American Heart Association

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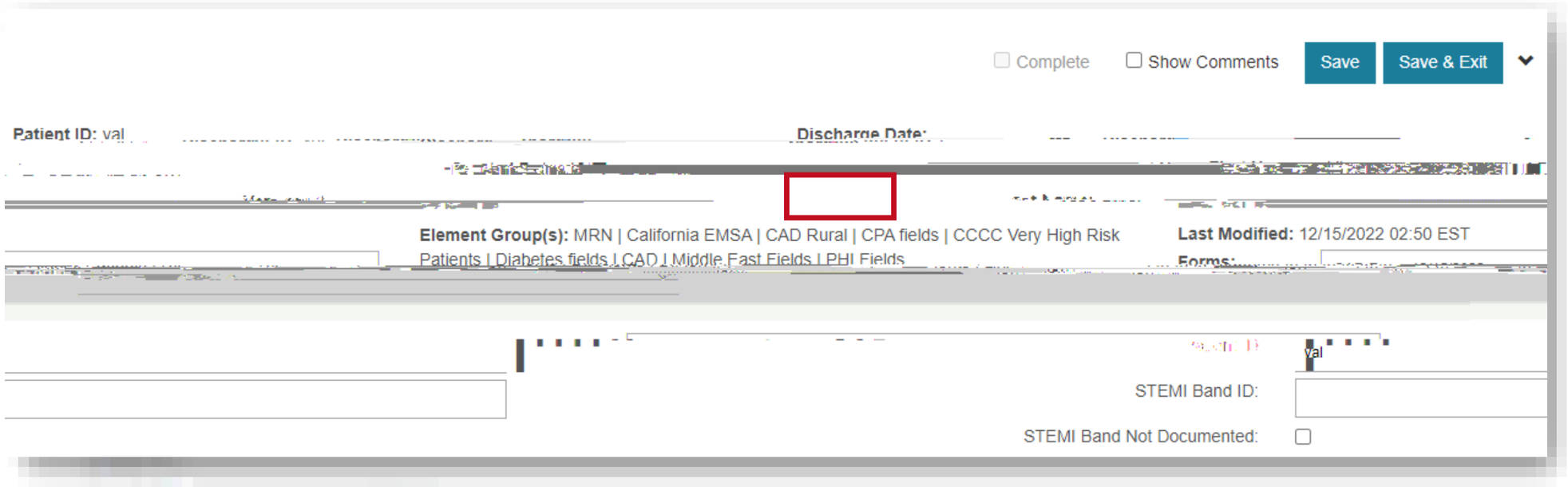
GWTG-CAD Version 3 (v3) Overview

- Expanded Optional Entry Criteria
- eCRF Updates

Version 1: GWTG-CAD (Patient Management Tool)
Version 2: Current GWTG-CAD registry
Version 3: GWTG-CAD with expanded optional entry criarl entry 5oD7ꝊTJETQI1Qnentry



- Streamlined data collection with improved form logic
- Intuitive inpatient data collection
- Options and tools for expanded patient populations

What you have come to rely on.

Mission: Lifeline Recognition Criteria

- Achievement and Quality measures will continue to be evaluated under the same criteria
- All previous data will still be in your accounts and all recognition measures will run for patients entered before AND after the updates

Your internal abstraction processes

- Any internal abstraction processes will not be impacted or require change

Support for all your cardiac certification

- TJC specific data collection and/or measures will continue to function as it has; you will not need to update any forms or change any abstraction process

Expanding on our success and our mission of continuous [illegible]t

- Allowing sites to choose how to use the data and what expanded cases they wish to enter
  - Expanded optional entry criteria to capture broader ACS cases
    - STEMI, NSTEMI, Chest pain, Angina, and not admitted patients
- Enhanced data collection
  - Single dynamic case report form
  - New transfer patient sections for both receiving and referring
  - Updated reasons for delay sections
  - Thrombolytic administration and more

Future Updates

- Measures and reports focused on separate populations and treatments
- Focused feedback tools with targeted goals and benchmarks
- Reporting on care intervals and transitions of care
- Data sharing across transferring sites and with Emergency Medical Services

The GWTG-CAD registry is designed to facilitate quality a[illegible] improvement on emergent ACS care at participating facilities and health systems.

The GWTG-CAD quality improvement tool accepts three distinct patient populations. Hospitals and health systems can choose to participate in all or some of the criteria below. The following is a list of ICD-10-CM codes commonly used to describe these conditions. These codes can be helpful to identify these patient populations:

Included:

GWTG-CAD STEMI Criteria:

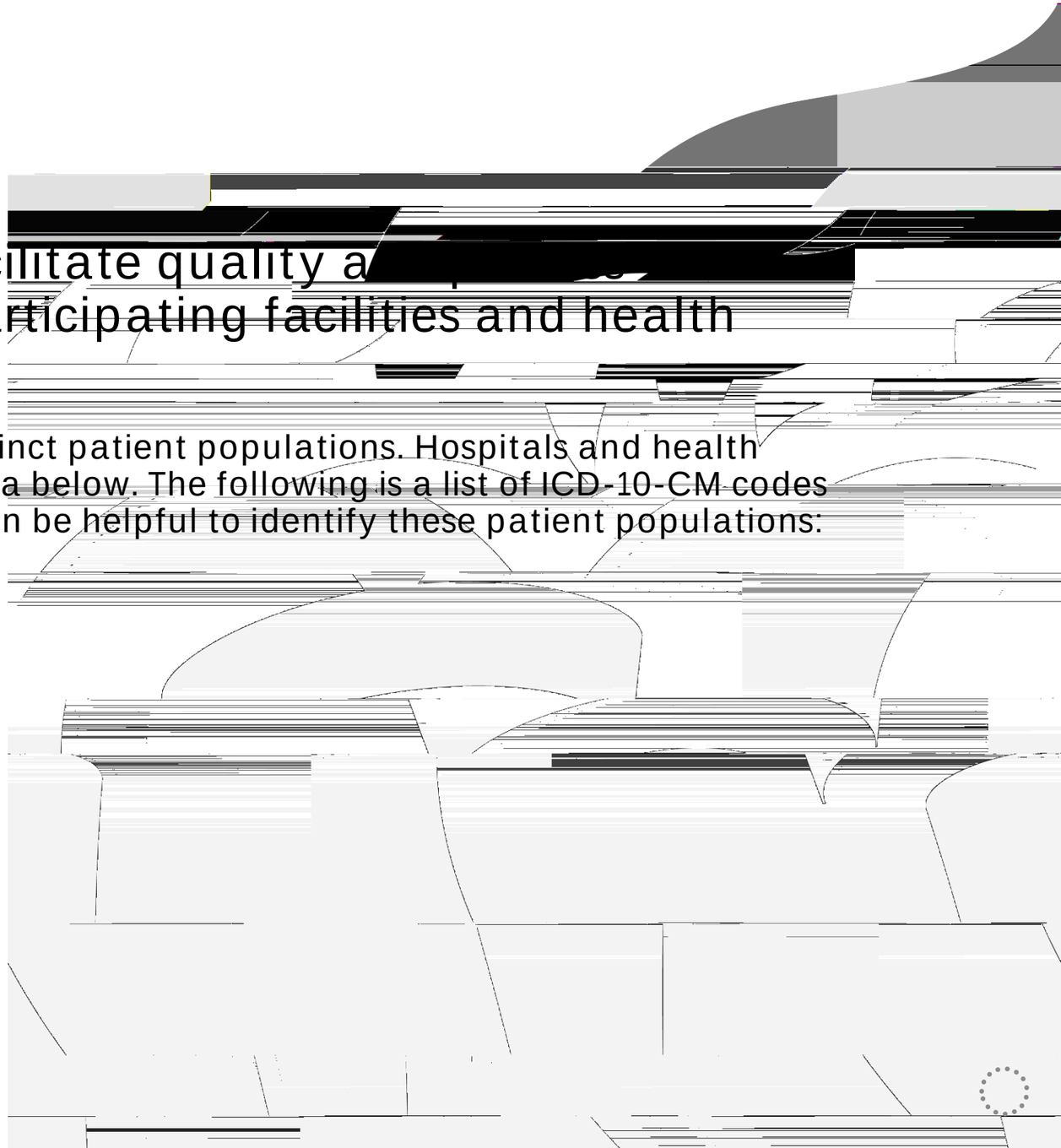
- Principle Diagnosis of STEMI

GWTG-CAD (Type 1) NSTEMI Criteria:

- Principle Diagnosis of NSTEMI

GWTG-CAD Chest Pain Criteria:

- Principle Diagnosis of Angina or Chest Pain



ICD-10-CM codes

GWTG-CAD STEMI Criteria:

Principle Diagnosis of STEMI

I21.01-I21.09; I21.11, I21.19; I21.21-I21.29; I23.3; I22.0, I22.1, I22.8, I22.9

GWTG-CAD (Type 1) NSTEMI Criteria:

Principle Diagnosis of NSTEMI

I21.4, I22.2

GWTG-CAD Chest Pain Criteria:

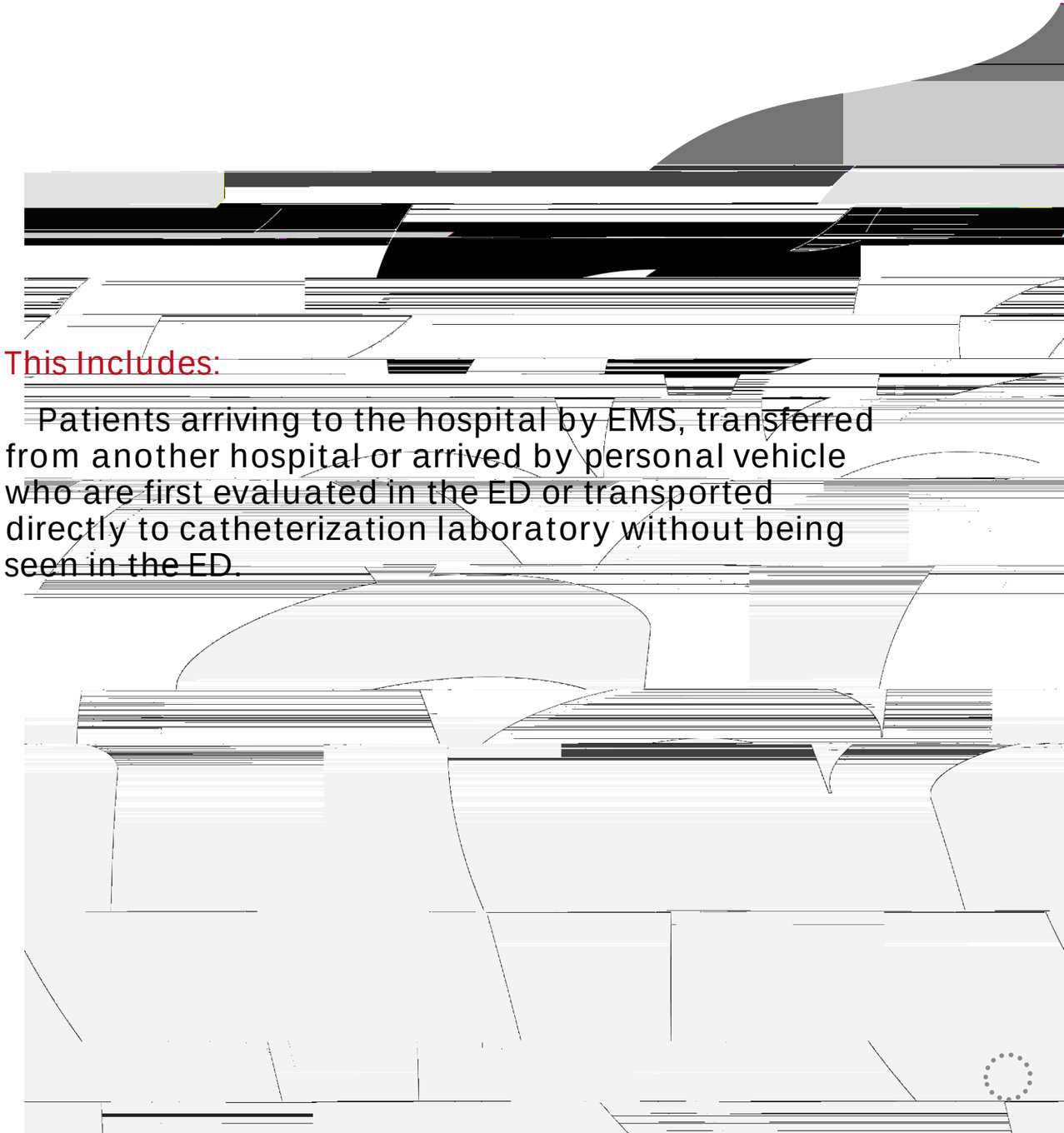
Principle Diagnosis of Angina or Chest Pain

Angina: I20.0-I20.9;

Chest Pain: R07.82, R07.89. R07.9

This Includes:

Patients arriving to the hospital by EMS, transferred from another hospital or arrived by personal vehicle who are first evaluated in the ED or transported directly to catheterization laboratory without being seen in the ED.



Continued:

Excluded:

Patient < 18 years of age

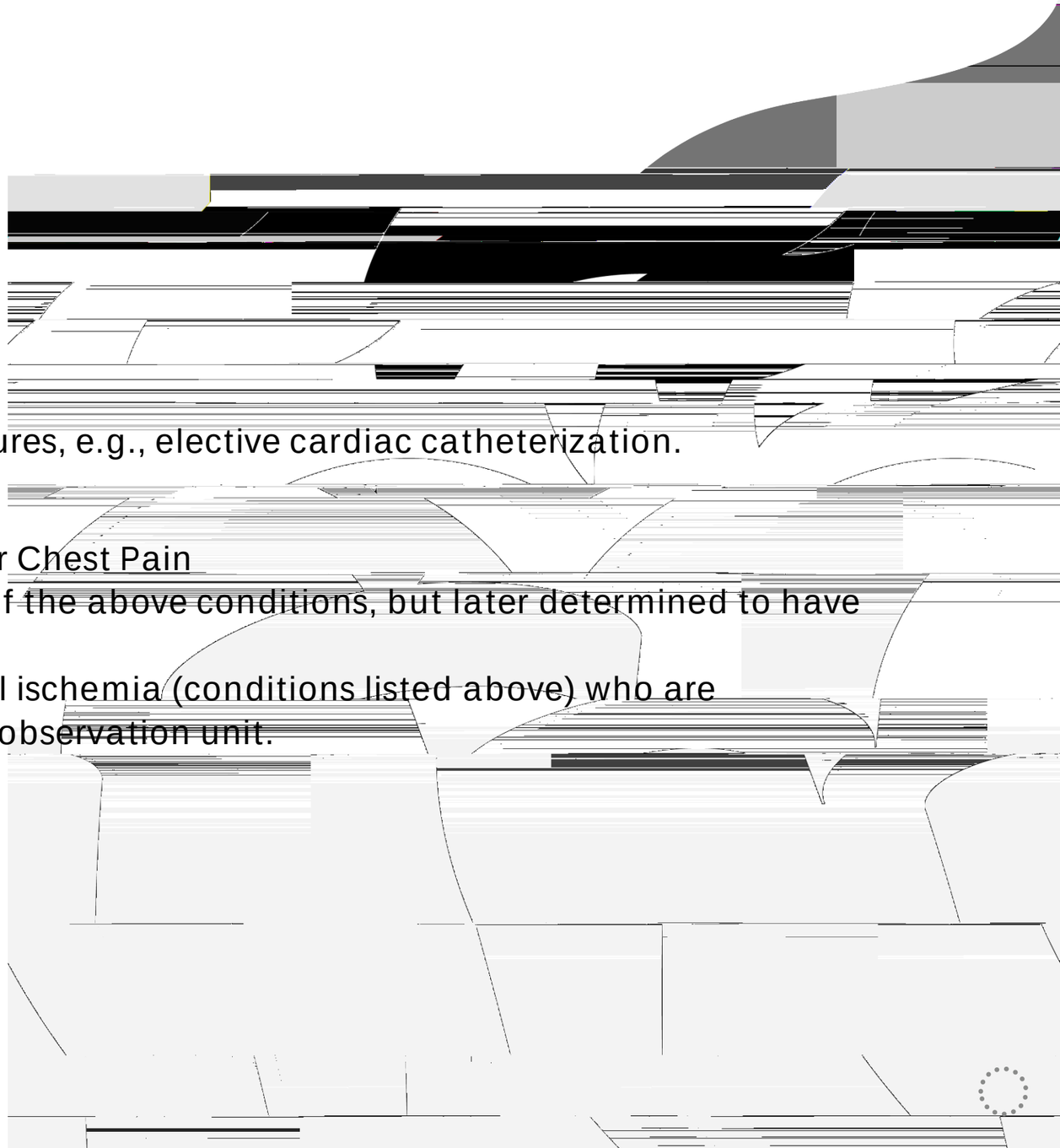
Patients arriving to hospital for planned/scheduled procedures, e.g., elective cardiac catheterization.

Optional:

Patients with only a Secondary Diagnosis code of Angina or Chest Pain

Patients who present with an initial cardiac finding of one of the above conditions, but later determined to have a non-ischemic condition (sepsis).

Patients presenting to hospital for symptoms of myocardial ischemia (conditions listed above) who are discharged from the ED or admitted and discharged from an observation unit.



Updated data collection to meet your hospital's needs

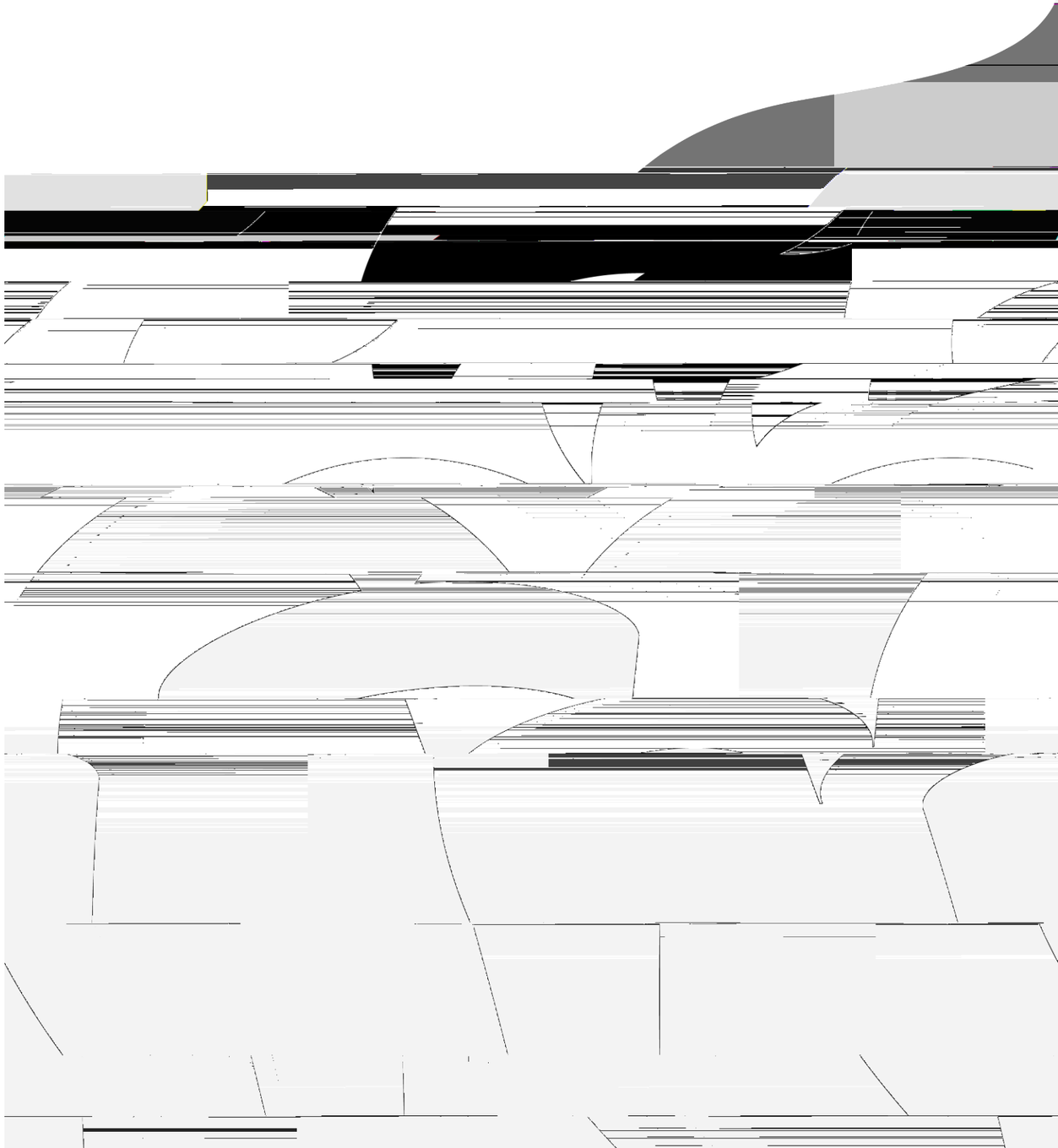
Updates*

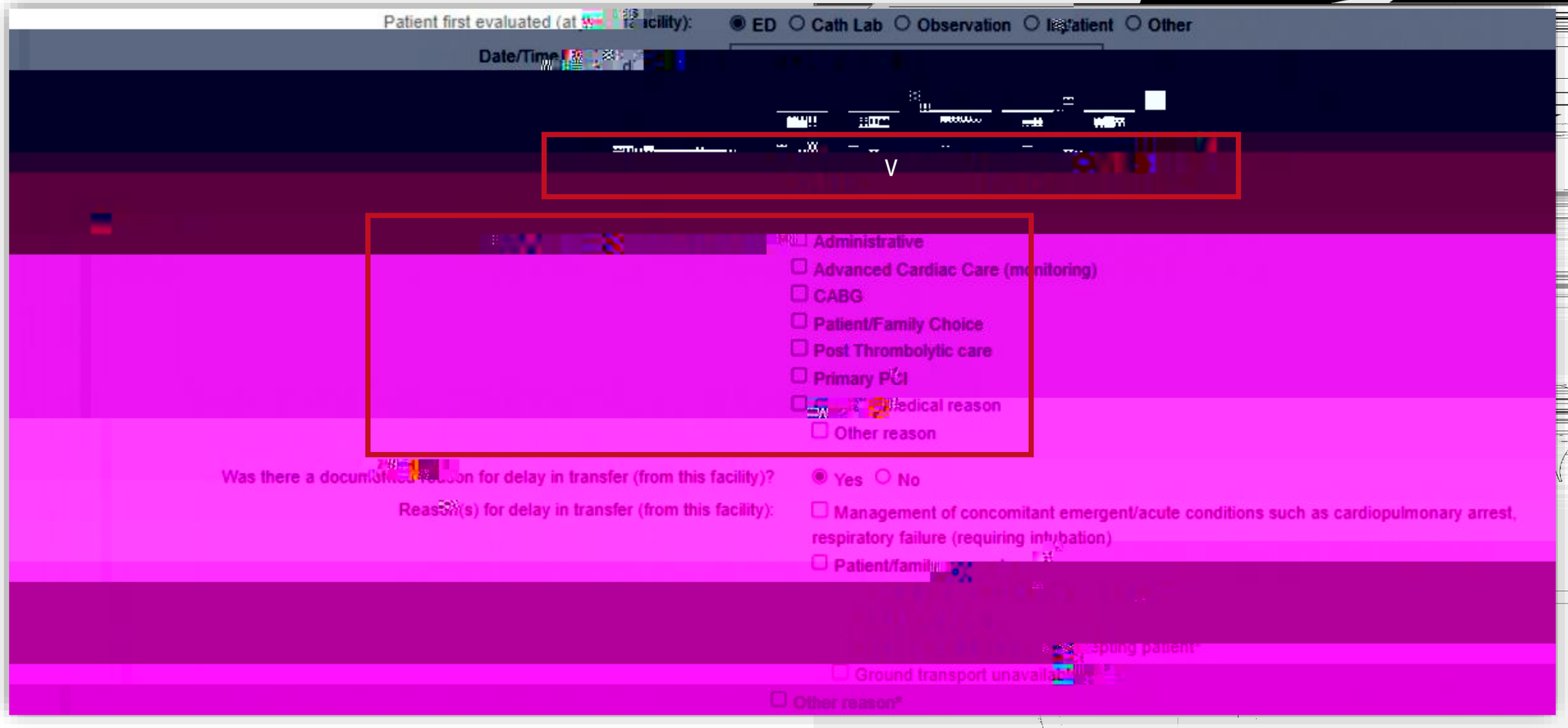
- ED Disposition
- EMS ECG Finding
- Patient location where cardiac symptoms discovered
- Reason for transfer (referring and receiving)
- Reasons for delay in transfer (referring and receiving)
- Antiplatelet and anticoagulant medications during this episode of care (Optional)
- Documented scene delay by EMS
- Final Clinical Diagnosis

Redesign*

- Medications prior to admission
- Thrombolytic administration
- PCI
- Reasons for Delay
- NPI section with additional physician fields

** These are not exhaustive lists of all updates and redesigns.*




Patient first evaluated (at
cility):
ED
Cath Lab
Observation
Inpatient
Other
Date/Time
Administrative
Advanced Cardiac Care (monitoring)
CABG
Patient/Family Choice
Post Thrombolytic care
Primary PCI
edical reason
Other reason
Was there a documented reason for delay in transfer (from this facility)?
Yes
No
Reason(s) for delay in transfer (from this facility):
Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
Patient/family
Ground transport unavailable
Other reason*

Examples

Current:

1st ECG Non-System Reason for Delay:

Update:

Was there a documented reason for delay in obtaining 1st ECG? Yes No

Current:

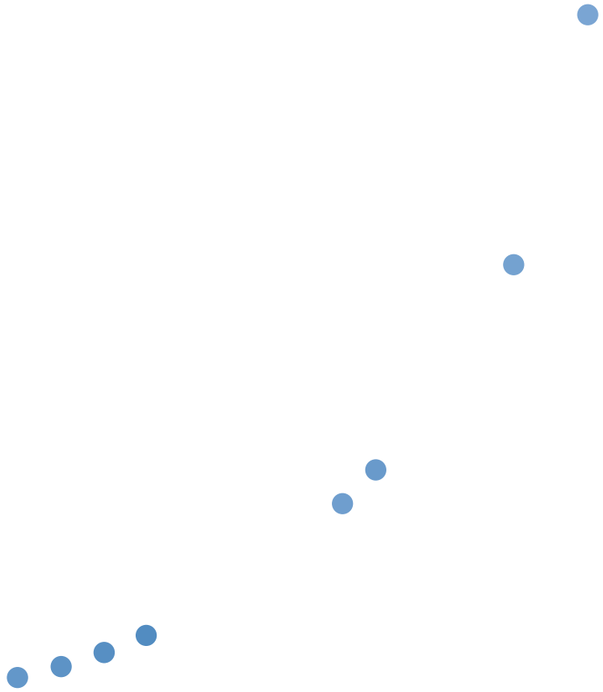
Update:

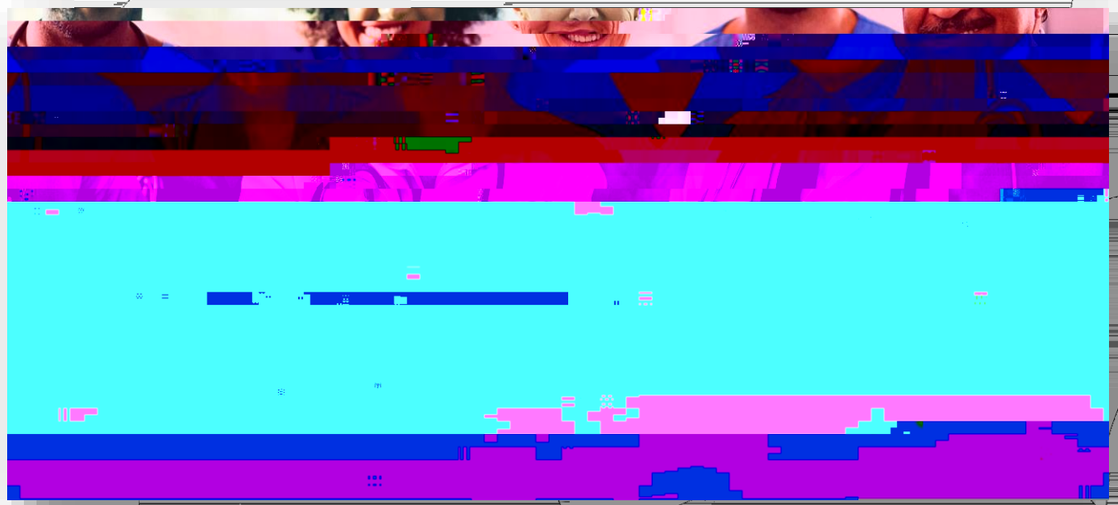
Was there a documented scene delay? Yes No

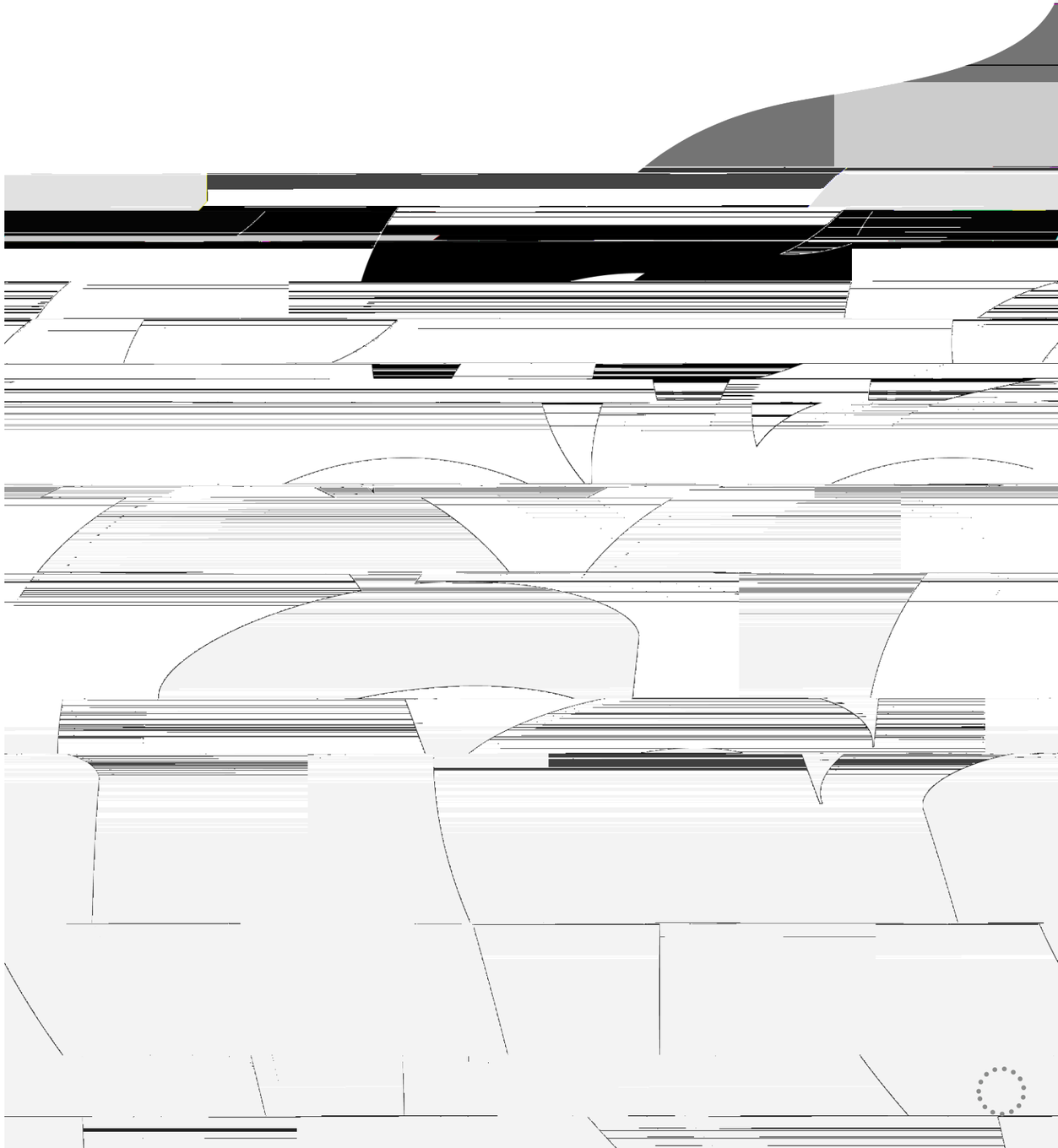
Reason(s) for scene delay by EMS:

- Cardiac Arrest
- Patient/family consent
- Need for additional PPE for suspected/confirmed infectious disease
- Need for advanced airway placement (Intubation)
- Access to patient (EMS Documented)*
- Awaiting [illegible]
- Language barrier*
- Mechanical issue (transport unit)*
- Weather*
- Other reason*

Future Update: Reporting on care intervals & transitions of care

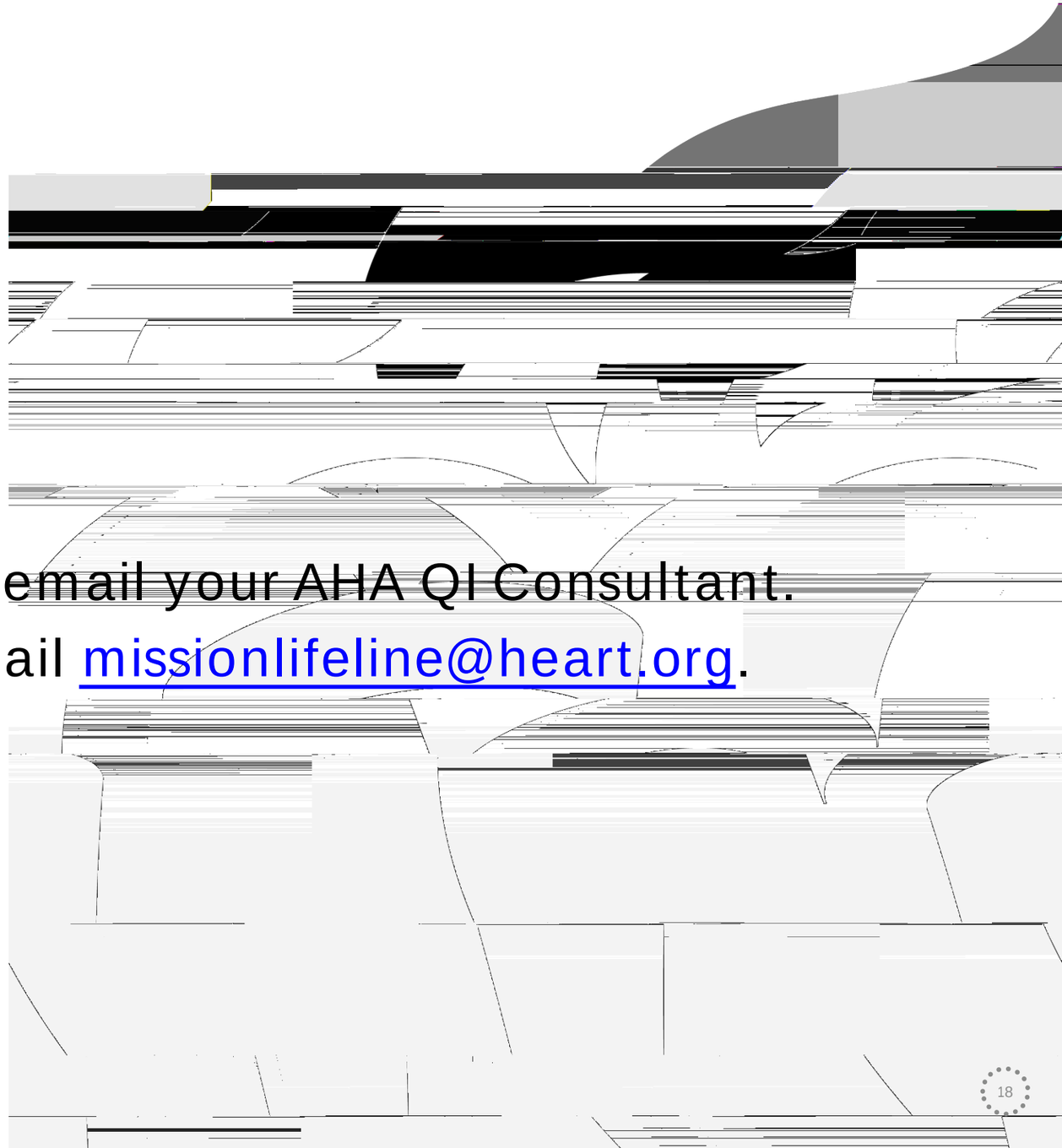




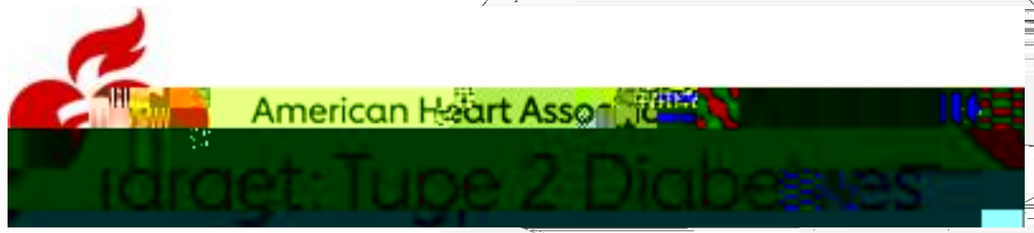


For questions on GWTG-CAD v3, please email your AHA QI Consultant.

If you are unsure who that is, please email missionlifeline@heart.org.



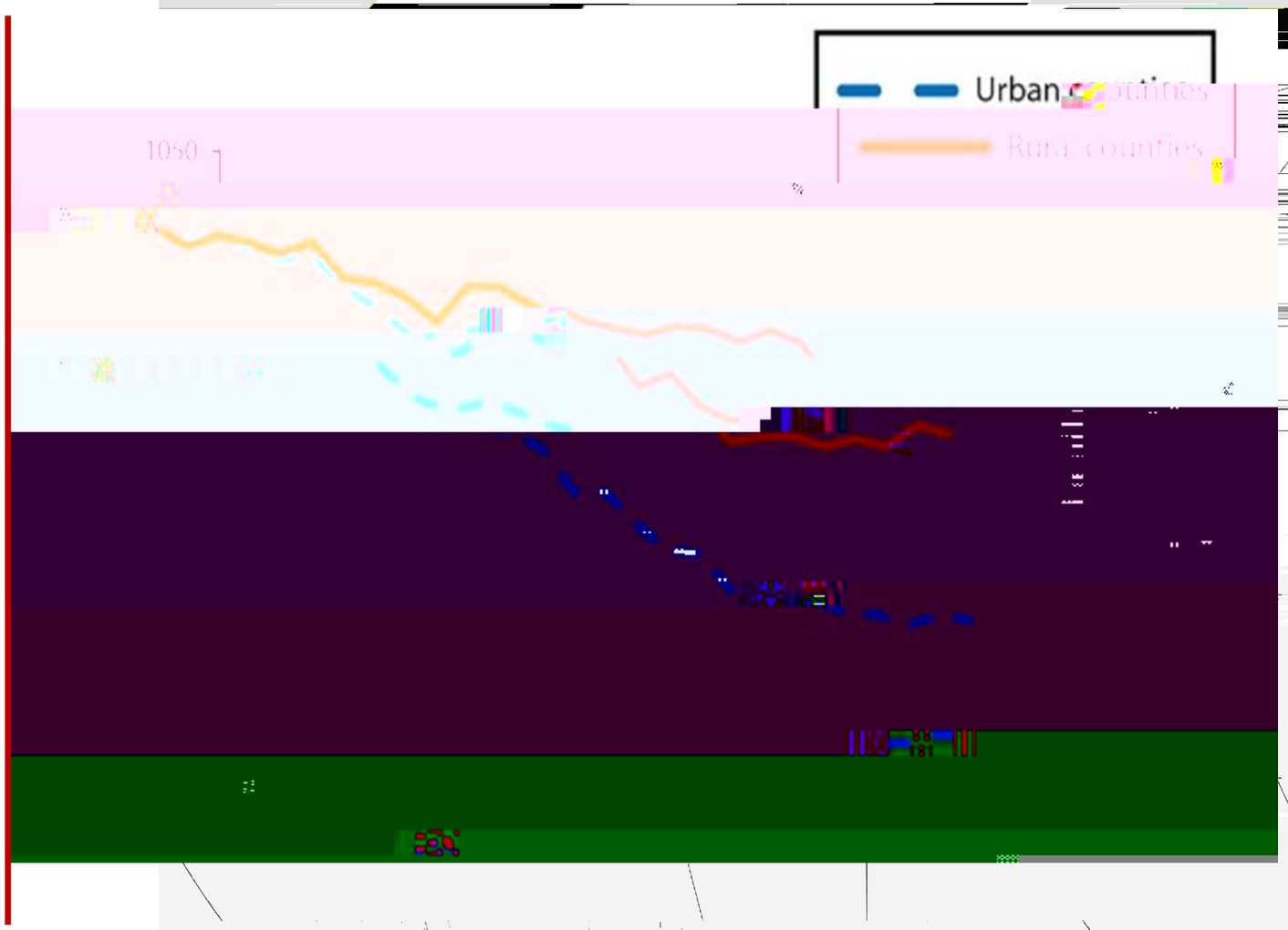
Get With The Guidelines®-CAD hospitals will be eligible for Target: Type 2 Diabetes Honor Roll recognition consideration starting with the 2024 awards cycle (based on 2023 calendar year data)
GWTG-CAD enhanced data eo75yBT060648 report aro3(u064( )-6(ydabetes))-5(2care)-5(2inclu64(ig w)-8(t



Since Mid-1980's:
The gap between rural and urban death rates has grown.

People living in rural America typically have a **3-year shorter life expectancy.**

More likely to have and die from cardiovascular diseases.



Enrollment Criteria:

- Access or Short-Term Acute Care H[illegible]
  locat[illegible]a (RUCA) Four Category Classifications: Large Rural, Small Rural, or Isolated.
- Able to execute a new enrollment in Get with the Guidelines® - Stroke, Coronary Artery Disease (CAD) and/or Heart Failure

Find your Rural Program Eligibility at Am I Rural? Tool - Rural Health Information Hub *Provided by the Health Resources and Services Administration (HRSA)*

Participant Benefits:

- No cost for any newly enrolled GWTG® - Stroke, CAD or HF module through 2025
- Enhanced Rural Quality Improvement Hospital 1:1 Consultation
- Complimentary Virtual AHA Lifeline Learning Center Disease Specific Continuing Education Bundles
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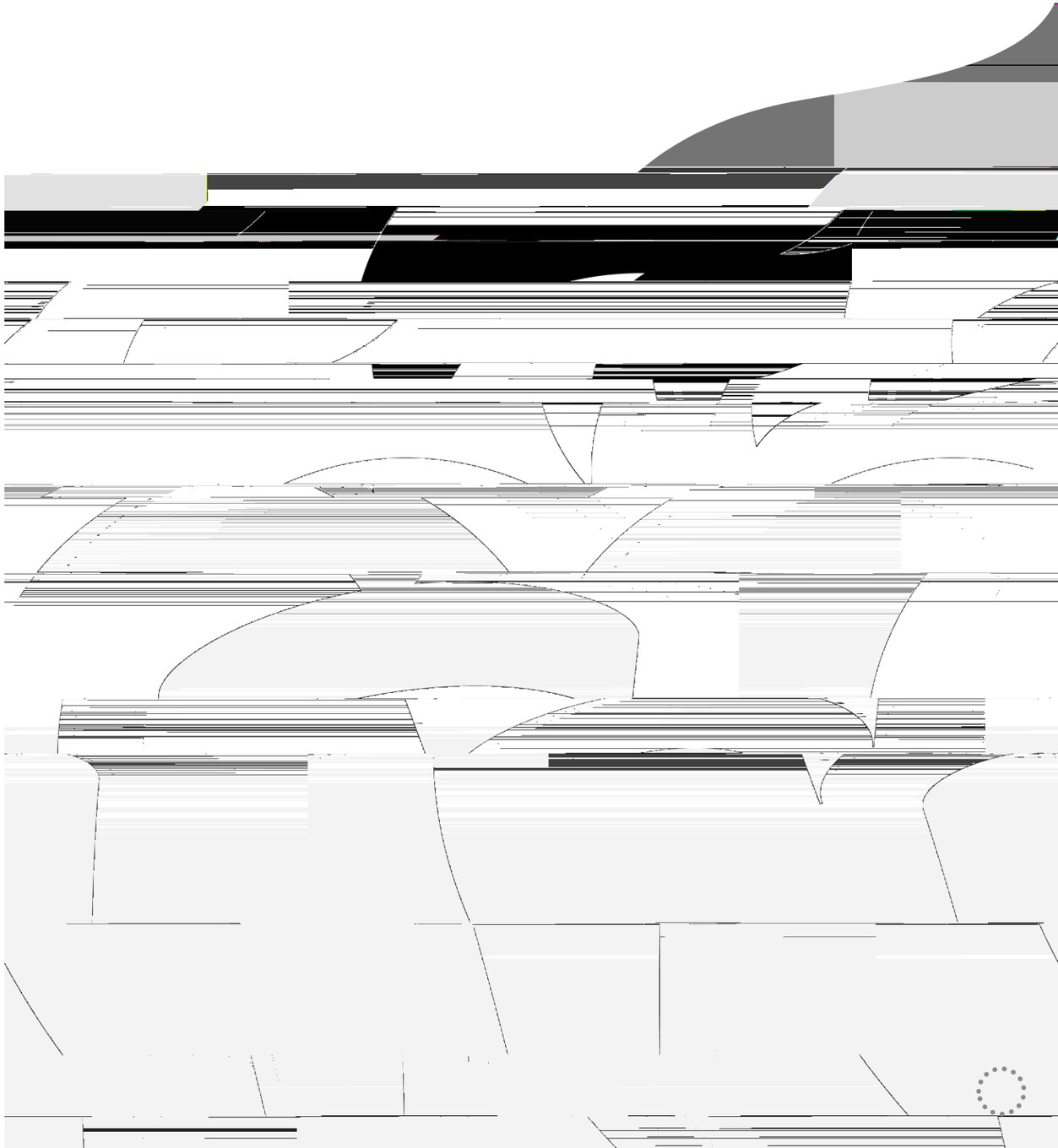
Accelerator Time Period: July 1, 2022 – June 30, 2025

Disease Specific Continuing Education Bundles



Thank You.