

# ACTION Registry-GWTG

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*If you don't measure it, you can't improve it!*

## Presenter Disclosure Information

**Susan Rogers, RN, MSN**  
**Kim Hustler, RN, CCRN**

The following relationships exist related to this presentation:

**Nothing to Disclose**

# ACTION Registry-GWTG vs. Cath PCI

- ACTION Registry-GWTG
- Process Improvement
- Only Acute MI- smaller population
- Timeline- Data PTA through to discharge
- 40 to 80 fields will cross populate
- Not all fields will populate due to different purpose in collecting, Ex- Troponin- Initial and Peak
- Cath PCI
- Procedural based
- All patients in cath lab- larger population
- Majority focus on Cath Lab
- Same- must use same platform
- Example: Troponin peak prior to PCI and first level after PCI

# Site Specific Quarterly Reports

## Composites (12 months)

- Percent of compliance
- Benchmark National

## • Line graphs (12 months)

- Breakdown Quarterly performance

## • Tables (Quarterly, 12 months)

- Benchmark Like Hospitals, National, Top 10%
- All AMI details, and side by side STEMI and NSTEMI
- Overall AMI Subgroups- Compares composites by race, gender, age, transfer in/nontransfer, DM/nonDM, CrCl patients

## Performance Measures

### Acute/In-hospital Measures

#### Aspirin Arrival

STEMI - Any reperfusion (PCI or Lytic)

STEMI - Lytic -Door to Needle (Median Time and % <30min)

STEMI - PCI – D2B (Median Time and % <90min)

STEMI - D2B Transfer in (Median Time)

#### LVSD Evaluation

### Discharge Measures

#### Aspirin

#### B-blocker

ACE or ARB (EF <40%)

Statin for LDL  $\geq 100\text{mg/dL}$

Smoking cessation (among smokers)

#### Cardiac rehabilitation

# Quality Metrics

## **ACTION Metrics**

**Door to EKG (within 10 min)**

**STEMI- Acute ADP Receptor Inhibitor Therapy within 24 hours of arrival\_**

**Revascularized Patients Discharged on ADP Receptor Inhibitors**

**ADP Receptor Inhibitors Prescribed at Discharge for Medically Treated Patients** 

**LDL assessment (in-hospital)**

**NSTEMI - Excessive Initial UFH Dosing (>70 U/kg bolus, >15 U/kg/min infusion)**

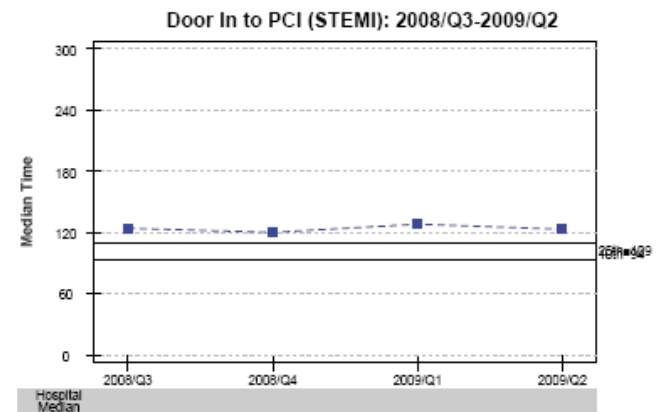
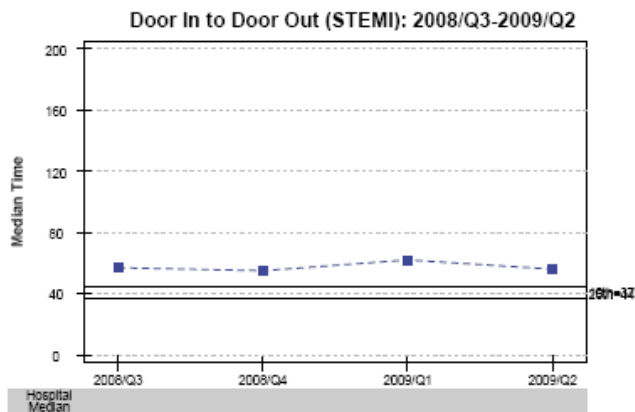
**Excessive Initial Enoxaparin Dosing (SQ >1.05 mg/kg)**

**Excessive Initial GP IIb/IIIa Dosing (Full dose Tirofiban if CrCl <30 & Full dose Eptifibatid CrCl <50, or dialysis with either)**

**STEMI - Anticoagulant- UFH, enoxaparin, bivalarudin or fondaparinux (first 24 hours)**

**Aldosterone Blocking Agents at Discharge (EF <40%, with DM, or HF)**

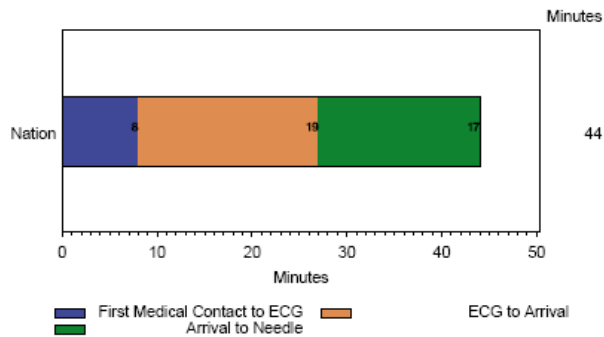
# Q2 2009 Door In-Door Out, D2B



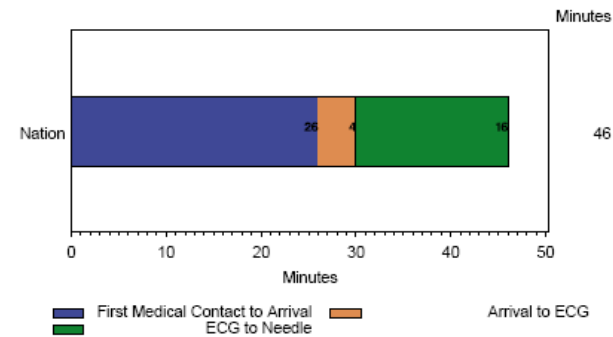
Quarter Median: — Hospital — Like Hospitals - - - Nation

# Q2 2009 Reperfusion Therapy Trends

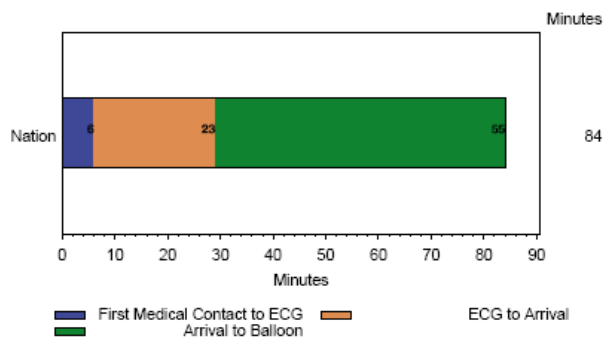
**First Medical Contact to ECG to Hospital Arrival to Needle  
(Pre-Hospital ECG)**



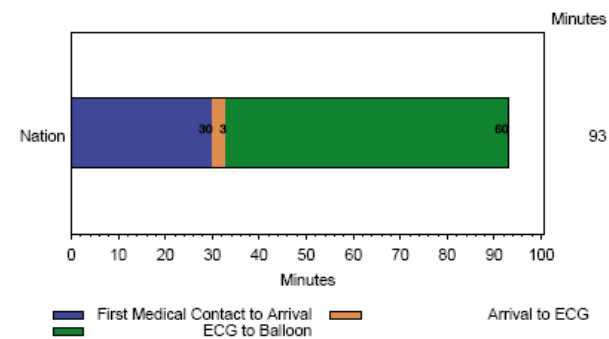
**First Medical Contact to Hospital Arrival to ECG to Needle  
(ECG After Hospital Arrival)**



**First Medical Contact to ECG to Hospital Arrival to Balloon  
(Pre-Hospital ECG)**



**First Medical Contact to Hospital Arrival to ECG to Balloon  
(ECG After Hospital Arrival)**



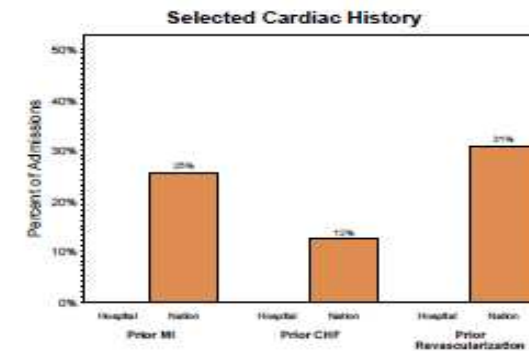
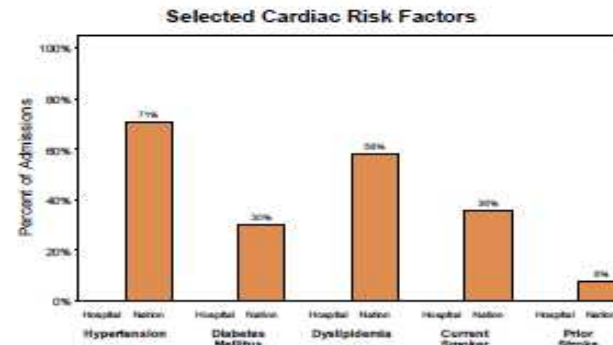
ACTION Registry-GWTG™

**Table 2: AMI - Medical History/Home Medications**  
Site 999999

**ACTION Registry-GWTG™ Report: Q2/09**  
\* Confidential Information \*



	Hospital		Like Hospitals	Nation	Top 10%
	Last Qtr	Last 12 mo			
<b>Comorbid Illness</b>					
Hypertension .....				71%	69%
Diabetes mellitus, overall .....				30%	29%
Insulin-treated .....				35%	34%
Diet .....				9%	10%
Oral .....				50%	50%
Peripheral arterial disease .....				10%	8%
Obesity (BMI $\geq$ 30) .....				38%	38%
Dyslipidemia .....				58%	57%
Current/recent smoker .....				36%	38%
Cerebral vascular disease .....				11%	10%
Prior stroke .....				8%	8%
Current Dialysis .....				2%	2%
Chronic Lung Disease .....				14%	14%
<b>Cardiac History</b>					
Prior MI .....				25%	25%
Prior HF .....				12%	12%
Prior PCI .....				23%	25%
Prior CABG .....				14%	13%
Atrial fibrillation/flutter .....				7%	7%
<b>Home Medications</b>					
Aspirin .....				42%	43%
Clopidogrel .....				14%	13%
Warfarin .....				5%	5%
Beta blocker .....				37%	38%
ACE-I or ARB .....				37%	38%
Aldosterone blocking agent .....				2%	2%
Statin .....				38%	39%



FOOTNOTES  
¹Body mass index (BMI) = Weight (in kilograms) / Height² (in meters)

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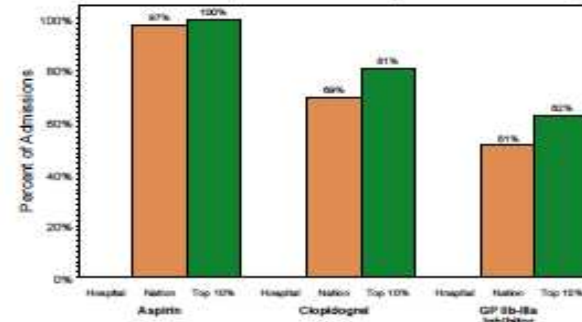
**Table 4: AMI - Acute<sup>1</sup> and In-Hospital Medications and Dosing Errors  
Site 999999**

**ACTION Registry-GWTG™ Report: Q2/09  
\* Confidential Information \***

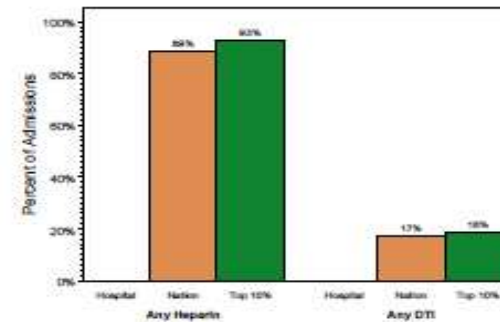


	Hospital		Like Hospitals	Nation	Top 10%
	Last Qtr	Last 12 mo			
<b>Any Acute Oral Antiplatelet</b>				97%	99%
Aspirin .....				97%	100%
Clopidogrel .....				69%	81%
<b>Acute Beta blocker</b>				91%	98%
<b>Acute ACE-I or ARB</b>				50%	57%
<b>Any Anticoagulant</b>				94%	97%
Heparin, IV unfractionated .....				69%	70%
Heparin, low molecular weight .....				30%	36%
Bivalirudin .....				16%	18%
Fondaparinux .....				1%	1%
<b>Any GP IIb-IIIa Inhibitor</b>				54%	66%
<b>Any GP IIb-IIIa Inhibitor Among PCI patients</b>				71%	77%
Started infusion pre-PCI <sup>2</sup> .....				25%	30%
Started infusion peri-PCI <sup>3</sup> .....				74%	70%
<b>Dosing Errors<sup>4</sup> for Anticoagulants and GP IIb-IIIa Inhibitors</b>					
Heparin, IV UFH - overall (All AMI) ..				27%	19%
Bolus .....				20%	14%
Infusion .....				21%	15%
Enoxaparin - overall (NSTEMI) .....				15%	15%
Initial D > 1.05 mg/kg .....				12%	13%
24 Hr D > 10 mg over rec (CrCl) .....				9%	9%
GP IIb-IIIa Inhibitor (All AMI) .....				9%	8%

**Acute Medications (w/in 24h of Hospital Presentation)**



**Antithrombin Medications**



<sup>1</sup>Acute refers to meds received within 24 hours of hospital arrival  
<sup>2</sup>Pre-procedure is anytime from hospital presentation up to 1-hour pre-procedure  
<sup>3</sup>Peri-procedure is 1-hour pre-procedure to anytime post-procedure  
<sup>4</sup>Dosing Errors are defined differently for STEMI and NSTEMI patients.  
Refer to Glossary and Interpretation Manual for Dosing Error definitions.

# On-Demand Reports

- Rapid cycle reporting
- Available as concurrent as your site is entering data, and submitting to DQR
- Updated with every submission to the DQR
- Performance Measures
- 21 reports- 13 STEMI, 8 NSTEMI

# What Reports are available

- ACE Inhibitor/ ARB at Discharge among STEMI & NSTEMI Patients
- Adult Smoking Cessation Advice Counseling among STEMI & NSTEMI
- ASA at Arrival among STEMI & NSTEMI Patients
- ASA at Discharge among STEMI & NSTEMI Patients
- Beta Blocker at Discharge among STEMI & NSTEMI Patients
- Statin at Discharge among STEMI & NSTEMI Patients
- Cardiac Rehabilitation Patient Referral among STEMI & NSTEMI Patients
- Evaluation of LV Systolic Function among STEMI & NSTEMI Patients
- Door In Door Out Transfer in Patients
- Door to Balloon
- Door to Balloon Transfer in Patients
- Door to Needle
- Reperfusion Therapy among STEMI Patients

# Performance Graph

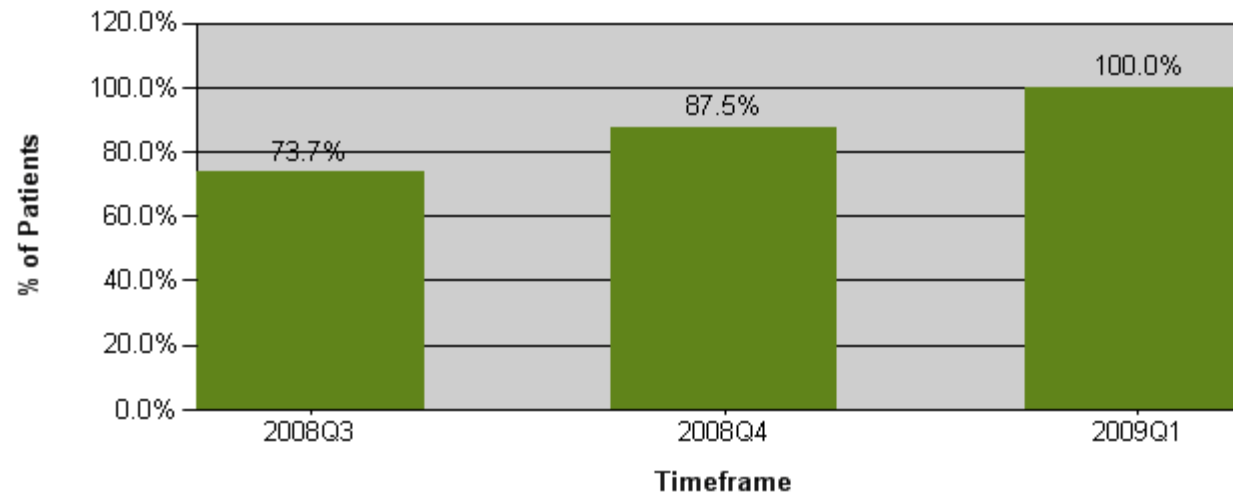
## ACTION Registry®-GWTG™

**Door to Balloon within 90 minutes**

American College Of Cardiology - 999999

2008Q3 - 2009Q1

Report generated: 8/3/2009 3:18:44 PM



# Summary Table

**Summary:**

**Timeframe**

Timeframe	Numerator	Denominator	% of Patients
2008Q3	14	19	73.7%
2008Q4	21	24	87.5%
2009Q1	6	6	100.0%

# Patient Detail Page

## ACTION Registry-GWTG™

Door to Balloon within 90 minutes

American College Of Cardiology - 999999

2008Q3 - 2009Q1

Report generated: 8/3/2009 3:18:44 PM

Patient ID	Timeframe	Included in Num	Included in Den	Transferred In from Outside Facility	Arrival Date/Time	Subs ECG Date/Time	First Device Date/Time	PCI Indication	PCI Delay Reason	Throm Date/Time	Door to Balloon Time (mins)
10131	2008Q4	Yes	Yes	No	12/21/2008 16:09		12/21/2008 17:11	Immediate primary PCI for STEMI	None		62
10132	2008Q4	No	Yes	No	12/25/2008 19:45		12/26/2008 02:09	Immediate primary PCI for STEMI	None		384
10134	2008Q4	No	No	No	12/24/2008 11:51						
10135	2008Q4	No	No	No	11/07/2008 17:52		11/07/2008 18:49	Immediate primary PCI for STEMI	Other		57
10138	2008Q4	Yes	Yes	No	11/19/2008 16:15		11/19/2008 17:39	Immediate primary PCI for STEMI	None		84
10140	2008Q4	No	Yes	No	11/17/2008 10:05		11/17/2008 11:57	Immediate primary PCI for STEMI	None		112

# Data Sharing

- Mission Life Line will provide reports
- Needs beyond MiL for State/ Regional Reports are anticipated to be available this summer
- Reports will be at an additional fee, dependant on what is requested
- Contracting is required if sites are identified in the Regional Reports

## When a gap in data entry

- Transitioning sites concerned with Recognition must not have a gap in data entry
- Retrospective data entry is permitted, up to 12 months
- Recognized sites will continue with their Recognition level for ACTION Registry-GWTG Recognition- if continue to meet criteria
- If site is waiting for vendor- can wait and enter in retrospectively, or use NCDR tool to prevent the gap

# Thank You

- ACTION Registry-GWTG  
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Email- [ncdr@acc.org](mailto:ncdr@acc.org) note ARG in email