

**Key Points:**

- This study examined the accuracy and reliability of data entered in Get With The Guidelines-Stroke. Data entered by sites in the Get With The Guidelines-Stroke database were compared with that abstracted from de-identified medical records by trained auditors. Accuracy for each individual data element and a composite accuracy measure were calculated.
- A random selection of 438 medical records from 147 Get With The Guidelines-Stroke hospitals was obtained. Overall accuracy was above 90% for all variables abstracted except for a few variables.
- There were no significant differences in composite accuracy by bed size, ischemic stroke volume, primary stroke center certification, or Coverdell Registry participation.
- This study demonstrates overall good reliability of data abstraction with collected data contributing to valid, reliable and accurate information. This evidence serves as a powerful tool to monitor and improve evidence-based stroke care in Get With The Guidelines-Stroke hospitals and to support innovative clinical research in quality of care and outcomes in stroke.

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Vivo RP, Krim SR, Krim NR, Zhao X, Hernandez AF, Peterson E, Pina IL, Bhatt DP, Schwamm L, Fonarow GC.

*Care and Outcomes of Hispanic Patients Admitted with Heart Failure with Preserved or Reduced Ejection Fraction: Findings from Get With The Guidelines-Heart Failure.* Circ HF.

**Key Points:**

- Hispanics comprise the largest ethnic population in the US. They are at high risk for heart failure (HF) yet they also encounter multiple barriers to healthcare that may adversely affect their care and outcomes.
- Prior to this study, no data existed comparing the clinical profile, outcomes and quality of care between Hispanics admitted for HF with either preserved ejection fraction (PEF) or reduced ejection fraction (REF).
• This study demonstrated that there was a higher percentage of Hispanics with REF than PEF in Get With The Guidelines-Heart Failure.
• Secondly, this study showed, Hispanic HF patients with PEF had better in-hospital survival than non-Hispanic whites with PEF, but inpatient mortality was similar between groups with REF.
• Third, quality of HF care for Hispanics and non-Hispanic whites was similar and improved consistently through the 5-year follow-up period.
• This study highlights that Get With The Guidelines-Heart Failure has the potential benefit of a process-of-care program improving healthcare delivery, irrespective of race/ethnicity or EF.

Dr. Rey P. Vivo is currently a 2nd year cardiology fellow at the University of Texas Medical Branch (Galveston, TX) and Methodist DeBakey Heart and Vascular Center (Houston, TX), where he also completed a fellowship in echocardiography. His research interests include disparities and outcomes in heart failure, as well as the application of echo in patients with left ventricular assist devices. He is a member of the FIT (Fellows in Training) committee of the American College of Cardiology and plans to pursue subspecialty training in Advanced Heart Failure and Transplantation.

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