Midwest Affiliate

Get With The Guidelines-CAD Newsletter

The official data tool for Mission: Lifeline, meeting CAD quality improvement needs

Designed to support comprehensive Coronary Artery Disease (CAD) quality improvement as well as participation in Mission: Lifeline, the American Heart Association is pleased to once again, offer Get with the Guidelines-CAD (GWTG-CAD). GWTG-CAD was the American Heart Association’s premier AMI registry from 2005-2010. GWTG-CAD is now the primary data source for Mission: Lifeline and is once again available to track AMI and ACS process data. The program provides hospitals with access to: web-based Patient Management Tool™ (powered by QuintilesIMS), robust registry, real-time benchmarking capabilities and other performance improvement methodologies toward the goal of enhancing patient outcomes and saving lives.

Similar to our other Get With The Guidelines programs, GWTG-CAD will be supported by QuintilesIMS. Together, the AHA and QuintilesIMS, offer unmatched customer service, quality improvement, and systems of care implementation expertise. GWTG-CAD will use the features and functions you’re accustom to from the GWTG Patient Management Tool, including timely access to Mission: Lifeline process data, reports (hospital level and regional level), and progress toward Mission: Lifeline Recognition.

Benefits of enrolling in GWTG-CAD Include:

- Less than 90 total data elements, only 47 required for Mission: Lifeline recognition analysis
- STEMI only data option
- National and local recognition for award winning hospitals
- One-on-one STEMI Systems of Care consultative services by local AHA Quality Systems professionals
- Clinical tools, resources, and best practice sharing
- Patient education resources
- Robust real-time reporting, including system of care and quality measures
- FREE for participants in 2017
- Chest Pain Center Accreditation data/reports (beginning early 2018)
- For current GWTG participants, use of the familiar Quintiles platform
- CSV Uploader functionality will be available, further reducing the data entry burden
- Ability to create customer reports by provider, by gender, by EMS agency, by Referring Hospital and much more

10/17/2017 Updates

GWTG-CAD Authorized Software Vendors

To support participation in GWTG-CAD and Mission: Lifeline, the American Heart Association (AHA) has authorized the following third-party software vendors; these vendors meet AHA standards for secure data submission:

Heartbase
Cedaron
Axis Clinical Software, Inc.
Q-Centrix
Armus

More coming. If you don’t see your vendor here, contact them directly to enquire about working with GWTG-CAD.

Chest Pain Accreditation Update:
The American Heart Association is pleased to confirm that the Get With The Guidelines Coronary Artery Disease Registry (GWTG CAD) is a data solution for Chest Pain Center (CPC) accreditation offered by the ACC and AHA. If you would like to use GWTG CAD to submit your CPC data please contact us and notify your local ACC quality improvement representative.

Total Hospitals Participating in GWTG-CAD Nationally

202
2018 MISSION: LIFELINE® STEMI RECEIVING CENTER RECOGNITION CRITERIA

1. Percentage of STEMI patients with Door-to-Device time < 90 Minutes (Non-Transfer)
2. Percentage of STEMI patients with EMS First Medical Contact-to-PCI time <90 Minutes OR Percentage of STEMI patients with EMS FMC to Device time <120 Minutes when Ambulance drive time >45 Minutes AND Arrival to PCI <30 Minutes (Non-Transfer)
3. Percentage of STEMI patients receiving aspirin within 24 hours of hospital arrival
4. Percentage of STEMI patients on aspirin at discharge
5. Percentage of STEMI patients on beta blocker at discharge
6. Percentage of STEMI patients with LDL>100 who receive statin or lipid lowering drugs
7. Percentage of STEMI patients with left ventricular systolic dysfunction on ACEI/ARB at discharge
8. Percentage of STEMI patients that smoke with smoking cessation counseling at discharge

• PLUS Measure: 1st Door-to-Device time <120 Minutes for patients that present to a STEMI Referring Center and are transferred to a STEMI Receiving Center for Primary PCI

2018 MISSION: LIFELINE® NSTEMI RECOGNITION CRITERIA (all facilities)

• Percentage of NSTEMI patients referred to an early outpatient cardiac rehabilitation program
• Percentage of NSTEMI patients with reduced Left Ventricular Ejection Fraction (<40%) prescribed ACEI/ARB at discharge
• Percentage of medically managed NSTEMI patients prescribed dual antiplatelet therapy at discharge (aspirin and appropriate P2Y12 inhibitor) (65%)
• Percentage of NSTEMI patients whose left ventricular (LV) systolic function was evaluated during admission or is planned for after discharge
• Percentage of NSTEMI patients that smoke with smoking cessation counseling at discharge

8/31/2017 PMT Release Highlights:
• Contains bug fixes for Form logic for CAD form
• Correction of Form logic to First and Subsequent EKG completed prior to arrival
• Mapping adjusted for Authorized Vendors
• Addition of None/ND for Patient Medications
• Primary PCI changed to PCI

Mission: Lifeline Recognition (2018 only)
• 1 Quarter of data entered in GWTG-CAD meeting criteria is required to achieve a Bronze level and/or to maintain the previous year’s award level
• At least 2 Quarters of data entered in GWTG-CAD, and meeting criteria upon aggregate analysis, is required to achieve a new Silver level and/or to move up an award level to Silver or Gold

By very popular request, M:L STEMI FMC to PCI updated to address rural systems. See measure #2.
GWTG-CAD 2018 Program Pricing

- GWTG-CAD is still FREE for 2017
- Enroll by November 1, 2017 to receive a $500 discount on 2018 annual fees
- **Commit to 2018 contract by November 1, 2017 and receive a one-time historical data upload from ACTION**
  - No charge for this Historical Data Upload (HDU), and is not the same as the CSV upload option
  - Allows hospitals immediate access to Mission: Lifeline reports for all patients back to Jan. 2015
- No additional charge for Chest Pain Accreditation data and reports (available early 2018)
- 50% discount for Critical Access Hospitals
- 10% discount for Corporate Health Systems enrolling 10 or more sites (must enroll using the corporate agreement and pay under one invoice)
- Option 2 and 3 will allow for data additions and corrections after upload, just not direct entry of new patients

<table>
<thead>
<tr>
<th>Select ONE Option for Hospital Enrollment</th>
<th>Early Adopter Discount! Enroll by November 1st</th>
<th>Enroll after November 1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. GWTG-CAD – <em>Direct Data entry into GWTG</em></td>
<td>$2,750</td>
<td>$3,250</td>
</tr>
<tr>
<td>• Data entry using streamlined GWG-CAD form.</td>
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<tr>
<td>• Real-time hospital and regional Mission: Lifeline* Reports via GWTG.</td>
<td></td>
<td></td>
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<tr>
<td>• Chest Pain Accreditation data and reports.</td>
<td></td>
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<tr>
<td>2. GWTG-CAD - <em>Certified Vendor data submission</em></td>
<td>$2,500</td>
<td>$3,000</td>
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<tr>
<td>• Data entry via Certified Vendor. <em>Data entered into 3rd party vendor tool and then transmitted to GWTG.</em></td>
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<tr>
<td>• Real-time hospital and regional Mission: Lifeline* Reports via GWTG.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Chest Pain Accreditation data and reports <em>(additional data entry directly in GWTG-CAD may be required if data not captured by your vendor).</em></td>
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<td></td>
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<tr>
<td>3. Static Quarterly Reports</td>
<td>$0</td>
<td>$500</td>
</tr>
<tr>
<td>• Data submitted via upload by hospital or Certified Vendor.</td>
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<tr>
<td>• Static PDF Mission: Lifeline* hospital and regional reports provided 3 months after the close of the quarter.</td>
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</table>

Reduced price to reflect costs vendor may charge for third party data submission. Vendor must be on the approved vendor list or applied to become a certified vendor to receive this discount.

NOTE: GWTG-CAD is priced independent of other GWTG modules. Hospitals receive a multi-module discount for enrollment in more than one of the following GWTG Modules: Stroke, Heart Failure, Atrial Fibrillation and Resuscitation. However, GWTG-CAD is NOT included in the multi-module discount structure for 2018.
Check. Change. Control.® Overview

There are nearly 80 million Americans with hypertension.

- 1 in 3 adults have high blood pressure
- Of the patients that are aware and are being treated for high blood pressure, almost half are not at goal. Current rate of patients with blood pressure in control is 54%.
- High blood pressure, or hypertension, is an independent risk factor for heart disease and stroke, but even a 5 mmHg decrease in blood pressure can reduce mortality due to heart disease and stroke by 9% and 14% respectively (INTERSALT, Hypertension, 1991).
- Hypertension disproportionately affects the African-American community with over 45% of African-American males and 46% of African-American females affected by high blood pressure compared to a national rate of 33%.

The purpose of this program is to eliminate high blood pressure as a health disparity among Americans and help achieve the goal of improving cardiovascular health by 20%, while reducing cardiovascular mortality by 20% by 2020 (AHA 2020 Impact Goal).

The AHA/ASA launched the first phase of The High Blood Pressure program in August 2012, with a focus on top markets nationwide. As of June 2016, the program expanded to over 100 markets, 50,000 + participants enrolled, more than 163,000 blood pressure readings taken with an average drop in systolic BP of 11 mmHg.

FOUNDATIONAL PRINCIPLES AND BEST PRACTICES GUIDING CHECK. CHANGE. CONTROL.

The Check. Change. Control. Program is based on best practices learned from the AHA’s Check It, Change It pilot and Check.Change. Control. program, principles for volunteer engagement through the successes of AHA’s Multicultural work, as well as other successful community-based programs identified through recent science literature reviews.

Key evidence-based scientific principles foundational to the program include:

1. The practice of self-monitoring and tracking of blood pressure readings at home or outside of the healthcare provider office setting.
2. Use of a digital self-monitoring tool to track blood pressure readings.
3. The practice of self-management skills related to blood pressure management.
4. Use of health mentors to motivate and encourage participants.
5. Attention to multi-cultural issues that result in hypertension being a health disparity for African-Americans.

The Check. Change. Control. Program is
- An evidence-based program, based on the success of the program over the past 4 years,
- Designed to establish community partnerships and meaningful volunteer roles, and is
- Focused on innovation and sustainability.
How Mission: Lifeline® Helps You as an EMS Provider

Benefits

Prehospital personnel are the first providers of care to patients suffering from cardiac emergencies. The role of EMS in the system-of-care for these patients is crucial and often sets the course for the patient’s outcome. Understanding the key role EMS plays is a central element of Mission: Lifeline.

When you participate in the American Heart Association’s Mission: Lifeline program, you’re not out there alone:

- Mission: Lifeline links EMS providers, referring (non-PCI) hospitals and receiving (PCI-capable) hospitals in a coordinated system of cardiac care
- Mission: Lifeline assists your agency in getting the feedback you need to understand how the system of care is working for the patients your teams have cared for
- Mission: Lifeline provides evidence-based metrics to measure the system’s performance and provides your crews with life-saving cardiac care tools that can add confidence and improve patient outcomes.

Mission: Lifeline helps increase prehospital providers’ effectiveness by providing tools and strategies to:

- Further equip and train EMTs and paramedics in the recognition of myocardial infarction (STEMI and non-ST-elevation acute coronary syndrome or NSTE-ACS).
- Provide training and support to acquire and interpret 12-lead electrocardiograms (ECGs).
- Develop protocols to transfer patients with positive ECG results and out-of-hospital cardiac arrest victims to the closest appropriate hospitals.
- Help healthcare providers administer preliminary treatment using the latest guidelines.
- Work with hospital personnel to coordinate future patient transfers and exchange feedback.

In addition, Mission: Lifeline:

- Provides national recognition for EMS agencies that meet high standards of performance.
- Streamlines already efficient systems that accelerate the decision-making process when treating heart attack patients with life-threatening conditions.

Get Started Today

You are eligible to participate no matter where you are located in the U.S.

1. Contact your local American Heart Association QSI Director.
2. Discover how you can gain recognition.
3. Visit the EMS resources page to learn more about protocols and best practices.
4. Join the Mission: Lifeline Network to connect with other participating organizations.
### 2018 MISSION: LIFELINE® EMS RECOGNITION CRITERIA

<table>
<thead>
<tr>
<th>Mission: Lifeline EMS Recognition Achievement Measures</th>
<th>Mission: Lifeline EMS Recognition Reporting Measures (Optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Percentage of patients with non-traumatic chest pain &gt;35 years, treated and transported by EMS who received a pre-hospital 12 Lead ECG (All EMS recognition applicants)</td>
<td>Percentage of patients with non-traumatic chest pain &gt;35 years, treated and transported by EMS who received aspirin either by EMS administration, dispatch instruction or patient self-administered</td>
</tr>
<tr>
<td>2. Percentage of patients treated and transported directly to a STEMI receiving center, with EMS First Medical Contact to device time ≤90 Minutes. (When destination facility = STEMI Receiving Center)</td>
<td>Percentage of patients with suspected stroke for whom EMS provided advance notification to the destination hospitals</td>
</tr>
<tr>
<td>3. Percentage of lytic eligible STEMI patients treated and transported to a STEMI referring hospital for fibrinolytic therapy with a Door-to-Needle time of ≤30 Minutes. (When destination facility = STEMI Referring Center)</td>
<td>Percentage of patients with suspected stroke, evaluated by EMS, who had a documented Last Known Well (LKW) time</td>
</tr>
<tr>
<td>4. Percentage of 12 Lead ECG’s performed on patients in the field with an initial complaint of non-traumatic chest pain, &gt;35 years, within 10 Minutes of EMS First Medical Contact</td>
<td>Percentage of 12 Lead ECGs performed on patients in the field with an initial complaint of Acute Coronary Syndrome (ACS) symptoms</td>
</tr>
<tr>
<td>5. The percentage of hospital notifications or 12 Lead ECG transmissions suggesting/requesting a STEMI alert, that are performed within 10 minutes of the first STEMI positive 12 Lead ECG in the field</td>
<td>Percentage of STEMI patients initially transported to a STEMI Referring Center (non-PCI capable) who were later transported to a STEMI Receiving Center with an EMS First Medical Contact to PCI time ≤120 Minutes</td>
</tr>
<tr>
<td><strong>PLUS Measure (Optional)</strong> - Percentage of adult Out-Of-Hospital Cardiac Arrest (OHCA) patients resuscitated on-scene with sustained ROSC of at least 20 minutes, maintained to arrival at the emergency department, who had a 12 Lead ECG performed</td>
<td></td>
</tr>
</tbody>
</table>

**A New Exclusion has been added for Measure 2 – EMS FMC to PCI. The Extended Travel Time Delay may be utilized as an exclusion when**

1) Time of EMS Arrival to ED – Time of EMS Scene Departure >45 Minutes
2) EMS FMC to PCI > 90 Minutes but ≤120 Minutes
3) EMS FMC to 12 Lead ECG Time < 10 Minutes
4) 1st STEMI positive 12 Lead ECG time to Hospital Notification Time ≤10 Minutes.

**MISSION: LIFELINE EMS Recognition Award Levels:**

- **Bronze** – At least 1 calendar quarter of compliance (>75%) with Mission: Lifeline recognition measures, ≥4 STEMI patients in the calendar year
- **Silver** – Aggregated annual compliance (>75%) with Mission: Lifeline recognition measures, ≥8 STEMI patients in the calendar year
- **Gold** – Aggregated annual compliance (>75%) with Mission: Lifeline recognition measures, for 2 consecutive years, ≥8 STEMI patients in the calendar year and must have achieved a Silver or Gold award in the previous year

**NOTE** – Application Period opens January 1, 2018 and closes April 2, 2018. (The traditional closing date is March 31st, but in 2018, 3/31 falls on a Saturday.)

Updated 2017
The program will empower hospitals, physicians and care teams to reduce blood pressure to a goal of lower than 140/90 mm Hg for each patient to improve health outcomes.

The Target: BP site provides AHA and AMA online tools and resources, including the AHA/ACC/CDC Hypertension Treatment Algorithm to help achieve this goal.

**WHY HAVE THE AHA & AMA CREATED TARGET: BP?**

Target: BP launched in response to a growing body of evidence that shows high blood pressure is a contributing factor to many major health conditions like heart attack, heart failure, stroke, kidney failure and other disease consequences.

One in three American adults – about 80 million people – has high blood pressure and that number is increasing despite the fact high blood pressure can usually be easily treated. By targeting blood pressure early and achieving blood pressure control, the AHA and AMA hope to help prevent progression to other serious threats to heart health.

5 mmHg DROP IN SYSTOLIC BLOOD PRESSURE
9% REDUCTION IN HEART DISEASE MORTALITY
14% REDUCTION IN STROKE MORTALITY
To join this movement to help patients achieve greater blood pressure control, visit heart.org/targetbp.

WHAT CAN HEALTHCARE PROVIDERS EXPECT FROM ENROLLING IN TARGET: BP?

When hospitals, medical practices and physicians opt in to Target: BP, they are committing to improve blood pressure control among their patients using the most current AHA guidelines, aiming for readings of lower than 140/90 mm Hg for each patient.

AHA & AMA will support Target: BP participants in helping their patients reach this goal by:

- **Granting access to easy-to-use tools and resources to share with patients** to help them understand the importance of optimal blood pressure and assist in improving their blood pressure control.

- **Providing access to resources for systems and process changes** at the practice and health system level to optimize blood pressure management.

- **Recognizing practitioners who achieve measurable improvements**, particularly those who achieve 70, 80 or 90 percent blood pressure control of their patient population.

REGISTERING FOR TARGET: BP IS SIMPLE.

Participants will be asked to provide some basic details about their organization and patients through the program’s website. Once enrolled, participants will have access to evidence-based guidelines and tools.

Support this initiative by registering on the Target: BP site - heart.org/targetbp.
Focus on Quality

AS A HEALTHCARE PROFESSIONAL, YOU’RE COMMITTED TO CONTINUOUS QUALITY IMPROVEMENT. WE’RE COMMITTED TO SUPPORTING YOUR EFFORTS.

**GET WITH THE GUIDELINES.**

Our suite of healthcare quality improvement programs helps ensure consistent application of the most recent scientific guidelines for heart disease and stroke treatment at more than 2,000 hospitals nationwide as well as in outpatient settings.

**Mission: Lifeline®**

Mission: Lifeline is a national, community-based initiative improving systems of care for patients with ST-elevation myocardial infarction (STEMI), non-ST-elevation myocardial infarction (NSTEMI), stroke and out-of-hospital cardiac arrest. The program focuses on streamlining processes to speed the delivery of proper treatment for time sensitive cerebro-cardiovascular disease states.

**TARGET: HF**

To date, more than 2 million patient records have been entered into the Get With The Guidelines-Stroke database. Improved patient outcomes attest to a quality impact as impressive as the quantity of lives touched by the program.

**TARGET: STROKE**

This nationwide campaign helps hospitals reduce readmission rates in heart failure patients through the application of content-rich tools, resources, guidelines and best practices provided free of charge by the American Heart Association.

**GET WITH THE GUIDELINES. STROKE**

This inpatient quality program strives to improve outcomes for heart failure patients. Studies showing reductions in 30-day mortality rates attest to progress toward that goal. The program has also demonstrated reductions in recurring events.

**GET WITH THE GUIDELINES. HEART FAILURE**

The goal of this nationwide initiative is to help hospital teams achieve door-to-needle (DTN) times of 60 minutes or less for ischemic stroke patients who receive thrombolytic therapy by providing evidence-based strategies, clinical decision support, measurement tools and other resources.

**GET WITH THE GUIDELINES. RESUSCITATION**

Get With The Guidelines® - Resuscitation puts the expertise of the American Heart Association to work helping hospital teams consistently provide the most up-to-date, evidence-based treatment for in-hospital resuscitation.

**HOSPITAL Accreditation & Certification**

The American Heart Association/American Stroke Association teamed with the Joint Commission to provide Acute Stroke Ready Hospital Certification, Primary Stroke Certification and Comprehensive Stroke Certification to qualifying hospitals. Additionally, the American Heart Association and the American College of Cardiology’s collaboration provides a comprehensive suite of cardiac accreditation programs including Chest Pain, Heart Failure, Afib, Cath Lab, and Cardiovascular Center of Excellence. AHA and ACC also provide Mission: Lifeline accreditation for STEMI (Heart Attack) Referring and Receiving Centers. Use of the Heart-Check mark for certification and accreditation programs allows hospitals to communicate their recognition by the American Heart Association and the American Stroke Association to patients.

**GET WITH THE GUIDELINES. AFIG**

Atrial fibrillation (Afib) affects millions of Americans, often leading to heart-related complications as well as increasing the risk for stroke fivefold. Get With The Guidelines® - Afib is designed to help hospitals align patient treatment with the latest scientific guidelines.

**GET WITH THE GUIDELINES. CAD**

Get With The Guidelines® - CAD tracks AMI process data and supports the Mission: Lifeline STEMI program by striving to decrease the overall time to coronary reperfusion through systems of care implementation and engagement between STEMI Receiving Centers, EMS agencies and STEMI Referral Hospitals.

Visit heart.org QUALITY or call your American Heart Association QI representative to learn more or to request a demonstration.

©2017, American Heart Association
GET WITH THE GUIDELINES® TOUCHING THE LIVES OF MORE THAN 6 MILLION PATIENTS

U.S. healthcare spending levels are higher than those of any other nation, but U.S. quality of care, patient outcomes and value are not. Why the disconnect between spending and results? One reason is the existence of gaps and disparities in treatment of chronic disease such as heart disease and stroke.

ADDRESSING THE CHALLENGE
The American Heart Association/American Stroke Association works to narrow the gaps and disparities by converting scientific research into treatment guidelines, then translating guidelines into clinical processes that take patient population characteristics into account.

These guidelines and processes are the foundation for a hospital-based quality improvement program called Get With The Guidelines®.

PUTTING KNOWLEDGE TO PRACTICE
There are five Get With The Guidelines® modules: Atrial Fibrillation, Heart Failure, Resuscitation, Stroke and a fifth module, Coronary Artery Disease, relaunched in 2017 to support Mission: Lifeline®.

Using online tools to provide patient-specific guidelines and track their adherence, the modules help hospitals follow the most up-to-date, research-based treatment guidelines, reducing gaps and disparities in the delivery of quality care. Studies show that consistent application of these programs can lead to better recoveries and lower risks of ending up back in the hospital.

Examples of how Get With The Guidelines is changing healthcare:

- Get With The Guidelines®-Stroke implemented TARGET: STROKE®, a national quality improvement initiative to help hospitals reduce the time between a stroke patient’s arrival and treatment with the life-saving, clot-busting drug, tPA.
- 4 MILLION PATIENTS have been treated at hospitals that participate in Get With The Guidelines®-Stroke, and more than 150,000 stroke patients have received the life-saving, clot-busting drug, tPA under the program.
- Hospitals enrolled in The Get With The Guidelines®-Heart Failure program have touched more than 1.5 MILLION PATIENTS, demonstrating better processes of care and reduced 30-day readmission rates.

In addition to helping hospitals apply the latest treatment guidelines today, Get With The Guidelines® plays an essential role in developing tomorrow’s guidelines. That’s because each module functions as a registry, tracking and measuring patient treatments and outcomes. The information is collected into vast databases. Access to the data opens the door to new research opportunities. Published findings from scientific studies based on Get With The Guidelines® data are making major contributions to the future of heart disease and stroke care.

Get With The Guidelines® database research has advanced care by:

- Demonstrating the impact of beta blocker therapy in shortening hospital stays, lowering 30-day readmissions and reducing mortality rates among older Medicare patients.
- Identifying the correlation between the lowest post-hospitalization patient follow-up rates and the highest 30-day hospital readmission rates.
- Demonstrating the value of the National Institute of Health’s Stroke Severity Scale in predicting stroke patient outcomes after leaving the hospital.
- Revealing substantial underuse of implantable cardiac defibrillators in female and black patients as compared to white males, which spurred successful Get With The Guidelines® efforts toward eliminating the disparity.

IMPROVEMENTS IN CARE AND IN VALUE

- Hospital participation in Get With The Guidelines® is strongly linked with rapid and lasting improvements in research-based care.
- Improved patient care attributed to Get With The Guidelines® goes far beyond what could be normally expected over time without any intervention.
- Participating hospitals have demonstrated lower 30-day readmission rates. Getting it right the first time and avoiding problems down the road can lower costs and improve value.
- Preventive guidelines on smoking-cessation counseling, cholesterol-lowering medication and hospital-discharge instructions help reduce future healthcare costs in both the inpatient and outpatient setting.

Learn more at Heart.org/Quality.

Get With the Guidelines-Resuscitation (GWTG-R), facilitates the capture, analysis and reporting of data that empowers and supports the implementation of current guidelines, creation and dissemination of knowledge and development of next generation, evidence-based practice for in-hospital resuscitation.

Benefits of GWTG-R:

- Tracks qualifying code and MET events for adult, pediatric, neonate and newly-born populations
- Benchmark your performance with AHA guidelines and over 800 participating hospitals in a risk-adjusted model
- Real time reports
- Hospital award recognition opportunities
- Data collection templates available
- Web-based patient management tool
- Conference opportunities

The Joint Commission requires hospitals to collect data related to processes and resuscitation outcomes. Identifying performance measures and quality improvement processes.

GWTG-Resuscitation provides the tool!

[heart.org/resuscitation](http://heart.org/resuscitation)

Resuscitation Quality Improvement (RQI), is an innovative resuscitation training solution that delivers quarterly training to support the mastery of high-quality CPR skills.

RQI gives healthcare providers the competence and confidence to respond with life-saving care

- Mobile simulation stations placed on nursing units
- Refreshes vital CPR skills in just minutes
- Skills-session modules provide AV coaching on critical components of high-quality CPR
- Allows providers to maintain course completion cards indefinitely
- Data is archived in a learning management system used to track and document individual student performance
- Can be paired with BLS, ACLS & PALS courses
- Significant savings opportunity for hospitals

Learn more at [heart.org/RQI](http://heart.org/RQI)