- [Jeanine] It is now my pleasure to turn today's program over to Lori Hollowell, National Senior Program Manager for Mission: Lifeline, and Get With The Guidelines-CAD. Please begin.

- [Lori] Thank you, Jeanine. And welcome, everybody, to our weekly Get With The Guidelines-CAD demonstration and Q&A session webinar. I just wanna remind folks that we actually have five more webinars before the series ends. August 16th will be the last date of the weekly series. After that beginning in September, more than likely around mid-September, we will start having Mission: Lifeline and Get With The Guidelines-CAD support calls for hospitals that are enrolled with Get With The Guidelines-CAD. So, if you are enrolled or are planning to enroll, just be on the lookout for that announcement. So, I'd like to just get started. If you attended some of our webinars in the past couple of weeks, some of the information is very familiar. We also have some new information to present, as well. With Get With The Guidelines-CAD, it was around beginning in 2001 to 2010, as AHA's premier AMI registry. When the registry spun down, we had nearly 600 hospitals that were participating in the Patient Management Tool and submitting data. But in 2008, Get With The Guidelines-CAD and NCDR's ACTION Registry announced that they would merge the two registries to form the largest single registry for AMI and ACS patients. By 2010, our Get With The Guidelines-CAD sites were actively transitioned to ACTION Registry-Get With The Guidelines-CAD supported by NCDR. So, if you think about that timeline, also going on in that relative timeframe 2007 to 2008, was the American Heart Association's launch of the Mission: Lifeline STEMI system of care program. And that program was specifically designed to target heart attacks and specifically STEMI systems of care and coordinating care, and regionalizing care for the STEMI patient. In 2011 is when the Mission: Lifeline program began producing the Mission: Lifeline reports and began the Mission: Lifeline recognition program just prior to that in 2010. So, with the reports and with recognition, we needed a data source to support the Mission: Lifeline program. It was a natural fit that ACTION Registry-Get With The Guidelines was that data source for our Mission: Lifeline program. Many of you that are on the call today are ACTION Registry participants, or have been ACTION Registry Get With The Guidelines participants, as well as participating in the Mission: Lifeline program. I'm sure it was a surprise that when the announcement was made on April 7th that we were going to be relaunching Get With The Guidelines-CAD. There was a relationship issue that surfaced, and between ACC and AHA and the contract that supported the Mission: Lifeline program expired. So, we were left looking for a data source for the Mission: Lifeline program. We're very excited that we were able to relaunch Get With The Guidelines-CAD, bring it back to the surface and back to use. And we're also looking forward to making CAD, we're working right now to make it even better, and to make it once again that premier AMI registry for us to use for research, for recognition, and for Mission: Lifeline regional implementation. Mission: Lifeline participation can take on many forms. For those of you that have participated in Mission: Lifeline before are aware. Mission: Lifeline, we have the recognition program where measures are analyzed for STEMI and for NSTEMI patient population. We have our Mission: Lifeline regional report, Mission: Lifeline hospital report, for receiving centers and referring centers. And we also have our Mission: Lifeline STEMI accreditation program. All of these Mission: Lifeline components of the program will now be supported solely with Get With The Guidelines-CAD. So, I just wanna take this opportunity to just touch on 2018 Mission: Lifeline recognition. In the past, hospitals that have received silver and gold awards, or looking to receive silver and gold, would have to submit four quarters of data for the calendar year. With this transition to Get With The Guidelines-CAD, we recognize that the transition is on our part, it's not on the part of our hospital participants. So, we want to take into consideration that having four quarters of data entered in the Get With The Guidelines-CAD may or may not be realistic for most hospitals. With that in mind, we have made the decision that one quarter of data entered into Get With The Guidelines-CAD for the 2017 data, so long as it meets volume criteria and measure criteria, hospitals that have achieved an award can maintain that level of award. Also in years past if you received a bronze, hospitals were not able to repeat a bronze in a consecutive year. However, for this year, a bronze recipient for 2017 will be able to also receive a bronze in 2018, like I said, so long as one quarter of data is entered and it meets the recognition criteria. So, moving on to the silver and gold level, it's to move up a level. If you're bronze and wanting to move to silver, or silver wanting to move up to gold, at least two quarters of data should be entered into Get With The Guidelines-CAD. And again, it must meet the volume criteria and measure criteria in order to move up an award level. Now, for hospitals that have never participated in Mission: Lifeline, or have not received a Mission: Lifeline award in the past, one quarter of data can earn a bronze level. Two quarters of data, you're now eligible to earn silver. And you're more than welcome to enter all four quarters of data. If more than one quarter of data is entered, that data will be analyzed on an annual aggregate method. And we will have the updated Mission: Lifeline recognition criteria specific to 2018 available within the next week. When we launched Get With The Guidelines-CAD, we really realized that there was two buckets of potential participants. We have our ACTION Registry-Get With The Guidelines participants that either participated via third party vendor, direct data entry, and even those participants that were mandated to participate in ACTION. But we also come to realize that there was a whole nother population of hospitals with patients that did not participate in ACTION Registry-Get With The Guidelines. Maybe because there was a competing state registry that hospitals had to participate in, a data burden where maybe they participated in Cath PCI but not ACTION, and then just others that for whatever reason did not participate. So, we're really excited about the Get With The Guidelines-CAD launch because we feel that this will really support the Mission: Lifeline program, and open up the Mission: Lifeline program to additional hospitals that were not able to participate in years past. So, our Mission: Lifeline data and reports. We want to continue to provide the Mission: Lifeline data and reports, not in the traditional method they have been provided in the past, but along the lines of the Get With The Guidelines-CAD module. And that data and report, so long as the data is entered into CAD, whether it's direct data entry, through a third party vendor, or if you use a CSV uploader and use your ACTION Registry data to upload into CAD, or we can work with state registries to also ease that burden of data upload into CAD, regardless of the data submission method, Get With The Guidelines-CAD will be that Mission: Lifeline report engine. And just to remind everyone, Get With The Guidelines supports Mission: Lifeline and that will include recognition, regional systems of care implementation, and also Mission: Lifeline STEMI accreditation. We really like to say that Get With The Guidelines-CAD is a registry, agnostic registry. No matter what AMI registry you're participating in, we think we can be responsive and assist you with getting data into Get With The Guidelines-CAD. Our priorities for Get With The Guidelines-CAD and Mission: Lifeline is basically to improve systems of care, specifically in the STEMI patient and NSTEMI patient. And in doing that with Mission: Lifeline, we had Mission: Lifeline reports available. The Mission: Lifeline data deadline was 60 days after the close of the quarter, and sometimes, it would take 60 to 90 days to have the Mission: Lifeline reports posted. And that was regional reports, as well as individual hospital reports. But now, through Get With The Guidelines-CAD, we will have a real time hospital and system report availability so that the close of the quarter will occur on the 30th or 31st. In 60 days we can identify a data deadline, and on day 61, so long as all hospitals participating in your region have entered data, on day 61 you can access how your region has moved in with the measures as far as like EMS FMC to PCI, looking at all the different components that make up that measure. You can evaluate your system implementation and your improvement processes. In addition, your hospital level report or data is available immediately upon entering that data into Get With The Guidelines-CAD, and we'll touch on that just a little bit in the demonstration component. Our Get With The Guidelines-CAD is also going to support AHA/ACC accreditation programs, including chest pain accreditation, as well as Mission: Lifeline STEMI accreditation. Again, we're gonna have flexible data options to meet your unique needs. We are working with certified vendors, or to get the vendors certified. And there is going to be an option to have a free static quarterly report versus that interactive report option. We will also have discounts for critical access hospitals and corporate systems, more on that later, as well. And then again, it's just really to continue our work to improve those STEMI systems of care, the NSTEMI achievement, or measure achievement, and working with our field staff, continuing to hold and attend those regional workshops and CME events that we've become so familiar with from our Get With The Guidelines program. Here are the pricing options, and we'll leave this screen up for just a few minutes. When I mentioned that there would be static quarterly report options, that is option number three. A static quarterly report is really similar to the former Mission: Lifeline reports that were available through NCDR. So, you submit your data and then the data will be analyzed and a static PDF report would be available through Quintiles. But then we also have the direct data entry option for the real time reports. And the real time reporting is just what it says. Real time as far as the data is entered into Get With The Guidelines-CAD. If using the streamlined Get With The Guidelines-CAD form, soon as you enter in the data, you can run measures, you can run reports, you can see if that patient was included or excluded, or fell in or fell out of certain measures. And then we also have the second option, which is data entry via a certified vendor. If you use a vendor, it's just employing that vendor to be able to upload the data into Get With The Guidelines-CAD, and you would still have access to those real time hospital reports and Mission: Lifeline reports, both regional and hospital level, as well as chest pain accreditation and Mission: Lifeline STEMI accreditation data and reports. And you can see the cost breakdown on the right. I do wanna point out that early enrollment by November 1st, there is a $500 discount across the board. So, no matter which option you choose, so long as the enrollment is complete by November 1st, there's $500 off of the cost of enrollment. For hospitals wanting to enroll for 2017, because 2017 is free of charge, and you want to continue to try Get With The Guidelines-CAD, you can either do so through one of the first two options to receive the streamlined regional and hospital real time reports, or through the option to just receive a static quarterly report. Enrollments after November 1st, the cost is shown there on the far right. So again, Get With The Guidelines-CAD is free for 2017. With that we received quite a few questions about the functionality that you'll receive with the 2017 contract. So, it is full functionality. It includes the real time Mission: Lifeline measure reports, as well as patient level drill down. And then in 2018, so long as you continue via one of the first two options, you will continue with the real time reports and patient level drill down functionality. And then again, enrolling by November 1st, you receive that $500 discount off the annual fee. There is a 50% discount for critical access hospitals and a 10% discount for corporate health systems enrolling 10 or more sites. This is just a quick comparison grid, a visual of what you'll receive for each of the enrollment options. And as you can see, that even if you participate in the static quarterly report option, you can still use a certified vendor. And all options will receive a static quarterly report. It's just options one and two will have the real time data available. And we will also have the reports available for accreditation, whether it's chest pain accreditation or Mission: Lifeline STEMI accreditation. And then all options will have those last four items as far as field staff consultation. So, we think that's a real important component of Get With The Guidelines-CAD, is our professional and expert field staff on systems of care implementation, as well as on the Get With The Guidelines-CAD tool itself. Any hospitals that achieve silver and gold recognition through Mission: Lifeline and through submitting data in Get With The Guidelines-CAD will be recognized in the US News and World Report. And then all levels will be invited to attend AHA Scientific Sessions recognition event. This is just a quick snapshot of the pre-hospital page of the Get With The Guidelines-CAD PMT. We just wanna show here that it's really streamlined. It makes sense. We have our pre-hospital, our hospital, our discharge, and measure section. We have auto-set dates for easy entry, so when you put one date in, you click set all dates, and all the dates appear in that time tracker assessment area. And we'll go into more of that when we go through the walkthrough. I'm proud to say that with our reports and enhancements, we've actually been able to check some things off for this week. The Mission: Lifeline STEMI receiving data, referring data, NSTEMI data, benchmarks for regional comparison, filters to analyze patient by groups, drill down, as well as CSV upload features were made available starting July 1st. In the fall and winter of 2017, early 2018, we will have full data and reports available for chest pain accreditation, data and reports available for Mission: Lifeline STEMI accreditation, and of course, additional elements for CAD and ACS tracking, which would make sense because you would need that for chest pain accreditation, and then optional fields for site specific tracking, which I believe we have some of those available now. Like I said, the CSV uploader went live on July 1st. This is just a quick snapshot of the uploader page, that once you go live with Get With The Guidelines-CAD, it's very user friendly. And if anyone needs any assistance with the CSV uploader function, just I'll give you some email addresses at the end of the webinar that you can email us and ask for any assistance. So again, the Mission: Lifeline measure reports went live July 1st. The gray bar there is looking at arrival at first facility to primary PCI in less than or equal to 120 minutes. So, it's really exciting to see Get With The Guidelines truly come to life to support the Mission: Lifeline program and STEMI regional implementation efforts. Our real time reports will include all of our STEMI receiving and STEMI referral center measures, as well as our NSTEMI measures. We're also excited about Get With The Guidelines-CAD and the possibilities that are there to better integrate with our EMS agencies. EMS is very, their role is very critical in Mission: Lifeline systems of care. As EMS agencies are becoming more engaged with Mission: Lifeline, you know, they're starting to understand their data and they're starting to really expect their data and feedback from hospitals. Some of these fields that we have available will really help with giving that feedback to EMS, the 911 EMS agencies, and we are looking forward to developing feedback reports. The reports will use all of the times and dates here to provide some of that feedback, as well as time of PCI, right? Because EMS wants to know that EMS first medical contact to PCI time was at 90 minutes or less, or over 90 minutes. But in addition, being able to add the EMS agency name and number, which will be available through a drop-down EMS picker, and the run sequence number, we're now able to give really good feedback to the EMS agencies by agency. And we'll talk more about this later, as well. Again, the inter-facility transport patient, so the patient being transferred from a STEMI referring hospital to a STEMI receiving center for PCI, that's still the patient population that has the most gap in care. So now, we're able to actually track the time that the inter-facility transport team was requested. When did they arrive and when did they leave? When our patients are transferred, these agencies that are doing the inter-facility transport, they kind of sometimes get left out of the feedback loop. So now, we're creating a mechanism so that we will be able to include them more and better in those feedback loops, and close those gaps of care with the transfer process. And again, we'll be able to give the agency specific feedback. Another opportunity to better engage and integrate with the EMS is looking at that pre-hospital notification protocol. Did EMS pre-alert or give a notification of the STEMI patient before arriving to the emergency department? And if so, when was that cath lab team activated? Those are two data points that are going to be very critical in looking at what is anecdotally happening. And now, we're going to be able to see what really is happening. Because I'm sure you've been in a STEMI review meeting where maybe the cardiologist or ER physician, they don't think that there's a delay in the time between notification and activation. As far as a data collection tool, you may collect that on your own, but now we're gonna have it in a national database, national mechanism to track how well these pre-activation protocols are being put into place and really utilized by facilities. And then is EMS really calling early enough? Or are they waiting till they're five minutes out from the ED to give notification? This is gonna be a phenomenal feedback opportunity for both the hospitals, as well as the EMS agencies. So, as far as roadmap for enhancements with Get With The Guidelines-CAD, we'll go straight to mid term because we've already achieved today. So, we're really looking forward to regional super user reports and access to the data, as well as like I said a few minutes ago, having that EMS agency pickers and hospital pickers for the referring centers available so that there's a consistent naming convention for the agencies and hospitals that are delivering patients to the receiving center. So that we'll be able to provide regional feedback to specific agencies by agency and by hospital. If there's six receiving centers, we can go through as a super user and look at referring center A and every patient that they might have referred to all six receiving centers, and see how their processes looks from a loan facility perspective, or loan EMS agency perspective. And then we're also looking forward to developing those follow-up forms for EMS and for the STEMI referring centers. And then long term enhancements, EMS feedback Reports for aggregate agency data across multiple hospitals, exactly what I was just talking about. And then EMS feedback form that can be auto-generated from the PMT, as well as the unique patient identifier, so that we can track one single patient across multiple care settings. And then we're looking forward to transformational opportunities for the next generation of quality improvements. This is just a quick peek at what the regional report, a page of the regional report would look like in Get With The Guidelines-CAD. So, of course, you would see your different hospitals compared to each other, and then each part of the stacked bar graph leading you to a total median time for FMC to device and other measures, as well. The super user account opportunities, again, we can use this for statewide reports, regional reports, aggregated compare, as well as individual hospital comparison. For the super users we will be able to provide export capability so that the data can be used in other applications or systems. We're looking forward to CAD being used as a surveillance tool, and maybe even as a specialty designation for cardiac centers. And then we will also be able to support custom data needs, so those optional data elements can be used to support local and state initiatives. We're looking forward to this super user functionality becoming available in December of 2017. And most of these bullet points we've gone through. We're looking to compare individual facilities or aggregated data by state or by region. The data from CAD can be exported for analysis into other systems, as well as utilizing those custom data element options. So, for super user pricing, again, you see the early enrollment discount of $500. The super user access will be available to state departments of health, regional agencies, and hospital systems. And again, the features are relatively similar to the features that you would see at your hospital level, looking at real time regional and hospital level data and reports, data export capability, specialty designation grouping available, as well as AHA staff support and consultation. The benefits of CAD are quite varied and there are many of them. These are just a few. Obviously, for right now the cost for 2017 is free, so that's, I would think, a huge benefit. And like I said earlier, our AHA staff, our local staff, and our QSI support across the country, I think they are our number one resource for Mission: Lifeline implementation and systems development. So, at this time, we would normally do a live demo of Get With The Guidelines-CAD. I want to apologize up front. There were some technical issues on my end as far as being able to actually do a live screen share. I have created slides and hopefully they will give you the same type of feel as a live demo would. And if there are any questions that come up that we don't get to answer, please be prepared to send them to the Mission: Lifeline email address because I'm looking at the time. We'll go through this quickly but also wanna give plenty of explanation. This is a snapshot of the demo, of the admin page. Here is where we can identify one of the physician providers by name or by NPI number. The calendar is available to pick the date, or you can enter the data via direct entry. And then as far as some of the options for race, if you pick Asian, it will open up additional options. And then if you pick Native American or Native Hawaiian or Pacific Islander, it would also open up additional options. Again, Hispanic ethnicity, picking yes, that will again open up additional options to pick from. And then last but not least is our cardiac diagnosis drop-down. There's I think five or six options for this patient record, we're choosing confirmed AMI STEMI. I'd like to point out on this page the elements with the hat to the left are required elements, and are included in the logic for Mission: Lifeline measure adherence analysis. Anytime you see this C with the circle around it, if you click that button it will clear the choice you made and you can rechoose an option. As you see here, the EMS agency and run sequence numbers, they are not required, but in our previous slides we showed how they were very useful, or they're going to be very useful, especially when drilling down and analyzing EMS FMC to PCI by agency, and especially when providing feedback to the EMS agency. We are going to be adding that list of EMS agencies for the drop-down picker so that all hospitals in a given region, when you identify the agency, that name of the agency will be consistent between all of the hospitals. When entering the date for the date, we'll go back a click here, when entering in the date for all of the date time field, the user can click, set all active date and time fields. This is known as the auto-set date feature. And this will populate all of the dates in that date time field. So, that reduces some of the data burden, not having to manually enter in the same date six times there. So, for this patient we've entered in all of the relevant times, as well as identify the method of transport to the facility as EMS. EMS first notified the destination facility of this incoming patient. Further in the pre-hospital page is the ECG information. And this is where we captured the time of the EKG, if it was prior to hospital arrival or after hospital arrival, STEMI or STEMI equivalent on first ECG or subsequent, because as you know, if it's subsequent ECG the record is excluded from some of the measures. And then again, STEMI or STEMI equivalent, yes or no. So, filling in the pre-hospital page, we see the sign and symptom onset time and other data captured, as well as medication the patient is taking or has taken prior to arrival to the hospital. And we have our smoking history down there, as well. And again, most of these, especially the ones on the bottom, are required, and again, they're required for the recognition measure. For this patient record, our patient is, let me see here, sorry about that. Let me get back to the right screen. So, our patient is a direct presenter to receiving center by EMS, but let's say the patient is one that is being transferred for PCI. The pre-hospital section also collects the data relevant to the overall transfer process. Currently, the transfer for PCI population, as I said earlier, it remains the population with the greatest gaps in care and the opportunity for most improvement. So again, the auto-set date populates the dates in all of the date time fields for us. And not only can the critical timestamp of the transfer process be collected, but the inter-facility transport agency can also be identified. Engagement and follow-up with the provider is critical to the transport transfer process. And there's our picker and there's our inter-facility transport agency. In our hospitalization page, remember the patient was a reperfusion candidate, or is a reperfusion candidate. We're identifying him as yes, and did receive primary PCI. So, if the patient was not a reperfusion candidate, the primary reason should be identified below that first red rectangle. So again, that auto-save date feature is available and will self-populate all of the date and time fields for us. Familiar elements are available here, and will indicate the PCI indication, we can give the PCI indication, but for most of our recognition measures primary PCI for STEMI is what we're looking for as far as patient population. And then delay, so any delays could indicate that the patient record would be excluded from a measure. In this scenario, reperfusion, the patient was a reperfusion candidate, but did not receive primary PCI. And I wanna show you this scenario because when the patient does not receive primary PCI, the window appears and opens up so that you can document any contraindications to reperfusion. So, here we chose anatomy not suitable for primary PCI. And there we go. Last but not least, a few additional assessment fields are available. So, we've got our left ventricular fraction assessment, CABG during admission and cholesterol value. Our discharge page has a lot of data and a lot of information on it. I do want to just point out one thing and I will use the aspirin at discharge as an example. If yes for aspirin, we're asked to document a dose range and a frequency. And then please be sure to identify the contraindicated option of yes or no. The first time I ever walked through Get With The Guidelines-CAD, when I did the discharge page, I would prescribe a medication in my patient records, and I totally forgot to put the contraindicated yes or no, and it came up with a ton of critical errors. So, just remember that as you're going through the discharge medication, to identify if the medication might have been contraindicated. And if not, definitely pick no. So, this is just the... the bottom of that discharge page, and here we see some of the optional fields that can be available. After the patient record is complete, I ran the measures the first time, and I was a little confused by not seeing primary PCI in 90 minutes or less, and EMS FMC to PCI. It says that they were excluded from the measure based on the data provided. So, I knew that that was not right, because this patient definitely came in by EMS. The patient definitely had PCI. So, I was wondering why did that patient not show up as being included in the measure? So, I clicked on my errors report, and I see that the critical error there on top, EMS depart scene should occur after EMS dispatch and EMS arrive on scene. So, I also probably should have put up what the original data showed. So, the original data showed that I departed scene, or the EMS departed scene at 11:16. So, if you see the arrival time as 11:29, there's no way I could depart the scene prior to arriving on scene. So, the error method gave me an opportunity to go back in and correct the data. And as you can see, we now have a corrected time of EMS departure. Now, I'm back to the measures page. I hit calculate, and when I hit calculate, this time this patient record is included in the measure and we have met compliance with the door-to-balloon measure, but we fell out of compliance for EMS FMC to PCI within 90 minutes. And as you can see, we also met compliance with aspirin at arrival, aspirin at discharge, beta blocker at discharge, statin at discharge, and smoking cessation. When you submit the record... just hit submit... and then you'll get a summary screen. And here I'll zoom in a little bit for part of the summary screen. But once you reach the summary screen, you're now able to search for patients by ID number. You can go to the advanced search to search by other parameters. And then you're also able to view your patient record. There may be other corrections that need to be made, or you may just be wondering, have a question about that patient record. I think this is all of the walkthrough. I know this wasn't a live demo, so it was our almost live demo. Again, we got about eight minutes for questions, so if you have any questions type them in to the Q&A. If we do not get to your questions, please submit the questions to MissionLifeline@heart.org. You're welcome to also submit them directly to me, or to Christine or Joe, as well. So, give me just a minute to look at some of these questions. I see a question, is NCDR a certified vendor? NCDR has been invited to be an approved vendor. I believe we're waiting on a response from NCDR. In the meantime, anybody that is using ACTION Registry can use the CSV file uploader to upload the data in the Get With The Guidelines-CAD. It's also my understanding that we are going to be working on an uploader for cath PCI data. So, in the absence of NCDR becoming a vendor, we are going to work with the hospitals to make this data upload into CAD as painless as possible. And then, can you please clarify how data would be submitted if participation option three is selected? So, let me just go back up just to show everybody. Option three is static quarterly reports, so data can be submitted either by direct data entry into the Get With The Guidelines-CAD tool, or you can use an approved vendor for upload. It's not limited to either/or. Give me just a second. If we enter data in real time, will we have to enter ICD codes somewhere after coding is complete? Jeannie, I don't wanna put you on the spot, but if you're still on the speaker line, can you speak to this?

- [Jeannine] Yes, right now the Get With The Guidelines-CAD does not have fields for the ICD codes. The measures are based off of selection of different diagnoses phrases. So, at this point, there are not ICD 10 codes.

- [Lori] Thank you, ma'am, appreciated that.

- [Jeanine] Lori, there was another question about the CSV uploader about a demonstration on how to create an upload and what elements would need? So, if you're currently using the Get With The Guidelines-CAD, you can phone the Get With The Guidelines help desk and tell them you're interested in uploading. And they'll turn a tab on to your tool, and when you click on that, they'll be a CSV uploader guide that you can look at that has all the specifications, all the data elements, format of those elements that are needed. You can take a look at that and you probably need to work with someone in your hospital IT department on how to create that upload. But I would suggest that's where you start. And if you're not participating, if you can contact your local American Heart Association QSI director in your region, they'll be able to help you out with that.

- [Lori] Great, thanks, Jeannie, that was exactly the next question I was going to. If you don't know who your local QSI, quality and systems improvement director is, feel free to email the Mission: Lifeline email address, and we'll make sure to put you in touch with the local staff.

- [Jeannine] And Lori, this is Jeannie again. I see there's another question about the customized list for EMS agencies. Yes, right now, hospitals can customize that list. They can manage their code list. It's pretty easy to do, it's all menu driven. If you click on the my accounts tab within the tool, you'll see options for managing code lists, and you can go in and enter the agencies that transfer patients or deliver patients to your hospital.

- [Lori] Excellent. thank you, Jeannie. The next question is, do you know when we will have access to the quarter one Mission: Lifeline report? Unfortunately or fortunately, depending on the glasses you're wearing, the quarter one Mission: Lifeline report as they were generated and made available in the past are no longer available. There's no contract or no agreement in place to support NCDR sending data to do clinical research institute for the specific purposes of Mission: Lifeline analysis. That contract expired on March 31st. So, in order to have a Mission: Lifeline report, data will need to be entered into Get With The Guidelines-CAD. And it just depends on how far back you want to go with your data as far as uploading it or entering it into CAD. So, if you upload all the way back to January 1st discharges of 2017, then you'll be able to run your quarter one Mission: Lifeline report right then and there. If you decide to enroll in Get With The Guidelines-CAD and choose to only enter quarter three or quarter four data, then you won't be receiving or getting that Mission: Lifeline level of data and report. And that goes for hospital level reports, as well as regional level reports. And let's see, I think we have time for one more question. Could you please explain the enrollment process for Get With The Guidelines-CAD? Yes, and anybody that also has this question, again, please email either me directly at Lori.Hollowell@heart.org or email the MissionLifeline@heart.org email address. We can send you the link to our online enrollment form, as well as put you in touch with the local quality director, and they can assist you through the process. And at this time, I guess we'd like to close and just thank everyone for attending. And please, again, if you have questions, I see some really great questions that we weren't able to get to, please send questions to MissionLifeline@heart.org or to either one of the three individual email addresses you see. And thank you all and hope to see you next week.

- [Jeannine] Again, thank you all for joining us today. We hope you found this presentation informative. This concludes our program and you may all disconnect.