

BACKGROUND

GWTG-Coronary Artery Disease (CAD) was the flagship GWTG module for AMI quality improvement from 2005-2010. In April 2017, The AHA was pleased to announce the re-launch of GWTG-CAD which is fully supporting the Mission: Lifeline program and cardiovascular quality improvement activities. Similar to the AHA's other Get With The Guidelines programs, GWTG-CAD is supported by QuintilesIMS and was built with familiar features and streamlined functionality. Together, the AHA and IQVIA, formally QuintilesIMS, offer unmatched customer service along with quality improvement and systems of care implementation expertise.

GWTG-CAD SUPPORTS MISSION: LIFELINE PROGRAM

Since 2010, the AHA's Mission: Lifeline program has recognized hospitals for their outstanding performance in high quality systems care performance by meeting or exceeding guideline therapy recommendations in treating patients presenting with STEMI heart attacks. Beginning with the 2018 recognition cycle, GWTG-CAD data is the only data source that will be analyzed for Mission: Lifeline STEMI and NSTEMI Recognition. **For the 2018 recognition cycle (using data from Q1-Q4 2017, one quarter of Mission: Lifeline data is required to be eligible for Mission: Lifeline recognition analysis.**

GWTG-CAD also supports the Mission: Lifeline program through:

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

“Participation and achievement with the Mission: Lifeline program allows Hamilton EMS to validate our quality and competency driven clinical efforts and provides the community we serve with tangible and legitimate evidence of our ongoing mission to provide the best service and system care possible.”

- Scott Radeker, MS, NR-P
Director, Hamilton EMS

ADDITIONAL BENEFITS OF GWTG-CAD

- ♥ Competitively priced options for 2018
- ♥ Consultative services by familiar AHA Quality Improvement staff
- ♥ Streamlined, intuitive, user friendly data collection form
- ♥ Less than 125 total data elements, only 47 required for Mission: Lifeline recognition analysis
- ♥ STEMI only data option
- ♥ Ability to create customer reports by provider, by gender, by EMS agency, by Referring Hospital and much more

2018 MISSION: LIFELINE STEMI MEASURES

STEMI Receiving Center Recognition Measures

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

EMS First Medical Contact to Primary PCI \leq 90 Minutes: Percentage of ST-elevation Myocardial Infarction (STEMI) patients who received a primary PCI within 90 minutes from first medical contact prior to arrival at the Receiving Center (arrival via EMS/Ambulance only)

Aspirin on Arrival: Percentage of ST-elevation Myocardial Infarction (STEMI) patients who receive aspirin within 24 hours before or after first medical contact (if arriving via EMS, Air, or Mobile ICU), or within 24 hours before or after hospital arrival (if arriving via privately owned vehicle) .

Aspirin at Discharge: Percentage of ST-elevation Myocardial Infarction (STEMI) patients prescribed aspirin at discharge

Beta Blocker on Discharge: Percentage of ST-elevation Myocardial Infarction (STEMI) patients prescribed a beta blocker at hospital discharge

Statin therapy on Discharge: Percentage of ST-elevation Myocardial Infarction (STEMI) patients who are prescribed a statin at hospital discharge

ACE-Inhibitor or Angiotensin Receptor Blocker (ARB) for LVSD at Discharge: Percentage of ST-elevation Myocardial Infarction (STEMI) patients with left ventricular systolic dysfunction (EF < 40% or with moderate or severe LVSD) who are prescribed and ACEI or ARB at hospital discharge

Adult Smoking Cessation Advice: Percentage of ST-elevation Myocardial Infarction (STEMI) patients who smoke cigarettes who receive smoking cessation advice/counseling during admission

Overall Mission Lifeline® Composite Score—Receiving Center: Proportion of performance opportunities that were met among eligible opportunities for all 8 individual achievement measures.

STEMI Receiving Center Plus Measure

Arrival at First Facility to Primary PCI ≤ 120 minutes: Percentage of ST-elevation Myocardial Infarction (STEMI) patients transferred from a STEMI Referring Center who received primary PCI within ≤ 120 minutes of arrival at the first facility (Referral Center door-to-device time). For admissions with STEMI diagnosed on subsequent ECG, arrival date/time is set to 0 and Arrival at First Facility to Primary PCI is set to Subsequent ECG time to Primary PCI.

STEMI Referring Center Recognition Measures

ECG within 10 minutes of Arrival: Percentage of ST-elevation Myocardial Infarction (STEMI) patients who received an ECG within 10 minutes of arrival at the Referring Center

Arrival to Thrombolytics within 30 minutes: Percentage of ST-elevation Myocardial Infarction (STEMI) patients who receive thrombolytic therapy within 30 minutes of arrival at the Referring Center

Arrival to Transfer to PCI Center within 45 minutes (Door In Door Out): Percentage of ST-elevation Myocardial Infarction (STEMI) patients who are transferred out for primary PCI within 45 minutes of arrival at the Referring Center

Aspirin at Arrival: Percentage of ST-elevation Myocardial Infarction (STEMI) patients who receive aspirin within 24 hours before or after first medical contact (if arriving via EMS, Air, or Mobile ICU), or within 24 hours before or after hospital arrival (if arriving via privately owned vehicle)

Aspirin at Discharge: Percentage of ST-elevation Myocardial Infarction (STEMI) patients prescribed aspirin at discharge

Beta Blocker at Discharge: Percentage of ST-elevation Myocardial Infarction (STEMI) patients prescribed a beta blocker at hospital discharge

Statin therapy on Discharge: Percentage of ST-elevation Myocardial Infarction (STEMI) patients who are prescribed a statin at hospital discharge

ACE-Inhibitor or Angiotensin Receptor Blocker (ARB) for LVSD at Discharge: Percentage of ST-elevation Myocardial Infarction (STEMI) patients with left ventricular systolic dysfunction (EF < 40% or with moderate or severe LVSD) who are prescribed and ACEI or ARB at hospital discharge

Adult Smoking Cessation Advice: Percentage of ST-elevation Myocardial Infarction (STEMI) patients who smoke cigarettes who receive smoking cessation advice/counseling during admission

Overall Mission Lifeline® Composite Score—Referral Center: Proportion of performance opportunities that were met among eligible opportunities for all 9 individual achievement measures.

For more information on GWTG-CAD and/or Mission: Lifeline participation, contact

[GWTG- CAD/Mission: Lifeline](#)