Global Heart Attack Treatment Initiative

AMERICAN COLLEGE of CARDIOLOGY

Welcome to the Global Heart Attack Treatment Initiative (GHATI)!

Developed by ACC member cardiologists, GHATI aims to empower clinicians around the world as they strive to deliver the best patient care possible. With an easy-to-use data collection tool and quarterly reports reflecting important quality metrics, GHATI provides clinicians with the data they need to improve the quality of STEMI care at their sites, in their countries, across their regions and around the world.

The information in this introductory document is meant to guide you as your institution begins its journey towards becoming a GHATI participating site. In this document you will find:

We encourage you to reach out to GHATI@acc.org with any questions and or concerns. We thank you for taking this first step towards becoming part of the GHATI community and look forward to working together to improve ST-wave Elevated myocardial infarction (STEMI) care worldwide!

Sincerely,
The GHATI Team

GHATI
GLOBAL HEART ATTACK TREATMENT INITIATIVE

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I. Background and Objectives

GHATI was founded by the ACC in response to the need for improved cardiovascular care, primarily STEMI care, in low- and middle-income countries (LMICs). The GHATI workgroup, formed in 2018, **decided that international collaboration, the collection and sharing of data, and the utilization of quality improvement (QI) tools were the key to improve STEMI care for myocardial infarction (MI) patients worldwide.**

Figure 1: Q2 2023 PARTICIPATING COUNTRIES

Today, GHATI is a Quality Improvement program that promotes adherence to existing STEMI guidelines by providing participating hospitals and institutions with the tools to evaluate, and subsequently improve, the way they provide evidence-based STEMI care through a methodological process of data collection, analysis, and implementation of targeted QI initiatives.

Participating GHATI sites receive:

- ✓ A flexible, standardized **data collection tool** – tracking a variety of quality metrics and data points in the inpatient setting to facilitate data collection.
- ✓ Easy-to-interpret **quarterly reports** that allow each institution to establish benchmarks, assess variation in performance and identify gaps in care.
- ✓ **Expert support** in the identification of areas that would benefit from quality improvement (QI) and access to **QI toolkits** to help implement change.
- ✓ **Access to clinician and patient education** materials to increase awareness for lifestyle modification and medication adherence.

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As contributors to the GHATI program, participating sites:

- ✓ Collect data across the care continuum to **guide and improve clinical practice** consistent with better care, allowing participants to shape metric direction and **influence care internationally.**
- ✓ Use data/QI efforts to enact change within health systems and **establish international guideline-based protocol** for all stages of STEMI care.
- ✓ Enable **learning and sharing of trends and best practices internationally** via webinars, listservs and learning sessions.

II. GHATI's Methodological Process

GHATI helps physicians provide evidence-based STEMI care by adhering to a methodological process of:

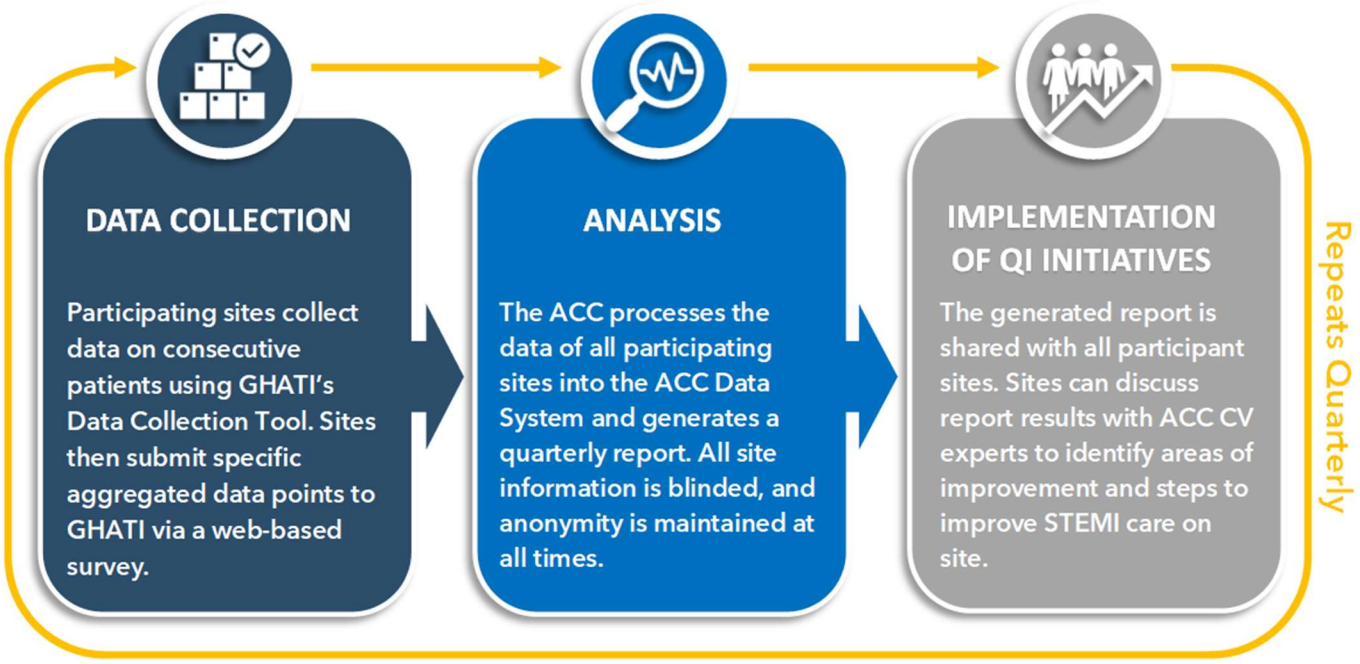

Figure 2: METHODOLOGICAL PROCESS: Visual representation of GHATI's methodological process to QI.

The continuous cycle of tracking data elements and performance metrics allows GHATI participants to diagnose any issues at baseline, apply quality improvement tools, monitor progress, and quantify changes to improve the quality of STEMI care over time. **Ideally, standard operating procedures are installed, and paramedics, physicians, and staff become aware about possible improvements under the given local circumstances to provide a process to maintain a high level of quality STEMI care.**

All data submitted to the ACC via the GHATI program goes through a Quality Control process where data is reviewed for possible errors and inconsistencies and sites are contacted to verify any anomalies in their submissions.

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III. Data Collection and Quarterly Reports

Based on the **ACC/AHA Clinical Performance and Quality Measures for ST-elevated Myocardial Infarction** and the **ACC's Chest Pain- MI Registry**, GHATI restricts data submissions to quality metric data pertinent to the management of STEMI patients only. Sites submit aggregated numbers for the metrics listed in the following table (no patient health information or identifiers is required).

GHATI Element	Description	Reporting Method
E1	Reason for delay at facility	Open-Ended
E2	First Medical Contact (FMC) to Arrival	Mean, Median and Total # of Patients
E3	FMC to Electrocardiogram (ECG)	Mean, Median and Total # of Patients
E4	Arrival to Electrocardiogram (ECG)	Mean, Median and Total # of Patients
E5	Arrival to Cath Lab	Mean, Median and Total # of Patients
E6	Arrival to Fibrinolytic Therapy	Mean, Median and Total # of Patients
E7	Arrival to Device Time	Mean, Median and Total # of Patients
E8	LVEF < 40%	Proportion of Patients
E9	Discharged Alive	Proportion of Patients
E11	Receiving P2Y12 inhibitor between FMC and Catheterization	Proportion of Patients
E12	Received at facility in Cardiogenic Shock	Proportion of Patients
E13	Cardiac arrest before intervention	Proportion of Patients
E14	Cardiac arrest after intervention	Proportion of Patients
E15	Current smokers	Proportion of Patients
E16	Female (sex)	Proportion of Patients

Performance Metric	Description	Reporting Method
PM1	Aspirin within 24 hours of arrival	Proportion of Patients
PM2	Aspirin prescribed at discharge	Proportion of Patients
PM3	Beta-blocker prescribed at discharge	Proportion of Patients
PM4	High-Intensity Statin prescribed at discharge	Proportion of Patients
PM5	Recorded LVEF Evaluation done during hospitalization	Proportion of Patients
PM6	ACE-I or ARB for LVSD (<40% LVEF) prescribed at discharge	Proportion of Patients
PM7	Door-to-Needle Time (fibrinolytic therapy) ≤ 30 minutes	Proportion of Patients
PM8	FMC to Device Time (primary PCI) ≤ 90 minutes	Proportion of Patients
PM9	Received Reperfusion Therapy (fibrinolytic or primary PCI)	Proportion of Patients
PM13	P2Y12 inhibitor prescribed at discharge	Proportion of Patients

GHATI
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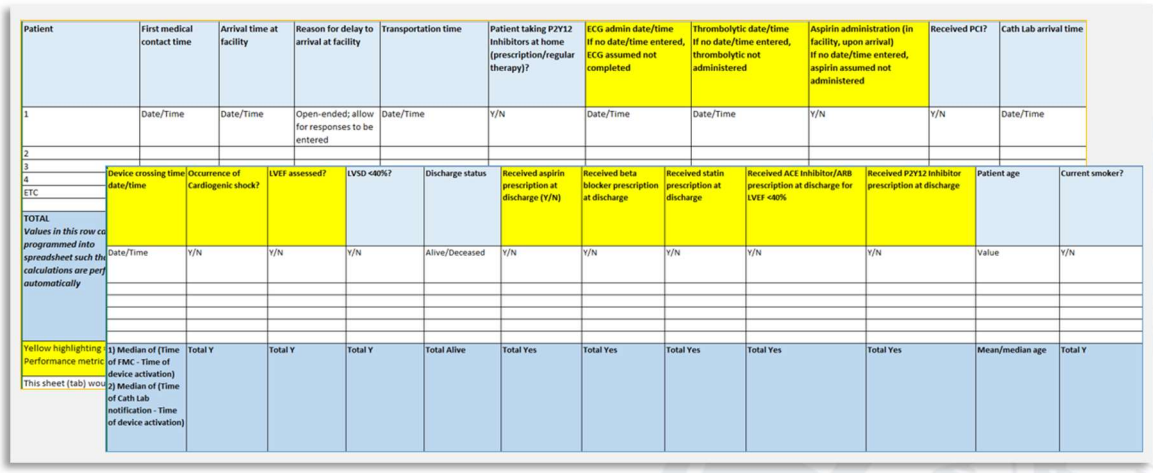
Table 1: ELEMENTS AND METRICS: Summary of GHATI's 25 data points the reporting method (aggregated data).

Sites are welcome to use GHATI's Data Collection Tool (Excel) to collect the data required for reporting. **This is for site use only and is never shared with the ACC.** Below is an example of the tool available to participating sites:



Patient	First medical contact time	Arrival time at facility	Reason for delay to arrival at facility	Transportation time	Patient taking P2Y12 Inhibitors at home (prescription/regular therapy)?	ECG admin date/time If no date/time entered, ECG assumed not completed	Thrombolytic date/time If no date/time entered, thrombolytic not administered	Aspirin administration (in facility, upon arrival) If no date/time entered, aspirin assumed not administered	Received PCI?	Cath Lab arrival time
1	Date/Time	Date/Time	Open-ended; allow for responses to be entered	Date/Time	Y/N	Date/Time	Date/Time	Y/N	Y/N	Date/Time
2										
3										
4										
ETC										

Device crossing time date/time	Occurrence of Cardiogenic shock?	LVEF assessed?	LVSD <40%?	Discharge status	Received aspirin prescription at discharge (Y/N)	Received beta blocker prescription at discharge	Received statin prescription at discharge	Received ACE Inhibitor/ARB prescription at discharge for LVEF <40%	Received P2Y12 Inhibitor prescription at discharge	Patient age	Current smoker?
Date/Time	Y/N	Y/N	Y/N	Alive/Deceased	Y/N	Y/N	Y/N	Y/N	Y/N	Value	Y/N
1) Median of (Time of FMC - Time of device activation) 2) Median of (Time of Cath Lab notification - Time of device activation)	Total Y	Total Y	Total Y	Total Alive	Total Yes	Total Yes	Total Yes	Total Yes	Total Yes	Mean/median age	Total Y

TOTAL
Values in this row co programmed into spreadsheet such th calculations are perf automatically

Yellow highlighting - Performance metric

This sheet (tab) wou

Figure 3: DATA COLLECTION TOOL: Snapshot of part of GHATI's Data Collection Tool (Excel) offered to help collect data onsite.

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The Data Collection Tool (Excel) is meant to support sites as they try to get to the required aggregated totals for submission. It will auto-calculate for most of the aggregated data points requested and serves as an accompanying tool to the Data Guide and Definitions.

Once a quarter has ended, sites receive a site-specific web-based survey form via e-mail. They have 15 days to submit their data and are required to reach out to their GHATI contact if more time is required. Any delay in submission will ultimately delay the delivery of the Quarterly Report.

Once a site submits their data, the ACC then reviews all submissions and contacts sites to verify any anomalies in their data. Once the Quality Control process is complete, a quarterly report is generated and sent directly to participating sites. Sites will be able to see their metrics alongside those of other participating sites. Below is an example of how the quarterly reports present each performance metric.

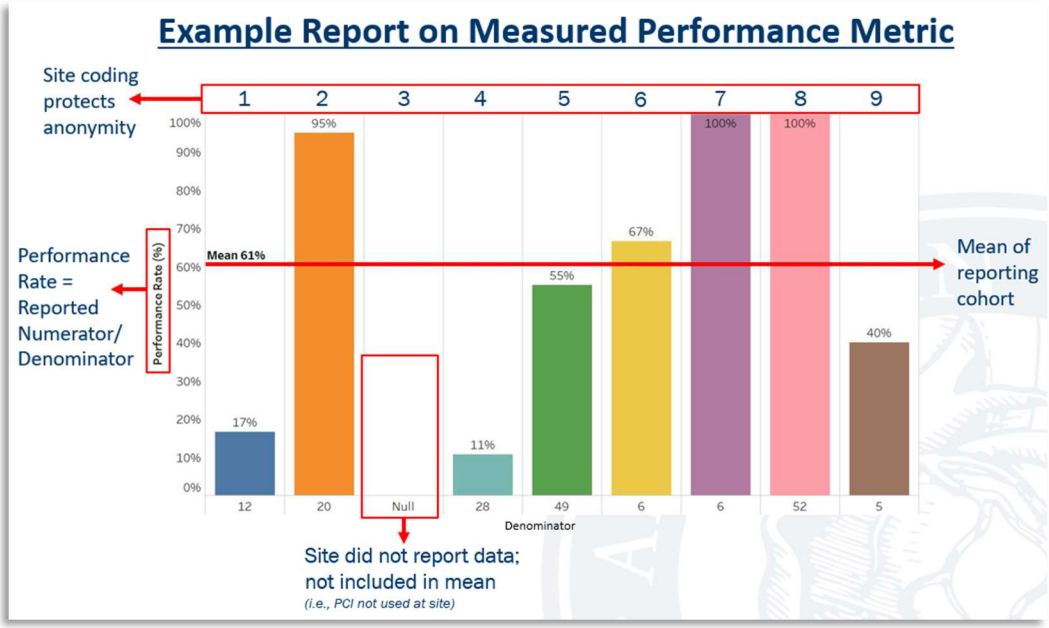

Figure 4: EXAMPLE OF GHATI REPORT: This example shows 9 sites reporting on one metric for one quarter.

All information is blinded, and site anonymity is maintained throughout the process. **The quarterly reports are intended for use in internal quality improvement programs only and will not be used for other purposes (i.e., pay for performance, public reporting, or physician ranking).**

IV. Application and Beyond

GHATI is beneficial to CV clinicians, healthcare practitioners, hospital administrators, and local public health officials who are interested in improving quality of care to adult patients with STEMI at their institutions. We welcome the participation of institutions from around the world with patients who present and are treated for STEMI, with a focus on institutions in low- and middle-income countries.

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GHATI onboarding is easy, ensuring a smooth transition from application to the reception of your first quarterly report via the following six steps:

01
APPLICATION
You can find our application at www.acc.org/GHATI.

02
CONTRACT
Each facility will receive a contract from the ACC. This must be signed and submitted before continuing.

03
TRAINING
Site Champions partake in virtual training sessions to ensure proper data collection.

04
COLLECT DATA
Using GHATI's tool, designated Site Champions help collect data on specific metrics.

05
SUBMIT DATA
Data collected on site is submitted monthly to the ACC via our web-based survey.

06
QUARTERLY REPORT
Reports are sent directly to sites for internal review and implementation of QI.

Each participating site is required to meet the following minimum requirements to participate:

- ✓ Must provide care for ST-wave Elevated myocardial infarction (STEMI) patients.
- ✓ Must name one **Clinical Champion** (a clinician that is leading the care delivery for STEMI patients at the facility) and one **Administrator Champion** (main point of contact for the facility who will be responsible for data submission and communications between the facility and the ACC). **Both will be required to take part in training and orientation activities provided by the ACC.**
- ✓ Must be able to submit data collected on **a minimum of 20 consecutive adult patients** that present with a STEMI each quarter. No patient-identifying information will be reported.

Please contact GHATI@acc.org with any questions related to getting enrolled in GHATI today!

V. Frequently Asked Questions (FAQs)

What are the benefits of participating in the GHATI program?

There are many! Below are just a few of the many benefits one can expect:

- ✓ Facilitated data collection on site.
- ✓ Quarterly reports on quality metrics and data points in the inpatient setting.
- ✓ Opportunity to establish benchmarks, assess variation in performance and identify gaps in care.
- ✓ Access to expert support and QI toolkits.
- ✓ Improvement in STEMI care to MI patients.
- ✓ Collaboration and knowledge-sharing with other CV care providers.

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Is there a fee to participate in GHATI?

No, there is no fee to participate in GHATI. GHATI requires time, resources, and internal organizational support at the participating facility.

Do sites report patient health information?

No, all patient health is omitted when reporting. Aggregated data (mean, median, percentage) are shared with the ACC.

Is my site information shared?

All site-specific information is blinded, and site anonymity is maintained on all reports.

My facility is not in a LMIC, can I still participate?

Yes! Participation from diverse care settings is crucial to building an invaluable data set that will advance the development and delivery of STEMI standards of care.

Can the Clinical Champion and Administrative Champion be the same person?

No. There must be two individuals involved with GHATI at each facility. This ensures that every site has two people capable of maintaining the program in case of staff changes.

Can GHATI establish a country program?

If a country wishes to sign up various sites, GHATI can work with a country coordinator to facilitate the onboarding of each interested institution. However, the program does require that each facility complete an application, sign its own contract, supply their own Site Champions, and submit their data independently. Because GHATI maintains site anonymity throughout the entire process, data and reports from each site will not be shared with the country coordinators or anyone besides the selected Site Champions.

Is there flexibility to the number of patients reported?

Ideally sites submit aggregated numbers based on all patients to ensure that reports are representative of what sites are seeing on a quarterly basis. We do understand, however, that sometimes sites are unable to report on all patients due to varying limitations of data collection on site, and therefore we ask that sites report on a minimum of 20 consecutive patients if required. If your site does not see 20 STEMI patients a quarter but you are still interested in participating, contact us at GHATI@acc.org directly.

Does GHATI offer sites financial support to facilitate data collection?

GHATI does not currently offer financial support to participating sites. We are, however, looking for options to provide this in the future to site's that require it.

I would like to participate but I need further information and/or collaboration …

Not a problem! Please contact GHATI@acc.org directly and we will work with you one-on-one to meet the needs and requirements of your institution.

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ACC's Global Heart Attack Treatment Initiative

A Global Opportunity

The American College of Cardiology has launched this ambitious and impactful program to advance guideline-driven care for clinicians and improve the lives of patients worldwide. We welcome your partnership in this endeavor and look forward to collaborating with you to demonstrably advance STEMI care in diverse regions around the globe.

~Thank You ~

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