



## Get With The Guidelines®-Resuscitation Frequently Asked Questions

### Topics:

- I. General Information about the transition to GWTG-R Page 1
- II. Historical Data and National Data Base Page 2
- III. GWTG-R Patient Management Tool® (PMT®) Page 3
- IV. Subscriptions, Participating Hospital Agreement (PHA) & Contracts Page 8
- V. Training, Certification and Recertification Page 8

### I. General information about the transition to NRCPR/GWTG-R

#### 1.) Why was the decision made to transition NRCPR to Get With The Guidelines®-Resuscitation?

This transition was about linking NRCPR with a nationally recognized Quality Improvement program. The core of NRCPR remains intact, including the Science Advisory Board that has provided the guidance and leadership for NRCPR over the last 10 years, the Clinical Coordinator and Clinical Consultants that provide the expertise needed to revise and update the data elements and reports. In addition to the quality program and data that you have come to rely on, GWTG-R (formerly NRCPR) will now have the additional benefit of the following:

- a nationwide network of Quality Improvement professionals, ready and willing to assist hospitals
- real time customized comparison reports
- website data entry that will not require software to be installed on local computers
- the opportunity to be honored through a recognition program for GWTG-Resuscitation hospitals that are performing at specific benchmark levels

#### 2.) What is the advantage of participating in Get With The Guidelines®-Resuscitation?

Get With The Guidelines®-Resuscitation will provide numerous benefits including:

- o Clinical Support
- o Technical Support
- o Standardized universal code sheets (event records)
- o Participant web site
- o Ongoing training options
- o Monthly user's group forum meetings and activities
- o Participation in the first widely distributed and continuing database describing the care and outcomes of patients receiving in-hospital resuscitation.
- o Support local efforts in practice management and quality improvement by providing a comprehensive safety program.
- o Support the development of a large-scale data repository for scholarly pursuits in resuscitation research.



- Twenty-four hour access to your hospital and comparison data
- Ability to generate customized data elements (questions)
- Consistent data definitions
- Nationally known resuscitation experts that review and update the data elements and POCE with the latest AHA Resuscitation Guidelines; clinical review of data elements and reports ensure current and future compliance with The Joint Commission (TJC) standards
- Contributing to 'best resuscitation practices' based on in-hospital data
- Safety program that investigates a variety of resuscitation events including MET, ARC and CPA for all three patient of Quality Improvement professionals, ready and willing to assist hospitals
- Web based data entry system that will not require software to be loaded to your computer
- Real-time comparison reports with report generator that will allow each facility the freedom to determine date ranges, filter data to be reported and choice of comparison groups.
- The opportunity to be honored through a recognition program for GWTG-Resuscitation hospitals that are performing at specific benchmark levels

### **3.) What does it cost to transition or join Get With The Guidelines®-Resuscitation Patient Management Tool?**

The annual subscription rate is \$1,800.00.

If your facility had an active subscription to the American Heart Association's NRCPR program in place on October 1, 2010, that subscription will be applied to the Get With The Guidelines®-Resuscitation Patient Management Tool once you have signed an American Heart Association Participating Hospital Agreement.

### **4.) Will other data collection software programs be a part of the Get With The Guidelines®-Resuscitation offering?**

No other data collection software programs will be a part of the Get With The Guidelines®-Resuscitation offering. As of October 1, 2010, the only way for a hospital to participate in and contribute data to NRCPR/Get With The Guidelines®-Resuscitation is to do so through the use of the Get With The Guidelines®-Resuscitation Patient Management Tool, powered by Outcome Sciences, Inc (Outcome).

## **Historical Data and the National Data Base**

### **5.) What happened to my data entered before September 25, 2010?**

All historical data within the current database has remained with NRCPR and has been migrated to the new data collection platform. American Heart Association has worked with Outcome to ensure your data is safe and secure throughout all phases of the transition. Your 2010 data, as well as your historical data, will be available for customized reports generated by your facility for whatever timeframe selected.



**6.) Will the American Heart Association continue to receive data from the current NRCPR tool to be included in the NRCPR/Get With The Guidelines®-Resuscitation?**

No, after September 30, 2010, the American Heart Association will no longer receive data from the current NRCPR tool or any other data collection software.

**7.) How will the lack of deadlines affect our comparison data when a real-time report is generated without quarterly submission deadlines?**

The comparison sample is dependent on the number of records that are transmitted within any given timeframe. Ongoing abstracting and entering of events instead of submitting records in large groups at a designated time is strongly encouraged. The GWTG network of Quality Improvement professions will be available to assist facilities in the development of systems and to provide follow-up with facilities that are not entering events. The GWTG Awards program also offers an additional incentive to stay current with event submissions. You will hear more about the GWTG-Resuscitation awards program after the upcoming release of the updated CPA and ECC guidelines this fall.

**GWTG-R Patient Management Tool**

**8.) If all the patient identifiers are not entered into the GWTG-R Patient Management Tool (PMT), how will we be able to track the event back to the patient for hospital review?**

There is a data entry slot in the PMT for a **Patient ID number**. Your facility will have the ability to develop your own system for matching events to patient records. Current GWTG facilities use a variety of methods, some examples are: Hospital initials and the last four digits of the patient's medical record number, using a system to scramble the patient's Medical Record number (ex for MR# 23456789, the tracking number is 92345678 or 34567892), maintaining a log so the first patient entered would be 001, second 002. The key is that since your hospital develops the system it uses no one will be able to track the event entered back to the patient unless you reveal the system your hospital develops.

**9.) Can we just use the Medical Record as the Patient ID?**

No, the medical record number is a patient identifier that cannot be part of the Limited Data Set as specified in your hospital agreement, so to maintain compliance with HIPAA you should not use an unaltered medical record number.

**10.) How will I access my data if it is not being stored on my local computer?**

Your data is always available in real time by simply logging on to the Patient Management Tool. From there, you will be able to view your data and generate reports for your individual hospital, as well as benchmark your hospital against relevant hospital groups. As soon as a patient is entered into the database, that patient's record is incorporated and available for any real-time reports and benchmarking groups.



**11.) Are there Medical Emergency Team and Acute Respiratory Compromise forms in GWTG-Resuscitation PMT?**

Yes, GWTG-R has three forms; Cardiopulmonary Arrest (CPA), Medical Emergency Team (MET) and Acute Respiratory Compromise (ARC).

**12.) Is there an option for a shorter CPA data set in the GWTG-Resuscitation PMT?**

Yes, NRCPR/GWTG-R will include the option of collecting Essentials. Essentials is a very small data set comprised of the data elements that have been determined by published research to positively affect patient outcome during an in-hospital cardiac arrest.

**13.) Are there data elements that are optional?**

Yes, optional data points appear in the GWTG-R Patient Management Tool (PMT) as dark grey shaded areas. These areas of the PMT contain data abstraction elements that may be left blank, yet the record may be closed and identified as complete without an error message. If these data elements contain information that your facility is not interested in evaluating, you may elect to not complete them in order to decrease your data abstraction burden. It is important that you remain consistent in your decision over time so as to assure the highest degree of data accuracy. It is recommended that the decision, whether or not to abstract optional data points, should be made after some thought and consensus by facility quality improvement staff and should remain in effect for no less than 3 months at a time.

**14.) Are we able to see the Operational Definitions with a click on a button?**

Yes, you are able to click on the header for any section to see the Operational Definitions/Coding Instructions.

**15.) Is there a standardized form for documenting codes?**

Yes, GWTG-R has standardized event documentation records for MET and ARC/CPA. They are available in both Microsoft Word documents and in Pdf. The Word documents allow you to add, remove or rearrange sections as needed for your facility. These documents are currently under revision but if you would like to obtain copies please contact Tanya Truitt at [Tanya.truitt@heart.org](mailto:Tanya.truitt@heart.org)

**16.) There is an option to “print before saving”. Should we print the record before saving?**

This is an option that allows you to keep a hard copy of the data you have entered for each patient. Some facilities may find this very useful while others may not use it at all. The use of this feature is up to each facility.

**17.) If the patient codes, survives to discharge and is re-admitted and codes again; how do we know that the two admissions are the same patient?**

When developing your facility’s plan for assigning Patient ID numbers, you should consider this possibility because no two admissions can have the same ID number. These numbers can however be one number/letter off so a patient’s first admission number could be 497632087 and his second admission number be 497632087-2 or 497632087A.

**18.) I have not been able to enter data for a couple of months. Will this be a problem?**



No, although we strongly encourage you to remain current with your data entry, you can always enter events that occurred in the past.

**19.) Why can't event locations entered in the prior software be migrated to the new software?**

Unfortunately, we cannot pre-populate that element with the locations entered prior to migration. You will however have the ability to enter event locations and change them as your facility changes.

**20.) If event locations are not migrated how are we going to track those events for 2010?**

In your previous NRCPR software there were certain hospital-specific elements or questions that you were able to track just for your hospital. One example of this is "Event Location (name)" where you could add location names specific to your facility. Going forward in Get With The Guidelines®-Resuscitation, you will have a similar ability to manage your specific location names via the My Account tab. By adding your location names to the Patient Management Tool, you will find additional value when future reporting measures are added, as you will be able to filter by these location names for records created in Get With The Guidelines®-Resuscitation PMT. In migrating the historic dataset, you will find that your previous data for Event Location (name) will be populated into "Field 1" which can be found at the end of all the event forms. This will allow you to make use of the Data Download Tool to refer to your site-specific event location for all of your historic events. Please contact [support@outcome.com](mailto:support@outcome.com) for specific instructions if needed.

**21.) How will we identify the patients admitted prior to the migration and match them to our local database with the patient identifiers?**

You should have retained a copy of your NRCPR analysis database. This database provides you with the Admission Number assigned to all patients who have been entered into NRCPR by your facility. The Admission Number will be the Patient ID number within the GWTG-R PMT allowing you to track these patients.

**22.) Is there a way in the GWTG-R PMT to show if a record is complete?**

All records are saved as either complete or incomplete. All "Error" level logic checks will need to be resolved in order to save a record as complete; American Heart Association strongly suggests that every facility strives to complete each record in order to achieve data cleanliness. When viewing your data in the Patient Grid, incomplete forms will appear in **BOLD**. The Search Grid also allows you to search for records by complete or incomplete. When running measure reports, the default is to include data from all records (complete and incomplete). However, there is also a filter option to only include complete records.

**23.) Will there be any validity testing?**

The Science Advisory Board is considering validity testing in the future.

**24.) If you leave the computer without saving as complete or incomplete will the website time out? If yes, after how long without use?**

For data security reasons, the Patient Management Tool has a timeout limit of 60 minutes. This means that users will be logged out if no part of the form or other area of the PMT is clicked within that time limit. You will, however, be prompted with a pop-up warning message 5 minutes prior to the timeout.



**25.) Is there a limit to the number of data abstractors per institution?**

Yes, each facility is limited to 10 Certified Data Abstractors. Please contact the Outcome Help Desk to inquire about the cost of adding any additional user accounts.

**26.) Do we have to wait to enter data until we have attended training on the PMT?**

Yes, to enter data you must be certified and attend a technical training offered by Outcome.

**27.) If I abstract data for multiple hospitals, will I need multiple user accounts?**

Yes, each username/password combination not only gives you access to the PMT, but also identifies which hospital site you are associated with and thus the data you can access, add to and update. With our web-based system architecture, all users across the country are accessing the same system, unlike the previous software which was isolated locally, so user accounts need to be distinct and tied to distinct hospitals.

**28.) How do I obtain Data Abstractor Certification?**

To be certified you must successfully complete a 25 question multiple choice exam. This exam highlights some of the most confusing and often misunderstood Operational Definitions/Coding Instructions and data elements. Please check the GWTG-R website for both recorded and up-coming webinars, [www.heart.org/resuscitation](http://www.heart.org/resuscitation).

**29.) Do hospitals have the ability to track and trend our own performance measures?**

Yes, you will not only be able to access and analyze your local data but you will be able to compare your data with other hospitals. The built in report generator will allow you to easily generate reports and graphs without requiring extensive knowledge of Access data base functions. You will also be able to select your own report time-frames, comparison options and filters to include real time data reports.

**30.) We currently participate in ACTION Registry-GWTG. Will this be on the same website?**

Yes, for those sites who are participating in the ACTION Registry-GWTG through Outcome, the NRCPR/GWTG-Resuscitation will be on [qi.outcome.com](http://qi.outcome.com); as are the other Get With The Guidelines® programs, Stroke & Heart Failure.

**31.) If my hospital is currently entering data into another tool, can we switch to GWTG-Resuscitation?**

Your facility will always be welcome to join GWTG-Resuscitation. One point that should be considered is all data entered into another tool (after September 24, 2010) will not have been migrated to GWTG-Resuscitation. If you choose to move to GWTG, Outcome will work with you to identify what actions will be necessary to migrate your data.



## Subscriptions, Participating Hospital Agreement (PHA) and Contracts

### 32.) I would like to join GWTG-R, what do I do now?

You can contact your [field staff representative](#) or you can contact Outcome directly at [support@outcome.com](mailto:support@outcome.com) . To obtain additional information please visit the Get With The Guidelines®-Resuscitation [website](#)

### 33.) Once I mail the completed PHA, how long can I expect before contact is made by Outcome regarding training?

One can expect contact from Outcome in approximately two weeks from the date Outcome receives a facility's Participating Hospital Agreement. At this time, you will be provided the training options available.

### 34.) When and how much will I be invoiced?

If you are a Resuscitation participant you will receive an invoice at the appropriate time based on your previous payment history. The AHA has provided Outcome with a list of renewal dates for each hospital and we will invoice you based on your renewal date. For example, if your renewal date is 10/1/2010, then you will receive an invoice shortly after your contract is processed for 10/1/2010 through 12/31/2011. If your renewal date is anytime in 2011 your invoice will be either for the full year if you are due in January or prorated for the remaining months of the year if your renewal is after January.

## Training, Certification and Recertification

### 35.) I am due to recertify during the transition. What should I do?

All data abstraction recertification dates were postponed until after the transition to the new NRCPR/GWTG-Resuscitation tool. If your recertification was postponed then you will be required to take the new 25-question exam prior to attending Technical Training with Outcome.

### 36.) Will we have to "certify" on the new data collection tool?

No, the NRCPR Certification program was put in place to improve knowledge, understanding and application of the Operational Definitions. These will remain the same as well as the data elements. Data Abstractors must complete certification prior to entering data and every two years thereafter.



Special Note: GWTG-Resuscitation remains the world's largest registry of adult and pediatric in-hospital resuscitation related events. The international leaders in the resuscitation will continue to direct GWTG-R through their active involvement on the Science Advisory Board. As an evidence-based performance improvement program, we believe these elements are critical to your success and we remain committed to providing you access to all that AHA, ECC and GWTG has to offer.