- [Liz] Run a webinar. I am excited to let everyone know we have two more of these lined up, and then after these end, we may go about four weeks without a webinar, but we will start instituting a monthly Q&A, calls for Get With the Guidelines-CAD users, so if you're interested in CAD and sign up with CAD, definitely be on the look out for those announcements later. So we'll just go ahead and get started today. Yeah, so we like start these calls off with just a little bit of background about Get With the Guidelines-CAD and Mission: Lifeline. So Get With the Guidelines-CAD was a program for the American Heart Association beginning in 2001. Get With the Guidelines-CAD went on through 2010, and at the first close of Get With the Guidelines-CAD, we had nearly 600 hospitals participating in this registry module. And it was before my time definitely, with the American Heart Association, but I've heard nothing but good things about Get With the Guidelines-CAD as it was, and the excitement for Get With the Guidelines-CAD being relaunched. Around 2008, the American Heart Association and the American College of Cardiology began discussions on combining began discussions on combining Get With the Guidelines-CAD and ACTION Registry. So at that time, Get With the Guidelines, ACTION Registry was born. Also during that same timeline, the Mission: Lifeline program was in its infancy and being launched across the country. So we realized early on that Mission: Lifeline needed a data source in order to really drive a data source in order to really drive process improvement in STEMI care, not only in hospitals, but in systems and in regions. So when Mission: Lifeline was launched, it was also announced that ACTION Registry Get With the Guidelines was going to be the data source for the Mission: Lifeline program. In 2011, Mission: Lifeline began In 2011, Mission: Lifeline began preparing and releasing Mission: Lifeline reports through the ACTION Registry website, and hospital recognition was offered in 2010 for receiving centers and 2011 for referring centers, so in a short time, the Mission: Lifeline program really experienced significant growth early on. Since then we've even added EMS recognition. So as most folks know on this call, early April 2017, the American Heart Association announced the relaunch of Get With the Guidelines-CAD. So this was due to a termination of the relationship between ACC and AHA, only as it relates to the Mission: Lifeline program. So at this point, Get With the Guidelines-CAD is the primary data source for Mission: Lifeline participation, and participation can include recognition as well as Mission: Lifeline STEMI accreditation. So we're very happy that we were able to bring back such an amazing product and I think we made it even more amazing and have plans to for further enhancement down the road, nearly down the road and in the future. So just to clarify, the AHA and the ACC do continue our joint efforts, and we support each other in our accreditation programs, so Mission: Lifeline STEMI accreditation, as well as our CVCOE accreditation that was just launched in January. We also still work together on joint guidelines, so I just wanna be clear that, with the relationship, it really just affected the Mission: Lifeline program. Hence the need to launch a data source for Mission: Lifeline. So like I stated a just a few seconds ago, Mission: Lifeline participation can take on quite a few different forms, but, any participation really is going to come down to participation in Get With the Guidelines, the flagship data program, for Mission: Lifeline. With Get With the Guidelines-CAD, we'll be able to measure Mission: Lifeline receiving center measures, referring center measures, and to have all that regional data that we've become accustomed to. I do also wanna take the time to mention that in 2017, we're actually celebrating Mission: Lifeline's 10th anniversary. I can't believe it's been that long since Mission: Lifeline was born and implemented, and I think the program has matured significantly over the years, and I couldn't be prouder that I could be involved in Mission: Lifeline, and definitely looking forward to what Mission: Lifeline, as far as the program, holds in the future. And thank you to all of you for actually making Mission: Lifeline what it is today. Oh, I think I went too fast, all right, so, just in celebration of our 10th anniversary, we'd just like to highlight some of the accomplishments of Mission: Lifeline this past year. As you can see, the numbers here, we've had quite a few hospitals that achieved Mission: Lifeline NSTEMI recognition. 2017 was the very first year for our annual NSTEMI recognition program. Almost 500 hospitals achieved Mission: Lifeline STEMI recognition, which is pretty significant. Approximately 988 hospitals participated Approximately 988 hospitals participated in the Mission: Lifeline program totally, so over 50% of our hospitals achieved one level of recognition or another. That is to be commended for the hospitals that did achieve recognition, as it looks at that EMS first medical contact to PCI measure, and takes those quality improvement activities outside the doors of the hospital and into the system and into the regions. Speaking of regions, we had 92 regions participating at Mission: Lifeline regional reports, and with the launch of Get With the Guidelines-CAD, we're really looking forward to bringing those regions back into Get With the Guidelines-CAD, so that we can continue to deliver that regional data, and so those regional implementation and optimization efforts can continue across the country. We are very proud that we had 28 metro regions that participated in the Mission: Lifeline Accelerator I and Accelerator II projects in conjunction with Duke Clinical Research Institute, and almost 1500 EMS agencies that participated in Mission: Lifeline EMS recognition. We had around 600 that actually received recognition, but a component of EMS recognition is where agencies that apply for recognition have the option to include their medical first response agencies that assist them with STEMI calls in the field, and when we added all of those, all of those medical first response agencies that were included in the recognition application, there were close to 1500 total agencies involved in EMS recognition for 2017. And then a big highlight of our program is our Mission: Lifeline and quality staff. Mission: Lifeline started out with very few staff across the country, and now we have over 120 AHA Quality Field and National Center staff located across the US and in all seven affiliates. I just want to, I did a presentation this week in a region, and with that presentation for Get With the Guidelines-CAD, we wanted to highlight the accomplishments, and when I started looking back at some of the data, this really shows the involvement, being involved with Mission: Lifeline and the improvements that this region made, and I thought that it would be helpful to share it on this presentation as well, just so you could appreciate the improvements that these regional groups have accomplished. As you can see here, significant increase in first lead, first 12 lead ECGs done in a pre-hospital environment for EMS presenters directly to the STEMI receiving center, and the comparison group there is the national benchmark. It's for quarter one 2016. And then arrival to PCI median times. As you can see here, significant improvements again for this region, and then median time to PCI for transfer in patients, which is our most difficult patient population to have care provided patient population to have care provided within the guideline recommendations of 120 minutes from arrival to PCI. So, you know, congratulations to all of our regions that participated in the Mission: Lifeline regional report, and as we look back through the data over time, we can definitely see these improvements these regions are experiencing, and like I said, we're really looking forward to getting that regional participation back into Get With the Guidelines-CAD to continue our work across the country. I do wanna take a second to just mention, we've had a lot of questions about how does this transition to Get With the Guidelines-CAD affect recognition, so, the decision was made that for 2018, Mission: Lifeline Recognition would accept fewer than four quarters of data, so one quarter of data entered into Get With the Guidelines-CAD, so that's 2017 data, so long as it meets volume criteria and measure criteria, can maintain an award level in 2018. So what that means is if an award, if a Silver award was received in 2017, if a Silver award was received in 2017, that hospital that received a Silver award, so long as one quarter of data was entered and it met all the criteria for recognition, that hospital could maintain that Silver award. As always a hospital can always enter Mission: Lifeline Recognition for the first time as a Bronze award level, and then if no award was received last year, you could also enter in at the Bronze level. Now when hospitals are able to enter two quarters of data into Get With the Guidelines-CAD for that 2017 data, and meet the volume criteria as well as measure criteria, these hospitals are able to move up an award level in 2018. So the same hospital that achieved the Silver award in 2017 they enter two quarters of data, maybe three, maybe even four, and on an aggregate analysis, the volume criteria is met, the measure criteria is met, then that hospital can achieve a Gold award. As far as first time entry facilities entering into Mission: Lifeline Recognition, you can also achieve, you can enter in at a Silver level with those two quarters of data being entered and meeting recognition criteria. So I just wanna take a second to just clarify what the Get With the Guidelines-CAD opportunity really means, so participation in opportunity really means, so participation in ACTION Registry-Get With the Guidelines was required for Mission: Lifeline Recognition, as well as Mission: Lifeline STEMI accreditation. Having those Mission: Lifeline reports was very critical to the Mission: Lifeline program, and those hospitals that participated in ACTION Registry, they participated by direct data entry into ACTION, by third-party vendor upload into ACTION, and they may even have been participating due to regulatory or state mandates for ACTION Registry participation. However, there's a whole nother population of hospitals that did not participate in ACTION. So there may have been a state registry that competed with ACTION Registry, so the hospitals decided against ACTION Registry participation. We have quite a few regions across the country in states that Cath PCI is mandated, so with Cath PCI participation, participation in ACTION was limited. And then we have other areas where just the sheer data burden of participating in an AMI registry, whether it was ACTION or another registry, we're talking about our STEMI referring centers, our critical access hospitals. So what Mission: Lifeline, you know, we really want to affect the lives of all Americans, not just Americans that happen to have their data entered into ACTION, so we're really excited that Get With the Guidelines-CAD can accomplish that. And then our, what we decided to add not long ago, was that we're looking to also incorporate EMS data into Cath, or, into Get With the Guidelines-CAD, and then to hopefully in the future, be able to accept that data directly from EMS. This is something that we're very excited for the Mission: Lifeline program to have more regions involved and participating in Mission: Lifeline, and have their data be eligible for Mission: Lifeline Recognition. So Mission: Lifeline data and reports. The Mission: Lifeline report is going to come out of Get With the Guidelines-CAD, no matter how the data is entered into Get With the Guidelines-CAD. So it could be via direct data entry, via a third-party vendor, which we are, I believe we have two vendors that are final or near final with all of the agreements to be a vendor for Get With the Guidelines-CAD. We have invited NCDR to be a vendor with Get With the Guidelines-CAD, and if there is a state registry that we need to talk with to also be a quote-unquote vendor, then we want to be able to meet you where you are and to offer this service, even if you're submitting data into a state registry. So Get With the Guidelines-CAD again, it supports Mission: Lifeline Recognition, regional STEMI systems of care implementation, which is very important to our Mission: Lifeline work, as well as Mission: Lifeline STEMI accreditation. We do like to say that Get With the Guidelines-CAD is a Registry/Vendor Agnostic Registry. No matter what AMI registry any region or hospital is participating in, we want to be able to accept your data and to make it as least burdensome as possible. So our priorities really revolve around accelerating improvements in cardiac care, And I will go further to say in systems of care, expand engagement and enrollment in Mission: Lifeline, and then continue our work together to save lives, because really that's what it's all about. Improving patient care, collaborating with the EMS, collaborating with receiving and referring centers, collaborating with other stakeholders, is all about the impact to the lives saved. So we've got many, we've received many questions about pricing for Get With the Guidelines-CAD, so, I'm just gonna leave this slide up here for just a second. And then with our information that we have given over the last couple of weeks, there has been a little confusion about the pricing, so I hope this helps to clarify any confusion. So for 2017, the Get With the Guidelines-CAD is free, and with that, full functionality is available. That includes your Real Time Mission: Lifeline Measure Reports and Patient Level Drill Down. It's everything, so full functionality for 2017. Now, 2018, we know that hospitals are, we have some hospitals that are on the fence, some hospitals that would just rather join for 2018. We do have a little incentive to enroll by November 1st. So for any hospital that enrolls by November 1st, 2017, and this is for the 2018 contracting cycle, these facilities will receive a $500 discount for the annual fee, and we will go through the fees here in just a minute. Again, there's no additional charge for Chest Pain Accreditation data layer and reports. And there's a 50% discount for any critical access hospitals that wish to participate in Get With the Guidelines-CAD. We also have hospital systems, so corporate systems that are interested in using Get With the Guidelines-CAD for their AMI registry, and when a health system approaches us to enroll 10 or more sites, they also receive a 10% discount. We're also discussing applying a 10% discount for states, so if states want to come on board at one time. So if you have 20 PCI facilities in your state and all 20 PCI facilities want to come on board at one time, please let us know so that we can hopefully negotiate a discount for those as well. As promised, here is the 2018 pricing options. So in the middle column you can see, that's the early enrollment cost, and then in the far right column is the cost after November 1st. And we have three options. So option one is direct data entry into Get With the Guidelines-CAD. So direct data entry is just, there's no third-party vendor involvement in the data entry process. You have access to the real-time hospital reports, real-time regional reports, and you would also have the access to that Chest Pain and Mission: Lifeline STEMI Accreditation data and reports. Option two is when a certified or a, actually, an approved vendor is used for data submission. So data entry would be uploaded via an approved vendor and transmitted to Get With the Guidelines-CAD. Again, option one and two have access to that real-time hospital data, real-time regional data, as well as patient-level drill down capability. Now, we do realize that budgets are tight for everyone, so we did want to offer a free opportunity as well, so we were free for 2017, and then if a hospital decided they wanted to continue their participation in Get With the Guidelines-CAD and wanted to take advantage of the free option, you would receive a quarterly report, kind of like what we receive, what historically we've received in Mission: Lifeline before, so a PDF report, not able to drill down to patient-level data, not able to get that real-time hospital and regional report data feedback, and that static PDF Mission: Lifeline report would be available three months after the close of the quarter. And if the hospital participated in a region, you would also receive that static regional report as well. I do want to, we have received a few questions over the past couple of weeks about the, what's the difference between the real-time data report option, so option one and two, versus option three, so hopefully this will provide just a little bit of clarity. So this is just a screenshot, and we'll go through it when we do the demo, of the real-time feedback that you received from the data entered. So I entered this patient in a couple weeks ago, and immediately upon submitting the data, I was able to run a measures report, and I could see within minutes of completing that patient record, that this patient fell out of several very important measures. So that's what the real-time feedback provides you, is that real-time as far as data, the time of data entry. So it's not the time that the data was entered into an EMR, but the real-time as of data entry into Get With the Guidelines-CAD, so you're able to immediately review the data for accuracy, and if you're wondering, does this patient meet the measure or not meet the measure, you're able to see that immediately. And then our static reports, like I said, they are very similar to our Mission: Lifeline legacy reports, so all Get With the Guidelines-CAD participants will receive a quarterly static PDF report, whether you're just a receiving center, a referring center, or participating in a regional report, every site will receive that, but if you participate via option three, that free version up through November 1st, and only receive the static report, you'll receive those static reports within three months after the quarterly data deadline, and again, they're very similar to what we've been used to with the Mission: Lifeline reports. It's a PDF with no patient-level or measure-level drill down capability, with that static report alone option. And here's just a quick comparison grid, and it shows those three options: option one, two and three. Down the left-hand side there, your enrollment option, and then our columns show the, what each would receive, or what options each would receive. I'll just keep it there for just a second, and again, you can see what the static quarterly report option does not get you. All options, all data submitted via all options one, two and three, will be able to able to be analyzed for Mission: Lifeline Recognition. So we are very proud that our Get With the Guidelines-CAD PMT is very streamlined. We really wanted to take advantage of the opportunity and ease the data burden for data entry. We've received lots of feedback over the years where we had some impact into that feedback, or in solutions for the feedback, but not total oversight or impact, so now that we have this opportunity, we really wanted to take that feedback and apply it to Get With the Guidelines-CAD. We have auto-set dates for easy data entry, just a click of the button, the time tracker fields are populated with the date, and then the time tracker component, we really wanted to make sure we included as many of those as possible so that you could get every sub-process time possible in the overall process. EMS FMC to PCI has a lot of sub-processes involved in that overall measure, so we really wanted hospitals to be able to break down that measure and other measures by those time processes. It's also, I think a very nice feature that the Get With the Guidelines-CAD form, we have up to 47 data elements that are required in Mission: Lifeline Recognition, and I stress up to. There are 47 total data elements required for all of the recognition measures. As you know, not all the recognition measures may apply, not all of the data may apply, so 47 would be the maximum number of data elements that a hospital would have to enter just to have their data meet Mission: Lifeline Recognition eligibility. Of course, there's other data elements, 42 additional data elements, that provide fantastic feedback as well. They're not tied to recognition measures. But in total, there are 89 total data elements via that streamlined form, so like I said, our goal is to minimize the data burden and really make this a meaningful tool for your AMI process review. Sorry, there was just a little lag. So again, Get With the Guidelines-CAD allows you to calculate the measures at the time of data entry by patient. And again, you can see another example here of where a patient fell into a few measures and met them, or they were excluded, as well as where they were not compliant with the measure. The calculate button is how this is done, and we'll go through this in the demo. And as you can see here, this hospital did not meet the Plus Measure for Mission: Lifeline, so arrival at first facility to primary PCI within 120 minutes. We also have a bar graph. So each measure is represented here, and the first six, we were at 100%, the last two, we didn't do so well on, and then the gray bar graph is where you can see where your Plus Measure falls into adherence. You can drill down for outliers, and I apologize, I meant to remove that box there, but you can see, if the hospital fell into, or if the patient fell into the numerator, there was an exception applied to the patient as far as the measure goes, and then we can see all the information about a particular measure, about a particular patient and then go back and drill down, and look, well, this is the drill down, go back and look and see where the data fell out, so this is the drill down for arrival at first facility to primary PCI within 120 minutes. This patient did not meet the measure, and you can see his numerator equals no. And then the rest of the string to the far right gives you all of the data elements needed for that measure, and the responses to each of those data elements. And then you could, sorry, went too fast. Then you can click the patient ID, and it'll take you to a section in the PMT, and you can review the data, and if it's incorrect, you can correct it, and if it is correct, you can just review and then exit. You're also able to filter down for comparison, so there are a quite a bit of filters, quite a few filters. So you can do it by arrival date, by hospital size, which is not shown in this slide, by gender, race, ethnicity, arrival mode, discharge status, you can even filter by physician. So on the roadmap for future reports and enhancements, I just wanna say we're very happy that July 1st we had our first enhancements released, and check-marked by all of those listed in the summer 2017 block and fall of winter 2017, and this is, winter would early 2018. It's full data and reports for Chest Pain Accreditation, data and reports for Mission: Lifeline STEMI Accreditation, optional fields for site-specific tracking, so if there was a particular project you were working on and needed additional data, we could get that set up for you. The transfer facility picker, EMS agency facility picker, as well as the EMS feedback form. We are very excited that Get With the Guidelines-CAD really allows for more detailed integration with your EMS agency that transports any patients to your facility. EMS agencies typically receive a 24 to 48-hour feedback, whether it's by fax or email, it kinda says the timestamps, and then a picture before or picture after of the cardiac vessel, coronary vessel, so that 24 to 48-hour feedback does occur, but then we also wanted hospitals to be able to give overall feedback. So you can give feedback to the EMS agency and with using that EMS agency picker, you'll be able to give feedback by EMS agency and then will also be able to give feedback to that agency not only from one hospital's perspective but from all the hospitals that those EMS agencies transport to. So if EMS transports to six different PCI facilities in one area, using that EMS agency picker, we can identify that agency and give that EMS agency their feedback in its entirety from all of those receiving centers. And this really does support Mission: Lifeline EMS recognition. So here is just an example of the data we collect for EMS agencies that are bringing patients to your facility; this is not the inter-facility component, this is the direct presenter component, and again, it really does support the Mission: Lifeline EMS recognition efforts by these EMS agencies. Now we also have the same type of information for inter-facility transport agencies, and this is really cool because our inter-facility transport patient population is the population that has the most room to improve as far as performing to guideline therapy, within that 120 minutes of arrival at first facility to PCI. So now we're able to enter in the data, the time that our inter-facility transport agency was called, what time they arrived, and what time they actually left the hospital. And again, we're breaking down that overall process into bite-sized components so that you can identify exactly where the opportunities for improvement lie. And again, through use of the inter-facility agency picker, we'll be able to give that agency feedback from all of the hospitals that they transfer patients to or from. And again, here's just a snapshot, so if they were transferred, yes, we can add the EMS agency from this we can add the EMS agency from this EMS inter-facility transport picker, and then we can enter in all the times and give that feedback back to that agency, even if it's an air transport provider. So one of the cool things with Get With the Guidelines-CAD is these two elements. We have been waiting a long time to have these two elements available as far as being able to give feedback, not only to EMS, but to hospitals as well, so our ED departments or cardiologists, because we're really working in our region to identify a EMS pre-hospital alert or notification pathway. If EMS agencies are identifying these STEMIs in the field, they're alerting these hospitals as soon as they recognize there's a STEMI on 12 lead ECG, there's a 15 to 20-minute transport of the patient, when does that Cath lab become activated? Is it after arrival? Is it immediately upon notification from the EMS agency? Is it just before arrival? We've never known that piece of the puzzle before. So now we're going to be able to really look at those pre-hospital alert protocols, and are they effective, and if they're not effective, why are they not effective? Is the Cath lab not being activated soon enough? Is it, or is it another reason? But to me this is one of the most exciting two data elements in Get With the Guidelines-CAD, and I know that just sounded totally geeky, but I'm really excited that these elements are in there. And again, it's all about that feedback loop, and looking at that last chapter of the book, so to speak, so we all know where we can improve these systems of care. So our regional report with Get With the Guidelines-CAD, they're going to be able to compare hospital to hospital to hospital, and the enhancement in Get With the Guidelines-CAD is that we'll be able to do this over time. So as you can see in this snapshot, you can see four quarters worth of data for each hospital, and it's still the same stack bar graph that we're used to, but instead of just looking at one quarter's worth of data, we will now be able to look at data over time, so that's very exciting as well. We're also going to have super user accounts available in early 2018. These super users will be able to access the Get With the Guidelines-CAD data, and they'll be able to either run or have generated state-wide reports, regional reports, aggregated reports, individual hospital comparison reports. The data will also be able to be exported. Excuse me. It can be used in other surveillance applications or tools, and hopefully, it will also be used for specialty designations in states. As well as we'll also be able to add custom data elements that support local, regional or state initiatives. Again, this is kind of just summarizing the state and regional super user assets. We're very excited that we'll be able to offer this, just like we offered the super user access in Get With the Guidelines-Stroke and other Get With the Guidelines modules. Super user pricing options, again, any state health department, regional agencies, and hospital associations, hospital systems. Early Adopter Discount, again for 2018, access is $500 discount, and again, you have access to those real-time, regional and hospital-level reports, data export capability, specialty designation grouping, and as always, the AHA Quality Staff report. I can't mention enough that our AHA staff is Mission: Lifeline's number-one resource, and we're looking for the same staff to be Get With the Guidelines-CAD's number-one resource. If you have any questions whatsoever, if you know who your quality staff is, definitely reach out to them, if not, you can always contact me and I have some contact info at the end of the presentation to give, and we'll get you hooked up with your local quality staff. So now for our Get With the Guidelines-CAD demo. I hope I'm still logged in. I just made it. Under the wire, I think I had a minute and 30 seconds to get back to the demo. So, we are going to add a new patient, and like I said, you can do by physician, date of birth, we're gonna keep it easy here. 1970, you can also use the calendar picker here. So say he's a male. Zip code 29485. Arrival date 07/01/2017. And time 12 o'clock. Actually, let's do this. 09:40. Admission date is the same. Where I don't have to hit Tab. So race, and if you chose Asian, some more options would appear below. Native Hawaiian or Pacific Islander, more options. And then Hispanic ethnicity, more options. So he will be a confirmed AMI STEMI. So we're gonna go to the pre-hospital section. Ambulance, agency number, this is where the picker, the agencies would be loaded in the EMS picker, and you would pick the appropriate agency. You can also enter the run number, so 1209, and then here's the date/time tracker, boom. We have all of our dates that appear there. So EMS first medical contact is 09:09. If the patient was seen at a physician's office, or urgent care facility, we would enter the time here. If there was a non-system reason for delay for EMS, which is intubation or CPR in the field, we would check this box. EMS dispatch time, 09:00. EMS arrival on scene, 09:08. That's the national average for EMS between dispatch and arrival. Departing scene, 09:22. And then this is destination pre-arrival, alert or notification. This is is where EMS makes contact with the hospital, that they're bringing in that STEMI patient, so 09:15. Method of first notification, let's say it was by phone call. Was the patient transferred from another facility, no. If they were, you would be able to pick your facilities from the transfer picker. And again, transfer time. You would set all active date and time fields by clicking that button, but we're not gonna do that. So the ECG first date and time. I keep hitting Tab. 09:12. It was prior to hospital arrival. Was there an ECG non-system reason for delay? Not this time. Was it a STEMI? Absolutely, and it was on first ECG. Symptom onset date and time. Oops, I put the time. How about 07/01/2017, 03:00. Patient was first evaluated in the ED. Transfer out date and time, 10:05. I'm too happy with the times. 10:06. Patient on any of these medications. Aspirin within 24 hours, yes, it was given by EMS. Antithrombotic 24 hours prior to arrival, no. Cardiac biomarkers positive, yes. History of smoking, more than likely, so we'll, yes. Was he a reperfusion candidate, absolutely. If no, you would have other, you would have another section open up where you could designate the primary reason why the patient was not a reperfusion candidate. Did the patient receive lytics? No, the patient did not. Was there a non-system reason for delay in care? No, there was not. Did the patient receive primary PCI? Yes they did. So for the PCI time tracker, we wanna go ahead and put in our date there. Cath lab activation, 09:45. Patient arrival to cath lab, 10:00. Attending to the cath lab, 10:08. Team arrival to the cath lab, 10:07. First PCI date and time, 10:21. This was primary PCI for a STEMI. There was no non-system reason for delay, so we'll click none. And if there was contraindications to reperfusion, this section for primary PCI would be available. Reasons not performing lytics, other. Did they receive PCI? LVF assessment, let's say 45. CABG, no. LDL, 190. Then we go to our discharge. Patient was discharged on July 4th, at high noon, and the patient went home. Comfort measures only is no. Was the patient referred to cardiac rehab? Unfortunately, they forgot the referral to cardiac rehab. They did consult him in smoking cessation. He was prescribed an ACE ARB, and was, or was a ACE. Was it contraindicated, no. He was not prescribed a ARB, it was not contraindicated. He was prescribed aspirin, and here is where we're putting just a dose and a frequency. Aspirin is not contraindicated. None of these others were prescribed, nor were they contraindicated. Beta blocker at discharge, yes. Contraindicated, no. And I think on the last demo call, it was stated that we're gonna make this a little more streamlined, so that if it was prescribed, contraindicated is taken care of. Again, if there's some optional fields for special projects and initiatives, we can add those here. And then we go to measures, actually, before we go to measures, let's see if I have any errors, so critical errors. Non-EMS first medical contact. I just need to take the date out. So we cleared that error up. And then please enter a value for contraindicated. And there we go, those are our critical errors. So that's real-time feedback. That's what we mean as far as real-time feedback. And then our measures, Calculate. Now we can see that our patient is actually compliant in all of the measures that is included in the numerator. So I'm just gonna hit Submit. And the patient record has been submitted. Now I'm gonna go to reports. Going to go to predefined measure report. Actually, no. I'm gonna go to configurable measure report. We're gonna go quarterly, select Measure, and I wanna do patient records, 'cause I wanna see this data for these measures. So here is our arrival to PCI in less than 90 minutes. These are our three patients. Was the patient record included in the results, it was. And then in this fourth column we can see, was the patient included in the numerator, so did it meet the measure. We have three that did, one that did not. So now we're able to look and see why the patient fell out of the measure. The same is true for all of the other recognition measures. FMC to PCI in 90 minutes or less. Aspirin at arrival. aspirin at discharge, beta blocker at discharge, statin therapy. So lots of good things here as far as our report. And with that, let's see. I'm gonna go here. I wanna go here, here. I just wanted to summarize the benefits of Get With the Guidelines-CAD and aside from the cost being free for 2017, and the offer of a $500 discount for early adopters for 2018, it's really our amazing field staff and the level of detail that we can now look at into our Mission: Lifeline measures and Mission: Lifeline and AMI data lists. Here's the contact information for myself, Christine Rutan and Joe Williams, who is our usual voice of Get With the Guidelines-CAD, but he's taking a vacation day today and I just wanna thank you for attending, and if I can't get to the question and answer screen, I'm gonna try to answer a few questions in the very short time we have left. I see a lot of questions about the slides. They are available as a PDF file. And we have a question about certified vendors. Is there still no announcement of the approved vendors yet? So I, I would rather hold, there are two that are very close to being approved, I think one is approved, one is very close to being approved and we have a couple that are along in the process, and I would rather wait for a formal announcement from our health IT team, and as soon as we can from our health IT team, and as soon as we can make that announcement, we will make that announcement, and if you have any specific questions about a specific vendor, you can always email me at my email address here, and I'll put you in touch with somebody who might be able to answer that question for you more definitively than what I'm doing today. So we participate in the ACTION Registry currently using a third-party registry, analytic software. Is this an added cost and an added bonus, or do we pay separately outside of the NCDRCs? So the Get With the Guidelines-CAD contracting process is separate from any process that you would do with ACTION or any other AMI registry that you might participate in, and if you use a, if you use a vendor, then we're working on getting those vendors approved for Get With the Guidelines-CAD, and like I said, we've also invited the NCDR to be a approved vendor for Get With the Guidelines-CAD. And again, do we need to pay extra in order to participate in Get With the Guidelines? So Get With the Guidelines-CAD has its own fee structure, and it is separate from the other Get With the Guidelines modules as well as ACTION Registry. And then are there thresholds for the data elements? So at this time, I am not aware that there are thresholds applied. If this person could email me directly, I do want to provide clarity, if there's anymore to provide, other than the fact that at this time, there's not thresholds applied to the data elements. I do completely understand that we wanna make sure that our data quality is superior and reliable. But I think having only 47 data elements that are required for Mission: Lifeline STEMI Accreditation, and then 89 total data elements, I would really expect that the threshold of adherence to entering that data would be pretty high. But I do understand your question about the threshold being applied to the data element. So the last question we're going to cover is we currently enter data into ACTION and have been molding Get With the Guidelines-CAD. Is there currently a way to import the data from ACTION into Get With the Guidelines-CAD? So that would be dependent upon if, if there was a third-party vendor involved, so, with the vendors that have been approved, or very close to being approved, they will absolutely be able to import the data into Get With the Guidelines-CAD. If you have a lot of historic data, and, are not using a vendor, please reach out to us, and we can discuss potential options for that to make sure that your data can get into Get With the Guidelines-CAD. When we spoke with one of the Mission: Lifeline regions this week, that was a very important component to participation in Get With the Guidelines-CAD, is having that historical perspective and being able to look at your data over time. Like I said, if you use a vendor and the vendor's an approved vendor, it will be no problem, and if it's something outside of an approved vendor, then we'll definitely do what we can to work with you on that. We do have a CSV uploader tool available. It does take some IT involvement, but as well as utilizing that CSV uploader, if that's a reliable option for you, then Quintiles as well as AHA staff will work to make sure that we can get a CSV function to work. So we're at the top of the hour. I really appreciate everybody being on the webinar today, and again, if you have any questions whatsoever, please email us and let us know, and thank you for your 10 years of amazing support in Mission: Lifeline, and we look forward to your continued support with Get With the Guidelines-CAD.