R RESUSCITATION

FACT SHEET

American Heart Association | American Stroke Association

GET WITH THE GUIDELINES RESUSCITATION

Get With The Guidelines®-Resuscitation is the American Heart Association's collaborative quality improvement program demonstrated to improve adherence to evidence-based care of patients who experience an in-hospital resuscitation event or received post cardiac arrest care following an in-hospital or out-of-hospital event. The program facilitates the efficient capture, analysis and reporting of data that empowers and supports the implementation of current guidelines, creation and dissemination of new knowledge, and development of next generation, evidence-based practice in resuscitation science. Hospitals are able to track data for Cardiopulmonary Arrest (CPA), Medical Emergency Team (MET), Post-Cardiac Arrest Care (PCAC) and Acute Respiratory Compromise (ARC) in the Web-based Patient Management Tool™ (powered by Quintiles Real-World & Late Phase Research). The PMT provides decision support, robust registry, real-time benchmarking capabilities and other performance improvement methodologies toward the goal of enhancing patient outcomes and saving lives.

The primary goal of Get With The Guidelines-Resuscitation is to save more lives by preventing in-hospital cardiac arrest and optimizing outcomes through benchmarking, quality improvement, knowledge translation, and research.

CARDIOPULMONARY ARREST

ADULT *age >=18 years*	PEDIATRIC *age <18 years and >=1 year*	NEONATE/INFANT *age <1 year and >=24 hours old*	NEWLY BORN *event occurred at delivery (< 24 hours old)*
Confirmation of airway device placement in trachea: Percent of events who had confirmation of airway device placement in trachea.	**Confirmation of airway device placement in trachea:** Percent of events who had confirmation of airway device placement in trachea	**Confirmation of airway device placement in trachea:** Percent of events who had confirmation of airway device placement in trachea.	**Confirmation of airway device placement in trachea:** Percent of events who had confirmation of airway device placement in trachea.
Time to first shock <= 2 min for VF/pulseless VT first documented rhythm: Percent of eventswith VF/pulseless VT first documented rhythm in whom time to first shock <=2 minutes of event recognition.	**Time to first chest compressions ≤1 min in pediatric patients:** Percent of events where time to first chest compressions ≤ 1 minute	**Time to first chest compressions ≤1 min in pediatric patients:** Percent of events where time to first chest compressions ≤ 1 minute	**Advanced airway placed prior to the initiation of chest compressions:** Percent of events who had an advanced airway (either laryngeal mask airway (LMA), endotracheal tube (ET) or tracheostomy tube) placed prior to initiation of chest compressions.
Time to IV/IO epinephrine ≤ 5 minutes for asystole or Pulseless Electrical Activity (PEA): Percent of events where time to epinephrine **≤** 5 minute of asystole or pulseless electrical activity.	**Time to IV/IO epinephrine ≤ 5 minutes for asystole or Pulseless Electrical Activity (PEA):** Percent of events where time to epinephrine **≤** 5 minute of asystole or pulseless electrical activity.	**Time to IV/IO epinephrine ≤ 5 minutes for asystole or Pulseless Electrical Activity (PEA):** Percent of events where time to epinephrine **≤** 5 minute of asystole or pulseless electrical activity.	**Pulse oximetry in place prior to the initiation of chest compressions:** Percent of events where pulse oximetry was in place prior to the initiation of chest compressions
Percent pulseless cardiac events monitored or witnessed: Percent of pulseless cardiac patient events were monitored or witnessed	**Percent pulseless cardiac events occurring in an ICU setting:** Percent of pulseless cardiac events occurring in an ICU setting (Adult ICU, PICU Pediatric Cardiac ICU, Neonatal ICU) versus a general inpatient area (General inpatient area, Step down/telemetry, Newborn Nursery)	**Percent pulseless cardiac events occurring in an ICU setting:** Percent of pulseless cardiac events occurring in an ICU setting (Adult ICU, PICU, Pediatric Cardiac ICU, Neonatal ICU) versus a general inpatient area (General inpatient area, Step down/telemetry, Newborn Nursery)	**Time to positive pressure ventilation <1 minute from CPA recognition:** Percent of events where the positive pressure ventilation was within 1 minute of event recognition.

QUALITY MEASURES

ACUTE RESPIRATORY COMPROMISE

ADULT *age >=18 years*	PEDIATRIC *age <18 years and >=1 year*	NEWBORN/NEONATE/INFANT *age <1 year*
Device confirmation of correct endotracheal tube placement: Percent of events with an endotracheal tube placement confirmed to be correct	**Device confirmation of correct endotracheal tube placement:** Percent of events with an endotracheal tube placement confirmed to be correct	**Device confirmation of correct endotracheal tube placement:** Percent of events with an endotracheal tube placement confirmed to be correct
Time to first assisted ventilation ≤ 1 min: Percent of events with time to first assisted ventilation ≤ 1 minute	**Time to first assisted ventilation ≤ 1 min:** Percent of events with time to first assisted ventilation ≤ 1 minute	**Invasive airway inserted in newborn/ neonate events:** Percent of events with an invasive airway inserted
		Time to first assisted ventilation ≤ 1 min: Percent of events with time to first assisted ventilation ≤ 1 minute
		Time to invasive airway ≤ 2 min in newborn/neonates: Percent of events with time to invasive airway ≤ 2 minutes

CARDIOPULMONARY ARREST

ADULT *age >=18 years*	PEDIATRIC *age <18 years and >=1 year*	NEWBORN/NEONATE/INFANT *age <1 year*
Chest compressions provided: Percent of events with chest compressions provided	**Chest compressions provided:** Percent of events with chest compressions provided	**Chest compressions provided:** Percent of events with chest compressions provided
Defibrillation shock provided for VF/ pulseless VT rhythm: Percent of VF/ pulseless VT rhythm events provided with defibrillation shock	**Defibrillation shock provided for VF/ pulseless VT rhythm:** Percent of VF/ pulseless VT rhythm events provided with defibrillation shock	**Defibrillation shock provided for VF/ pulseless VT rhythm:** Percent of VF/ pulseless VT rhythm events provided with defibrillation shock
IV/IO Epinephrine/Vasopressin bolus administered to pulseless adults ≤ 5 min: Percent of events with first documented pulseless rhythm of Asystole or Pulseless Electrical Activity (PEA) for whom IV/IO Epinephrine/Vasopressin bolus was administered within 5 minutes of identification of pulselessness	**Initial shock energy ≥ 2 joules/kg (<12 yrs old AND <50 kg):** Percent of events for patients less than 12 years old and 50 kg with initial shock energy ≥ 2 joules/kg	**Initial shock energy ≥ 2 joules/kg (<12 yrs old AND <50 kg):** Percent of events for patients less than 12 years old and 50 kg with initial shock energy ≥ 2 joules/kg
Subsequent shock delivered ≥ 2 min after previous shock: Percent of events where any subsequent shock was delivered greater than or equal to 2 min after the previous shock	**IV/IO Epinephrine/Vasopressin bolus administered to pediatric patients or newborn/neonates ≤ 5 min:** Percent of events with first documented rhythm of Bradycardia or Asystole or Pulseless Electrical Activity (PEA) for whom IV/IO Epinephrine/Vasopressin bolus was administered within 5 minutes of first recognition of the need for chest compressions	**Invasive airway inserted in newborn/ neonates:** Percent of events with insertion of an invasive airway
		Percent pulseless cardiac events monitored or witnessed (newborn/ neonate patients): Percent of pulseless events monitored or witnessed

CARDIOPULMONARY ARREST (CONTINUED FROM PAGE 02)

ADULT	PEDIATRIC	NEWBORN/NEONATE/INFANT
age >=18 years	*age <18 years and >=1 year*	*age <1 year*
	Shock energy ≤ 10 joules/kg (<12 yrs old AND <50 kg): Percent of events for patients less than 12 years old and 50 kg with appropriate shock energies less than or equal to 10 joules/kg	**Time to first shock ≤ 2 min for VF/ pulseless VT first documented rhythm:** Percent of initially pulseless events with VF/ pulseless VT first documented rhythm with time to first shock ≤ 2 minutes
	Subsequent shock delivered ≥ 2 min after previous shock: Percent of events where any subsequent shock was delivered greater than or equal to 2 min after the previous shock	**IV/IO Epinephrine bolus administered to pediatric patients or newborn/ neonates ≤ 5 min:** Percent of events with first documented rhythm of Bradycardia or Asystole or Pulseless Electrical Activity (PEA) for whom IV/IO Epinephrine/ Vasopressin bolus was administered within 5 minutes of first recognition of the need for chest compressions
	Subsequent shock energy ≥ 4 joules/kg (<12 yrs old AND <50 kg): Percent of events for patients less than 12 years old and 50 kg with subsequent shock energy ≥ 4 joules/kg	**Shock energy ≤ 10 joules/kg (<12 yrs old AND <50 kg):** Percent of events for patients less than 12 years old and 50 kg with appropriate shock energies less than or equal to 10 joules/kg
		Subsequent shock delivered ≥ 2 min after previous shock: Percent of events where any subsequent shock was delivered greater than or equal to 2 min after the previous shock
		Subsequent shock energy ≥ 4 joules/kg (<12 yrs old AND <50 kg): Percent of events for patients less than 12 years old and 50 kg with subsequent shock energy ≥ 4 joules/kg
		Time to Bag mask ventilation <1 minute from CPA recognition in newborn/neonates <10 minutes old: Percent of events in patients <10 minutes old with bag mask ventilation within one minute of event recognition (date/time the need for chest compressions and/or defibrillation for VF/PVT was first recognized).

REPORTING MEASURES

ACUTE RESPIRATORY COMPROMISE

ADULT

age >=18 years

Length of ARC Event: Time from the need for emergency assisted ventilation first recognized to time of the BEGINNING of sustained ROSV or control of ventilation or need for chest compression and/or defibrillation (CPA) first identified

Reason ARC event ended: Histogram breakdown of reason event ended

PEDIATRIC

age <18 years and >=1 year

Length of ARC Event: Time from the need for emergency assisted ventilation first recognized to time of the BEGINNING of sustained ROSV or control of ventilation or need for chest compression and/or defibrillation (CPA) first identified

Reason ARC event ended: Histogram breakdown of reason event ended

NEWBORN/NEONATE/INFANT

age <1 year

Length of ARC Event: Time from the need for emergency assisted ventilation first recognized to time of the BEGINNING of sustained ROSV or control of ventilation or need for chest compression and/or defibrillation (CPA) first identified.

Reason ARC event ended: Histogram breakdown of reason event ended

CARDIOPULMONARY ARREST

ADULT

age >=18 years

Adult and pediatric patients with pulseless cardiac events who died that had DNAR status declared and/ or life support withdrawn: Histogram breakdown of pulseless events where patients died and had DNAR status declared and/or life support withdrawn

Adult patients with pulseless cardiac event who survived and CPC scores at hospital discharge: Histogram breakdown of patients with pulseless events who survived and CPC scores at hospital discharge

Average ventilation rate: Percent of events with average ventilation rate of <12 breaths/min

Chest compression depth: Percent of events with an average chest compression depth of ≥50mm

Chest compression fraction: Percent of events with chest compression fraction of >0.8 (80%)

Chest compression rate: Percent of events with an average chest compression rate of ≥100/min

CPR performance debriefing: Percent of events in which a debriefing on the quality of CPR provided was completed after the event

PEDIATRIC

age <18 years and >=1 year

Adult and pediatric patients with pulseless cardiac events who died that had DNAR status declared and/ or life support withdrawn: Histogram breakdown of pulseless events where patients died and had DNAR status declared and/or life support withdrawn

Average ventilation rate: Percent of events with average ventilation rate of <12 breaths/min

Chest compression fraction: Percent of events with chest compression fraction of >0.8 (80%)

Chest compression rate: Percent of events with an average chest compression rate of ≥100/min

CPR performance debriefing: Percent of events in which a debriefing on the quality of CPR provided was completed after the event

CPR performance method: Histogram breakdown of how CPR performance was monitored or guided

CPR performance, overall: Percent of events in which CPR performance was monitored or guided

CPR performance, physiological metrics: Percent of events in which CPR performance was monitored or guided using physiological metrics

NEWBORN/NEONATE/INFANT

age <1 year

Average ventilation rate: Percent of events with average ventilation rate of <12 breaths/min

Chest compression fraction: Percent of events with chest compression fraction of >0.8 (80%)

Chest compression rate: Percent of events with an average chest compression rate of ≥100/min

CPR performance debriefing: Percent of events in which a debriefing on the quality of CPR provided was completed after the event

CPR performance method: Histogram breakdown of how CPR performance was monitored or guided

CPR performance, overall: Percent of events in which CPR performance was monitored or guided

CPR performance, physiological metrics: Percent of events in which CPR performance was monitored or guided using physiological metrics

Length of CPA Event: Time from the need for chest compressions (or defibrillation when initial rhythm was VF or Pulseless VT) was FIRST recognized to time sustained ROC began lasting > 20 min OR resuscitation efforts were terminated (End of event)

CARDIOPULMONARY ARREST (CONTINUED FROM PAGE 4)

ADULT

age >=18 years

CPR performance method: Histogram breakdown of how CPR performance was monitored or guided

CPR performance, overall: Percent of CPA events in which CPR performance was monitored or guided

CPR performance, physiological metrics: Percent of events in which CPR performance was monitored or guided using physiological metrics

Induced hypothermia initiated: Percent of events with induced hypothermia initiated

Length of CPA Event: Time from the need for chest compressions (or defibrillation when initial rhythm was VF or Pulseless VT) was FIRST recognized to time sustained ROC began lasting > 20 min OR resuscitation efforts were terminated (End of event)

ICU Discharge within 24 hours prior to CPA event: Percent of events with ICU discharge to inpatient ward within 24 hours of event.

Patients with cardiac events with pulse who survived and discharge disposition: Histogram breakdown of patients with pulsed events who survived and discharge disposition

Patients with pulseless cardiac events who survived and discharge disposition: Histogram breakdown of patients with pulseless events who survived and discharge disposition

Percent of patients with pulseless cardiac events who survived to hospital discharge: Percent of patients with pulseless events who survived to hospital discharge

Reason CPA resuscitation ended: Histogram breakdown of reason resuscitation ended

PEDIATRIC

age <18 years and >=1 year

Length of CPA Event: Time from the need for chest compressions (or defibrillation when initial rhythm was VF or Pulseless VT) was FIRST recognized to time sustained ROC began lasting > 20 min OR resuscitation efforts were terminated (End of event)

Induced hypothermia initiated: Percent of events with induced hypothermia initiated

Patients with cardiac events with pulse who survived and discharge disposition: Histogram breakdown of patients with pulsed events who survived and discharge disposition

Patients with pulseless cardiac events who survived and discharge disposition: Histogram breakdown of patients with pulseless events who survived and discharge disposition

ICU Discharge within 24 hours prior to CPA event: Percent of events with ICU discharge to inpatient ward within 24 hours of CPA activation

Pediatric patients with pulseless cardiac event who survived and PCPC scores at hospital discharge: Histogram breakdown of patients with pulseless events who survived and PCPC scores at hospital discharge

Percent of patients with pulseless cardiac events who survived to hospital discharge: Percent of patients with pulseless events who survived to hospital discharge

Reason CPA resuscitation ended: Histogram breakdown of reason resuscitation ended

Survival to discharge by first documented rhythm: Histogram breakdown of survival to discharge by first documented rhythm of index (first) event

NEWBORN/NEONATE/INFANT

age <1 year

Induced hypothermia initiated: Percent of events with induced hypothermia initiated

Newborn/neonatal patients who died that had DNAR status declared and/or life support withdrawn: Histogram breakdown of patients who died and had DNAR status declared and/or life support withdrawn

Newborn/neonatal patients who survived and PCPC scores at hospital discharge: Histogram breakdown of patients who survived and PCPC scores at hospital discharge

Patients with cardiac events with pulse who survived and discharge disposition: Histogram breakdown of patients with pulsed events who survived and discharge disposition

ICU Discharge within 24 hours prior to CPA event: Percent of events with ICU discharge to inpatient ward within 24 hours of event.

Patients with pulseless cardiac events who survived and discharge disposition: Histogram breakdown of patients with pulseless events who survived and discharge disposition

Percent of newborn/neonatal patients who survived to hospital discharge: Percent of patients who survived to hospital discharge

Reason CPA resuscitation ended: Histogram breakdown of reason resuscitation ended

Survival to discharge by first documented rhythm: Histogram breakdown of survival to discharge by first documented rhythm of index (first) event

CARDIOPULMONARY ARREST (CONTINUED FROM PAGE 5)

ADULT	PEDIATRIC	NEWBORN/NEONATE/INFANT
age >=18 years	*age <18 years and >=1 year*	*age <1 year*
Survival to discharge by first documented rhythm: Histogram breakdown of survival to discharge by first documented rhythm of index (first) event	**Variance in discharge survival rates of adult and pediatric patients with pulseless events:** Variance in discharge survival rates between weekday day/evening and weekday night/weekend	**Variance in discharge survival rates of newborn/neonatal patients:** Variance in discharge survival rates between weekday day/evening and weekday night/weekend
Variance in discharge survival rates of adult and pediatric patients with pulseless events: Variance in discharge survival rates between weekday day/evening and weekday night/weekend	**VF/Pulseless VT Shocks:** Histogram breakdown of VF/Pulseless VT shocks	**VF/Pulseless VT Shocks:** Histogram breakdown of VF/Pulseless VT shocks
VF/Pulseless VT Shocks: Histogram breakdown of VF/Pulseless VT shocks		

CARDIOPULMONARY ARREST & ACCUTE RESPIRATORY COMPROMISE

ADULT	PEDIATRIC	NEWBORN/NEONATE/INFANT
age >=18 years	*age <18 years and >=1 year*	*age <1 year*
Confirmation methods for correct airway placement: Histogram breakdown of confirmation methods	**Confirmation methods for correct airway placement:** Histogram breakdown of confirmation methods	**Confirmation methods for correct airway placement:** Histogram breakdown of confirmation methods
Resuscitation-related events and issues: Histogram breakdown of resuscitation related events and issues	**Resuscitation-related events and issues:** Histogram breakdown of resuscitation related events and issues	**Resuscitation-related events and issues:** Histogram breakdown of resuscitation related events and issues
Types of ventilation provided: Histogram breakdown of types of ventilation provided	**Types of ventilation provided:** Histogram breakdown of types of ventilation provided	**Types of ventilation provided:** Histogram breakdown of types of ventilation provided
Was any Endotracheal Tube (ET) or Tracheostomy tube inserted/re-inserted during event?: Histogram breakdown of whether or not an endotracheal tube or tracheostomy tube was inserted/re inserted during event	**Was any Endotracheal Tube (ET) or Tracheostomy tube inserted/re-inserted during event?:** Histogram breakdown of whether or not an endotracheal tube or tracheostomy tube was inserted/re inserted during event	**Was any Endotracheal Tube (ET) or Tracheostomy tube inserted/re-inserted during event?:** Histogram breakdown of whether or not an endotracheal tube or tracheostomy tube was inserted/re inserted during event

MEDICAL EMERGENCY TEAM

ADULT	PEDIATRIC	NEWBORN/NEONATE/INFANT
age >=18 years	*age <18 years and >=1 year*	*age <1 year*
Activation triggers: Histogram breakdown of MET activation triggers	**Activation triggers:** Histogram breakdown of MET activation triggers	**Activation triggers:** Histogram breakdown of MET activation triggers
Conscious/procedural sedation within 24 hrs prior to MET activation: Percent of events with conscious/ procedural sedation within 24 hours prior to MET activation	**Conscious/procedural sedation within 24 hrs prior to MET activation:** Percent of events with conscious/ procedural sedation within 24 hours prior to MET activation	**Conscious/procedural sedation within 24 hrs prior to MET activation:** Percent of events with conscious/ procedural sedation within 24 hours prior to MET activation
Device confirmation of correct endotracheal tube confirmation: Percent of events with endotracheal tube placement which was confirmed to be correct	**Device confirmation of correct endotracheal tube confirmation:** Percent of events with endotracheal tube placement which was confirmed to be correct	**Device confirmation of correct endotracheal tube confirmation:** Percent of events with endotracheal tube placement which was confirmed to be correct
ED discharge within 24hrs prior to MET activation: Percent of events with ED discharge within 24 hours prior to MET activation	**ED discharge within 24hrs prior to MET activation:** Percent of events with ED discharge within 24 hours prior to MET activation	**ED discharge within 24hrs prior to MET activation:** Percent of events with ED discharge within 24 hours prior to MET activation
Endotracheal tube or tracheostomy tube placed during MET event: Percent of events with endotracheal tube or tracheostomy tube placed/re-placed during the MET event	**Endotracheal tube or tracheostomy tube placed during MET event:** Percent of events with endotracheal tube or tracheostomy tube placed/re-placed during he MET event	**Endotracheal tube or tracheostomy tube placed during MET event:** Percent of events with endotracheal tube or tracheostomy tube placed/re-placed during the MET event
ICU discharge prior to MET activation: Percent of events with ICU discharge prior to MET activation	**ICU discharge prior to MET activation:** Percent of events with ICU discharge prior to MET activation	**ICU discharge prior to MET activation:** Percent of events with ICU discharge prior to MET activation
Length of MET Event: Time First MET Team Member Arrived to Time Last Team Member Departed	**Length of MET Event:** Time First MET Team Member Arrived to Time Last Team Member Departed	**Length of MET Event:** Time First MET Team Member Arrived to Time Last Team Member Departed
MET Team Response Time: Time MET was activated to time First MET Team Member Arrived	**MET Team Response Time:** Time MET was activated to time First MET Team Member Arrived	**MET Team Response Time:** Time MET was activated to time First MET Team Member Arrived
MET Outcome: Histogram breakdown of MET outcome	**MET Outcome:** Histogram breakdown of MET outcome	**MET Outcome:** Histogram breakdown of MET outcome
PACU discharge within 24 hrs to MET activation: Percent of events with PACU discharge within 24 hours to MET activation	**PACU discharge within 24 hrs to MET activation:** Percent of events with PACU discharge within 24 hours to MET activation	**PACU discharge within 24 hrs to MET activation:** Percent of events with PACU discharge within 24 hours to MET activation
Patient transfer destination: Histogram breakdown of MET patient transfer destination	**Patient transfer destination:** Histogram breakdown of MET patient transfer destination	**Patient transfer destination:** Histogram breakdown of MET patient transfer destination

MEDICAL EMERGENCY TEAM (CONTINUED FROM PAGE 7)

Pre-Event: Percent of events discharged from an ICU within 24 hours prior to this MET call OR discharged from a PACU within 24 hours prior to this MET call OR in the ED within 24 hours prior to this MET call OR received conscious/procedural sedation or general anesthesia within 24 hours prior to this MET call or were discharged from an ICU at any point during this admission and prior to this MET call

Prior MET event within 24 hrs: Percent of events with MET Team activation within 24 hrs prior to this MET call

Review of MET response: Histogram breakdown of review of MET response

Pre-Event: Percent of events discharged from an ICU within 24 hours prior to this MET call OR discharged from a PACU within 24 hours prior to this MET call OR in the ED within 24 hours prior to this MET call OR received conscious/procedural sedation or general anesthesia within 24 hours prior to this MET call or were discharged from an ICU at any point during this admission and prior to this MET call

Prior MET event within 24 hrs: Percent of events with MET Team activation within 24 hrs prior to this MET call

Review of MET response: Histogram breakdown of review of MET response

Pre-Event: Percent of events discharged from an ICU within 24 hours prior to this MET call OR discharged from a PACU within 24 hours prior to this MET call OR in the ED within 24 hours prior to this MET call OR received conscious/procedural sedation or general anesthesia within 24 hours prior to this MET call or were discharged from an ICU at any point during this admission and prior to this MET call

Prior MET event within 24 hrs: Percent of events with MET Team activation within 24 hrs prior to this MET call

Review of MET response: Histogram breakdown of review of MET response

OTHER REPORTING

ADULT

age >=18 years

Targeted Temperature Management: Percent of events with a cardiac arrest event and return of spontaneous circulation (ROSC), who are not following commands at the time of the initial assessment, in whom Targeted Temperature Management was utilized.

Targeted Temperature Distribution: Patients grouped by targeted temperatures

Door to Cath Lab Times (STEMI): Time from arrival to cath lab for patients with STEMI (out of hospital events)

Oxygen Titration: Percent of patients with an arterial blood gas documented with PaO2 maintained at less than 300mmHg within the first 24 hours after ROSC.

Hypotension Management: Percent of patients with a cardiac arrest event and return of spontaneous circulation (ROSC) with appropriate management of sustained hypotension

PEDIATRIC

age <18 years and >=1 year

Targeted Temperature Management: Percent of events with a cardiac arrest event and return of spontaneous circulation (ROSC), who are not following commands at the time of the initial assessment, in whom Targeted Temperature Management was utilized.

Targeted Temperature Distribution: Patients grouped by targeted temperatures

Door to Cath Lab Times (STEMI): Time from arrival to cath lab for patients with STEMI (out of hospital events)

Oxygen Titration: Percent of patients with an arterial blood gas documented with PaO2 maintained at less than 300mmHg within the first 24 hours after ROSC.

Hypotension Management: Percent of patients with a cardiac arrest event and return of spontaneous circulation (ROSC) with appropriate management of sustained hypotension

NEWBORN/NEONATE/INFANT

age <1 year

Fetal monitoring: Histogram breakdown of fetal monitoring

Maternal conditions: Histogram breakdown of maternal conditions

Special circumstances recognized at birth: Histogram breakdown of special circumstances recognized at birth

Oxygen Titration: Percent of patients with an arterial blood gas documented with PaO2 maintained at less than 300mmHg within the first 24 hours after ROSC.

Hypotension Management: Percent of patients with a cardiac arrest event and return of spontaneous circulation (ROSC) with appropriate management of sustained hypotension

DESCRIPTIVE MEASURES

CARDIOPULMONARY ARREST AND ACUTE RESPIRATORY COMPROMISE AND MEDICAL EMERGENCY TEAM

ADULT	PEDIATRIC	NEWBORN/NEONATE/INFANT
age >=18 years	*age <18 years and >=1 year*	*age <1 year*
Age: Patients grouped by age	**Age:** Patients grouped by age	**Age:** Patients grouped by age
Discharge status: Histogram breakdown of admissions by discharge status (alive or dead)	**Discharge status:** Histogram breakdown of admissions by discharge status (alive or dead)	**Discharge status:** Histogram breakdown of admissions by discharge status (alive or dead)
Gender: Percent of female, male, and unknown patients	**Gender:** Percent of female, male, and unknown patients	**Gender:** Percent of female, male, and unknown patients
Event location: Histogram breakdown of event location	**Event location:** Histogram breakdown of event location	**Event location:** Histogram breakdown of event location
Pre-event data: Histogram breakdown of pre-event data	**Pre-event data:** Histogram breakdown of pre-event data	**Pre-event data:** Histogram breakdown of pre-event data
Race: Patients grouped by race and Hispanic ethnicity	**Race:** Patients grouped by race and Hispanic ethnicity	**Race:** Patients grouped by race and Hispanic ethnicity

HOW RECOGNITION AND QUALIT Y ME ASURES ARE DETERMINED

Recognition and quality measures provide the basis for evaluating and improving treatment of In-hospital Cardiac Arrest patients. Formulating those measures begins with a detailed review of American Heart Association's Guidelines for CPR and ECC.

When evidence for a process or aspect of care is so strong that failure to act on it reduces the likelihood of an optimal patient outcome, a recognition measure may be developed regarding that process or aspect of care. Recognition measure data are continually collected and results are monitored over time to determine when new initiatives or revised processes should be incorporated. As such, recognition measures help speed the translation of strong clinical evidence into practice.

Quality measures apply to processes and aspects of care that are strongly supported by science. Application of quality measures may not, however, be as universally indicated as recognition measures.

The Get With The Guidelines® team follows a strict set of criteria in creating recognition and quality measures. We make every effort to ensure compatibility with existing performance measures from other organizations.

RESUSCITATION AWARDS - RECOGNITION FOR YOUR PERFORMANCE

Hospitals teams that participate actively and consistently in Get With The Guidelines-Resuscitation are rewarded with public recognition that helps hospitals hone a competitive edge in the marketplace by providing patients and stakeholders with tangible evidence of their commitment to improving Resuscitation care.

Bronze, Silver and Gold award-winning Get With The Guidelines-Resuscitation hospitals are honored at national recognition events during Scientific Sessions and listed by name in advertisements that appear annually in Circulation and in the "Best Hospitals" issue of U.S. News & World Report. Moreover, all award-winning hospitals are provided with customizable marketing materials they can use to announce their achievements locally.

GWTG RESUSCITATION

GWTG Resuscitation draws from the American Heart Association's vast collection of content-rich resources for patients and healthcare professionals, including educational tools, prevention programs, treatment guidelines, quality initiatives and outcome-based programs.

To learn more about GWTG-Resuscitation go to heart.org/Resuscitation

Visit heart.org/quality for more information.

Web-based Patient Management Tool™ provided by Quintiles Real-World & Late Phase Research