

PROGRAM MEASURES & DEFINITIONS

Updated 1/10/24: This document is updated annually, although the measures within the Get With The Guidelines® program may change more frequently. For the most current list of measures, log into your Get With The Guidelines user account or contact your American Heart Association Quality Consultant.

Introduction:

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 primary goal of Get With The Guidelines-Resuscitation is to enhance patient outcomes and save more lives by preventing in-hospital cardiac arrest and optimizing outcomes through data capture, benchmarking, quality improvement, knowledge translation, and research. The program 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 can track data for Cardiopulmonary Arrest (CPA), Rapid Response Team (RRT), Post-Cardiac Arrest Care (PCAC), and Acute Respiratory Compromise (ARC) in the web-based Patient Management Tool™ (PMT). The American Heart Association supports the Get With The Guidelines platforms with a knowledgeable team of quality improvement consultants. An added value to our customers is ongoing virtual education featuring guideline-driven care, current hot topics, model sharing, expert consultant panels, and more!

CARDIOPULMONARY ARREST RECOGNITION MEASURES

ADULT ≥18 years	PEDIATRIC <18 years and ≥1 year	NEONATE/INFANT <1 year and ≥24 hours old	NEWLY BORN event occurred at delivery <24 hours old
<p>Time to first shock ≤2 minutes for VF/pulseless VT first documented rhythm: Percent of events in adult patients with VF/pulseless VT first documented rhythm where time to first shock ≤2 minutes of event recognition. AHARES1</p>	<p>Confirmation of airway device placement in trachea: Percent of CPA events in pediatric patients who had confirmation of airway device placement in trachea. AHARES5</p>	<p>Confirmation of airway device placement in trachea: Percent of CPA events in neonate patients who had confirmation of airway device placement in trachea. AHARES9</p>	<p>Time to positive pressure ventilation <1 minute from CPA recognition: Percent of CPA events in newly born patients where positive pressure ventilation was within 1 minute of event recognition. AHARES13</p>
<p>Time to IV/IO epinephrine ≤5 minutes for asystole or pulseless electrical activity (PEA): Percent of events in adult patients where time to epinephrine ≤5 minutes of asystole or pulseless electrical activity. AHARES2</p>	<p>Time to first chest compressions ≤1 minute in pediatric patients: Percent of events where time to first chest compressions ≤1 minute. AHARES6</p>	<p>Time to first chest compressions ≤1 minute in neonate patients: Percent of events where time to first chest compressions ≤1 minute. AHARES10</p>	<p>Advanced airway placed prior to the initiation of chest compressions: Percent of CPA events in newly born patients <24 hours old who had an advanced airway (either laryngeal mask airway (LMA), endotracheal tube (ET) or tracheostomy tube) placed prior to initiation of chest compressions. AHARES14</p>
<p>Percent pulseless cardiac events monitored or witnessed: Percent of pulseless cardiac patient events were monitored or witnessed. AHARES3</p>	<p>Time to IV/IO epinephrine ≤5 minutes for asystole or pulseless electrical activity (PEA): Percent of events in pediatric patients where time to epinephrine ≤5 minutes of asystole or pulseless electrical activity. AHARES7</p>	<p>Time to IV/IO epinephrine ≤5 minutes for asystole or pulseless electrical activity: Percent of events in neonate patients where time to epinephrine ≤5 minutes of asystole or pulseless electrical activity. AHARES11</p>	<p>Pulse oximetry in place prior to the initiation of chest compressions: Percent of CPA events in newly born patients where pulse oximetry was in place prior to the initiation of chest compressions. AHARES15</p>
<p>Confirmation of airway device placement in trachea: Percent of CPA events in adult patients who had confirmation of airway device placement in trachea. AHARES4</p>	<p>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) versus a general inpatient area (General inpatient area, Step down/telemetry). AHARES8</p>	<p>Percent pulseless cardiac events occurring in an ICU setting versus a ward setting: Percent of pulseless cardiac events occurring in an ICU setting (Adult ICU, PICU Pediatric Cardiac ICU) versus a general inpatient area (General inpatient area, Step down/telemetry). AHARES12</p>	<p>Confirmation of airway device placement in trachea: Percent of CPA events in newly born patients who had confirmation of airway device placement in trachea. AHARES16</p>

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Resuscitation Quality Measures:

CPA

- Chest compressions provided AHARES17
- Defibrillation shock provided for VF/pulseless VT rhythm AHARES18
- Initial shock energy 2-4 joules/kg (<12 yrs old AND <50 kg) AHARES19
- Percent pulseless cardiac events in adult patients occurring in an ICU setting AHARES20
- Percent pulseless cardiac events monitored or witnessed (pediatric, neonate/infant, and newly born) AHARES21
- Percent pulseless cardiac events occurring in an ICU setting AHARES22
- Subsequent shock delivered ≥ 2 minutes after previous shock AHARES23
- Subsequent shock energy ≥ 4 joules/kg and ≤ 10 joules/kg (<12 yrs old AND <50 kg) AHARES24
- Time to bag mask ventilation <1 minute from CPA recognition in newly born patients <10 minutes old AHARES25
- Time to first chest compressions ≤ 1 minute (adult) AHARES26
- Time to first shock ≤ 2 minutes for VF/pulseless VT first documented rhythm AHARES27
- Time to IV/IO epinephrine ≤ 5 minutes for asystole or pulseless electrical activity AHARES28
- Pediatric cardiac pulseless events in specific event location AHARES29
- Neonate/infant cardiac pulseless events in specific event location AHARES30

ARC

- Time to first assisted ventilation ≤ 1 minute AHARES37
- Time to invasive airway ≤ 2 minutes in newly born and neonate/infant patients AHARES38
- Confirmation of airway device placement in trachea AHARES39
- Invasive airway inserted AHARES40

Resuscitation Reporting Measures:

CPA

- Adult and pediatric patients with pulseless cardiac events who died and had DNAR status declared and/or life support withdrawn
- Adult patients with pulseless cardiac events who survived and CPC scores at hospital discharge
- Average ventilation rate
- Chest compression depth
- Chest compression fraction
- Chest compression rate
- CPR performance debriefing
- CPR performance method
- CPR performance, overall
- CPR performance, physiological metrics
- ICU discharge within 24 hours prior to CPA event
- Length of CPA event
- Neonate/infant or newly born patients who died that had DNAR status declared and/or life support withdrawn
- Neonate/infant or newly born patients who survived and PCP scores at hospital discharge
- Patients with cardiac events with pulse who survived and discharge disposition
- Patients with pulseless cardiac events who survived and discharge disposition
- Pediatric, neonate/infant or newly born patients with pulseless cardiac events who survived and PCPC scores at hospital discharge
- Percent of adult, pediatric, neonate/infant or newly born patients with pulseless cardiac events who survived to hospital discharge
- Percent of neonate/infant or newly born patients who survived to hospital discharge

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- Percent of pediatric patients with chest compressions initiated, without loss of pulse at any time during the event, who survived to hospital discharge
- Reason CPA resuscitation ended
- Survival to discharge by first documented rhythm (Measure Group)
- Variance in discharge survival rates of adult, pediatric, neonate/infant, and newly born patients
- VF/pulseless VT shocks

PCAC

- Targeted temperature management AHARES31
- Targeted temperature distribution for adult patients AHARES32
- Targeted temperature distribution for pediatric and infant/neonate patients AHARES33
- Door to cath lab times (STEMI) AHARES34
- Oxygen titration AHARES35
- Hypotension management AHARES36

ARC

- Length of ARC event AHARES41
- Reason ARC event ended AHARES42

RRT

- Activation triggers AHARES43
- Conscious/procedural sedation within 24 hours prior to RRT activation AHARES44
- Device confirmation of correct endotracheal or tracheostomy tube placement AHARES45
- ED discharge within 24 hours prior to RRT activation AHARES46
- Endotracheal or tracheostomy tube placed during RRT event AHARES47
- ICU discharge prior to RRT activation AHARES48
- Length of RRT event AHARES49
- RRT team response time AHARES50
- RRT outcome AHARES51
- PACU discharge within 24 hours prior to RRT activation AHARES52
- Patient transfer destination AHARES53
- Pre-event AHARES54
- Prior RRT event within 24 hours AHARES55
- Review of RRT response AHARES56

CROSS FORM

- Confirmation methods for correct airway placement AHARES57
- Resuscitation-related events and issues AHARES58
- Types of ventilation provided AHARES59
- Was any endotracheal tube (ET) or tracheostomy tube inserted/re-inserted during event? AHARES60
- Delivery mode and presentation AHARES62
- Fetal monitoring AHARES63
- Maternal conditions AHARES64
- Special circumstances recognized at birth AHARES65

SOCIAL DETERMINANTS

- Health-related social needs assessment AHARES73
- Identified areas of unmet social needs AHARES74

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Determination of Recognition and Quality Measures:

Recognition and quality measures provide the basis for evaluating and improving treatment of in-hospital cardiac arrest patients. Formulating these measures entails 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 the revision and incorporation of new or revised processes. 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 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:

Hospital 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*. All award-winning hospitals are provided with customizable marketing materials they can use to announce their achievements locally.