



# National-Level Quality Programs Research Policy

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Authority: American Heart Association National Quality Research Staff

## Overview

The American Heart Association (AHA) Get With The Guidelines® (GWTG) is a hospital-based quality improvement program designed to close treatment gaps. Our GWTG programs include modules in atrial fibrillation, coronary artery disease, heart failure, resuscitation (adult and pediatric), and stroke. The AHA engages in quality programs such as Implementation Science, Healthcare Certification, Professional Certification and other AHA initiatives with data availability, researchers can develop study questions and submit a proposal to conduct an investigator-led research project.

The AHA collects millions of patient records in our quality programs, creating vast databases for advancing scientific research. Data are collected at the patient level in hospitals participating in AHA Quality Programs. Clinical encounters entered in the database are from U.S. hospitals only. Patient and hospital data are de-identified at an aggregate level. With this vast collection of data, AHA can translate research into potential improved practices, validate and support guidelines, as well as identify novel unique scientific findings to further promote quality improvement.

Using the data that are collected through AHA's national GWTG programs, researchers can develop study questions and submit a proposal to conduct an investigator-led research project.

## Purpose

The purpose of this policy is to provide overview and direction for the use of AHA GWTG National Program Data and Quality Programs Research that is developed into abstracts and manuscripts of sound scientific merit, which are published at conferences and in peer-reviewed journals and may be used to drive the development of AHA Guidelines.

Hospital-Level Data Use and Research guidance can be found at [Hospital-Level Research](#).

## Responsibility

GWTG and quality programs participating hospitals, AHA Quality, Outcomes Research and Analytics Staff, GWTG Volunteer Leadership all have a responsibility and role to ensure this policy is followed.

## Scope

This policy applies to all abstracts, publications, or any public facing material using National-Level GWTG or quality program data. This policy document is in addition to the Science Research Policy and does not overlap or disregard it. This does not include industry funded narratives.

## Policy Statement



The AHA has a responsibility to ensure National-Level Research is of high scientific merit, as it is often used to drive AHA clinical practice guidelines. National-Level Research proposals must be submitted using a standardized process outlined below and approved abstracts and manuscript drafts must be reviewed by AHA National Quality Research staff, the Systems of Care Advisory Group (SOCAG), and AHA Science.

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## I. General Information

### A. Definitions

- **Designated Analytic Center:** A center commissioned by the AHA and/or its volunteer leadership which may perform statistical analysis on Get With The Guidelines® datasets for strategic analyses.
- **Early Career Investigator (ECI):** PhDs and/or MDs who are current residents, fellows in training or have completed training within the last five years, or other doctoral prepared professionals who are early in their career development and have interest in cardiovascular or stroke research.
- **Get With The Guidelines® (GWTG):** Get With The Guidelines® (GWTG) is a hospital-based quality improvement program designed to close treatment gaps. Our Quality Programs include modules in atrial fibrillation, coronary artery disease, heart failure, resuscitation (adult and pediatric), and stroke. The COVID-19 CVD Registry powered by Get With The Guidelines is AHA's newest national quality improvement program and registry.
- **Quality Certification Tool (QCT):** The QCT is a portal used for maintaining compliance with the program requirements, document submission and storage, quality measure data entry and as a general resource for your chosen certification or quality improvement program or initiative.
- **Researcher (Principal Investigator):** The individual responsible for the preparation, conduct, and administration of the research study.
- **Statistical Analysis Plan (SAP):** A document that provides detail on the scope of planned analyses, population and data definitions, and methodology.
- **Systems of Care Advisory Group (SOCAG):** American Heart Association volunteer leadership committees that guide the direction of the quality programs.

### B. Data availability and statistical analytics:

1. Data is available for research from the following GWTG modules:
  - Atrial Fibrillation (AFIB)
  - Coronary Artery Disease (CAD)
  - Heart Failure
  - Stroke
  - Resuscitation (Adult and Pediatric)
2. Analytic channels:
  - **AHA Precision Medicine Platform:** A strategic AHA initiative that is a cloud-based analytic workspace with access to datasets and is comprised of common tools and software used for statistical analysis.
    - Approved statistical analyses can be performed on the Precision Medicine Platform by the researcher's Biostatistical Team, by the AHA Data Science Team, or a combination of the two teams.
  - **AHA Data Science Team:** May be contracted to provide full-service analytic support or consultation services for approved statistical analyses. Statisticians who contribute substantively to the project's design, analysis, or interpretation of data will be included in the authorship block in accordance with authorship criteria.

- **Researcher's Institution/Biostatistical Team:** Although restricted to particular modules or situations, certain institutions may be granted permission for a copy of a limited or deidentified dataset to be delivered for statistical analysis to be performed. Facilities must meet AHA data security standards prior to receiving a data extract. If a facility does not meet the requisite security standards, the investigator will need to conduct the analysis on the Precision Medicine Platform or contract with AHA's Data Science Team or approved analytic providers.
- **Analytic Partners:** The AHA partners with Designated Analytic Centers which may perform statistical analysis on GWTG datasets for strategic analyses commissioned by the Association and its volunteer leadership. Individual investigators may be able to request and contract for these services on an *ad hoc* basis, if the investigator is unable to complete the analysis through one of the above means.
  - Analyses are delivered to researchers as charts and graphs.

## C. Project funding

1. AHA provides funding for a limited number of commissioned strategic analyses, including Early Career Investigator Awards, each year. Funded proposals are competitively reviewed and commissioned through AHA's volunteer leadership committee (see [Proposal Submission, Review, and Approval](#)).
2. External funding via the investigator, which may include grants, awards, industry, or institutional funds, are accepted on a limited basis. AHA will have final determination on which external funding sources are acceptable.
3. Government and foundation-funded grants require additional review time. Investigators may want to include analyses of AHA's datasets in a research grant proposal.
  - Proposals for federal funding must be submitted 6 months prior to the grant due date.
  - Proposals for other foundation funding must be submitted 3 months prior to the due date.

# II. Proposal Submission, Review, and Approval

## A. Submitting a proposal

1. Visit the following websites for up-to-date information and submission deadlines:
  - Atrial Fibrillation, Coronary Artery Disease, Heart Failure, and Stroke: [National-Level Research Publications](#)
  - Resuscitation: [GWTG-Resuscitation Research](#)
  - Early Career Investigators (ECI) : [Research Opportunities](#)
    - Note: Only original proposals (not resubmissions) are eligible for the ECI Award.
2. Developing a proposal:
  - Review the data elements collected for the applicable GWTG module (e.g. Case Report Form) to ensure the outcome of interest is collected. See [GWTG Registry Documentation](#).

- Review the [GWTG Publications](#) database and [PubMed.gov](#) to avoid overlap with any existing publications.
- 3. Fill out the research proposal form completely, including sample tables and/or charts for the study.
- 4. Submit the completed research proposal form into Proposal Central.
- 5. Atrial Fibrillation, Coronary Artery Disease COVID-19 CVD, Heart Failure, Resuscitation and Stroke: Submit the [Proposal Central application online](#). Also see [Quality Improvement Research Proposals](#).
  - Limitations and project scope:
    - A lead author may have a total of 2 active projects across all the modules; additional proposals will not be accepted. Manuscripts submitted to journal are not considered an active project.
    - Resuscitation: If the lead author has not complied with the data destruction policy for previous projects, additional proposals will not be accepted until the requirements have been fulfilled.
    - Only one manuscript may be produced per approved proposal. If the scope of a proposal is too broad for a single manuscript, an additional proposal can be submitted for approval.
- 6. International investigators
  - Investigators without United States citizenship can submit proposals to conduct analyses on the AHA Precision Medicine Platform or for AHA-commissioned strategic analyses, including Early Career Investigator Awards.
  - After the proposal is approved, investigators will need to complete the international due diligence questionnaire (IDDQ) process.
  - Up to 10% of total AHA-funded analyses will be awarded to international investigators in the primary investigator role.

## B. Proposal review

1. Proposals are reviewed by expert clinical volunteer groups specific to each module.
2. **Review Criteria:** Proposals are reviewed for feasibility, overlap with other approved proposals or existing publications, scientific merit, novel contribution to scientific literature, strength of the analysis plan, and alignment with the AHA mission.
3. **Decisions:** AHA staff will notify the lead author of the committee's decision to approve, request revisions or decline.
4. Approved proposals are considered final; projects are limited within the approved scope. Requests for additional analyses or expanded scope must be reviewed and approved.
5. Proposals that are revised may only be resubmitted for up to 2 more standard review cycles.
6. Declined ECI Award proposals, if feasible, can be revised and may be resubmitted for up to 2 more standard review cycles.

## III. Project Development for Approved Proposals

Once a research proposal is approved, AHA staff notifies the investigator of the approval, project timelines, requirements, and next steps. All proposals will have a GWTG volunteer from the Advisory Group, who will act as a mentor throughout the project.

Investigators of approved proposals should request appropriate checklists from AHA staff.

## A. Non-disclosure and data use agreements

1. Non-disclosure, Data Use, and or Terms of Service agreements are required to access GWTG data and/or utilize statistical output for publication. Usage is limited to the scope of the approved project proposal. Changes to the analysis plan that require additional data usage may require an amended agreement and potential fees.

## B. Data analysis process and requirements

1. Projects with analysis being completed on the **Precision Medicine Platform**:
  - When an investigator-led project is approved to be completed using the Precision Medicine Platform, investigators must indicate whether their institution's statisticians will complete the analysis independently or whether the AHA Data Science Team will be contracted to conduct the analysis.
  - Once a Non-disclosure agreement/data use agreement (NDA DUA) is complete, the lead researcher will receive instructions on how to request a workspace on the Precision Medicine Platform. Once the workspace request has been approved, the AHA will deliver the necessary data directly to the workspace. Then the researcher can begin to use the platform and any authorized datasets for their analysis.
  - For analyses that will be completed by AHA's Data Science Team, a Statistical Analysis Plan (SAP) will be developed based on the approved proposal and delivered to the researcher. Analyses will not begin until the SAP has been approved by the investigators. No additional research questions or analyses will be added once the SAP has been approved.
  - For self-analyses using the Precision Medicine Platform, the AHA and GWTG mentor must approve each of the 4 major deliverables – Statistical Analysis Plan (SAP), Data Analysis Output, Abstract, and Manuscript – before the investigator progresses to the next step in the research process.
  - Completed analyses will align with the approved SAP and be used to develop a manuscript.
  - Access to the Precision Medicine Platform and the AHA dataset will expire in conjunction with the term date of the NDA DUA or once the researcher's manuscript has been published in a journal (authorized purpose for the project), whichever comes first.
  - Once the AHA has confirmed the researcher's project has been published, the AHA will take necessary steps to decommission the researcher's workspace on the Precision Medicine Platform which includes access to the AHA dataset. The researcher should take necessary steps to save any analyses and notebooks prior to decommissioning.
2. Projects with self-analysis at the **investigator's institution**:
  - After the NDA DUA is signed, the specified dataset will be provided directly to the designated data recipient. A copy of limited or deidentified data will be delivered for statistical analysis to be performed at facilities that meet AHA data security standards. The lead researcher and coauthors are responsible for data security and statistical analysis of the data provided.
3. Projects with analysis being completed at an approved **Designated Analytic Center**:

- The Designated Analytic Center will develop the SAP in consultation with project investigators based on the approved proposal to ensure the key questions of the proposal are answered.
- Project investigators must review the SAP carefully to ensure it describes all analyses, outcomes, figures, and tables that will be needed to prepare a high-quality manuscript. Approved SAPs are considered final.
- Once the SAP is approved, additional analytic requests may not be completed until after a review of the manuscript by either coauthors or the journal to ensure limiting scope-creep.
- Additional requests may also need to be reviewed for approval by AHA and the SOCAG. Additional charges may be billed to the investigator for additional analyses.
- After final SAP is approved by the author group, the Designated Analytic Center sends the completed analyses to the lead researcher.

### C. Project Deliverables

1. The Primary Investigator is responsible for meeting project deliverables. These include, but are not limited to:
  - If applicable, responding to the AHA Data Science team regarding ongoing analyses on the PMP.
  - Responding to AHA Staff or volunteer mentor requested project status updates.
  - Maintaining current NDAs/DUAs.
  - Adhering to manuscript deadlines.
2. If the Primary Investigator fails to meet three or more deliverables, the AHA reserves the right to reassign or decommission ongoing projects and decline future projects with the associated investigator for a period of up to two years.

## IV. Conference Abstract and Manuscript Preparation

### A. Authorship guidelines

1. In accordance with the International Committee of Medical Journal Editors (ICMJE) guidelines, authorship credit is based on the following conditions:
2. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data.
3. Drafting or critically revising the content.
4. Final approval of the version to be published.
5. Accountability regarding accuracy or integrity of the content.
6. The order of authorship on the byline should be a joint decision of the coauthors.
7. AHA staff can serve as coauthors if authorship requirements are met.
8. In the event of a disagreement regarding authorship, the Chair of the Systems of Care Advisory Group or Research Task Force will determine authorship, in consultation with AHA scientific staff.
9. Plagiarism will not be tolerated and, if detected, will lead to removal of the author from the GWTG writing process. Sentences should not be cut and pasted from other published works, including works by the author or coauthors, or in prior publications.



## B. Conference abstract process

1. Generation of a conference abstract may be the initial step in development of the analyzed data to answer the approved proposal research questions.
2. It is not required to develop an abstract for potential conference submission and you may go directly to manuscript development.
3. All coauthors must review and approve the abstract draft before submitting to AHA for review.
4. Abstracts must be submitted at least 7 business days before conference deadline for AHA review. AHA approval must be obtained before submitting to conference.
5. Atrial Fibrillation, Coronary Artery Disease, Heart Failure, Stroke and COVID-19 modules
  - Submit the abstract to [QualityResearch@heart.org](mailto:QualityResearch@heart.org).
  - Abstracts are separately reviewed by the Systems of Care Advisory Group and AHA Science.
    - Abstracts going to AHA conferences only need Systems of Care Advisory Group approval.
  - AHA staff will send the committee's decision and feedback to the primary author.
6. Resuscitation:
  - Submit the abstract to [GWTGResuscitationResearch@heart.org](mailto:GWTGResuscitationResearch@heart.org).
  - Abstracts are separately reviewed by the Adult/Pediatric Research Task Forces and AHA Science.
    - Abstracts going to AHA conferences only need Task Force approval.
  - AHA staff will send the committee's decision and feedback to the primary author.
7. Review feedback should be incorporated into the abstract prior to submission to conference.
8. Notify AHA staff of abstract acceptance.
9. Contact [QualityResearch@heart.org](mailto:QualityResearch@heart.org) to obtain the AHA-approved presentation or poster template for accepted abstracts.
10. Conference posters or presentations must represent the approved abstract and be approved by coauthors, the GWTG mentor, AHA staff, and biostatistician or Designated Analytics Center.
11. Posters/presentations must be submitted for to [QualityResearch@heart.org](mailto:QualityResearch@heart.org) for approval prior to printing or presentation. Review and approval take 14 days. AHA staff will review posters/presentations to ensure consistency with the approved abstract and the appropriate use of AHA trademarks, acronyms, acknowledgement, and disclosures.

## c. Manuscript process and journal submission

1. A manuscript draft should be developed in a timely manner. If the abstract is accepted for presentation at a conference, the manuscript development should still be delivered by deadline and aim for publication during the conference.
2. See the following "Publication Requirements" section for additional manuscript requirements.
3. All coauthors, mentors and analytic provider must review and approve the final manuscript before submitting for AHA review.
4. A final manuscript is submitted to AHA staff to be reviewed by AHA staff, AHA Science and the program's Advisory Group. AHA approval must be obtained before submitting to journal.

5. Manuscript timeline for projects utilizing a **Designated Analytic Center or the AHA Data Science Team on Precision Medicine Platform** (unless otherwise specified in the NDA DUA):
  - Investigators must provide a final draft of the manuscript for AHA review within 6 months of completion/delivery of analysis.
6. Manuscript timeline for **self-analysis project on the Precision Medicine Platform or investigator's institution** (unless otherwise specified in the NDA DUA):
  - Investigators must provide a final draft of the manuscript for AHA review within 12 months of receiving the specified dataset.
7. Deadline extensions are only granted for extenuating circumstances. Investigators should submit the request to AHA staff before the deadline.
8. The manuscript must be submitted to journal within 30 days of AHA approval. Subsequent journal submissions or resubmission should be within 30 days of journal decline and/or updated data.
9. AHA staff should be notified of all journal activity, including declines and acceptances.
10. AHA reserves the right to reassign or decommission projects if deadlines are not met.
11. Coinciding abstracts:
  - Author may submit the AHA-approved abstract to conferences, but the manuscript must still meet deadlines.
  - If the abstract is submitted and accepted to a conference, the goal is to have conference dates coincide with journal publication.

## D. Publication requirements and information

1. The following are required when submitting to journal for publication:
  - **AHA representation:** Includes use of AHA GWTC trademarks, acronyms and use of approved templates.
  - **Acknowledgement statements:** Included in the Methods section for data collection, coordination, and analysis providers.
    - Statement is based on how/where analytics performed:
    - Research letters or other works with smaller word count restrictions can include the acknowledgement statements in a note at the end.
  - **Sponsorship statements:** All manuscripts should include the appropriate standard statement under the Sources of Funding or Funding Support section of the manuscript.
2. Other relevant information
  - Open Access Agreement (OAA): All manuscripts are considered the work of the authors even if an author is employed by AHA or an AHA vendor; thereby the authors retain the copyright.
  - Transparency and Openness Promotion (TOP): AHA data is collected for clinical care and quality improvement, rather than primarily for research, data sharing agreements require an application process for other researchers to access the data.
  - Ethics approval statement: Each participating hospital received either human research approval to enroll patients without individual consent under the Common Rule or a waiver of authorization and exemption from subsequent review by their Institutional Review Board.
  - Institutional Review Board (IRB): Given that the primary purpose of the registry is quality improvement, each participating center either received human research

approval to enroll patients without individual consent under the Common Rule or a waiver of authorization and exemption from subsequent review by their Institutional Review Board.

3. After journal acceptance
  - Immediately notify coauthors and AHA staff of acceptance and provide a copy of the accepted manuscript.
  - AHA staff will request additional information for promotional activities after publication.
  - Final PDF of the publication should be sent to AHA staff after publication.

### **References**

- Clinical and Quality Program Research website [LINK](#)
- GWTG Publications library website [LINK](#)
- GWTG Early Career Investigator Opportunities [LINK](#)
- National-level research website [LINK](#)
- Precision Medicine Platform – <https://precision.heart.org/>

**Contacts:** AHA National Center Quality Research Staff

4. Email: [QualityResearch@heart.org](mailto:QualityResearch@heart.org)

## **V. Appendix**

### **Precision Medicine Platform**

The American Heart Association created a new model for bringing together science and technology to drive breakthroughs in cardiovascular and brain health and disease.

**Accelerate Precision Medicine with [AHA's Precision Medicine Platform](#)**

#### **Overview**

The PMP is a secure HIPAA compliant and FedRAMP certified cloud-based ecosystem that facilitates data sharing, collaboration, and power computing. The PMP workspace is an interactive AWS cloud environment comprised of common tools and software used in biomedical analyses that enables users to easily store data, collaborate, and perform analyses while also having access to elastic power compute resources on demand.

- Learn more about the Precision Medicine Platform [here](#)
- Explore the capabilities of Precision Medicine Platform workspaces [here](#)

#### **Collaboration**

The platform facilitates collaboration and reproducibility by enabling users to share workspaces and conduct analyses in a private, secure cloud environment. Users can also collaborate through traditional development methods such as github.



Collaboration is made easy with the PMP because all data and analyses reside in a secure workspace for which only the participant/team representative has access, unless the participant/team representative chooses to collaborate with colleagues and share the workspace on the PMP workspace portal.

### Power Compute In the PMP

There are multiple ways to take advantage of power compute in the Precision Medicine Platform, namely:

- **EMR, Automatic Scaling through Spark**
  - Analyses that use spark-based packages or software can leverage the EMR workspace auto-scaling cluster architecture to optimize performance
- **Elastic, High-Performance Computing**
  - Analyses that need to optimize software through traditional parallel computing methods can leverage the EC2, GPU and CPU architecture options

Default workspace architectures are designed to fit the needs of most users, however architecture sizes can be increased and customized as needed. To increase compute resources in a workspace or get assistance with power computing on the PMP, please [contact us](#).

### Terms of Use

Any inventions, intellectual property, or patents resulting from this funding are governed by the [AHA Patent, Intellectual Property and Technology Transfer Policy](#).

### Modification History:

Revision Number	Description of Modification	Who	Date of Revision
1	Added international research language.	K Thomas/S Tai	9/6/2022
2	Updated internal research language.	K Thomas/B Friesenhahn/S Tai	10/11/2023
3	Included Quality Programs.	K Thomas/A Goucher	8/26/2024
4	B2: AHA Data Science Team Authorship	A. Goucher/B Friesenhahn	5/15/25
5	Updated web links throughout policy doc and eliminated COVID-19 CVD as a proposal opportunity	B Friesenhahn	9/8/25