Mission: Lifeline and GWTG-CAD
(Coronary Artery Disease)
I have no actual or potential conflict of interest in relation to this presentation
Mission: Lifeline System of Care

**Onset of symptoms of STEMI**

- Call 9-1-1 FAST

**9-1-1 EMS dispatch**

- Encourage 12-lead ECGs
- Consider prehospital fibrinolytic if capable and EMS-to-needle within 30 min

**EMS on-scene**

**EMS Triage Plan**

- Emergency medical services (EMS) dispatch
- EMS on-scene
- EMS transport

**Patient**

- 5 min after symptom onset

**Dispatch**

- 1 min

**EMS on scene**

- Within 8 min

**EMS transport**

- Prehospital fibrinolysis: EMS-to-needle within 30 min
- EMS-to-balloon within 90 min

**STEMI-referral hospital** (non PCI-capable)

- Inter-hospital transfer

**STEMI-receiving hospital** (PCI-capable)

**EMS transport**

- EMS-to-balloon within 90 min

**Total ischaemic time:** Within 120 min*

* Golden Hour = First 60 minutes
Typical Rural Response

- Response
- Patient Location
- First Medical Contact
- On Scene Treatment
- Transport

- 1st ECG
- STEMI Identified
- Provider Response
- Transfer Initiated
- Initial Treatment
- Cath Lab Activation

911

Arrival at Referring Hospital

• Transfer Team Response (Air or Ground)

Transfer to PCI

• Cath Lab Team Response

Arrival at PCI Center

Primary PCI

Goal: Less Than 120 minutes
Mission: Lifeline Rural Response

- Response
- Patient Location
- First Medical Contact
- On Scene Treatment
- Transport

Transfer Team Response (Air or Ground)

911

- 1st ECG
- STEMI Identified
- Physician Response
- Transfer Initiated
- Initial Treatment
- Cath Lab Activation

Goal: Less Than 120 minutes

Transfer to PCI

Arrival at Referring Hospital

Arrival at PCI Center

Primary PCI

Cath Lab Team Response
30% of STEMI patients receive no reperfusion therapy despite availability, and the absence of contraindications

< 50% of patients treated with fibrinolytics have a door to needle time within 30 minutes

Only 35% of patients treated with PCI have a door-to-balloon time within 90 minutes
* 20% of STEMI patients have contraindications to fibrinolytic therapy, but 70% of those do not receive reperfusion with PCI

* EMS activation of the cardiac cath lab speeds the time to diagnosis and reperfusion therapy, but, 50-75% of patients drive themselves or are transported by family or friends to the hospital
The Patient and Family:
* Recognizing the signs and symptoms of a cardiac emergency
* Participate in community based cardiac education
* Need to use 911 and EMS

STEMI Referring Hospital:
* Receive 12 lead ECG
* Provider notification and interpretation
* Local STEMI Treatment Team activation
* Implement early STEMI treatment
* Forwarding prehospital 12-lead ECG
* Timely arrangements for transfer to interventional care
* Feedback

Community EMS:
* Timely response, assessment, care and deployment of 12-lead ECG technology during a cardiac emergency
* Initiate prehospital care and prepare for transport to a receiving facility
* Acquisition of 12 lead ECG
* Downstream care activation

STEMI Receiving Hospital (PCI):
* Support referral facilities
* Receive 12 lead ECG from referral facility or EMS
* Provide consultation
* Interventional care
* Capturing STEMI data and reporting
* Feedback
The KEYS to any system of care

* Identification and notification prior to arrival
* Activation of downstream care teams
* Practice and drill
* Education
* Plan and discuss as a team before – not at the time of the call
* Have a Plan A, Plan B, Plan C…
* Guidelines – use and educate the next generation
* Outreach
* FEEDBACK!
Can’t do any of these things without data!

* Feedback
* Measures
* Benchmarks
* Comparisons
* Planning
Data Collection and Reporting

Get with the Guidelines Coronary Artery Disease (GWTG-CAD)

* Launched April 2017
* 409 hospital participating nationally
* Real-time reporting = regular feedback
* Only way to participate in Mission: Lifeline

BEFORE THE DOOR
Community Page

Get Started!
- AtrialFib
- CAD
- Heart Failure
- Resuscitation
- Stroke

Trainings
- Advanced Reporting: Learn more about using measures interface features such as filters, display options, and exporting your reports to PDF and Excel.
- Downloading: Learn how to quickly access your data in a spreadsheet format
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- Uploader 2.0: Step-by-step instructions on the file creation and upload processes
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My Hospital

<table>
<thead>
<tr>
<th>Condition</th>
<th>Start Date</th>
<th>AHA Baseline Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AtrialFib</td>
<td>09/16/2016</td>
<td>N/A</td>
</tr>
<tr>
<td>CAD</td>
<td>03/30/2017</td>
<td>11/04/2017</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>08/09/2016</td>
<td>N/A</td>
</tr>
<tr>
<td>Resuscitation</td>
<td>11/03/2015</td>
<td>N/A</td>
</tr>
<tr>
<td>Stroke</td>
<td>08/17/2015</td>
<td>N/A</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>

Snapshot

<table>
<thead>
<tr>
<th></th>
<th># of Hospitals</th>
<th># of Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>AtrialFib</td>
<td>192</td>
<td>53882</td>
</tr>
<tr>
<td>CAD</td>
<td>402</td>
<td>48061</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>1196</td>
<td>1634296</td>
</tr>
<tr>
<td>Resuscitation - Patients</td>
<td>886</td>
<td>930756</td>
</tr>
<tr>
<td>Resuscitation - CPA</td>
<td></td>
<td>420881</td>
</tr>
<tr>
<td>Resuscitation - ARC</td>
<td></td>
<td>61451</td>
</tr>
<tr>
<td>Resuscitation - MET</td>
<td></td>
<td>644598</td>
</tr>
<tr>
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<td></td>
<td>1962</td>
</tr>
<tr>
<td>Stroke</td>
<td>2927</td>
<td>5020309</td>
</tr>
</tbody>
</table>

Local Get With The Guidelines® Contact
- SouthWest Affiliate
- Vice President: Stephanie Chapman
- Email: stephanie.chapman@heart.org

My Reports
- Heart Failure Data Quality Report
- Stroke Insights Data Quality Report
- Stroke Mortality Report
- Resuscitation Data Completeness Report
- Get With The Guidelines-Resuscitation Risk Adjusted Survival to Discharge Report
### Non-system reason for delay?
- Difficult vascular access
- Patient delays in providing consent
- Other
- Cardiac arrest and/or need for intubation
- Difficulty crossing the culprit lesion
- None

### Reasons for not performing PCI
- Non-compressible vascular puncture(s)
- Active bleeding on arrival or within 24 hours
- Quality of life decision
- Anatomy not suitable to primary PCI
- Spontaneous reperfusion (documented by cath only)
- Patient/family refusal
- DNR at time of treatment decision
- Prior allergic reaction to IV contrast
- Other
- Not performed
- No reason documented
- Thrombolytic Administered

### Reasons for not administering lytics
- Known bleeding diathesis
- Ischemic stroke w/in 3 months except acute ischemic stroke w/in 3hrs
- Recent bleeding within 4 weeks
- Any prior intracranial hemorrhage
- Suspected aortic dissection
- Prior allergic reaction to thrombolytics
- Recent surgery/trauma
- Significant close head or facial trauma within previous 3 months
- Active peptic ulcer
- Pregnancy
- Intracranial neoplasm, AV malformation, or aneurysm
- Other
- Severe uncontrolled hypertension
- DNR at time of treatment decision
- Traumatic CPR that precludes thrombolytics
- Expected DTB < 90 minutes
- No reason documented

### Hospitalization

<table>
<thead>
<tr>
<th>LVF Assessment</th>
<th>Obtained:</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

| CABG During This Admission: | Yes | No |

| LDL Cholesterol Value: | mg/dl | ND |

### Please indicate the current status of the form:
- Complete
- Incomplete
<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Population</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary PCI &lt;= 90 minutes</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>Mission: Lifeline First Medical Contact to Primary PCI &lt;= 90 minutes</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>ECG within 10 minutes of Arrival</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>Arrival to Thrombolytics within 30 minutes</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>Arrival to Transfer to PCI Center within 45 minutes (Door In Door Out)</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>Aspirin at Arrival</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>Aspirin at Discharge</td>
<td>Excluded</td>
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</tr>
<tr>
<td>Beta-Blocker at Discharge</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>Statin at Discharge</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>ACE-Inhibitor or Angiotensin Receptor Blocker (ARB) for LVSD at Discharge</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>Adult Smoking Cessation Advice</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>Arrival at First Facility to Primary PCI &lt;= 120 minutes (Plus Measure)</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>NSTE-ACS: Cardiac Rehabilitation Patient Referral From an Inpatient Setting</td>
<td>Excluded</td>
<td>Patient is excluded from the measure based on the data provided.</td>
</tr>
<tr>
<td>NSTE-ACS: ACE Inhibitor or ARB Prescribed at Discharge</td>
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<tr>
<td>NSTE-ACS: Dual Antiplatelet Therapy Prescribed at Discharge</td>
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<tr>
<td>NSTE-ACS: Evaluation of LV Systolic Function</td>
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<td>NSTE-ACS: Adult Smoking Cessation Advice/Counseling</td>
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</table>
The following **critical errors** will prevent saving the form unless corrected:

**Patient ID:**
- Patient ID is required; please enter a value.
- Null Patient ID

The following **errors** will prevent saving the form as complete:

**Date of Birth:**
- Please enter a value for Date of Birth.
- QCAD01

**Gender:**
- Please enter a value for Gender.
- QCAD02

**Arrival Date/Time:**
- Please enter a value for Arrival Date/Time.
- QCAD40

**Admission Date:**
- Please enter a value for Admission Date.
- QCAD12

**Race:**
- Please enter a value for Race.
- QCAD03

**Hispanic Ethnicity:**
- Please enter a value for Hispanic Ethnicity.
- QCAD06

**Cardiac Diagnosis:**
- Please enter a value for Cardiac Diagnosis.
- QCAD08

**Means of transport to first facility:**
- Please enter a value for Means of transport to first facility.
- QCAD09

**Transferred from other facility:**
- Please enter a value for Transferred from other ED.
- QCAD10
Community Page

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Last updated 02/05/2018 at 04:00

Local Get With The Guidelines® Contact

SouthWest Affiliate
Vice President: Stephanie Chapman
Email: stephanie.chapman@heart.org

My Reports
- Heart Failure Data Quality Report
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- Resuscitation Data Completeness Report
- Get With The Guidelines-Resuscitation Risk Adjusted Survival to Discharge Report

This system and all materials herein are confidential and are the property of Quintiles or the American Heart Association/American Stroke Association, separately agreed between them.
Reports User Manual

Data Management

Audit Reports
 Provides an audit trail for all form data.

Site-Level Reports

Configurable Measure Reports
 Build your own Quality Measure Reports

Pre-Defined Measure Reports
 Select from the Most Common Measure Reports or run your previously saved report types.

PMT Patient List
 Provides a list of patient records entered for this study.
### Configureable Measure Reports

**Generate Report**

#### TIME PERIOD
- **Interval:** Monthly, Aggregate
- **From:** 2017, Oct
- **To:** 2017, Dec

#### REPORT 1
- **CAD Measures:** Select Measure
- **NSTEMI Measures:** Select Measure
- **Format:**

**Compare to:**
- My Hospital
- 101 - 300 MI Discharges
- 200 - 299 Beds
- 24 Hour PCI Capable Centers
- Academic Hospitals
- All Hospitals
- All TX Hospitals
- Critical Access Hospitals
- MI Accredited Hospitals
- STEMI Receiving Centers
- Southwest Region Hospitals
- West South Central Hospitals

**Select Measure**

**Add Another Report**

#### FILTER OPTIONS

#### DISPLAY OPTIONS

**Generate Report**

### SAVE THE REPORT OPTIONS (OPTIONAL)

Save Measure, Format, Benchmarking, Filter, and Display Option selections for future use.

**Save As:**

**Save Report Options**

**Note:** In order to access previously saved report options, click on the Pre-Defined Reports link under the Reports tab.
Primary PCI <= 90 minutes

Percentage of direct admit (non-transfer) STEMI patients who received primary PCI within <= 90 minutes of arrival at the Receiving Center (door-to-device time). For admissions with STEMI diagnosed on subsequent ECG, arrival date/time is set to 0 and Arrival to Primary PCI is set to Subsequent ECG time to Primary PCI.

Time Period: 01/2017 - 12/2017

<table>
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<tr>
<th>Benchmark Group</th>
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<th>Numerator</th>
<th>Denominator</th>
<th>Exception</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Hospital</td>
<td>2017</td>
<td>18</td>
<td>18</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td>All IA Hospitals</td>
<td>2017</td>
<td>257</td>
<td>270</td>
<td>10</td>
<td>95.2%</td>
</tr>
</tbody>
</table>
Mission: Lifeline First Medical Contact to Primary PCI <=90 minutes

Percentage of STEMI patients who received a primary PCI within <=90 minutes from first medical contact prior to arrival at the Receiving Center (arrival via EMS/Ambulance only)

Time Period: 01/2017 - 12/2017

<table>
<thead>
<tr>
<th>Mission: Lifeline First Medical Contact to Primary PCI &lt;=90 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark Group</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>My Hospital</td>
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<tr>
<td>All IA Hospitals</td>
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Primary PCI <=90 minutes

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<tr>
<td>My Hospital</td>
<td>2017</td>
<td>18</td>
<td>18</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td>200 - 299 Beds</td>
<td>2017</td>
<td>241</td>
<td>255</td>
<td>19</td>
<td>94.5%</td>
</tr>
<tr>
<td>All IA Hospitals</td>
<td>2017</td>
<td>257</td>
<td>270</td>
<td>10</td>
<td>95.2%</td>
</tr>
<tr>
<td>Midwest Region Hospitals</td>
<td>2017</td>
<td>772</td>
<td>817</td>
<td>46</td>
<td>94.5%</td>
</tr>
</tbody>
</table>
### Configurable Measure Reports

#### TIME PERIOD

<table>
<thead>
<tr>
<th>Interval:</th>
<th>Monthly □</th>
<th>Aggregate □</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>2017 □</td>
<td>Jan □</td>
</tr>
<tr>
<td>To:</td>
<td>2017 □</td>
<td>Dec □</td>
</tr>
</tbody>
</table>

#### REPORT 1

<table>
<thead>
<tr>
<th>CAD Measures:</th>
<th>Percentage of direct admit (non-transfer) STEMI patients who received primary PCI within ≤90 minutes of arrival at the Receiving Center (door-to-device time). For admissions with STEMI diagnosed on subsequent ECG, arrival date/time is set to 0 and Arrival to Primary PCI is set to Subsequent ECG time to Primary PCI.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary PCI ≤90 minutes</td>
<td>□</td>
</tr>
<tr>
<td>NSTEMI Measures:</td>
<td>Select Measure</td>
</tr>
<tr>
<td>Format:</td>
<td>Bar Chart □</td>
</tr>
</tbody>
</table>
| Compare to:            | My Hospital  
101 - 300 MI Discharges  
200 - 299 Beds  
24 Hour PCI Capable Centers  
Academic Hospitals  
All Hospitals  
All TX Hospitals  
Critical Access Hospitals  
MI Accredited Hospitals  
STEMI Receiving Centers  
South Region Hospitals  
West South Central Hospitals |
<table>
<thead>
<tr>
<th>Hispanic Ethnicity</th>
<th>Yes</th>
<th>No</th>
<th>UTD</th>
<th>Compare selections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arrival Mode</td>
<td>Air</td>
<td>Ambulance</td>
<td>Walk-in</td>
<td>Compare selections</td>
</tr>
<tr>
<td>Discharge Status</td>
<td>1 - Home</td>
<td>2 - Hospice-Home</td>
<td>3 - Hospice-Healthcare Facility</td>
<td>4 - Acute Care Facility</td>
</tr>
<tr>
<td>Physician</td>
<td>ADLER, DAVID - 1477634923</td>
<td>BATES, ERIC - 161955266</td>
<td>BISOGNANO, JOHN - 1992747752</td>
<td>CAHN, MICHAEL - 105345429</td>
</tr>
<tr>
<td>EMS Agency name/number</td>
<td>407</td>
<td>427</td>
<td>497</td>
<td>Detroit Fire Department</td>
</tr>
<tr>
<td>Transferred from other facility</td>
<td>Yes</td>
<td>No</td>
<td>Compare selections</td>
<td></td>
</tr>
<tr>
<td>Mode of transport from outside facility</td>
<td>Air</td>
<td>Ambulance</td>
<td>Compare selections</td>
<td></td>
</tr>
<tr>
<td>Patient first evaluated</td>
<td>ED</td>
<td>Cath Lab</td>
<td>Other</td>
<td>Compare selections</td>
</tr>
<tr>
<td>Reperfusion Candidate</td>
<td>Yes</td>
<td>No</td>
<td>Compare selections</td>
<td></td>
</tr>
<tr>
<td>Lytics</td>
<td>Yes</td>
<td>No</td>
<td>Compare selections</td>
<td></td>
</tr>
<tr>
<td>Non-system reason for delay</td>
<td>Yes</td>
<td>No</td>
<td>Compare selections</td>
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<td>Yes</td>
<td>No</td>
<td>Compare selections</td>
<td></td>
</tr>
<tr>
<td>PCI Indication</td>
<td>Primary PCI for STEMI</td>
<td>PCI for STEMI (unstable, &gt;12 hr from sx onset)</td>
<td>PCI for STEMI (stable, &gt;12 hr from sx onset)</td>
<td>PCI for STEMI (stable after successful full-dose lytic)</td>
</tr>
</tbody>
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Primary PCI <= 90 minutes

Percentage of direct admit (non-transfer) STEMI patients who received primary PCI within <=90 minutes of arrival at the Receiving Center (door-to-device time). For admissions with STEMI diagnosed on subsequent ECG, arrival date/time is set to 0 and Arrival to Primary PCI is set to Subsequent ECG time to Primary PCI.

Time Period: 01/2017 - 12/2017

EMS Agency name/number: [Redacted]

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<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Hospital: 2</td>
<td>2017</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>100.0%</td>
</tr>
<tr>
<td>My Hospital: 2780200</td>
<td>2017</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>100.0%</td>
</tr>
<tr>
<td>My Hospital: 78004</td>
<td>2017</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
The image shows a page from a report template. The page is titled "TIME PERIOD" and includes a table with options for selecting a time period (e.g., select dates to include in your report). Below the table, there are sections for "REPORT 1" and "FILTER OPTIONS" with dropdown menus for selecting measures and options to compare to other hospitals.

A red arrow points to the option "Patient Records" under the "Format" column. The page also includes instructions for generating a report and saving report options.
# Patient Records Report for measure Mission: Lifeline First Medical Contact to Primary PCI ≤ 90 minutes

Percentage of STEMI patients who received a primary PCI within ≤90 minutes from first medical contact prior to arrival at the Receiving Center (arrival via EMS/Ambulance only)

**Time Period:** Oct 2017 - Dec 2017  
**Site:**  
**Patients Included:** 2  |  **Patients Excluded:** 40  
**Patients in Numerator:** 2  |  **In Numerator:** 100.0%  |  **Patients in Exceptions:** 1

## Show filters
This report shows all records. 42 of 42

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Included in Results?</th>
<th>In Numerator?</th>
<th>Exception?</th>
<th>Date of Birth</th>
<th>Arrival Date/Time</th>
<th>Means of transport to first facility</th>
<th>EMS First Medical Contact</th>
<th>Transferred from other facility</th>
<th>STEMI or STEMI Equivalent?</th>
<th>STEMI or STEMI equivalent first noted</th>
<th>Thrombolytics</th>
<th>Thrombolytics Dose Start Date/Time</th>
<th>Non-system reason for delay</th>
<th>PCI Indication</th>
<th>First PCI Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>010</td>
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<td></td>
<td>03/06/1946</td>
<td>10/22/2017 17:50</td>
<td>Walk-in</td>
<td>Ambulance</td>
<td>10/22/2017 17:33</td>
<td>No</td>
<td>Yes</td>
<td>First ECG</td>
<td>No</td>
<td>None</td>
<td>Primary PCI for STEMI</td>
<td>10/22/2017 18:25</td>
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<tr>
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<td>Difficult vascular access</td>
<td>Primary PCI for STEMI</td>
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<td>PCI for NSTE MI</td>
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<td>Primary PCI for STEMI</td>
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<td>None</td>
<td>Primary PCI for STEMI</td>
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<td>10/15/2017 21:20</td>
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<td>No</td>
<td>No</td>
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<td>No</td>
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<tr>
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<td>05/25/1957</td>
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<tr>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

32
Filter Options

Display Options

Save the Report Options (Optional)
Save Measure, Format, Benchmarking, Filter, and Display Option selections for future use.

Save As:

Save Report Options

Note: In order to access previously saved report options, click on the Pre-Defined Reports link under the Reports tab.

Reports User Manual

Data Management

Audit Reports
Provides an audit trail for all form data.

Site-Level Reports

Configurable Measure Reports
Build your own Quality Measure Reports

Pre-Defined Measure Reports
Select from the Most Common Measure Reports or run your previously saved report types.

PMT Patient List
Provides a list of patient records entered for this study.
### Pre-Defined Measure Reports

### Run Reports with Previously-Saved Report Options

#### STEP ONE: SELECT TIME PERIOD

<table>
<thead>
<tr>
<th>Interval:</th>
<th>Monthly ▼</th>
</tr>
</thead>
<tbody>
<tr>
<td>From:</td>
<td>2017 ▼ Oct ▼</td>
</tr>
<tr>
<td>To:</td>
<td>2017 ▼ Dec ▼</td>
</tr>
</tbody>
</table>

#### STEP TWO: CLICK ON DESIRED REPORT

<table>
<thead>
<tr>
<th>Report</th>
<th>(Show Details)</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>GWTG-CAD 2017</td>
<td>▼</td>
<td></td>
</tr>
<tr>
<td>2017QTR3</td>
<td>(Show Details)</td>
<td>▼</td>
</tr>
</tbody>
</table>
Why GWTG-CAD

* AHA Quality Improvement and Systems Implementation staff support – Over 120 local staff plus additional national staff
* Mission: Lifeline recognition analysis
* New Mission: Lifeline reporting measure analysis supporting and closing gaps in regional STEMI systems implementation
* Providing robust, Real-Time Mission: Lifeline Regional data/reports supporting regional STEMI systems implementation and optimization
* Providing robust Mission: Lifeline Real-Time hospital level measure adherence and feedback
* Access to extremely user friendly and intuitive feedback reports for EMS and Referring Hospitals
* Being an approved data source for Mission: Lifeline STEMI Accreditation
* Providing patient level drill down capability for all Mission: Lifeline measures, including EMS FMC to PCI
* Offering low cost Super-User access for regional and/or state level surveillance with full data export for even further systems data analytics
* Providing professional education specific to Mission: Lifeline and Systems of Care
* Increased engagement opportunities for STEMI Referring Hospitals and local EMS Agencies
* Providing cost effective solution for critical access hospital participation in Mission: Lifeline (as low as $500)
Mission: Lifeline Participation

Mission: Lifeline Receiving
Measure Data

Mission: Lifeline Referring
Measure Data

Mission: Lifeline Recognition
Bronze Award
At least 1 calendar quarter of compliance (>75%) with Mission: Lifeline recognition measures, >4 STEMI patients in the calendar year

Silver Award
Aggregated annual compliance (>75%) with Mission: Lifeline recognition measures, >8 STEMI patients in the calendar year

Gold Award
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
Updates coming soon

* Regional Reports
* Updated Platform – IRB
* New Measures
Regional Reporting in GWTG-CAD
GWTG-CAD IRP Platform - Benefits

* More/New User Roles
  * AHA Staff User Roles
  * Individual Hospital User Roles
  * Third Party Abstractor Roles
  * (Corporate) Hospital System Roles

* Increased Interactive Functionality

* Enhanced User Functionality

* Updated Look and Feel
  * Enhanced Community Page
  * Customizable Case Grid (up to 25 available fields)
Sample Preview

Community Page

Quick access to New Patient, Case Grid, Reports, and Resources per registry

User customization of tab display

Access to Resources, Training, and Reports
GWTG-CAD IRP Platform - Benefits

- Updated Measure Reports Views and Functionality
  - Fully customizable and ad hoc reporting technologies

- Updated graphical displays of measure calculations

- Easy access to case drill details

- Patient level measure view

- Regional Report Platform

- Super User Platform
New Measures:

Mission: Lifeline Receiving Center Reporting Measure 1
* % of transfer in for PCI patients with 12 Lead ECG acquired within 10 minutes of Arrival at the STEMI Referring hospital(s)

Mission: Lifeline Receiving Center Reporting Measure 2
* % of transfer in for PCI patients with Arrival to STEMI Referring hospital(s) to Transfer Out for PCI within 45 minutes (Door In-Door Out)

Mission: Lifeline Receiving Center Reporting Measure 3
* % of STEMI patients for whom Cath Lab Activation occurred prior to EMS arrival, when EMS provided pre-hospital notification
Mission: Lifeline Receiving Center Reporting Measure 4
* % 12 Lead ECG within 10 minutes of Arrival at the STEMI Receiving Center

Mission: Lifeline Receiving Center Reporting Measure 5
* % ED Length of stay <30 minutes

Mission: Lifeline Receiving Center Reporting Measure 6
* % Cardiac Rehabilitation Patient Referral from an Inpatient Setting
Thank you

Questions?

Gary W. Myers, MS
Sr. Director - Quality & Systems Improvement
EMS Consultant for Midwest Affiliate

American Heart Association, Midwest Affiliate
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Sioux Falls, SD 57109-0545
(605) 215-1551
gary.myers@heart.org
Live Demo
(as time allows)