest pain or non-ST-elevation acute coronary syndrome (NSTEMI-ACS) who have cardiac troponin results within 90 minutes of hospital arrival. AHACAD95
- **ECG within 10 Minutes of Arrival for Acute CP or Suspected NSTEMI-ACS:** Percentage of acute chest pain or non-ST-elevation acute coronary syndrome (NSTEMI-ACS) patients who received an ECG within 10 minutes of arrival. AHACAD96
- **High-Risk NSTEMI-ACS Anticoagulant Administration Prior to Transfer:** Percentage of high-risk, non-ST-elevation acute coronary syndrome (NSTEMI-ACS) patients who receive an anticoagulant prior to transfer. AHACAD97
- **High-Risk NSTEMI-ACS Transfer to PCI Center within Six Hours:** Percentage of high-risk, non-ST-elevation acute coronary syndrome (NSTEMI-ACS) patients who are transferred to a PCI Center within six hours of arrival. AHACAD98
- **Intermediate-Risk Acute CP or Suspected NSTEMI-ACS Cardiac Testing:** Percentage of intermediate-risk patients with acute chest pain (CP) or non-ST-elevation acute coronary syndrome (NSTEMI-ACS) who have noninvasive cardiac testing performed during stay or who are transferred to another hospital for advanced cardiac care. AHACAD99
- **Low-Risk Acute CP or Suspected NSTEMI-ACS Follow-Up Appointment:** Percentage of low-risk patients with acute chest pain (CP) or non-ST-elevation acute coronary syndrome (NSTEMI-ACS) who had a follow-up appointment with a cardiologist or primary care provider scheduled. AHACAD100
- **Risk Stratification for Acute CP or Suspected NSTEMI-ACS:** Percentage of patients with acute chest pain (CP) or non-ST-elevation acute coronary syndrome (NSTEMI-ACS) who have a risk stratification score documented during hospitalization. AHACAD101

SUSPECTED NSTEMI-ACS REPORTING

- **Rural Acute CP and ACS Defect-Free Care:** Percentage of patients hospitalized with non-ST-elevation acute coronary syndrome (NSTEMI-ACS) who received “perfect care” based on their eligibility for each of the seven-component acute chest pain (CP) and acute coronary syndrome (ACS) measures. AHACAD87

Bundle Payments for Care Improvement Measures (BPCI)

Sites participating in the BPCI Advanced can select to use Get With the Guidelines – Coronary Artery Disease measures as part of the Alternative Quality Measures Set.

CMS fact sheets are available at [BPCI Advanced Model Yar 6 \(MY6\) Alternative Quality Measures Set Fact Sheets \(cms.gov\)](https://www.cms.gov/medicare/quality/quality-improvement/bpci-advanced-model-yar-6-my6-alternative-quality-measures-set-fact-sheets).

Get With The Guidelines — CAD Supports Mission: Lifeline Program: Since 2010, the AHA’s Mission: Lifeline program has recognized hospitals for their outstanding performance in high-quality systems of care performance by meeting or exceeding guideline therapy recommendations in treating patients presenting with heart attacks. Get With The Guidelines — CAD data is the only data source that will be analyzed for Mission: Lifeline STEMI and NSTEMI Recognition.