

GWTG-CAD and *Mission: Lifeline*[®]

Christine Rutan, CPHQ
Director, Quality and Health IT

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GWTG-CAD and Mission: Lifeline[®] Evolution

GWTG-CAD

GWTG-CAD was the AHA's premier AMI registry from 2001-2010.

The nearly 600 hospitals who used GWTG-CAD found great value in the real-time reports, comparative regional benchmarks and analytic features the Patient Management Tool Provided.

In 2008 GWTG-CAD and ACTION Registry announced their intention to join together as the largest single registry for improving outcomes in AMI and ACS patients.

By 2010, GWTG-CAD sites were transitioned to ACTION Registry-GWTG supported on NCDR platform.

Mission: Lifeline

In 2007, the AHA launched Mission: Lifeline to improve heart attack systems of care.

In 2011 AHA announced ACTION Registry-GWTG as the data source for Mission: Lifeline Reports.

Hospital recognition was offered in 2010 and EMS recognition in 2014.

Looking Forward

On April 7, 2017 the AHA announced the relaunch of GWTG-CAD.

GWTG-CAD is the primary data source for Mission: Lifeline participation.

Future iterations will offer additional data collection and reporting options.

AHA could not be happier to bring this valuable tool back to sites and know the real time nature of the reports coupled with our field team will serve our hospitals and their patients well.

AHA STAFF IS Mission: Lifeline's #1 Resource

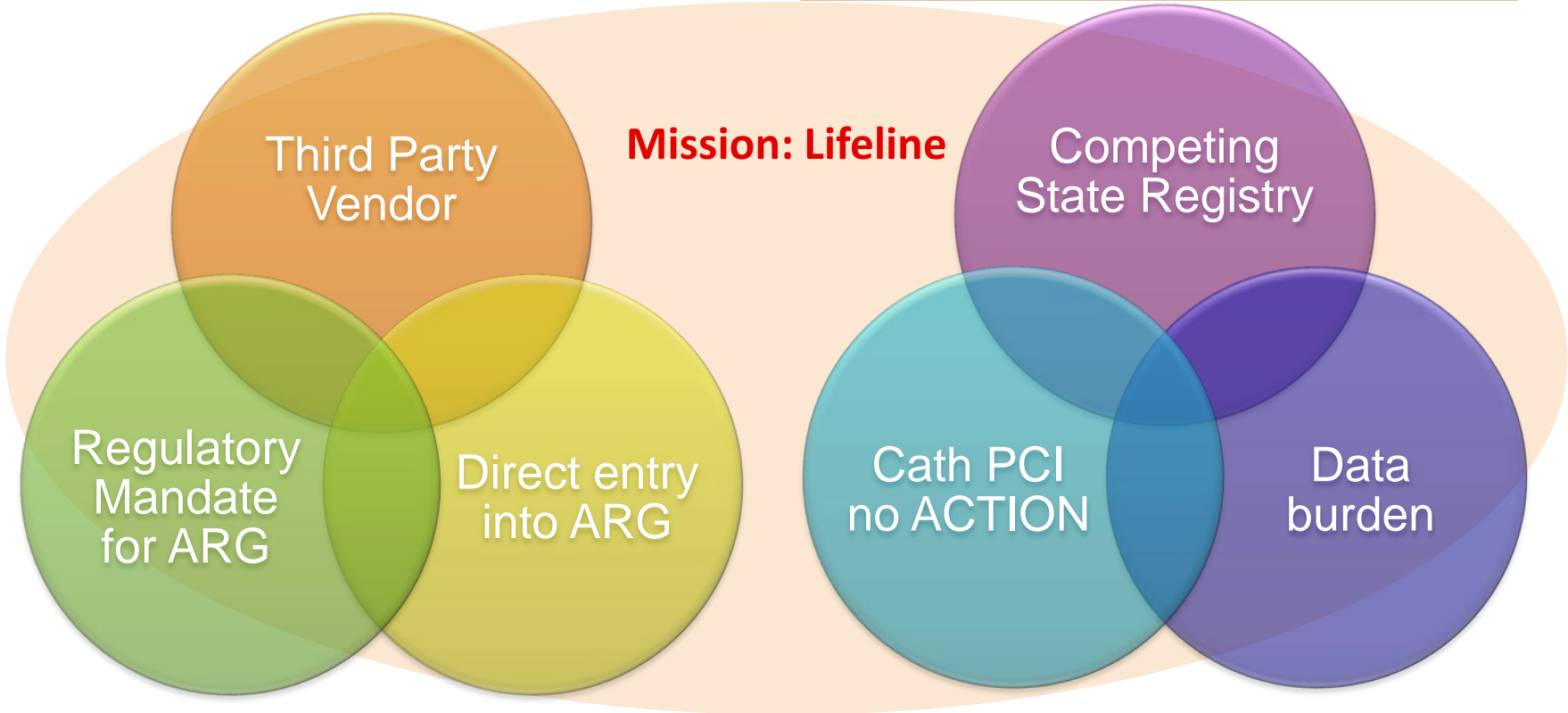


Hospital Engagement Profiles

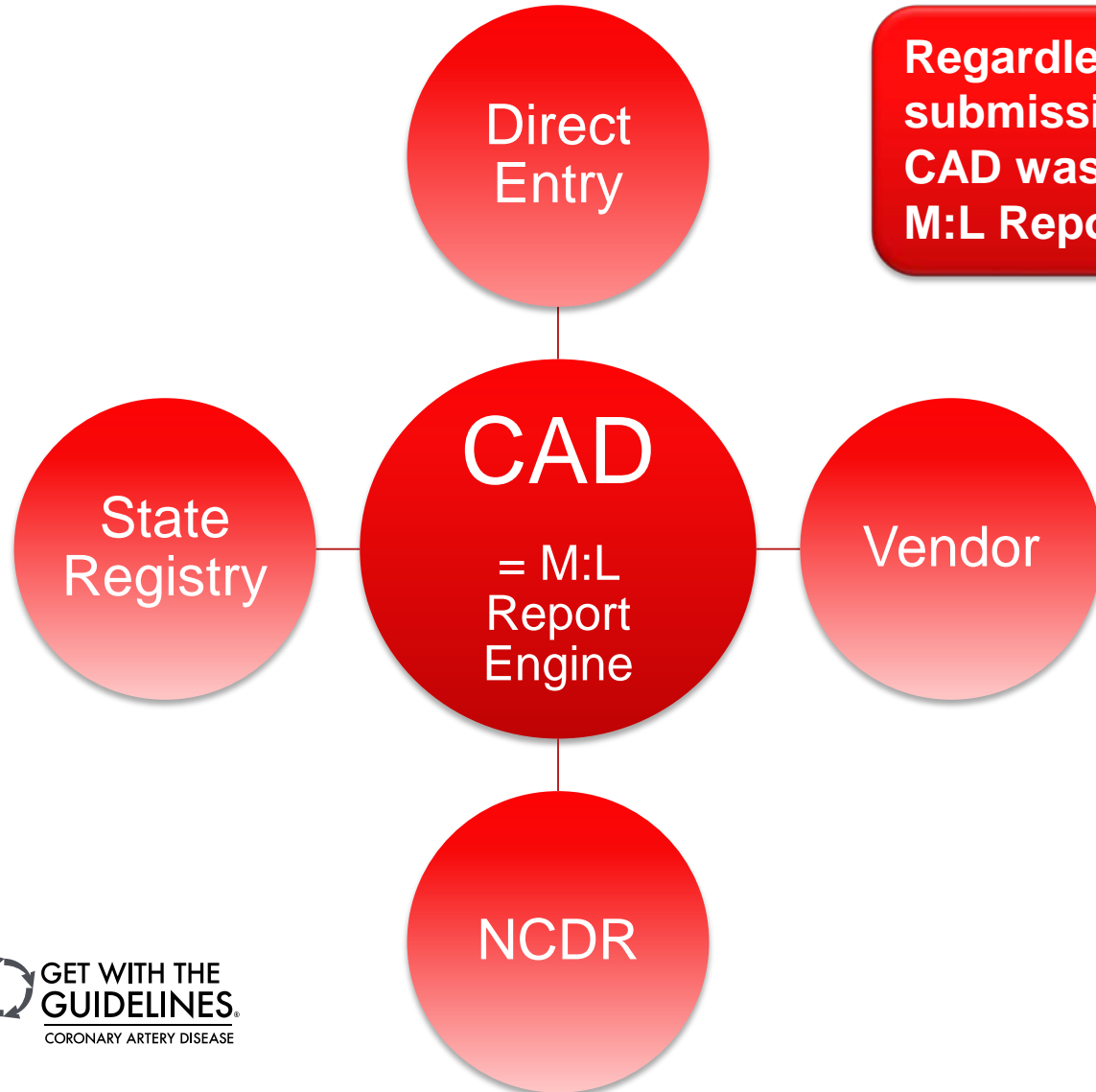


ACTION Registry-GWTG

Non-ACTION Registry-GWTG



Mission: Lifeline Data and Reports



Regardless data submission method, CAD was built to be the M:L Report Engine

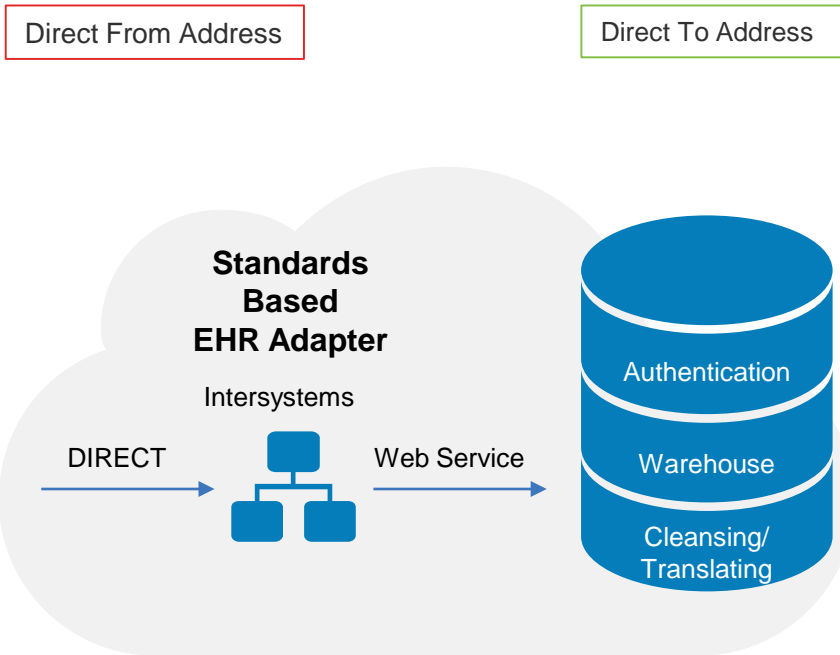
GWTG-CAD Integration Approach

Standards-based model with multiple submission options



- Electronic Health Records
- Inpatient Vendors
- EMS Vendors
- State Based Registries

- EMS
- Acute Care
- Post-Acute Care
- Other Health Care Settings



Pre-Populate forms with Patient Data

- AFib
- CAD/M:L
- Heart Failure
- Resuscitation

GWTG-CAD PMT

Data Use



Streamlined form to ease data entry burden

Admin | **Pre-Hospital/Arrival** | Hospitalization | Discharge

Pre-Hospital

Air
 Ambulance
 Walk-in

EMS - Not System Reason for Delay Yes No

EMS Agency name/number: 5491949 Run/Sequence number: 98191909

Pre-Hospital Time Tracker

Set all active Date/Time fields

^EMS First Medical Contact: 03 / 30 / 2017 10 : 55
MM DD YYYY HH MI

^Non-EMS First Medical Contact: Unknown
MM DD YYYY HH MI

EMS Dispatch: 03 / 30 / 2017 10 : 30
MM DD YYYY HH MI

EMS arrive on scene: 03 / 30 / 2017 10 : 53
MM DD YYYY HH MI

EMS depart scene: 03 / 30 / 2017 11 : 15
MM DD YYYY HH MI

Destination Pre-arrival alert or notification: 03 / 30 / 2017 11 : 45
MM DD YYYY HH MI

Method of 1st notification: ECG Transmission Phone call Radio

Transfers

^Transferred from other ED? Yes No Transferring Facility: Columbia Memorial Hospital

Transfer Time Tracker

Set all active Date/Time fields

^Arrival at outside hospital: MM/DD/YYYY HH:MM
MM DD YYYY HH MI

Transport requested: MM/DD/YYYY HH:MM
MM DD YYYY HH MI

Transport Arrived Date/Time: MM/DD/YYYY HH:MM
MM DD YYYY HH MI

Transfer out: MM/DD/YYYY HH:MM
MM DD YYYY HH MI

Mode of transport from outside facility Air Ambulance Inter-facility transport EMS Agency name/number: Mohawk Ambulance

Auto-set dates for easy entry

Time tracker to assess system components

Reports and Enhancements



Summer 2017

- MLL Receiving
- MLL Referring
- MLL ACS
- Benchmarks for regional comparison reports
- Filters for analysis by patient groups
- Patient record drill down to flag outliers
- CSV upload for ease of data transfer

Fall/Winter 2017

- Full data and reports for Chest Pain Accreditation
- Additional elements for CAD and ACS tracking
- Optional fields for site specific tracking

Real Time Reports

Summer 2017



Receiving Center

- Primary PCI \leq 90 minutes
- EMS First Medical Contact to Primary PCI \leq 90 minutes
- Aspirin at Arrival
- Aspirin at Discharge
- Beta-Blocker at Discharge
- Statin at Discharge
- Adult Smoking Cessation Advice
- Arrival at First Facility to Primary PCI \leq 120 minutes

Referral Center

- ECG within 10 minutes of Arrival
- Arrival to Thrombolytics in 30 minutes
- Arrival to PCI Transfer within 45 minutes
- Aspirin at Arrival
- Aspirin at Discharge
- Beta-Blocker at Discharge
- Statin at Discharge
- Adult Smoking Cessation Advice

NSTEMI-ACS Measures

- Cardiac Rehabilitation Patient Referral from an Inpatient Setting
- ACE-Inhibitor or Angiotensin Receptor Blocker (ARB) for LVSD at Discharge
- Dual Antiplatelet Therapy Prescribed at Discharge
- Evaluation of LV Systolic Function
- Adult Smoking Cessation Advice

Roadmap for Enhancements



Near Term

- Additional data and reports to round out CAD Quality
- Enhanced displays to showcase MLL data
- Tab for calculation of outliers at the time of entry.
- Adaptor to accept data in multiple formats and modes to support state and third party vendor participation

Mid Term

- Regional Super User reports for blinded comparison by facility
- Hospital and EMS Agency “pickers” for consistency in capture across regions and country
- Follow-up form for post discharge tracking

Long Term

- EMS Feedback reports for aggregate agency data across multiple hospitals
- EMS Feedback form auto-generated from PMT.
- Unique patient identifier to track single patient across multiple care settings
- Transformative opportunities for next generation quality improvement.

Regional Reporting in GWTG-CAD



- REGISTRY
- Cases
- Upload
- Form Management
- Notifications
- ANALYTICS
- Operational**
- RESOURCES
- Risk Calculator
- ACCOUNT
- My Account
- Log Out

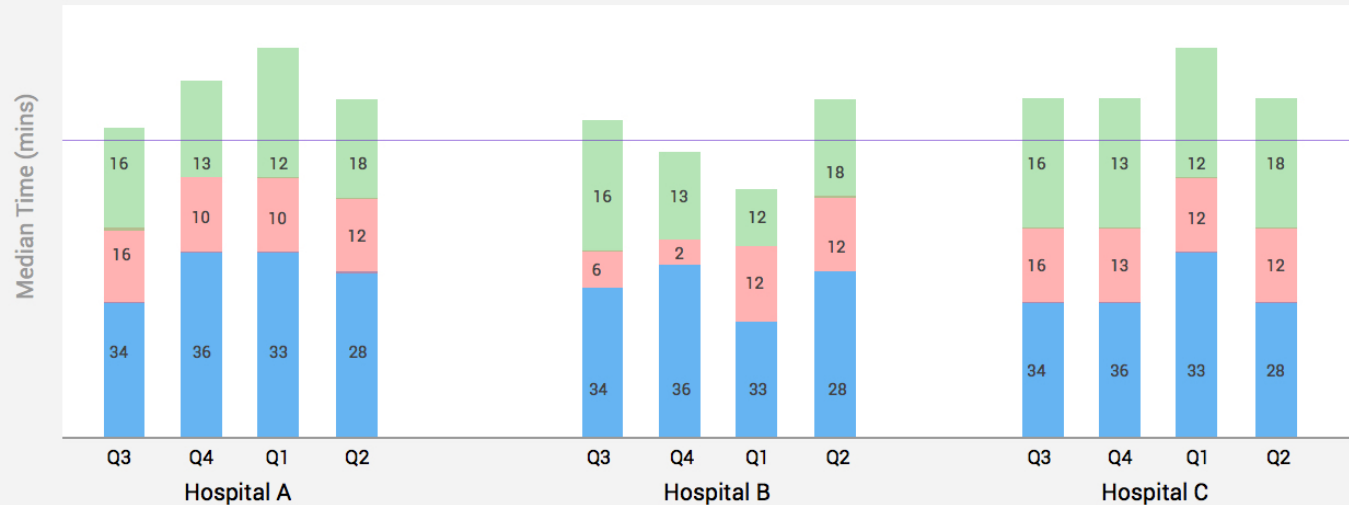
Operational Reports

Reports > Hospital

Hospital Referral Center Center Receiving Center

Participant ID: OR Pt. Charac.:

First Medical Contact to Device Median Time (mins)



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Reporting Options



The screenshot shows a web application interface for reporting. The top navigation bar includes 'Download', 'Reports', 'My Account', and 'Home'. The main content area is titled 'Configurable Measure Reports' and includes a 'Generate Report' button. Below this, there are sections for 'TIME PERIOD' (Interval: Monthly, From: 2008, To: 2008) and 'REPORT 1' (Measure: 'Consensus GWTC/FAA Set', Format: Bar Chart). A list of hospitals is displayed, with two callout boxes highlighting different reporting options:

- Aggregate Reporting:** A list of hospitals including All Hospitals, All MD Hospitals, Franklin Square Hospital Center, Georgetown University, Good Samaritan Hospital - Baltimore, Harbor Hospital, MedStar Stroke, Montgomery General Hospital, My Hospital, South Atlantic Hospitals, South Region Hospitals, Union Memorial Hospital, and Washington Hospital Center.
- Individual Hospital Reporting:** A list of hospitals including All Hospitals, All MD Hospitals, Franklin Square Hospital Center, Georgetown University, Good Samaritan Hospital - Baltimore, Harbor Hospital, MedStar Stroke, Montgomery General Hospital, My Hospital, South Atlantic Hospitals, South Region Hospitals, Union Memorial Hospital, and Washington Hospital Center.

Aggregate Reporting

Individual Hospital Reporting

State and Regional Registry Assets

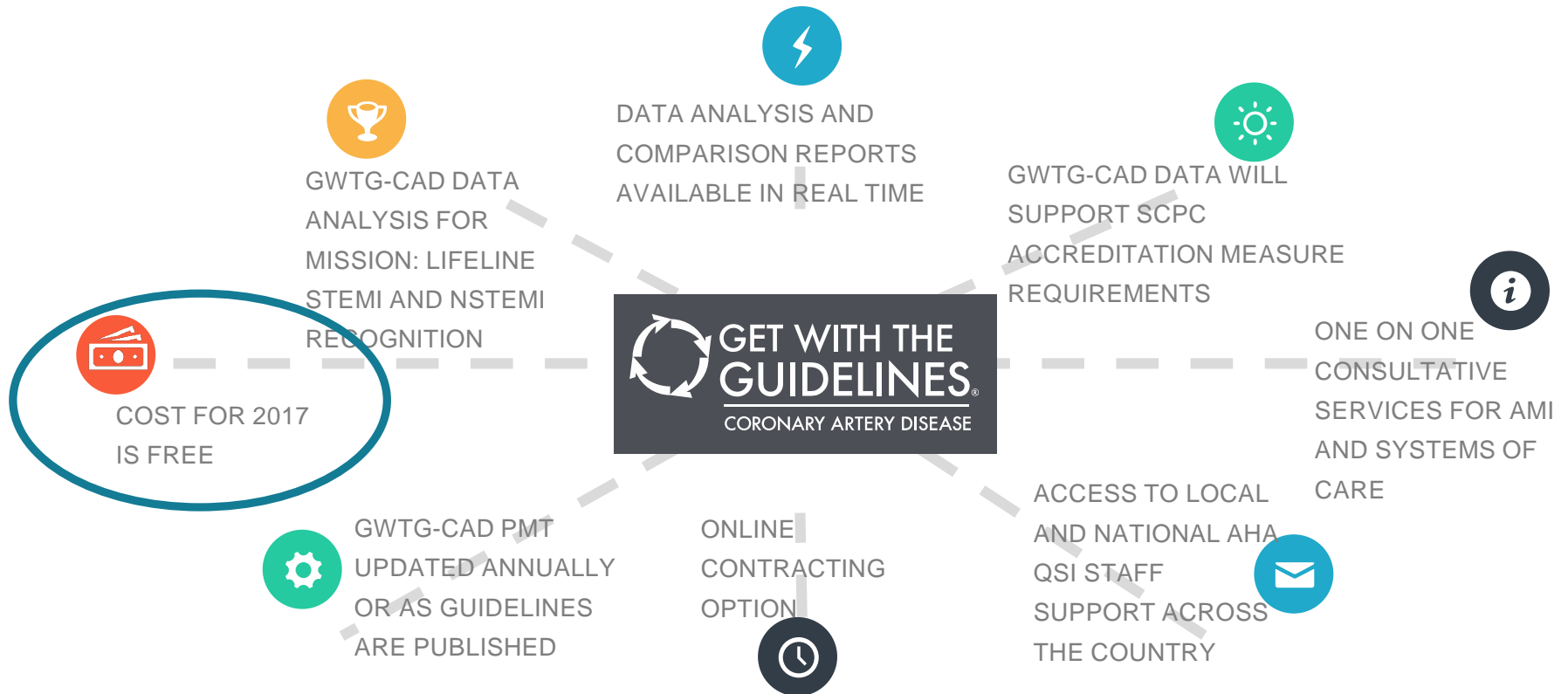


- Super User function available December 2017.
- States and/or regions can run reports comparing individual facilities, or aggregated by state or region.
- Super Users can also export patient level data into csv or excel for analysis in other systems.
- Add custom data elements and reports to support initiatives specific to your state or region.

How do states and regions currently leverage in other GWTG programs?

- Many states use the real-time reports to monitor quality of care and look for improvement opportunities across facilities
- Data exports are used for surveillance activities and other analysis as needed by DPH.
- States and regions have added custom elements and measures to support local QI activities.

Benefits of GWTG-CAD





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