Welcome to ACTION Registry Get With The Guidelines

- ACTION Registry Get With The Guidelines Report
  - STEMI and NSTEMI data

- M:L Reports
  - STEMI data

1. Receiving Hospital Report
2. Referring Hospital Report
3. Regional Report
Home Screen
Welcome "NCDR™ ACTION Registry® - GWTG™" participants.

- ACTION Registry®-GWTG™ 2.4 Release in 2014

The release of ACTION Registry-GWTG 2.4 is slated for the fall of 2014 not 2013 as expected. This release date affords the NCDR the opportunity to ensure that version 2.4 includes all of the updates from the 2013 ACCF/AHA Guidelines for the management of STEMI patients and that it aligns with the NCDR’s new HER integration effort for registries to be HL-7 compliant enhancing the hospital’s ability to reduce redundant data collection.

The NCDR will address 3 important updates before the new release in 2014. These updates will include:
- Adding 1st EMS contact
- Adding reasons for “no reperfusion therapy” for the ACTION Registry-GWTG Limited Users
- Adjustment to the UTH elements to ensure the most accurate reporting of excessive dosing metrics

If you have any questions, please contact the NCDR at (800) 257-4737 or ncdr@acc.org

Posted Feb 27, 2013

- NCDR:13 Annual Conference Updated Information

Please note that some of the workshop dates/times have changed. You may view the updated online agenda or the one that will be provided in your packet upon arriving in San Francisco. Although the option to make online changes to your registration is no longer available, if any adjustments must be made due to the updated session dates/times, please mark them on your individual agendas and feel free to attend the sessions of your choice. Please be aware that space within each workshop may be limited; we will do our best to accommodate seating capacities for the various rooms as needed.

For general questions about registration contact the registration center either by email ncdranual@jspargo.com or phone (800) 699-5113 or (703) 449-8418.
## Submission Status

### Data Submission Status

<table>
<thead>
<tr>
<th>Year\Quarter</th>
<th>Uploaded Time</th>
<th>Status</th>
<th>Submission Type</th>
</tr>
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<tbody>
<tr>
<td>2013Q1</td>
<td>No Data Submitted</td>
<td></td>
<td>Premier</td>
</tr>
<tr>
<td>2012Q4</td>
<td>Feb. 3, 2013</td>
<td><img src="https://example.com/green.png" alt="Green" /></td>
<td>Premier</td>
</tr>
<tr>
<td>2012Q3</td>
<td>Dec. 27, 2012</td>
<td><img src="https://example.com/yellow.png" alt="Yellow" /></td>
<td>Premier</td>
</tr>
<tr>
<td>2012Q2</td>
<td>Aug. 6, 2012</td>
<td><img src="https://example.com/red.png" alt="Red" /></td>
<td>Premier</td>
</tr>
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<td>2012Q1</td>
<td>No Data Submitted</td>
<td></td>
<td>Premier</td>
</tr>
<tr>
<td>2011Q4</td>
<td>No Data Submitted</td>
<td></td>
<td>Premier</td>
</tr>
</tbody>
</table>

**Green Light**
Data good – Included in the report

**Yellow Light**
Failed in completeness - Not included in any registry aggregate computations until corrected

**Red Light**
Failed because of file integrity problems such as excessive missing data and internally inconsistent data - Data are not processed or loaded
<table>
<thead>
<tr>
<th>4. NSTEMI performance composite</th>
<th>Discharge Perf Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Acute AMI performance composite</td>
<td>8. Aspirin prescribed at discharge</td>
</tr>
</tbody>
</table>

**Arrival Perf Measures**

7. Aspirin at arrival
13. Proportion of STEMI patients receiving fibrinolytics within 30 minutes
14. Median time in minutes to fibrinolytic therapy for STEMI patients
15. Proportion of STEMI patients receiving primary PCI within 90 minutes
16. Median time in minutes to primary PCI for STEMI patients
17. Reperfusion therapy
18. Time in minutes from ED arrival at STEMI referral facility to ED discharge from STEMI referral facility in patients transferred for PCI
19. Time in minutes from ED arrival at STEMI referral facility to Primary PCI at STEMI receiving facility among transferred patients

**Arrival Quality Metrics**

22. Door to 1st ECG in minutes
23. Acute ADP receptor inhibitor therapy among STEMI patients
24. Acute anticoagulant agent for NSTEMI
25. Excessive initial unfractionated heparin (UFH) dose
26. Excessive initial enoxaparin dose

**Discharge Quality Metrics**

28. AMI revascularized patients discharged on ADP receptor inhibitors
29. ADP receptor inhibitors prescribed at discharge for medically treated AMI patients
30. Aldosterone blocking agents for LVSD at discharge
31. LDL-Cholesterol assessment
Important Note:

ACTION data is proprietary to ACC and uses their logic for the ACTION Reports

M:L data is pulled from ACTION and aggregated and run by Duke Clinical Research Institute’s logic for the M:L Reports
### Patient Characteristics
**Direct Presentation vs. Transfer In**

<table>
<thead>
<tr>
<th></th>
<th>Direct Presentation</th>
<th>Transfer In</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>System</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Last Qtr</td>
<td>Last 12 mo</td>
</tr>
<tr>
<td>Number of STEMI Patients</td>
<td>39</td>
<td>174</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Demographics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age (median years)</td>
<td>62.0</td>
<td>61.0</td>
</tr>
<tr>
<td>Female</td>
<td>21%</td>
<td>29%</td>
</tr>
<tr>
<td>Non-White</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Hispanic Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First ECG obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Hospital (EMS Arr.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STEMI Noted on first ECG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mode of Arrival (to First Facility)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>POV</td>
<td>56%</td>
<td>53%</td>
</tr>
<tr>
<td>EMS (Ambulance)</td>
<td>41%</td>
<td>45%</td>
</tr>
<tr>
<td>Reperfusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraindicated</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Eligible for reperfusion</td>
<td>94%</td>
<td>96%</td>
</tr>
<tr>
<td>Treated</td>
<td>100%</td>
<td>98%</td>
</tr>
<tr>
<td>Untreated</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>Median Time to Reperfusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary PCI</td>
<td>52.0</td>
<td>62.0</td>
</tr>
<tr>
<td>Thrombolytic</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>In-hospital Clinical Events (Exc. Trans-Out)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reinfarction</td>
<td>2.6%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

**% Pre-hospital ECG**
- All STEMI patients arriving via EMS
- Includes Ambulance transport only
Pre-Hospital EKG

Mission: Lifeline Receiving Center Report Data

Includes patients that directly present to the FIRST facility by AMBULANCE

All STEMI patients that present by AMBULANCE to the FIRST facility (STEMI Receiving Center or STEMI Referring Center where the patient was transferred from). This Mission: Lifeline data includes the patients transferred to the STEMI Receiving center from a STEMI Referring Center where the patient was transported to the STEMI Referring Center by AMBULANCE, in addition to those patients transported by AMBULANCE directly to the STEMI Receiving

Note: The Mission: Lifeline Regional reports include data similar to the Mission: Lifeline Receiving Center Reports. However, the population only includes the STEMI patients transported directly to the STEMI Receiving Center by AMBULANCE. Transfer patients are not included.
How do we find this information?

Several Ways:

1. EMS run sheet reports
2. The scanned ambulance report
3. Pre-transmitted EKG to ER and use that time for pre-hospital EKG
4. Get information faxed from the referral hospital
5. Look for documentation in nurse’s notes and physician documentation
6. Check ECG machines for correct date and time, esp. for daylight savings. Not all of them self correct and need to be programmed manually.
Null Value:

For any patient record, when no data is entered into ACTION® Registry-GWTG™, for an identified essential element (element is left blank), the patient record is included for Mission: Lifeline data and report generation.

EXAMPLE:

- 10 STEMI Patients are entered for Q2 2013
- All 10 are eligible to receive acute ASA (Seq 6000-6021)
- All 10 patients were actually given ASA within the first 24 hours or admission
  - Per data entry - 7 out of the 10 patients show ACUTE ASA = “YES”
  - 3 of these patients have NO value entered – was left blank (null value)

Null values can affect the Mission: Lifeline recognition achievement score.
Can this be hardwired?

1. Education
2. Consistency
3. Feedback

Discussion
STEMI & Stroke EMS Feedback Example

**Stemi Tracking Sheet**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Admission Date</th>
<th>Goal Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/19/2012</td>
<td>12:10 pm</td>
<td>✔️</td>
</tr>
</tbody>
</table>

**Stroke Alert Tracking Sheet**

<table>
<thead>
<tr>
<th>Goals</th>
<th>Admission Date</th>
<th>Goal Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/28/12</td>
<td>female age 61</td>
<td>2 hrs 20 mins</td>
</tr>
</tbody>
</table>

Julie Poppe RN, BSN, Cardiovascular Clinical Quality Coordinator, Rapid City Regional Hospital  
ipoppe@regionalhealth.com 605-719-2021
**Avera Heart Hospital of South Dakota**

Alisa Knudson
Alisa.Knudson@avera.org
On behalf of the Sanford Heart Hospital Chest Pain Network Team, we thank you for sending your recent patient and for the commitment to improving the quality of care for patients with acute myocardial infarction. We truly believe in the adage that “Time is Muscle” meaning that any delay in treating a myocardial infarction increases the likelihood of cardiac muscle damage due to localized hypoxia. Current guidelines from the ACC/AHA recommend:

**Door-In-Door-Out (DIDO) time within 30 min**  
**Door-To-Needle (Lytic therapy) time within 30 min**  
**First Medical Contact-To-Balloon time within 90 min (when at a PCI facility)**  
**First Medical Contact-To-Balloon time within 120 min (when being transferred from a non-PCI facility)**

In the interest of developing a STEMI (ST Elevated Myocardial Infarction) System of Care we have joined in the efforts of the AHA Mission Lifeline to assess and provide feedback to referring facilities on STEMI care measures. We have also worked with area hospitals and emergency rooms to provide standardized order sets and education for the ultimate goal of improving patient’s quality of life. As the first responders to a scene, a completed and transmitted pre-hospital EKG is essential in the STEMI treatment process.

The following patient was referred to Sanford Heart Hospital for our care.

Patient Initials:  
Referring Facility:  
Date of Admit:  
Pre-hospital 12 lead EKG performed by EMS (if first contact):  
Referring Facility Door-In-Door-Out (goal-30 min):  
Lytic Therapy (goal within 30 min of arrival):  
Sanford USD Medical Center Door-To-Balloon Time:

If you have any questions, concerns or would like to discuss any case, please do not hesitate to contact me at 605-312-2200 or contact the Chest Pain Network Coordinator, Lynn Thomas, RN, at 605-312-2166 or Lynn.Thomas@SanfordHealth.org.

Sincerely,

Tom Stys, M.D.
First Medical Contact to PCI ≤ 90 minutes

- Means of Transport to First Facility = Ambulance
- Overall proportion
  - Among Transfers In (Transferred from Outside Facility = Yes) (First Device Activation date/time) – (Arrival at Outside Facility date/time)
  - Among Direct Presenters (Transferred from Outside Facility = No) (First Device Activation date/time) – (Arrival date/time)

Inclusion/Exclusion
- All STEMI patients indicated for immediate primary PCI who had STEMI diagnosed on first ECG, and had a reported first device activation date/time after arrival, excluding patients administered thrombolytics, documented non-system reason for delay in PCI, and FMC to PCI time > 12 hours.
- Includes Ambulance transport only; Mobile ICU and Air transport are not included
First Medical Contact to PCI ≤90 Minutes

![Bar chart showing percent of admissions for different scenarios.]

- **Overall**
  - System: 56%
  - Nation: 59%

- **Transfers In**
  - System: 0%
  - Nation: 6%

- **Direct Presentation**
  - System: 67%
  - Nation: 65%
Receiving Center Report

First Medical Contact to PCI

Data displayed in the table may differ from the achievement measure shown on Page 1.

- Page 1 – EXCLUDES patients with a “documented non-system reason for delay” when the PCI > 90 Minutes

- Page 8 – EXCLUDES ALL patients with a “documented non-system reason for delay” (regardless of the time to PCI)
First Medical Contact to Device
Median Time (minutes)
Direct Presentation, Arriving via EMS

1. FMC to Door
2. Door to Arrival at Cath Lab
3. Arrival at Cath Lab to Device Activation

Site labels and the corresponding number of patients eligible for at least one time interval are displayed on the x-axis. Bars are not displayed when there are no patients eligible for at least one time interval. Additionally, specific time intervals without any eligible patients are not plotted.
Arrival at First Facility to Device
Median Time (minutes)
Transfer In for Primary PCI

Time in Minutes

SYS (10)

1. Arrival to Door Out at First Facility
2. Door Out at First Facility to PCI Door In
3. PCI Door In to Device

Nation Med: 105.5

Site labels and the corresponding number of patients eligible for at least one time interval are displayed on the x-axis. Bars are not displayed when there are no patients eligible for at least one time interval. Additionally, specific time intervals without any eligible patients are not plotted.
### Changes to the Regional Report

<table>
<thead>
<tr>
<th>Measure</th>
<th>Prior to Q2 2013</th>
<th>Q2 2013 and future</th>
</tr>
</thead>
</table>
| FMC to Device (Stacked Bars)                 | • Transferred from Outside Facility = No  
• Means of Transport to First Facility = Ambulance  
• First ECG Obtained = Pre-hospital | • Transferred from Outside Facility = No  
• Means of Transport to First Facility = Ambulance  
And includes “All Modes” of  
• Transferred from Outside Facility = Yes  
• Median Time in Minutes (current quarter) arrival |
| Arrival at First Facility to Device (Stacked Bars) | • Transferred from Outside Facility = Yes  
• Means of Transport for First Facility = Ambulance  
• First ECG Obtained = Pre-hospital | Now includes Limited users as well. The inclusion criteria, “First evaluated in ED” was removed |
| ECG w/i 10 Minutes of Arrival                | Excluded Limited form users due to the inclusion “first evaluated in ED” | Removed from regional report |
|                                             | Old page 1 with 2 small timeline graphs over 6 quarters | Removed from regional report |
|                                             | Old Page 4 with the 4 small process bar graphs | Removed from regional report |
|                                             | Old Page 5 - % eligible patients not reperfused | Removed from regional report |
| FMC to PCI <90 Minutes (among transfer ins) Small graph in the data table | Old page - 15.  
• Means of Transport to First Facility = Ambulance  
• First ECG Obtained = Pre-hospital  | New page - 4  
• Means of Transport to First Facility = Ambulance |

Note: The table above lists changes to the Regional Report. The changes include new measures and updates to existing measures. The Regional Report now includes limited users, and the inclusion criteria, "First evaluated in ED," has been removed. Additionally, some pages have been removed from the regional report.
What is Mission :Lifeline?

All data must be complete in ACTION by Feb. 28, 2014 for recognition eligibility.
How do we share the data?

1. Team meeting
2. System Feedback
3. Receiving Report discussions
4. Regional Report discussions
Thank you

https://www.ncdr.com

www.heart.org/missionlifeline

www.heart.org/quality

Greater Hartford Mission: Lifeline® STEMI Imposters Webinar
Recording:
https://www150.livemeeting.com/cc/8002012614/view?cn=&id=T S7W3B&pw=view

Recording and Slides: http://mlnetwork.heart.org/events