Get With The Guidelines®-Resuscitation
PMT® Updates

October 31, 2018

Presenter:
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PEDIATRIC CARDIOLOGY

Dr. Tia Raymond is a board-certified pediatric cardiac intensivist who primarily treats patients in the cardiac intensive care unit who have congenital or acquired heart disease. She focuses on treating children before and after heart surgery and has a dedicated mission to obtain the best possible outcomes in cardiac critical care. Through continuous study, lecturing, and research participation, she remains current in innovative management techniques, and invasive/noninvasive diagnostic and interventional technologies.

Dr. Raymond has worked in the Congenital Heart Surgery Unit at Medical City Children’s Hospital for more than 10 years. She has served as a volunteer for the American Heart Association’s Get With the Guidelines-Resuscitation and the emergency cardiovascular care committee, and she actively participates in updates for the pediatric advanced life support guidelines. A Fellow of the American Academy of Pediatrics and the American Heart Association, her research publications focus on in-hospital resuscitation, cardiac intensive care, and quality improvement. She is often sought after for her expertise in pediatric cardiac critical care, including advanced treatment for heart failure and the use of extracorporeal membrane oxygenation. Dr. Raymond, a Dallas native, is married and has two young sons.

EDUCATION
B.S., Poppendeine University; M.D., University of Texas Southwestern Medical School; Internship and Residency, Children's Medical Center Dallas; Fellowship, Texas Children's Hospital/Baylor College of Medicine; Specialty Training, Texas Children's Hospital

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Summary of Updates

- ARC Form Updates (August 2018)
- Other Form Updates (August 2018)
- New Code Blue Measure Group (October 2018)
- Tutorial for creating PowerPoint Slides for the Code Blue Measures
- Updated Quality, Descriptive and Reporting Measures
- Minor updates (October 2018)
- New CSV Uploader – MET Form (October 2018)
- New Site Characteristics: IHCA Incidence Tracking (October 2018)
ARC Form Updates: Vital Signs

Instead of all vital signs within 4 hours of the event, we are asking for the last set of vital signs within 4 hours of the event.

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Heart Rate</th>
<th>Systolic BP</th>
<th>Diastolic BP</th>
<th>Respiratory Rate</th>
<th>SpO2</th>
<th>Temp</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
</tr>
</tbody>
</table>
Under Pre-existing conditions, “Septicemia” was moved to Historic and replaced with “Sepsis”
• Aligned with CPA 2.3 Interventions Already in Place
  • Moved “IIP Invasive airway”, “Mechanical ventilation”, “Nebulized therapies” to Historic
  • Added new elements: “Non-invasive assisted ventilation”, “Intra-arterial catheter”, “Conscious/procedural sedation”
ARC Form Updates: Interventions Already in Place Part B

New data elements

- Chest tube(s)
- Dialysis/extracorporeal filtration therapy (ongoing)
- Extracorporeal membrane oxygenation (ECMO)
- Implantable Cardiac Defibrillator (ICD)
- Inhaled nitric oxide therapy
- IV/IO continuous infusion of antiarrhythmic(s)
- Prostaglandins - continuous infusion (newborn/neonate)
- Other prior interventions in place, specify:
ARC Form Updates: Event and Other Interventions Tabs

Event Tab:  
Was there an emergency airway team called?
- Yes
- No
- Not Documented

Added new element

Other Interventions Tab:
Moved “Drug Int Dextrose bolus” and “Drug Int Sodium Bicarbonate” to Historic
Other Form Updates

CPA Newly born:
Moved “Apnea” and “Apnea/bradycardia” from Historic to CPA 2.3

Admission/Discharge:
Added 4 Warnings for Admit and Discharge CPC & PCPC fields
Changes to Configurable Measure Reports

• Add Code Blue measure bundles: Adult, Pediatric, Neonate/Infant, Newly Born

• Add “Advanced Reporting” links after the measures drop-downs for easy access to the Frequency of Events and Risk Adjusted Survival to Discharge Reports.
Existing Measures

- CPA: Survival to Discharge
- CPA: Initial Rhythm
- CPA: Time to first shock <= 2 min for VF/pulseless VT first documented rhythm (all patients)
- CPA: Time to IV/IO epinephrine <= 5 minutes for asystole or Pulseless Electrical Activity (PEA)
- CPA: Percent Pulseless Cardiac events monitored or witnessed
- CPA: Confirmation of airway device placement in trachea

New Measures

- CPA: Event Location
- CPA: Illness Category
- CPA: Day of the Week
- CPA: Hour of Day in two-hour increments
- CPA: Subject Type
- CPA: Age
- CPA: Event Survival (ROC)
Code Blue – Newly Born

- CPA: Event location
- CPA: Illness Category
- CPA: Day of the week
- CPA: Hour of Day in two-hour increments
- CPA: Subject type
- CPA: Age
- CPA: Event survival (ROC)
- CPA: Survival to discharge
- CPA: Initial Rhythm
- CPA: Percent pulseless cardiac events occurring in an ICU setting versus a ward setting
- CPA: Confirmation of airway device placement in trachea
Benchmarks

Benchmarks groups continue to be selected by site for relevance. CPA: Percent of initially pulseless events with VF/pulseless VT first documented rhythm with time to first shock <= 2 minutes. Because we do not measure seconds, this measure reflects output exactly according to the ACLS guidelines. It includes all times from 0 minutes to 2 minutes and 59 Seconds (one second short of 3 minutes). We do not use “3 minutes” in the measure description because if we used “3 minutes” then it would include 0 minutes to 3 minutes 59 seconds (one second short of 4 minutes). ECC (developers of the ACLS courses), our volunteers, and TJC in developing their CA proposed measures made the decision that <= 2 minutes was in compliance with the existing studies not the minute longer of <= 3 minutes.
Tutorial: Creating PowerPoint slides

To share your code blue report group, you may want to place the graphs or tables into PowerPoint slides.

1. After generating a report bundle, select “print” (note: because there are 13 reports being downloaded, it does take a few seconds or more to generate)

2. Next, the option to open or save appears. Select “open.”

1. If you have a screen grabbing tool, such as “Snipping Tool” or “SnagIt” or the print screen button, you may choose any of those to copy the graphs and paste them into a PPT slide. If you choose this method, you may need to reduce the size of the image within the .pdf. **Click on the “zoom” minus sign** until you reach a desired size.
4. Next, use your screen capture program of choice to select the graph or table image, then copy (ctrl + c) and paste (ctrl+v) into a PowerPoint slide.

5. You can resize, crop, or format your image within PowerPoint.

6. Repeat these steps for each graph or table you’d like in your PPT.
Tutorial: Screen Capture Option 2

Or, you may find it easier to open PowerPoint and use the “Screen Clipping” tool to insert an image of the slide or table.

1. Open PowerPoint
2. Then, make sure the pdf of your code blue report is open, the minimize it.
3. Next, in PPT, go to “Insert” then “Screenshot”
6. Now you will select “Screen clipping”

7. You can resize and crop the image once it appears on your PPT slide.

8. Repeat these steps for each graph or table you’d like in your PPT.
Tutorial: Screen Capture Option 3

Some Adobe programs allow for exporting directly into PPT.

1. Click on “Export PDF”
Tutorial: Export to PPT

2. Then, select “PowerPoint”

3. Then, “Export”
1. A new window will appear and you will need to save the export. (Make sure the “open file after export” box is checked)

2. Save your PPT to your desired location

3. Once saved, the PPT will open with the graphs and tables formatted to fit onto each slide (next slide shows a sample)
CPA: Day of the Week

Histogram Breakdown of Day of Week

Data Set: Jan 2014 - Sep 2014, Site: AHA National Data Set (2014)

Day of the Week

<table>
<thead>
<tr>
<th>Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>My Hospital-Jan 2015</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>My Hospital-Feb 2015</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>My Hospital-Mar 2015</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>My Hospital-Apr 2015</td>
<td>0%</td>
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<td>0%</td>
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<tr>
<td>My Hospital-May 2015</td>
<td>0%</td>
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<tr>
<td>My Hospital-Jun 2015</td>
<td>0%</td>
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<td>0%</td>
</tr>
</tbody>
</table>

Note: Some time periods do not have patient records during that time.
Option 3 is the quickest way to create a PPT for your code blue report group; however, not all Adobe versions offer this.

You may need to check with your hospital IT staff for questions about upgrading to a current version of Adobe DC or purchasing Adobe Pro.
Measure updates

- Updates to Quality, Reporting, and Descriptive Measures
  - Each measure was updated to align with the population definition changes that took place in 2017

- New Medical History under Cross-Form Measures
Medical History Report

• On Configurable Measure Reports, click on the drop-down for Cross Form and Admission & Discharge Measures
• Select “CPA, ARC & PCAC: Medical History”
Frequency of Events Report

Time Windows of either 4-hour or 2-hour increments

Patient Population column displays "Neonate/Infant" and "Newly Born"
MET CSV uploader

Contact your local QI Director for more information about the MET form csv uploader.
Site Characteristics: IHCA

- New site traits for collecting information for In-hospital Cardiac Arrest measures
- Stay tuned for webinars discussing this information: where to get it within your hospital and why we’re collecting it!
- Review our website for the call to action for improving In-Hospital Cardiac Arrest:
Questions?
Contact Us to Learn More

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