

About the Registry

- ACTION Registry transitioned from CRUSADE
- Started January 2007
- Merged with AHA GWTG CAD May 2008 to become ACTION Registry-GWTG
- GWTG CAD sunset Dec. 31, 2009
- Current membership of 537 Hospitals
- Over 155,000 records submitted

Premier vs. Limited

Detailed


ACTION Registry-GWTG Premier

- Approximately 280 fields (not counting Section K)
- Simple/Average patient 100-150 fields
- Complicated patient 150-200 fields
- Non PCI centers 100 fields
- Available to all ACTION Registry-GWTG participants.

ACTION Registry-GWTG Limited

- Approximately 140 fields (not counting Section K)
- Simple/Average patient 60-80 fields
- Complicated patient 80-100 fields
- Non PCI centers 60 fields
- Available to all ACTION Registry-GWTG participants.
- Strongly encourage participants to use full data set, especially PPCI capable centers.

Demographics & Admission

		NCDR® ACTION Registry® v2.1 Acute Coronary Treatment and Intervention Outcomes Network Registry		
<p><small>To: Get step-by-step instructions for registration features</small></p>				
A. DEMOGRAPHICS				
Last Name ²⁰⁰⁰ :		First Name ²⁰¹⁰ :	Middle Name ²⁰²⁰ :	
Birth Date ²⁰⁵⁰ :				
SSN ²⁰³⁰ :	<input type="checkbox"/> SSN N/A ²⁰³¹	Patient ID ²⁰⁴⁰ :	Other ID ²⁰⁴⁵ :	
Race: <small>(check all that apply)</small>	<input type="checkbox"/> White ²⁰⁷⁰	<input type="checkbox"/> Black/African American ²⁰⁷¹	<input type="checkbox"/> Asian ²⁰⁷²	
	<input type="checkbox"/> American Indian/Alaskan Native ²⁰⁷³	<input type="checkbox"/> Native Hawaiian/Pacific Islander ²⁰⁷⁴	Hispanic or Latino Ethnicity ²⁰⁷⁶ : <input type="radio"/> No <input type="radio"/> Yes	
		Sex ²⁰⁶⁰ :	<input type="radio"/> Male <input type="radio"/> Female	
B. ADMISSION				
Patient Zip Code ³⁰⁰⁰ :		<input type="checkbox"/> Zip Code N/A ³⁰⁰¹		
Means of Transport to First Facility ³¹⁰⁰ : <input type="radio"/> Self/Family <input type="radio"/> Ambulance <input type="radio"/> Mobile ICU <input type="radio"/> Air				
→ If Ambulance or Mobile ICU or Air, Pre-Arrival 1st Med. Contact Date/Time ^{3105, 3106} : _____ <input type="checkbox"/> Time Estimated ³¹⁰⁷				
Transferred from Outside Facility ³¹¹⁰ : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Means of Transfer ³¹¹⁵ : <input type="radio"/> Ambulance <input type="radio"/> Mobile ICU <input type="radio"/> Air		
→ If Yes, Arrival at Outside Facility Date/Time ^{3120, 3121} : _____		<input type="checkbox"/> Time Estimated ³¹²²		
→ If Yes, Transfer from Outside Facility Date/Time ^{3125, 3126} : _____		<input type="checkbox"/> Time Estimated ³¹²⁷		
→ If Yes, Name of Transferring Facility/AHA Number ^{3150, 3151} : _____				
Your Facility	Arrival Date/Time ^{3200, 3201} :		Location of First Evaluation ³²²⁰ : <input type="radio"/> ED <input type="radio"/> Cath Lab <input type="radio"/> Other	
	Admission Date ³²¹⁰ :		→ If ED, Transfer Out Date/Time ^{3221, 3222} : _____	
	Insurance Payors: <small>(check all that apply)</small>	<input type="checkbox"/> Private Health Insurance ³³⁰⁰	<input type="checkbox"/> Medicare ³³⁰¹	<input type="checkbox"/> Medicaid ³³⁰²
		<input type="checkbox"/> State-Specific Plan (non-Medicaid) ³³⁰⁴	<input type="checkbox"/> Indian Health Service ³³⁰⁵	<input type="checkbox"/> Non-US Insurance ³³⁰⁶ <input type="checkbox"/> None ³³⁰⁷
HIC # ³³²⁰ :				
C. CARDIAC STATUS ON FIRST MEDICAL CONTACT				

Cardiac Status & History

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} :	
STEMI or STEMI Equivalent ⁴⁰³⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, ECG Findings ⁴⁰⁴⁰ : <input type="radio"/> ST elevation <input type="radio"/> LBBB (new or presumed new) <input type="radio"/> Isolated posterior MI			
→ If Yes, STEMI or STEMI Equivalent First Noted ⁴⁰⁴¹ : <input type="radio"/> First ECG <input type="radio"/> Subsequent ECG			
→ If Subsequent ECG, Subsequent ECG with STEMI or STEMI Equivalent Date/Time ^{4042, 4043} : _____			
→ If No, Other ECG Findings ⁴⁰⁴⁴ : (demonstrated within first 24 hours of medical contact)		<input type="radio"/> New or presumed new ST depression	<input type="radio"/> New or presumed new T-Wave inversion
		<input type="radio"/> Transient ST elevation lasting < 20 minutes	<input type="radio"/> None
Heart Failure ⁴¹⁰⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Heart Rate ⁴¹²⁰ :	(bpm) Systolic BP ⁴¹³⁰ : (mmHg)
Cardiogenic Shock ⁴¹¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Cocaine Use ⁴¹¹⁵ : <input type="radio"/> No <input type="radio"/> Yes	
D. HISTORY AND RISK FACTORS			
Height ⁵⁰⁰⁰ :	(cm)	Prior MI ⁵⁰⁸⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Weight ⁵⁰¹⁰ :	(kg)	Prior Heart Failure (previous Hx) ⁵⁰⁹⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Current/Recent Smoker (< 1 year) ⁵⁰²⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Prior PCI ⁵¹⁰⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Hypertension ⁵⁰³⁰ :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Most Recent PCI Date ⁵¹⁰¹ : _____	
Dyslipidemia ⁵⁰⁴⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Prior CABG ⁵¹¹⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Currently on Dialysis ⁵⁰⁵⁰ :	<input type="radio"/> No <input type="radio"/> Yes	→ If Yes, Most Recent CABG Date ⁵¹¹¹ : _____	
Chronic Lung Disease ⁵⁰⁶⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Atrial Fibrillation or Flutter (past 2 wks) ⁵¹²⁰ :	<input type="radio"/> No <input type="radio"/> Yes
Diabetes Mellitus ⁵⁰⁷⁰ :	<input type="radio"/> No <input type="radio"/> Yes	Cerebrovascular Disease ⁵¹³⁰ :	<input type="radio"/> No <input type="radio"/> Yes
→ If Yes, Diabetes Therapy ⁵⁰⁷¹ : <input type="radio"/> None <input type="radio"/> Diet <input type="radio"/> Oral		→ If Yes, Prior Stroke ⁵¹³¹ : <input type="radio"/> No <input type="radio"/> Yes	
<input type="radio"/> Insulin <input type="radio"/> Other		Peripheral Arterial Disease ⁵¹⁴⁰ :	<input type="radio"/> No <input type="radio"/> Yes

Medications

E. MEDICATIONS			
Oral Medications			
Medication	Home Meds	Medications Administered in First 24 Hours (Up to 24 hours after first medical contact*)	Medications Prescribed At Hospital Discharge (do not code for patients who die or are AMA or are transferred to another hospital)
Aspirin ⁶⁰⁰⁰⁻⁶⁰²¹	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded → If Yes, Start Date/Time: _____ * Note: code "Yes" for Aspirin if admin. 24 hrs before or after first medical contact	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded → If Yes, Dose: _____mg
Clopidogre ⁶⁰⁵⁰⁻⁶⁰⁷²	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded → If Yes, Start Date/Time: _____ → If Yes, Dose: _____mg	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded → If Yes, Dose: _____mg → If Yes, Recommended Duration: _____mos.
Ticlopidine ⁶¹⁰⁰⁻⁶¹²²	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded → If Yes, Start Date/Time: _____ → If Yes, Dose: _____mg	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded → If Yes, Dose: _____mg → If Yes, Recommended Duration: _____mos.
Prasugrel ⁶¹⁵⁰⁻⁶¹⁷²	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded → If Yes, Start Date/Time: _____ → If Yes, Dose: _____mg	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded → If Yes, Dose: _____mg → If Yes, Recommended Duration: _____mos.
Warfarin ⁶²⁰⁰⁻⁶²²⁰	<input type="radio"/> No <input type="radio"/> Yes		<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Beta Blocker ⁶²⁵⁰⁻⁶²⁷⁰	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded → If Yes, Start Date/Time: _____	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
ACE Inhibitor ⁶³⁰⁰⁻⁶³²⁰	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Angiotensin Receptor Blocker ⁶³⁵⁰⁻⁶³⁷⁰	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Aldosterone Blocking Agent ⁶⁴⁰⁰⁻⁶⁴²⁰	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Statin ⁶⁴⁵⁰⁻⁶⁴⁷⁰	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded
Non-Statin Lipid-Lowering Agent ⁶⁵⁰⁰⁻⁶⁵²⁰	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded

Anticoagulants

Non-Statins Lipid-Lowering Agent ⁶⁵⁰⁰⁻⁶⁵²⁰	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Contraindicated	<input type="radio"/> Blinded
Intravenous and Subcutaneous Medications								
Category	Medications Administered							
GP IIb/IIIa Inhibitor ⁶⁸⁰⁰ (any time during this hospitalization)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded							
	→ If Yes, Medication Type ⁶⁸⁰¹ : <input type="radio"/> Eptifibatide <input type="radio"/> Tirofiban <input type="radio"/> Abciximab → If Yes, Start Date/Time ^{6802, 6803} : _____ → If Yes, Stop Date/Time ^{6804, 6805} : _____ → If Eptifibatide or Tirofiban, Dose ⁶⁸⁰⁶ : <input type="radio"/> Full <input type="radio"/> Reduced <input type="radio"/> Other							
Anticoagulant ⁶⁸⁵⁰	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Contraindicated <input type="radio"/> Blinded							
	→ If Yes, Medication Type(s):							
	<input type="checkbox"/> IV Unfractionated Heparin ⁶⁸⁵¹	Start Date/Time ^{6852, 6853} : _____ Initial Bolus ⁶⁸⁵⁴ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Initial Bolus Dose ⁶⁸⁵⁵ : _____ units Initial Infusion ⁶⁸⁵⁶ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Initial Infusion Dose ⁶⁸⁵⁷ : _____ units/hr						
	<input type="checkbox"/> Enoxaparin (LMWH) ⁶⁸⁶⁰	Start Date/Time ^{6861, 6862} : _____ Initial SubQ Dose ⁶⁸⁶³ : _____ mg Initial IV Bolus ⁶⁸⁶⁴ : <input type="radio"/> No <input type="radio"/> Yes Injection Freq. ⁶⁸⁶⁵ : <input type="radio"/> q12hr <input type="radio"/> q24hr <input type="radio"/> None						
	<input type="checkbox"/> Dalteparin (LMWH) ⁶⁸⁷⁰	Start Date/Time ^{6871, 6872} : _____ Initial SubQ Dose ⁶⁸⁷³ : _____ units						
	<input type="checkbox"/> Bivalirudin ⁶⁸⁷⁵	Start Date/Time ^{6876, 6877} : _____						
	<input type="checkbox"/> Fondaparinux ⁶⁸⁸⁰	Start Date/Time ^{6881, 6882} : _____						
	<input type="checkbox"/> Argatroban ⁶⁸⁸⁵	Start Date/Time ^{6886, 6887} : _____						
<input type="checkbox"/> Lepirudin ⁶⁸⁹⁰	Start Date/Time ^{6891, 6892} : _____							

Procedures

F. PROCEDURES AND TESTS			
Non-invasive Stress Testing ⁷⁰⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date ⁷⁰⁰¹ :		LVEF ⁷⁰¹⁰ : %	<input type="checkbox"/> LVEF Not Assessed ⁷⁰¹¹
Diagnostic Coronary Angiography ⁷⁰²⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Angiography Date/Time ^{7021, 7022} :			
→ If Yes, Best Estimate of Coronary Anatomy:			
Coronary Territory	Coronary Artery Stenosis	Coronary Territory	Coronary Artery Stenosis
Left Main ⁷⁰²³ :	% <input type="checkbox"/> Not Available ⁷⁰²⁴	CIRC, OMs, LPDA & LPL Branches ⁷⁰²⁹ :	% <input type="checkbox"/> Not Available ⁷⁰³⁰
Prox. LAD ⁷⁰²⁵ :	% <input type="checkbox"/> Not Available ⁷⁰²⁶	RCA, RPDA, RPL, AM Branches ⁷⁰³¹ :	% <input type="checkbox"/> Not Available ⁷⁰³²
Mid/Distal LAD, Diag Branches ⁷⁰²⁷ :	% <input type="checkbox"/> Not Available ⁷⁰²⁸	Ramus ⁷⁰³³ :	% <input type="checkbox"/> Not Available ⁷⁰³⁴
→ If No, Diagnostic Cath Contraindication ⁷⁰³⁵ : <input type="radio"/> No <input type="radio"/> Yes			
PCI ⁷¹⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, Cath Lab Arrival Date/Time ^{7101, 7102} :			
→ If Yes, First Device Activation Date/Time ^{7103, 7104} :			
→ If Yes, Stent(s) Placed ⁷¹⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Stent Type(s): <input type="checkbox"/> Bare metal stent ⁷¹⁰⁶ <input type="checkbox"/> Drug eluting stent ⁷¹⁰⁷ <input type="checkbox"/> Other ⁷¹⁰⁸			
→ If Yes, PCI Indication ⁷¹⁰⁹ : <input type="radio"/> Immediate, primary PCI for STEMI <input type="radio"/> Rescue PCI (after failed full-dose lytics for STEMI)			
<input type="radio"/> PCI for NSTEMI <input type="radio"/> Stable, successful reperfusion for STEMI, or completed infarction post-STEMI <input type="radio"/> Other			
→ If Immediate, Primary PCI for STEMI, Non-System Reason for Delay in PCI ⁷¹¹⁰ :			
<input type="radio"/> Difficult vascular access		<input type="radio"/> Cardiac arrest and/or need for intubation before PCI	
<input type="radio"/> Patient delays in providing consent for the procedure		<input type="radio"/> Difficulty crossing the culprit lesion during the PCI procedure	
<input type="radio"/> Other		<input type="radio"/> None	
CABG ⁷²⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes			
→ If Yes, CABG Date/Time ^{7201, 7202} :			

Thrombolytics

→ If Yes, CABG Date/Time^{7201, 7202}: _____

G. REPERFUSION STRATEGY (IMMEDIATE REPERFUSION)

Was Patient a Reperfusion Candidate⁸⁰⁰⁰ No Yes

→ If No, Primary Reason⁸⁰¹⁰:

- | | |
|---|---|
| <input type="radio"/> Non-compressible vascular puncture(s) | <input type="radio"/> Significant closed head or facial trauma within previous 3 months |
| <input type="radio"/> Active bleeding on arrival or within 24 hours | <input type="radio"/> Prior allergic reaction to thrombolytics or IV contrast |
| <input type="radio"/> Known bleeding diathesis | <input type="radio"/> Current use of oral anticoagulants |
| <input type="radio"/> Recent bleeding within previous 4 weeks | <input type="radio"/> Active peptic ulcer |
| <input type="radio"/> History of CVA | <input type="radio"/> Quality of life decision |
| <input type="radio"/> Recent surgery/trauma | <input type="radio"/> Comorbid disease |
| <input type="radio"/> Intracranial neoplasm, AV malformation, or aneurysm | <input type="radio"/> Traumatic CPR that precludes thrombolytics |
| <input type="radio"/> Severe uncontrolled hypertension | <input type="radio"/> Anatomy not suitable to primary PCI |
| <input type="radio"/> No ST elevation/LBBB | <input type="radio"/> Spontaneous reperfusion (documented by cath only) |
| <input type="radio"/> ST elevation resolved | <input type="radio"/> Patient/family refusal |
| <input type="radio"/> MI diagnosis unclear | <input type="radio"/> DNR at time of treatment decision |
| <input type="radio"/> MI symptoms onset >12 hours | <input type="radio"/> Ischemic stroke w/in 3 months except acute ischemic stroke w/in 3 hours |
| <input type="radio"/> Chest pain resolved | <input type="radio"/> Any prior intracranial hemorrhage |
| <input type="radio"/> No chest pain | <input type="radio"/> Pregnancy |
| <input type="radio"/> Suspected aortic dissection | <input type="radio"/> Other (Not Listed) |

→ If Yes, Thrombolytics⁸⁰²⁰: No Yes → If Yes, Strength of Dose⁸⁰²¹: Full dose Reduced dose

→ If Yes, Type of Thrombolytics⁸⁰²²: Tenecteplase Alteplase Reteplase Streptokinase Other

→ If Yes, Dose Start Date/Time^{8023, 8024}: _____

→ If Yes, Non-System Reason for Delay⁸⁰²⁵: No Yes

Clinical Events & Biomarkers

H. IN-HOSPITAL CLINICAL EVENTS		
Reinfarction⁹⁰⁰⁰: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date ⁹⁰⁰¹ : _____	Suspected Bleeding Event⁹⁰⁴⁰: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Suspected Bleeding Event Date ⁹⁰⁴¹ : _____	
Cardiogenic Shock⁹⁰¹⁰: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date ⁹⁰¹¹ : _____	→ If Yes, Bleeding Event Location (check all that apply): <input type="checkbox"/> Access Site ⁹⁰⁴² <input type="checkbox"/> Retroperitoneal ⁹⁰⁴³ <input type="checkbox"/> GI ⁹⁰⁴⁴ <input type="checkbox"/> GU ⁹⁰⁴⁵ <input type="checkbox"/> Other ⁹⁰⁴⁶	
Heart Failure⁹⁰²⁰: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date ⁹⁰²¹ : _____	→ If Yes, Surgical Procedure or Intervention Required ⁹⁰⁴⁷ : <input type="radio"/> No <input type="radio"/> Yes	
CVA/Stroke⁹⁰³⁰: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date ⁹⁰³¹ : _____	RBC/Whole Blood Transfusion⁹⁰⁵⁰: <input type="radio"/> No <input type="radio"/> Yes → If Yes, First Transfusion Date ⁹⁰⁵¹ : _____	
→ If Yes, Hemorrhagic ⁹⁰³² : <input type="radio"/> No <input type="radio"/> Yes	→ If Yes, CABG-Related Transfusion ⁹⁰⁵² : <input type="radio"/> No <input type="radio"/> Yes	
I. LABORATORY RESULTS		
CARDIAC MARKERS		
Positive Cardiac Markers Within First 24 Hours¹⁰⁰⁰⁰: <input type="radio"/> No <input type="radio"/> Yes		
	Troponin	CK-MB
Initial	Collected¹⁰⁰¹⁰: <input type="radio"/> No <input type="radio"/> Yes - I <input type="radio"/> Yes - T → If Yes, Date/Time ^{10011, 10012} : _____ → If Yes, Value ¹⁰⁰¹³ : _____ (ng/mL) → URL ¹⁰⁰¹⁴ : _____	Collected¹⁰⁰²⁰: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date/Time ^{10021, 10022} : _____ → If Yes, Value ¹⁰⁰²³ : _____ <input type="radio"/> IU/L <input type="radio"/> % <input type="radio"/> (mg/mL)/IU <input type="radio"/> ng/mL → ULN ¹⁰⁰²⁵ : _____
Peak	Collected¹⁰⁰³⁰: <input type="radio"/> No <input type="radio"/> Yes - I <input type="radio"/> Yes - T → If Yes, Date/Time ^{10031, 10032} : _____ → If Yes, Value ¹⁰⁰³³ : _____ (ng/mL) → URL ¹⁰⁰³⁴ : _____	Collected¹⁰⁰⁴⁰: <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date/Time ^{10041, 10042} : _____ → If Yes, Value ¹⁰⁰⁴³ : _____ <input type="radio"/> IU/L <input type="radio"/> % <input type="radio"/> (mg/mL)/IU <input type="radio"/> ng/mL → ULN ¹⁰⁰⁴⁵ : _____

Labs

Peak	→ If Yes, Value ¹⁰⁰³³ : _____ (ng/mL) → URL ¹⁰⁰³⁴ : _____	→ If Yes, Value ¹⁰⁰⁴³ : _____ <input type="radio"/> IU/L <input type="radio"/> % <input type="radio"/> (mg/mL)/IU <input type="radio"/> ng/mL → ULN ¹⁰⁰⁴⁵ : _____
CREATININE		
Initial	Collected ¹⁰¹⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date/Time ^{10101, 10102} : _____ → If Yes, Value ¹⁰¹⁰³ : _____ (mg/dL)	Peak Collected ¹⁰¹¹⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date/Time ^{10111, 10112} : _____ → If Yes, Value ¹⁰¹¹³ : _____ (mg/dL)
HEMOGLOBIN		
Initial	Collected ¹⁰¹⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date/Time ^{10151, 10152} : _____ → If Yes, Value ¹⁰¹⁵³ : _____ (g/dL)	Lowest Collected ¹⁰²⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date/Time ^{10201, 10202} : _____ → If Yes, Value ¹⁰²⁰³ : _____ (g/dL)
INITIAL HEMOGLOBIN A1C		
Collected ¹⁰²⁵⁰ <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date/Time ^{10251, 10252} : _____ → If Yes, Value ¹⁰²⁵³ : _____ %		
INITIAL INR		
Collected ¹⁰³⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date/Time ^{10301, 10302} : _____ → If Yes, Value ¹⁰³⁰³ : _____		
LIPIDS (mg/dL)		
Panel Performed ¹⁰³⁵⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Date/Time ^{10351, 10352} : _____ <input type="checkbox"/> Value Out of Range ¹⁰³⁶⁰ → If Yes, TC ¹⁰³⁵³ : _____ → If Yes, HDL ¹⁰³⁵⁴ : _____ → If Yes, LDL ¹⁰³⁵⁵ : _____ → If Yes, Triglycerides ¹⁰³⁵⁶ : _____		
INITIAL BNP		INITIAL NT-PROBNP
Collected ¹⁰⁴⁰⁰ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Value ¹⁰⁴⁰¹ : _____ (pg/mL)		Collected ¹⁰⁴⁰⁵ : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Value ¹⁰⁴⁰⁶ : _____ (pg/mL)

Discharge

ACTION Registry®-GWTG™

NCDR® ACTION Registry® v2.1
Acute Coronary Treatment and Intervention Outcomes Network Registry

J. DISCHARGE

Discharge Date¹¹⁰⁰⁰:

Comfort Measures Only¹¹⁰¹⁰: No Yes

Enrolled in Clinical Trial During Hospitalization¹¹⁰²⁰: No Yes

Discharge Status¹¹¹⁰⁰: Alive Deceased

→ **If Alive, Smoking Counseling¹¹¹⁰¹:** No Yes

→ **If Alive, Dietary Modification Counseling¹¹¹⁰²:** No Yes N/A

→ **If Alive, Exercise Counseling¹¹¹⁰³:** No Yes Ineligible

→ **If Alive, Cardiac Rehabilitation Referral¹¹¹⁰⁴:** No Yes Ineligible

→ **If Alive, Discharge Location¹¹¹⁰⁵:** Home Extended care/transitional care unit Other hospital
 Nursing home Hospice Other Left against medical advice (AMA)

→ **If Other Hospital, Transfer Time¹¹¹⁰⁶:** _____

→ **If Other Hospital, Transfer for PCI¹¹¹⁰⁷:** No Yes

→ **If Other Hospital, Transfer for CABG¹¹¹⁰⁸:** No Yes

→ **If Deceased, Cause of Death¹¹¹⁵⁰:** Cardiac Non-cardiac

→ **If Deceased, Time of Death¹¹¹⁵¹:** _____

K. OPTIONAL ELEMENTS (FOR AMI CORE MEASURE REPORTING ONLY)

Point of Origin¹²⁰⁰⁰: Non-health care facility Court/law enforcement
 Clinic Information not available
 Transfer from a hospital (different facility) D: Transfer from one distinct unit of the hospital to another

Take a closer look

- The Premier and Limited Data Collection Forms are available at ncdr.com/ select ACTION Registry-GWTG/ select Elements and Definitions.
- Both Data Collection Forms are posted as well as the Data Definitions, and Registry information

Data Collection Options

- Web-Based Data Capture
 - Secure, password-protected data entry system
 - Free NCDR data collection tool
 - Interoperability between AR-G and CathPCI Registry (2010)
- Vendor-Based Data Capture
 - Data submitted via encrypted, password-protected file
 - Interoperability between AR-G and CathPCI Registry
 - Interface with hospital EHR systems (where applicable)
 - Certified vendors include
 - Outcome Sciences, Inc.
 - LUMEDX
 - Cedaron Medical, Inc. (in process)

How to join ACTION Registry-GWTG

- Go to the ACTION Registry-GWTG “How to Join” page at www.ncdr.com to download the appropriate participation documents
 - If you do not currently participate in an NCDR registry (CARE Registry®, CathPCI Registry®, ICD Registry™), sign the NCDR Master Agreement and the ACTION Registry-GWTG Addendum
 - If you currently participate in an NCDR registry, sign the ACTION Registry-GWTG Addendum
 - Return your completed documents to NCDR as instructed on the forms

Next steps

- Join the Registry- **No cost**
- Select your tool/ vendor
- Select the Premier/Limited form
- Review Webinars and Documents
- Start entering data
- Utilize your On-Demand Reports then your Quarterly Reports to direct your PI goals

Thank You

- ACTION Registry-GWTG
Phone-800-257-4737
Email- ncdr@acc.org note ARG in email