

NCDR 13 Annual Conference

ACTION Registry-GWTG Workshop #1



Disclosures

- Dr. Fonarow, MD, FACC, FAHA
 - Boston Scientific, Takeda, Amgen, Johnson&Johnson, Medtronic, Gambro, NIH/NIAID, Novartis, NHLBI
- Kim Hustler RN
 - No Disclosures
- Susan Rogers RN, MSN, NE-BC
 - No Disclosures



Objectives

- Discuss the registry updates for ACTION Registry-GWTG
- Verbalize ACTION Registry-GWTG recognition criteria



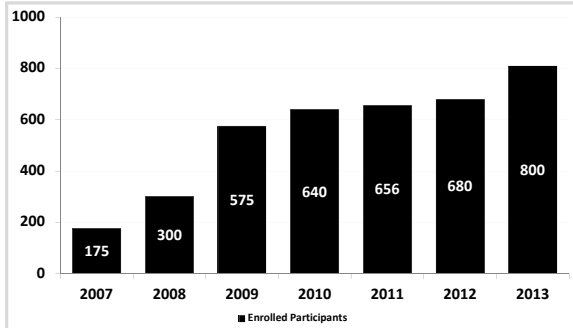
ARS Question # 1

How Long Have YOU Been Participating In THE ACTION Registry-GWTG Data Collection Process?

1. Less than 1 year
2. 1-3 Years
3. 4-7 years
4. Not applicable



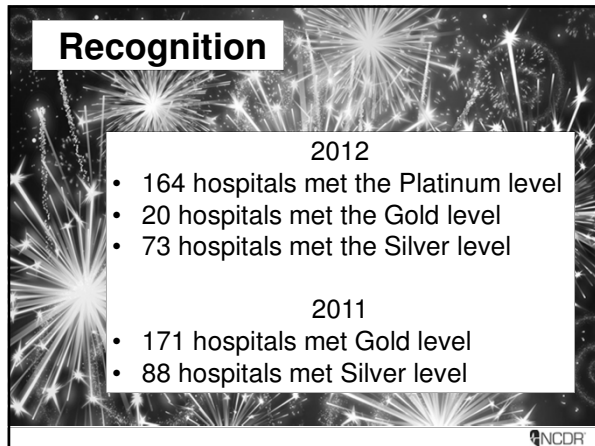
Registry Updates



Recognition Levels

Award Levels	Must meet compliance on composite measures	Participate in
Platinum	90% compliance > = 8 consecutive quarters entering data	Premier
Gold	90% compliance > = 8 consecutive quarters entering data	Premier or Limited
Silver	90% compliance > = 4 consecutive quarters entering data	Premier or Limited






Recognition

2012

- 164 hospitals met the Platinum level
- 20 hospitals met the Gold level
- 73 hospitals met the Silver level

2011

- 171 hospitals met Gold level
- 88 hospitals met Silver level



Mission:Lifeline® Reports and Data

©2011, American Heart Association

Mission:Lifeline® Program

- Mission: Lifeline
 - Implementation of national recommendations and guidelines on a community level
 - Addresses care of the STEMI patients across the patient care continuum
 - Recognizes there is no “one size fits all” solution to barriers
 - Preserves a role for local STEMI Referral Center
 - Takes process improvement outside the doors of the hospitals and into the community (EMS)

2/28/2013

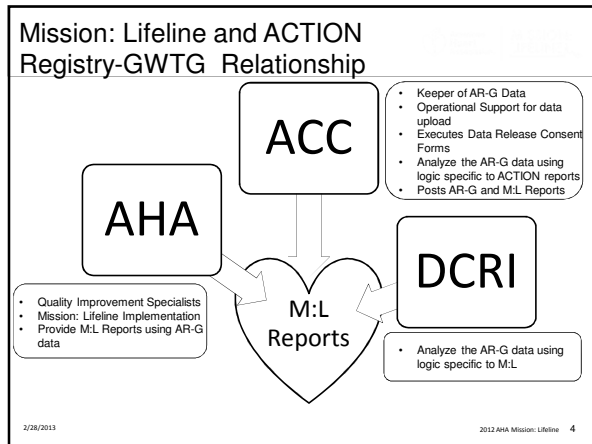
2012 AHA Mission: Lifeline 2

Mission:Lifeline® Program Report Goals

- Mission: Lifeline Reports
 - Provides data feedback to identify process improvement success as STEMI care is approached from a systems perspective
 - EMS involvement is critical to meeting the FMC to PCI ≤ 90 minutes
 - Serves as a tool to actively involve all STEMI care partners including Referral Centers, EMS and other Receiving Centers

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2012 AHA Mission: Lifeline 3



Where are the Mission: Lifeline® Receiving Report Companion Guides located?

MISSION: LIFELINE

Presented by Data Clinical Research Institute

Receiving Center Report Glossary

American Heart Association Learn and Live. **MISSION: LIFELINE**

MISSION: LIFELINE

Presented by Data Clinical Research Institute

Receiving Center Interpretation Manual

American Heart Association Learn and Live. **MISSION: LIFELINE**

2/28/2013 2012 AHA Mission: Lifeline 5

AHA Mission: Lifeline Report Resources

WWW.HEART.ORG/MISSIONLIFELINE

MISSION: LIFELINE

IMPROVING STEM AND CARDIAC RESUSCITATION SYSTEMS OF CARE. THE AMERICAN HEART ASSOCIATION. AND YOU.

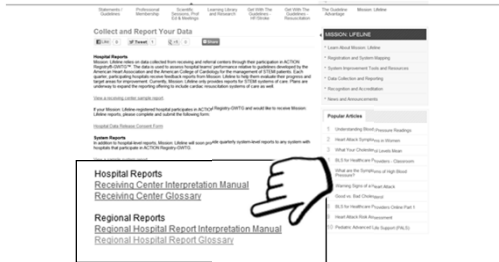
COLLECT AND REPORT YOUR DATA.

EARN RECOGNITION. GET ACCREDITED.

MISSION: LIFELINE

2/28/2013 2012 AHA Mission: Lifeline

Collect and Report Your Data



2/28/2013

2012 AHA Mission: Lifeline 7

There are times where the denominator in the Mission: Lifeline reports differs from the denominators in the ACTION Registry-GWTG Outcome reports.
How does this happen?

Mission: Lifeline Receiving Report Interpretation Manual

MISSING VALUES

In general, missing data is assumed to be “no” in the feedback report calculations. However, missing data will be included in the **denominator** for performance rates, so a large amount of missing data may have an adverse effect on your site’s performance metrics. For example:

2/28/2013

2012 AHA Mission: Lifeline 8

“Records with Null values, including in reporting performance measure elements, are included in the denominator in the Mission: Lifeline reports.”

- 10 STEMI Patients are entered for Q2 2012
- All 10 are eligible to receive acute ASA (Seq 6000-6021)
 - All 10 patients were actually given ASA within first 24 hours of admission
 - Per data entry, 7 of these 10 = Acute ASA = “YES”
 - 3 of these patients have NO value entered – was left blank

Performance Score Reflected
for Acute ASA: 70%
7 Documented as
Administered / 10 Eligible

70% - Not Eligible for Mission: Lifeline Recognition

2/28/2013

2012 AHA Mission: Lifeline 9

Our hospital is “missing” some data in the Mission: Lifeline report. Why is this?

Highlighted Area = Elements NOT available in the Limited Form

Arrival Date/Time ^{1001, 1002}	Location of First Evaluation ¹⁰⁰¹ : <input type="radio"/> ED <input type="radio"/> Cath Lab <input type="radio"/> Other
Admission Date ¹⁰⁰²	→ If ED, Transfer Out Date/Time ^{1001, 1002}
Insurance Payors: <input type="checkbox"/> Private Health Insurance ¹⁰⁰⁰ <input type="checkbox"/> Medicare ¹⁰⁰¹ <input type="checkbox"/> Medicaid ¹⁰⁰² <input type="checkbox"/> Military Health Care ¹⁰⁰⁰ <small>(Check all that apply)</small> <input type="checkbox"/> State-Specific Plan (non-Medicaid) ¹⁰⁰⁴ <input type="checkbox"/> Indian Health Service ¹⁰⁰⁰ <input type="checkbox"/> Non-US Insurance ¹⁰⁰⁰ <input type="checkbox"/> None ¹⁰⁰⁷	
HIC # ¹⁰⁰³	

Mission: Lifeline Receiving Hospital report Glossary

Inclusion/Exclusion Criteria

- Entire STEMI population first evaluated in ED excluding patients with STEMI diagnosed on subsequent ECG, non-primary PCI, documented non-system reason for delay in PCI, and arrival to PCI > 12 hours.

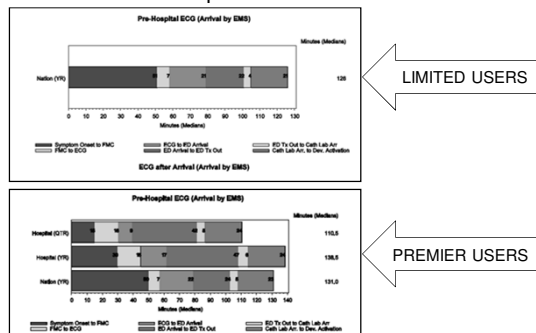
Patients may have missing or negative values for specific time intervals, which excludes them from ONLY the affected intervals. All other intervals with valid date/time data are included in the graph.

2/28/2013 2012 AHA Mission: Lifeline 10

Limited Users					Premier Users				
	Hospital		State	Nation		Hospital		State	Nation
	Lat/Long	Lat/Long				Lat/Long	Lat/Long		
Median Time from Symptom Onset to First Medical Contact ¹ (mins)	26.5	40.0	49.0	52.0	Median Time from Symptom Onset to First Medical Contact ¹ (mins)	26.5	30.0	44.0	52.0
To Arrival via POV ² (mins)	102.0	109.5	120.5	118.0	To Arrival via POV ² (mins)	80.0	160.0	114.0	118.0
Median Time from First Medical Contact to First Pre-Hospital ECG ³ (mins)	3.0	4.0	8.0	7.0	Median Time from First Medical Contact to First Pre-Hospital ECG ³ (mins)	18.0	13.0	7.0	7.0
Median Time from First Medical Contact to ED Arrival ⁴ (mins)	-	-	30.0	31.0	Median Time from First Medical Contact to ED Arrival ⁴ (mins)	31.5	30.0	30.0	30.0
ED Arrival to First In-Hosp ECG ⁵ (mins)	-	-	7.0	6.0	ED Arrival to First In-Hosp ECG ⁵ (mins)	5.0	6.0	5.0	6.0
Median Time (mins)	-	-	65%	72%	Median Time (mins)	5.0	6.0	72%	74%
% within 10 minutes	-	-	6.0	4.0	% within 10 minutes	100%	7.0	5.0	4.0
Arrived by EMS	-	-	7.0	6.0	Arrived by EMS	5.5	6.0	6.0	6.0
Arrived by POV	-	-	-	-	Arrived by POV	-	-	-	-
Median Length of Stay in ED ⁶ (mins)	36.0	37.0	-	-	Median Length of Stay in ED ⁶ (mins)	42.5	52.0	42.0	39.0
Overall	-	-	31.0	31.0	Overall	43.5	52.0	36.0	33.0
Arrived by EMS	-	-	48.0	46.0	Arrived by EMS	38.0	52.0	49.0	47.0
Arrived by POV	-	-	-	-	Arrived by POV	-	-	-	-
Median Length of Stay at Referral Facility ⁷ (mins)	-	-	70.0	61.0	Median Length of Stay at Referral Facility ⁷ (mins)	100.0	90.0	65.0	65.0
Overall	-	-	-	-	Overall	-	-	-	-
Median Time from Transfer Out from Ref. Facility to Arrival at PCI Facility ⁸ (mins)	-	-	33.0	35.0	Median Time from Transfer Out from Ref. Facility to Arrival at PCI Facility ⁸ (mins)	105.0	48.0	41.0	37.0
Overall	-	-	-	-	Overall	-	-	-	-
Median Time from ED Departure to Cath Lab Arrival ⁹ (mins)	-	-	5.0	5.0	Median Time from ED Departure to Cath Lab Arrival ⁹ (mins)	5.0	5.5	6.0	5.0
Overall	-	-	-	-	Overall	-	-	-	-
Missing Date/Time Data	20%	21%	18%	11%	Missing Date/Time Data	0%	4%	11%	12%
Symptom onset	0%	0%	0%	1%	Symptom onset	0%	0%	0%	1%
First medical contact (EMS arrival) ¹	0%	0%	0%	1%	First medical contact (EMS arrival) ¹	0%	0%	0%	1%
First ECG (Pre-hospital ECG) ³	0%	0%	0%	0%	First ECG (Pre-hospital ECG) ³	0%	0%	0%	1%
Transfer from outside facility	0%	0%	0%	0%	Transfer from outside facility	0%	0%	0%	0%
Cath lab arrival ⁹	0%	0%	0%	0%	Cath lab arrival ⁹	0%	0%	0%	0%

2/28/2013 2012 AHA Mission: Lifeline 11

Mission: Lifeline Report Stacked Bar Graphs

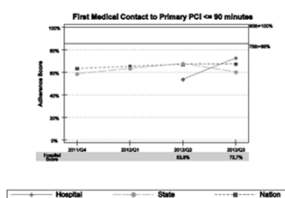


Explain the First Medical Contact to PCI \leq 90 Minutes Measure ?

Mission: Lifeline Measure:

- **Mission: Lifeline First Medical Contact to Primary PCI \leq 90 Minutes Variable (%)** – All STEMI admissions who receive a primary PCI within 90 minutes from first medical contact prior to arrival at the Receiving Center.

Measure Metric	Care Opportunity	Adherence Score ^a	State Adh. Score ^b	Nation Adh. Score ^c
Overall Mission Lifeline Composite Score	143	97.2%	95.3%	95.1%
Time to Primary PCI \leq 90 min	17	94.1%	97.5%	95.0%
Mission: Lifeline First Medical Contact to Primary PCI \leq 90 min	11	72.7%	60.3%	67.6%
Reperfusion Therapy	22	100.0%	91.5%	90.7%
Aspirin at Arrival	16	100.0%	99.7%	98.8%
Aspirin at Discharge	20	100.0%	99.4%	98.9%
Beta Blocker at Discharge	20	100.0%	97.9%	97.7%
Statins at Discharge	21	100.0%	99.0%	99.0%
ACE-I or ARB for LVSD at Discharge	4	100.0%	97.4%	91.9%
Adult Smoking Cessation Advice	12	100.0%	98.9%	98.7%



2013 AHA Mission: Lifeline 13

What is the data definition for FMC used in the FMC to PCI measure?

ACTION Registry-GWTG DATA Definition:

- **FMC – What exactly is FMC ?**

Means of Transport to First Facility⁽¹⁰⁰⁾: ☐ Self/Family ☐ Ambulance ☐ Mobile ICU ☐ Air
 → If Ambulance or Mobile ICU or Air, Pre-Arrival 1st Med. Contact Date/Time^(105, 110a): _____ ☐ Time Estimated⁽¹⁰⁵⁾

- **Pre-Arrival 1st Med Contact Date/Time = Eye to Eye contact between the STEMI patient and the 1st Medical provider to deliver (ACS) Acute Coronary Syndrome care –**
 - 12 Lead ECG
 - Aspirin Administration
 - Nitroglycerine Administration

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2012 AHA Mission: Lifeline 14

First Medical Contact to PCI \leq 90 Minutes Measure
What patients are included?

B. ADMISSION

Patient Zip Code⁽¹⁰⁰⁾: _____ ☐ Zip Code N/A⁽¹⁰⁾ ☐ Ambulance

Means of Transport to First Facility⁽¹⁰⁰⁾: ☐ Self/Family ☐ Mobile ICU ☐ Air

→ If Ambulance or Mobile ICU or Air, Pre-Arrival 1st Med. Contact Date/Time^(105, 110a): _____ ☐ Time Estimated⁽¹⁰⁵⁾

Transferred from Outside Facility⁽¹⁾ ☐ No ☐ Yes → If Yes, Means of Transfer⁽¹¹⁵⁾: ☐ Ambulance ☐ Mobile ICU ☐ Air

STEMI or STEMI Equivalent⁽¹⁰⁰⁾: ☐ No ☐ Yes → If Yes, ECG Findings⁽¹⁰⁵⁾: ☐ ST elevation ☐ LBBB (new or presumed new) ☐ Isolated posterior MI

→ If Yes, STEMI or STEMI Equivalent First Noted⁽¹⁰⁵⁾: ☐ First ECG

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2012 AHA Mission: Lifeline 15

First Medical Contact to PCI \leq 90 Minutes Measure What patients are NOT included?

B. ADMISSION

Patient Zip Code ¹⁰⁰² Zip Code N/A ¹⁰⁰¹ ☐

Means of Transport to First Facility ¹⁰⁰² ☐ Self/Family ☐ Ambulance ☐ Mobile ICU ☐ Air

→ If Ambulance or Mobile ICU or Air, Pre-Arrival 1st Med. Contact Date/Time ^{1002, 1003} Time Estimated ¹⁰⁰³

Transferred from Outside Facility ¹⁰⁰² ☐ No ☐ Yes → If Yes, Means of Transfer ¹⁰⁰² ☐ Ambulance ☐ Mobile ICU ☐ Air

STEMI or STEMI Equivalent ¹⁰⁰² ☐ No ☐ Yes → If Yes, ECG Findings ¹⁰⁰² ☐ ST elevation ☐ LBBB (new or presumed new) ☐ Isolated posterior MI

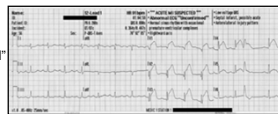
→ If Yes, STEMI or STEMI Equivalent First Noted ¹⁰⁰² ☐ First ECG ☐ Subsequent ECG

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2012 AHA Mission: Lifeline 16

Mission: Lifeline FMC to PCI Scenario 1

- 0930 –Pt. arrives at Urgent Care
- C/C Nausea, Indigestion
- 0955 – 12 Lead ECG Acquired
- 1005 – MD reads 12 Lead as "possible STEMI"
- 1015 – 911 EMS is Called
- 1025 – EMS arrives at patient
- 1032 – EMS Departs Scene, confirms STEMI
- 1035 – EMS notifies ED via radio of patient status and 12 Lead ECG findings
- 1037 – STEMI Alert is activated
- 1045- EMS arrives and is directed through ED
- 1047 – Patient arrives in Cath Lab
- 1105 – 1st Device Activated



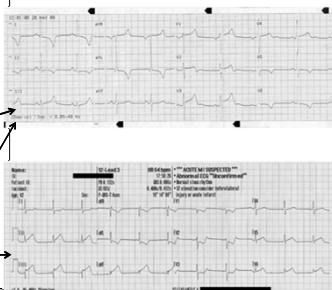
- 1) The time that should be entered for Seq 3106 (Pre-Arrival FMC Time)?
- a) 0930 b) 0955 c) 1015
- 2) What is the total FMC to PCI time?
- a) 75 mins b) 95 mins c) 120 mins

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2012 AHA Mission: Lifeline 17

Mission: Lifeline FMC to PCI Scenario 2

- 1500 - Betty White presents to The Dental Clinic of America – She happens to be Weak and Dizzy
- 1520 - EMS Called
- 1530 - EMS at Betty's Side
- 1535 – EMS acquires a 12 Lead ECG. No STEMI noted
- 1540 - EMS enroute to ED
- 1555 - EMS arrives at PCI ED
- 1600 - ECG Acquired in ED- Showed Same as EMS's ECG
- 1650 - Repeat ECG Acquired in ED
- 1652 - STEMI Alert Activated



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2012 AHA Mission: Lifeline 18

AR-G Limited and Premier Forms

Means of Transport to First Facility⁽¹⁰¹⁾: ☐ Self/Family ☐ Ambulance ☐ Mobile ICU ☐ Air

→ If Ambulance or Mobile ICU or Air, Pre-Arrival 1st Med. Contact Date/Time^(102, 103): _____ □ Time Estimated⁽¹⁰⁴⁾: _____

FMC = a) 1500 Arrival to clinic
b) 1520 Time EMS is called
c) 1530 EMS at Betty's side

AR-G Limited and Premier Forms

First ECG Obtained⁽¹⁰⁵⁾: ☐ Pre-Hospital (e.g. ambulance) ☐ After 1st hosp. arrival First ECG Date/Time^(102, 103): _____

STEMI or STEMI Equivalent⁽¹⁰⁶⁾: ☐ No ☐ Yes → If Yes, ECG Findings⁽¹⁰⁷⁾: ☐ ST elevation ☐ LBBB (new or presumed new) ☐ Isolated posterior MI

→ If Yes, STEMI or STEMI Equivalent First Noted⁽¹⁰⁸⁾: ☐ First ECG ☐ Subsequent ECG

→ If Subsequent ECG, Subsequent ECG with STEMI or STEMI Equivalent Date/Time^(102, 103): _____

INCLUDED OR EXCLUDED

In Mission: Lifeline FMC to PCI Measure Denominator?

2/28/2013 2012 AHA Mission: Lifeline 19

AR-G Limited and Premier Forms

Means of Transport to First Facility⁽¹⁰¹⁾: ☐ Self/Family ☒ Ambulance ☐ Mobile ICU ☐ Air

→ If Ambulance or Mobile ICU or Air, Pre-Arrival 1st Med. Contact Date/Time^(102, 103): _____ 1530 □ Time Estimated⁽¹⁰⁴⁾: _____

FMC = a) 1500 Arrival to clinic
b) 1520 Time EMS is called
c) 1530 EMS at Betty's side

AR-G Limited and Premier Forms

First ECG Obtained⁽¹⁰⁵⁾: ☒ Pre-Hospital (e.g. ambulance) ☐ After 1st hosp. arrival First ECG Date/Time^(102, 103): _____

STEMI or STEMI Equivalent⁽¹⁰⁶⁾: ☐ No ☒ Yes → If Yes, ECG Findings⁽¹⁰⁷⁾: ☐ ST elevation ☐ LBBB (new or presumed new) ☐ Isolated posterior MI

→ If Yes, STEMI or STEMI Equivalent First Noted⁽¹⁰⁸⁾: ☐ First ECG ☒ Subsequent ECG

→ If Subsequent ECG, Subsequent ECG with STEMI or STEMI Equivalent Date/Time^(102, 103): _____

INCLUDED OR EXCLUDED

In Mission: Lifeline FMC to PCI Measure Denominator?

2/28/2013 2012 AHA Mission: Lifeline 20

Mission: Lifeline FMC to PCI Scenario 3

0000 - EMS Arrives at Patient with a chief complaint of Chest Pain and SOB

0030 - Patient Arrives at ED - Basic EMT Crew - No Pre-hospital 12 Lead Acquired

0035 - 12 Lead ECG Acquired in ED

0045 - STEMI Noted on 12 Lead

0050 - STEMI Alert Called

0125 - Patient to Cath Lab

0140 - 1st Device Activated

Total FMC to PCI = a) 80 Minutes b) 90 Minutes c) 100 minutes

Door to Balloon = a) < 90 Minutes b) > 90 Minutes

Mission: Lifeline FMC to PCI Measure - INCLUDED OR EXCLUDED

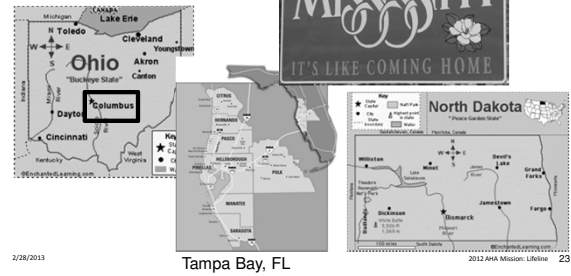
2/28/2013 2012 AHA Mission: Lifeline 21

Mission: Lifeline Regional Reports

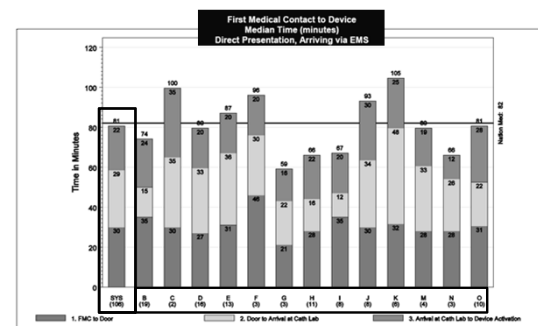
- Looks at the Mission: Lifeline data across a user-specified region
 - Physical Region
 - Functional Region
 - State as a Region
 - Corporate Region
- Provides state, national and regional benchmarks
- Option for Blinded versus Un-Blinded Data
- Requires Data Release Consent Forms specific to M:L Regional Reports
- Region organized through a Region Champion and local AHA Quality Improvement and/or Mission: Lifeline staff
- Cost – One time fee \$475.00 per 20 hospitals (so long as the template does not change)

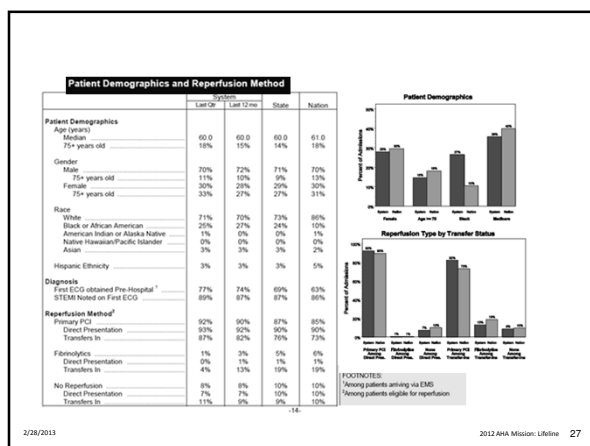
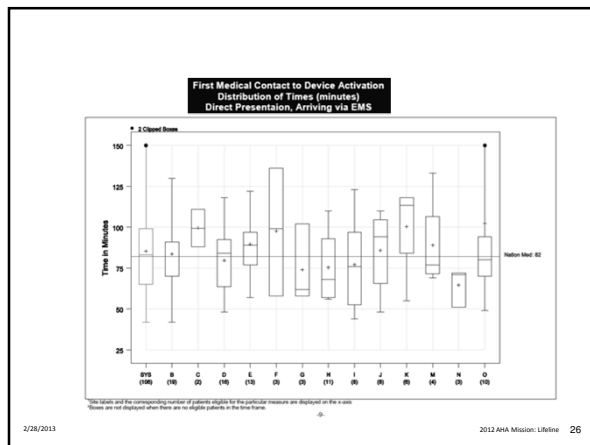
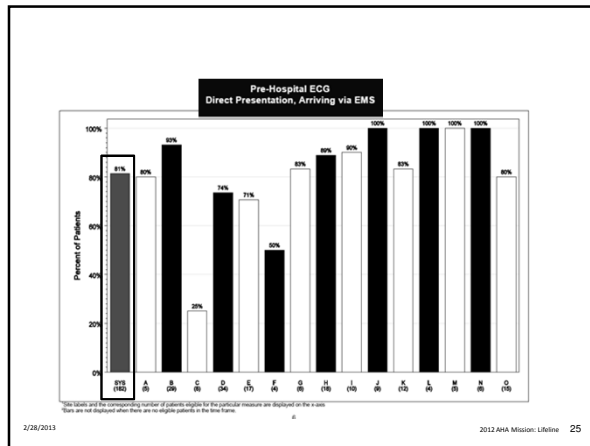
2/28/2013 2012 AHA Mission: Lifeline 22

Examples of Regions Receiving M:L Regional Reports



Mission: Lifeline Regional Reports





For More Mission: Lifeline Information

- WWW.HEART.ORG/MISSIONLIFELINE
 - Lori Hollowell, Quality and Systems Improvement Consultant,
Mission: Lifeline and ACTION Registry-GWTG
 - Lori.Hollowell@heart.org
 - Katherine Kuban, Mission: Lifeline Program Manager
 - Katherine.Kuban@heart.org
 - Chris Bjerke, National Director, Mission: Lifeline
 - Chris.Bjerke@heart.org
-  MissionLifeline@heart.org

2012 AHA Mission: Lifeline 28

ACTION Registry-GWTG

Using the Dashboard Comparator

Susan Rogers RN, MSN, NE-BC



Objectives

- Discuss the basic dashboard functionality
- Describe the methods that may help to identify performance successes and gaps
- Discuss the results of using the comparator





- ❖ Access Your Hospital's Reports
- ❖ Create Your Hospital's compare Groups
- ❖ On Demand Reports
- ❖ Drill Down: Patient Level



Reports / Comparator

Filter Panel

Participant ID: 999999 - All

Reporting Time: 2011Q4

Metric: 1 - Overall

Teaching Institution: All

Predefined Group for Comparison (Group Definition):

- ☐ No Services
- ☐ Doc/Call Only
- ☐ PCI Only
- ☐ CABG (Region 1)
- ☐ CABG (Region 2)
- ☐ CABG (Region 3)
- ☐ CABG (Region 4)

Hospital Location: Rural, Suburban, Urban

State/Territory: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia

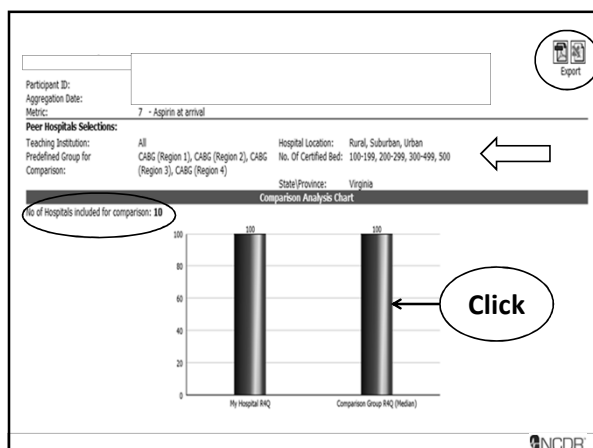
No. Of Certified Bed: 1-99, 100-199, 200-299, 300-499, 500 +

Run Analysis

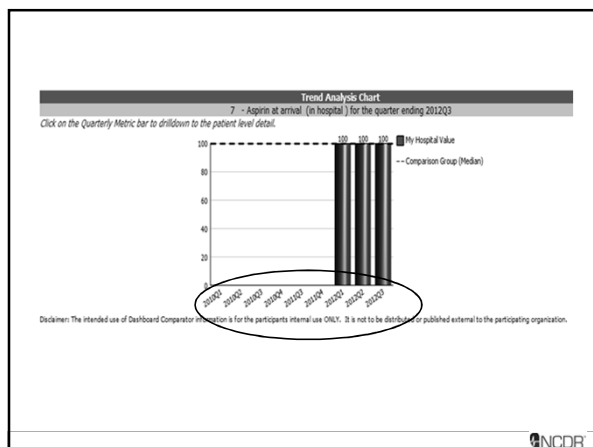
Filter Criteria

Comparator

- Select Filter Criteria
- Run Analysis
- Export Results
- Six or more hospitals are required for comparison



ACTION Registry® Patient Level Detail Report								
Filter Panel								
Payor Type		Display						
<input checked="" type="checkbox"/> Private Health Insurance <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Military Health Care <input checked="" type="checkbox"/> State-Specific Plan <input checked="" type="checkbox"/> Indian Health Service <input checked="" type="checkbox"/> Non-US Insurance <input checked="" type="checkbox"/> None		<input type="checkbox"/> Patients In Numerator STEMI/NSTEMI <input type="checkbox"/> STEMI/NSTEMI		<input type="button" value="Retrieve"/> <input type="button" value="Export"/>				
Select all Deselect all								
Metric Summary:								
Metric Descriptions ? - Aspirin at arrival								
Patient Level Detail Report								
Payor Type	Incl. in Numerator	STEMI/NSTEMI	Aspirin w/In First 24hrs	Transformed in from Outside Facility	Comfort Measures	Warfarin at Home	Discharge Status	Discharge Location
Private, Medicare	Yes	NSTEMI	Yes	No	No	No	Alive	Other acute care hospital
Private, Medicaid	Yes	NSTEMI	Yes	No	No	No	Alive	Extended care/TCU/rehabilitation
Medicare	Yes	NSTEMI	Yes	No	No	No	Alive	Home
Medicare, Military	Yes	NSTEMI	Yes	No	No	No	Alive	Home
Medicare	Yes	NSTEMI	Yes	No	No	No	Alive	Home




Error Message

Aggregation Date: Jun 17, 2012 9:00:01 PM
 Metric: 1 - Overall AMU performance composite

Peer Hospitals Selections:

Teaching Institution:	All	Hospital Location:	Suburban
Predefined Group for	CABC (Region 1), CABC (Region 2), CABC	No. of Certified Beds:	300-499, 500
Comparison:	(Region 3), CABC (Region 4)	State/Province:	District of Columbia, Maryland, Virginia

Comparison Analysis Chart

 The filter criteria chosen is too restrictive, the comparison group has less than six hospitals. Refine the filter and try running the analysis again.

Trend Analysis Chart

1 - Overall AMU performance composite (in hospital) for the quarter ending 2/12/2012 (Not Published)
 Click on the Quarterly Metric bar to drilldown to the patient level detail.

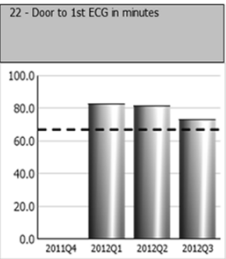
Disclaimer: The intended use of Dashboard Comparison information is for the participants internal use ONLY. It is not to be distributed or published external to the participating organization.

Comparator Drill Down

Documentation:

Your hospital belongs to a system of hospitals.

The QI committee members at your hospital requested data comparing the other hospitals in your System on Metric 22.

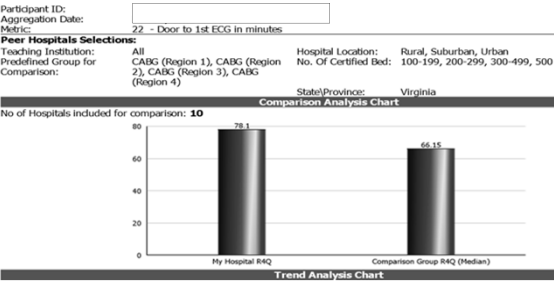


All AMI Patients who receive an ECG within 10 minutes of arrival



Dashboard Comparator:

How would you interpret these results?



ARS Question:

How would you interpret these results?

1. My hospital is able to perform an ECG on AMI patients within 10 minutes of arrival more often then the other hospitals in my System.
2. The other hospitals in my System have larger volumes of patients.

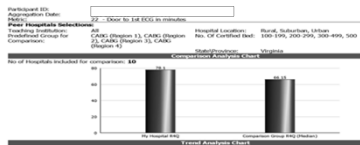


Documentation:

Your hospital belongs to a System of hospitals. The QI committee members at your hospital requested data comparing the other hospitals in your System on Metric 22

How would you interpret these results?

1. My hospital is able to perform an ECG on AMI patients within 10 minutes of arrival more often then the other hospitals in my System.
2. The other hospitals in my System have larger volumes of patients.



NCDR

**Dashboard Comparator:
Error Message**

Documentation:

You log into the Comparator, pick your compare criteria and receive this message.

Comparison Analysis Chart

The filter criteria chosen is too restrictive, the comparison group has less than six hospitals. Refine the filter and try running the analysis again.

NCDR

Comparator Error Message

You review the criteria you chose

Hospital Location

No. Of Certified Bed

☐ 1-99

☒ 100-199

☒ 200-299

☐ 300-499

☐ 500 +

State

☐ Oregon

☐ Pennsylvania

☐ Puerto Rico

☐ Rhode Island

☐ South Carolina

elec

NCDR


ARS Question

What do I do to receive the compare report?

1. Change the criteria selected
2. Expand the number of beds
3. Expand the number of hospitals
4. Include additional states in your region
5. All of the above

Comparison Analysis Chart

The filter criteria chosen is too restrictive, the comparison group has less than six hospitals. Refine the filter and try running the analysis again.




Documentation:

Comparison Analysis Chart


The filter criteria chosen is too restrictive, the comparison group has less than six hospitals. Refine the filter and try running the analysis again.

What steps do I take to receive the compare report?

1. Change the criteria selected
2. Expand the number of beds
3. Expand the number of hospitals
4. Include additional states in your region
5. All of the above



Thank You



**NCDR. 13 Case Scenario Presentation
ACTION Registry-GWTG**

Kim Hustler, RN
Clinical Quality Consultant



Case Scenarios

- Unique sessions for beginners to experts
- Real case scenarios
- Process for utilizing the dashboard
- ARS participation



**Objectives for the ACTION Registry-
GWTG
Case Scenario Presentation**

Discuss the implication of data entry on dashboard
and outcome reports


Discuss the utilization of the companion guide in
determining reasons for dashboard fall outs

Demonstrate knowledge of data abstraction
through participation with ARS




Dashboard drill down ADP for medically treated Metric #29

Documentation:



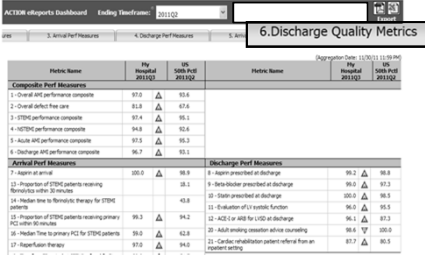
- You are reviewing your Executive Summary in the eReports
- You identify a significant difference in the results for Metric #29 ADP for medically treated patients- 78.8% compared to #28 ADP for revascularized patients- 93%


Discharge Quality Metrics		
28 - AMI revascularized patients discharged on ADP receptor inhibitors	93.0	93.3
29 - ADP receptor inhibitors prescribed at discharge for medically treated AMI patients	78.8	55.7
30 - Aldosterone blocking agents at discharge for AMI patients	8.0	7.7



ADP for medically treated Metric #29

- You identify on the eReport page- Metric #29 is located in the grouping "Discharge Quality Metric"
- Click on the Discharge Quality Metric tab to open

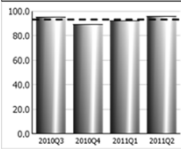




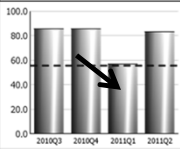
ADP for medically treated Metric #29


- Identified- Q1 2011 is the quarter that had the lowest score
- Click on the bar for 2011Q1

28 - AMI revascularized patients discharged on ADP receptor inhibitors



29 - ADP receptor inhibitors prescribed at discharge for medically treated AMI patients





ADP for medically treated Metric #29

- The drill down provides the individual patient performance
- Look for “no’s” in the numerator column
- There are 3 “no’s”

Discharge Date	Payer Type	Incl. in Numerator	STEMI/NSTEMI	PCI	CABG	Discharge Status	Discharge Location	Clopidogrel Prescribed at Discharge	Ticlopidine Prescribed at Discharge	Prasugrel Prescribed at Discharge
02/28/2011	Medicare	Yes	STEMI	No	No	Alive	Home	Yes	No	No
01/20/2011	Private, Medicare	No	NSTEMI	No	No	Alive	Home	No	No	No
02/28/2011	Medicaid	Yes	NSTEMI	No	No	Alive	Home	Yes	No	No
01/20/2011	Private	Yes	STEMI	No	No	Alive	Home	Yes	No	No
01/30/2011	None	No	STEMI	No	No	Alive	Home	No	No	No
01/30/2011	Private	Yes	STEMI	No	No	Alive	Home	Yes	No	No
03/28/2011	Private, Medicare	No	STEMI	No	No	Alive	Home	No	No	No



ADP for medically treated Metric #29

- Export to excel - to narrow down search - helpful with high volume of patients

Display: All Patients In Metric
STEMI/NSTEMI

Retrieve Export

Metric Description: 2011Q1

2011Q1

My Hospital 843

Year/Qu	arter	Patient ID	Incl. in Numerator	STEMI/NSTEMI	PCI	CABG	Discharge Status	Discharge Location	Clopidogrel Prescribed at Discharge	Ticlopidine Prescribed at Discharge	Prasugrel Prescribed at Discharge	Warfarin at Discharge
2011Q1	1	779070	Yes	STEMI	No	No	Alive	Home	Yes	No	No	No
2011Q1	1	1042724	No	NSTEMI	No	No	Alive	Home	No	No	No	No
2011Q1	1	1305190	Yes	NSTEMI	No	No	Alive	Home	Yes	No	No	No
2011Q1	1	1480490	Yes	STEMI	No	No	Alive	Home	Yes	No	No	No
2011Q1	1	1782677	No	STEMI	No	No	Alive	Home	No	No	No	No
2011Q1	1	1782888	Yes	STEMI	No	No	Alive	Home	Yes	No	No	No
2011Q1	1	1812783	No	STEMI	No	No	Alive	Home	No	No	No	No

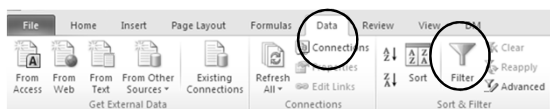


ADP for medically treated Metric #29

Highlight the row you wish to be utilized for filtering (title row)

Year/Qu	arter	Patient ID	Incl. in Numerator	STEMI/NSTEMI	PCI	CABG	Discharge Status	Discharge Location	Clopidogrel Prescribed at Discharge
2011Q1	1	779070	Yes	STEMI	No	No	Alive	Home	Yes
2011Q1	1	1042724	No	NSTEMI	No	No	Alive	Home	No
2011Q1	1	1305190	Yes	NSTEMI	No	No	Alive	Home	Yes
2011Q1	1	1480490	Yes	STEMI	No	No	Alive	Home	Yes

To filter - select “data” - click on filter (funnel shape)



ADP for medically treated Metric #29

- The filtering arrows appear- click on arrow

ADP for medically treated Metric #29

- You review the patient records to assess if data entry error or issue with care provided
- Findings- patient 1782677 presented with symptoms of ACS
- STEMI- to cath lab- left heart cath completed
- No PCI- anatomy not suitable to primary PCI
- Recommended for CABG- patient refused

Year/Quarter	Patient ID	Incl. in Numerator	STEMI/ NSTEMI	PCI	CABG	Discharge Status	Discharge Location	Clopidogrel Prescribed at Discharge	Ticlopidine Prescribed at Discharge	Prasugrel Prescribed at Discharge	Comfort Measures	Warfarin at Discharge
2011Q1	1042724	No	NSTEMI	No	No	Alive	Home	No	No	No	No	No
2011Q1	1782677	No	STEMI	No	No	Alive	Home	No	No	No	No	No
2011Q1	1812753	No	STEMI	No	No	Alive	Home	No	No	No	No	No

Review drill down to see if data was entered correctly

Incl. in Numerator	STEMI/ NSTEMI	PCI	CABG	Discharge Status	Discharge Location
No	NSTEMI	No	No	Alive	Home
No	STEMI	No	No	Alive	Home
No	STEMI	No	No	Alive	Home

Clopidogrel Prescribed at Discharge	Ticlopidine Prescribed at Discharge	Prasugrel Prescribed at Discharge	Comfort Measures	Warfarin at Discharge
No	No	No	No	No
No	No	No	No	No
No	No	No	No	No

ARS Question # 1

Should this patient be included in the denominator since they did not have reperfusion (no PCI/ no stent)?

1. No
2. Yes



ADP for medically treated Metric #29**Documentation:**

- Findings- patient 1782677 presented with symptoms of ACS
- STEMI- to cath lab- left heart cath completed
- No PCI- anatomy not suitable to primary PCI
- Recommended for CABG- patient refused

Year/Quarter	Patient ID	Incl. in Numerator	STEMI/ NSTEMI	PCI	CABG	Discharge Status	Discharge Location	Clopidogrel Prescribed at Discharge	Ticlopidine Prescribed at Discharge	Prasugrel Prescribed at Discharge	Comfort Measures at Discharge	Warfarin at Discharge
2011Q1	1042724	No	NSTEMI	No	No	Alive	Home	No	No	No	No	No
2011Q1	1782677	No	STEMI	No	No	Alive	Home	No	No	No	No	No

Should this patient be included in the denominator since they did not have reperfusion (no PCI/ no stent)?

1. No
2. Yes



Overall AMI Performance Composite**Documentation:**

- The Executive summary dashboard & Outcomes report has a score of 75%
- The Overall AMI Performance Composite has:
- Denominator of 8
- Numerator of 6

Line#	Description	Num	Den	%	Num	Den	%	Num	Den	%
1000	Executive Summary Detail Lines									
1001	Composites									
1002	Overall AMI Performance Composite				6	8	75.0			



ARS Question # 2

Does this mean there were 8 patients in the registry for the rolling 4 quarters?

1. No
2. Yes

Line#	Description	Num	Den	%	Num	Den	%	Num	Den	%
1000	Executive Summary Detail Lines									
1001	Composites									
1002	Overall AMI Performance Composite				6	8	75.0			
1003	Overall Defect Free Care				0	1	0.0			
1004	STEMI Performance Composite				6	8	75.0			



Overall AMI Performance Composite

Documentation:

- The Overall AMI Performance Composite (75%) has:
- Denominator of 8
- Numerator of 6

Line#	Description	Num	Den	%	Num	Den	%	Num	Den	%
1000	Executive Summary Detail Lines									
1001	Composites									
1002	Overall AMI Performance Composite				6	8	75.0			
1003	Overall Defect Free Care				0	1	0.0			
1004	STEMI Performance Composite				6	8	75.0			

Does this mean there were 8 patients in the registry for the rolling 4 quarters?

1. No
2. Yes



Overall AMI Performance Composite

Documentation:



- Higher volume facility
- Overall performance composite score is 98.2%

Line#	Description	Num	Den	%
1000	Executive Summary Detail Lines			
1001	Composites			
1002	Overall AMI Performance Composite	698	711	98.2
1003	Overall Defect Free Care	93	106	87.7
1004	STEMI Performance Composite	625	636	98.3
1005	NSTEMI Performance Composite	73	75	97.3
1006	Acute AMI Performance Composite	253	258	98.1
1007	Discharge AMI Performance Composite	445	453	98.2



ARS Question #3

How many **patients** were entered? How many **eligible** care opportunities were there? How many **care** measures were provided?

1. P- 93, E- 636, C- 625
2. P- 106, E- 698, C- 711
3. P- 106, E- 711, C- 698

Line#	Description	Num	Den	%
1000	Executive Summary Detail Lines			
1001	Composites			
1002	Overall AMI Performance Composite	698	711	98.2
1003	Overall Defect Free Care	93	106	87.7
1004	STEMI Performance Composite	625	636	98.3
1005	NSTEMI Performance Composite	73	75	97.3
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Overall AMI Performance Composite**Documentation:**

- Higher volume facility
- Overall performance composite score is 98.2%

Line#	Description	Num	Den	%
1000	Executive Summary Detail Lines			
1001	Composites			
1002	Overall AMI Performance Composite	698	711	98.2
1003	Overall Defect Free Care	93	106	87.7
1004	STEMI Performance Composite	625	636	98.3
1005	NSTEMI Performance Composite	73	75	97.3

How many patients were entered? How many eligible care opportunities were there? How many care measures were provided?

1. P- 93, E- 636, C- 625
2. P- 106, E- 698, C- 711
3. P- 106, E- 711, C- 698



Overall AMI Performance Composite**Documentation:**

- The score of 98.2 % is great, but you want to find out what opportunities were missed
- There were 13 care opportunities that your patients were eligible for, but did not receive

Line#	Description	Num	Den	%
1000	Executive Summary Detail Lines			
1001	Composites			
1002	Overall AMI Performance Composite	698	711	98.2
1003	Overall Defect Free Care	93	106	87.7
1004	STEMI Performance Composite	625	636	98.3
1005	NSTEMI Performance Composite	73	75	97.3



ARS Question #4

How would you identify which patients and which care measures were not provided to these patients?

1. Dashboard Overall Composite
2. Outcomes Report detail lines
3. Dashboard Overall Composite drill down



Overall AMI Performance Composite

Documentation:

- The score of 98.2 % is great, but you want to find out what opportunities were missed
- There were 13 care opportunities that your patients were eligible for, but did not receive

How would you identify which patients and which care measures were not provided to this patient?

1. Dashboard Overall Composite
2. Outcomes Report detail lines
3. Dashboard Overall Composite drill down



Dashboard Door to ECG Metric #22

Documentation:



- You have been working hard to reduce your door to ECG times
- You review your Outcomes Report and note a negative value for Pre-Hospital to Balloon time, detail line 1268 ECG to arrival time

1266	Pre-hospital ECG to balloon		
1267	ECG to arrival	1.0	
1268	ECG to arrival	24.5	
1269	ECG to arrival	51.5	
1270	ECG after hospital arrival to needle		

- 60



ARS Question #5

What could cause the “ECG to arrival time” to be a negative value?

1. ECG was performed prior to arrival
2. ECG- Pre-Hospital, ECG #4021- time prior to arrival
3. ECG- After 1st hosp. arrival, #4021- time after arrival
4. Selection for #4010 & time for #4021 do not coincide

C. CARDIAC STATUS ON FIRST MEDICAL CONTACT			
Symptom Onset Date/Time ^{4000, 4001;}	<input type="checkbox"/> Time Estimated ⁴⁰⁰²	<input type="checkbox"/> Time Not Available ⁴⁰⁰³	
First ECG Obtained ^{4010;}	<input type="radio"/> Pre-Hospital (e.g. ambulance)	<input type="radio"/> After 1st hosp. arrival	First ECG Date/Time ^{4020, 4021;}



Door to ECG

Documentation:

- You review your Outcomes Report and note a negative value for Pre-Hospital to Balloon time, detail line 1268 ECG to arrival time

C. CARDIAC STATUS ON FIRST MEDICAL CONTACT			
Symptom Onset Date/Time ^{4000, 4001;}	<input type="checkbox"/> Time Estimated ⁴⁰⁰²	<input type="checkbox"/> Time Not Available ⁴⁰⁰³	
First ECG Obtained ^{4010;}	<input type="radio"/> Pre-Hospital (e.g. ambulance)	<input type="radio"/> After 1st hosp. arrival	First ECG Date/Time ^{4020, 4021;}

What could cause the “ECG to arrival time” to be a negative value?

1. ECG was performed prior to arrival
2. ECG- Pre-Hospital, ECG #4021- time prior to arrival
3. ECG- After 1st hosp. arrival, #4021- time after arrival
4. Selection for #4010 & time for #4021 do not coincide



Dashboard Submission near data deadline

Documentation:



- You are working through the quarter and want to verify the data entered is correct for the next Outcomes report
- You review the dashboard graphs and individual metric drill downs for the performance measures and quality metrics
- You find a few errors- make the corrections- data collection tool- then resubmit your data through the DQR on Sunday at 09:00



ARS Question #6

Will the corrections be included in the Sunday dashboard data aggregation?

1. No
2. Yes



Overall AMI Performance Composite**Documentation:**

- You review the dashboard graphs and individual metric drill downs for the performance measures & quality metrics
- You find a few errors and make corrections- data collection tool- resubmit your data through the DQR on Sunday at 09:00

Will the corrections be included in the Sunday dashboard data aggregation?

1. No
2. Yes



**Dashboard
Published quarters**

**Documentation:**

- Submitted Q2 data on time for Q2 deadline 8/31/2012
- After deadline-note errors in Q2 submission
- Made corrections in tool & resubmitted DQR 11/28/2012, Q3 deadline 11/30/2012
- Looked to dashboard for the Q2 changes

Submission Quarter	Date Received	Tran Num	Number of Patients	Data Assessment	Completeness Assessment	Benchmark Inclusion St.
2012Q2	11/28/2012 4:29:54 PM	105731	26	Pass	Pass	C
2012Q2	7/31/2012 1:58:50 PM	90035	22	Pass	Pass	C
2012Q2	7/31/2012 12:52:51 PM	90018	22	Pass	Fail	Y



ARS Question #7

When will the Q2 changes be reflected in the dashboard?

1. With the next Sunday's data aggregation
2. After the Q3 Outcomes Report is created
3. Upon request Q2 Outcomes Report will be re-aggregated
4. The changes will not be available in the dashboard



Published quarters

Documentation:

- Submitted Q2 data on time for Q2 deadline 8/31/2012
- After deadline-note errors in Q2 submission
- Made corrections in tool & resubmitted DQR 11/28/2012, Q3 deadline 11/30/2012
- Looked to dashboard for the Q2 changes

When will the Q2 changes be reflected in the dashboard?

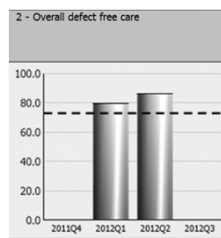
1. With the next Sunday's data aggregation
2. After the Q3 Outcomes Report is created
3. Upon request Q2 Outcomes Report will be re-aggregated
4. The changes will not be available in the dashboard



Dashboard Overall Defect Free Care

Documentation:

- Reviewing Defect Free Composite
- Q1-79.7%, Q2-86.1%
- Defect free care is % of time providing perfect care
- Drill down to see what metric needs improvement



ARS Question #8

Why is ASA at Arrival blank for 4 patients listed?

1. Data fields was left blank (null values)
2. Patients not included in the denominator
3. ASA not given

Aspirin at Arrival	Evaluation of LV Systolic Function	Reperfusion Therapy (STEMI only)	Time to Fibrinolysis (STEMI only)	Time to Primary PCI (STEMI only)	Aspirin at Discharge	Beta Blocker at Discharge	ACE-I/ARB/LLSD Discharge
<input type="checkbox"/>	Yes	Yes		Yes		Yes	Yes
<input type="checkbox"/>	Yes	Yes			Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	Yes
<input type="checkbox"/>	Yes				Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	
<input type="checkbox"/>	Yes	Yes			Yes	Yes	
Yes	Yes	Yes		Yes	Yes	Yes	



Defect Free Care

Documentation:

- Reviewing Defect Free Composite
- Q1-79.7%, Q2-86.1%
- Defect free care is % of time providing perfect care
- Drill down to see what metric need improvement

Why is ASA at Arrival blank for 4 patients listed?

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3. ASA not given