American Heart Association Rural Health Care Outcomes Accelerator

Michigan Center for Rural Health
February 27, 2025

Agenda

- Michigan Center for Rural Health & American Heart Association Collaboration Goals
- AHA Rural Quality Team Introductions
- AHA Rural Health Care Outcomes Accelerator Participant Benefits
- Leveraging Get With The Guidelines® - Stroke, Coronary Artery Disease (CAD) and Heart Failure performance measures to support rapid translation of clinical practice guidelines and outcomes progress
- Michigan Rural Participating Hospital Model Shares
- Enrollment Next Steps
- Q & A

MI Rural Health Care Quality Team

Mindy Cook
National Senior Director
Rural Health Care Quality

Natalie Spitzer
Program Consultant
Rural Health Care Quality

Rural Health Care Outcomes Accelerator

Enrollment open until June 30, 2025

Working to ensure Americans living in rural areas have the best possible chance of survival and the highest quality of life attainable by promoting consistent, timely and appropriate evidence-based care.

Taking on the Rural Health Inequity

Recent data shows a concerning trend: People living in rural communities live an average of three years fewer than their urban counterparts and have a 40% higher likelihood of developing heart disease—a gap that has grown in the past decade. Plus, rural residents are at a 30% higher risk of stroke.

Eligibility

- ✓ Critical Access Hospital
- ✓ Rural Emergency Hospital
- ✓ Geographically Rural Short-Term Acute Care Hospitals Am I Rural? Tool
- ✓ New enrollment in Get with the Guidelines® - Stroke, Coronary Artery Disease (CAD) and/or Heart Failure

Participant Benefits

- No Cost GWTG® - Stroke, CAD, and/or HF for 2025, 2026, 2027
- 1:1 Rural Quality Improvement Hospital Consultation
- Professional Continuing Education Courses
- Community Education Materials
- Quarterly Stroke and Cardiac Rural Learning Collaboratives
- American Heart Association Professional Membership
- American Heart Association Rural Community Network
- GWTG® Stroke and Cardiac Rural Performance Measures and Award Recognition

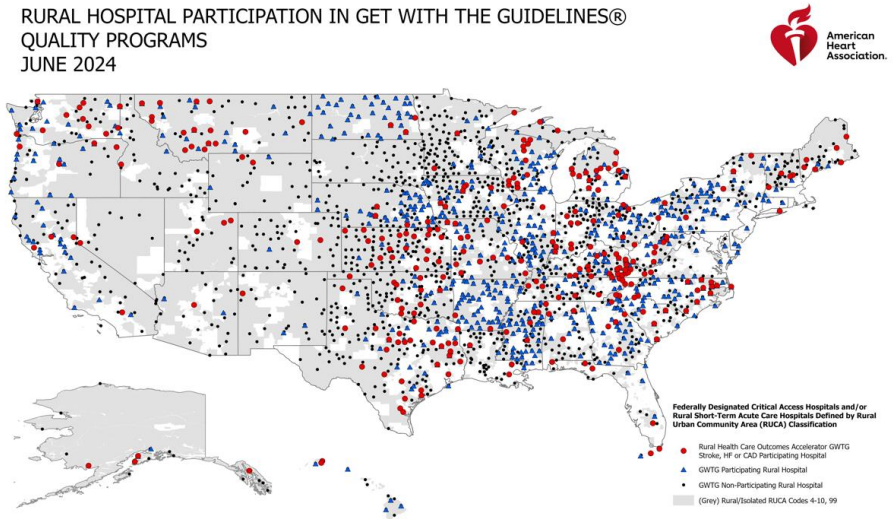
American Heart Association.
RURAL HEALTH CARE OUTCOMES ACCELERATOR
PATHFINDER HOSPITAL

Pathfinders for the road ahead

Hear how rural hospitals across the country are working to provide longer, healthier lives for their communities or schedule a meeting.

Rural Health Care Quality GWTG Participation

www.heart.org/quality



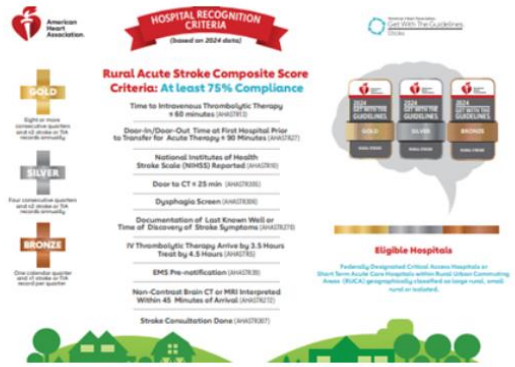
594 Rural Health Care Outcomes Accelerator Program Participants

965 Rural Hospitals Participate in 1350 Get With The Guidelines Rural Programs

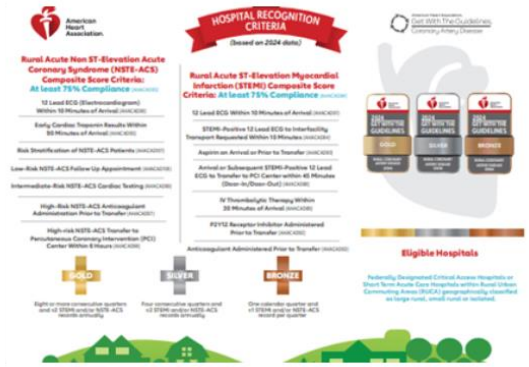
1114 Get With The Guidelines Stroke and CAD 2024 Rural Awards Issued

Rural Recognition Programs

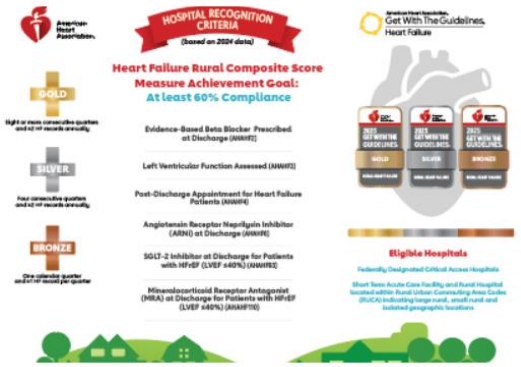
All hospitals participating in Get With The Guidelines - Stroke, Heart Failure or Coronary Artery Disease are eligible for recognition under the rural award program. These unique sets of performance metrics are specifically tailored to accomplishments in the rural setting. Learn more about specific programs for rural hospitals.



Rural Acute Stroke



Rural Acute Coronary Artery Disease



Rural Heart Failure

Rural Health Care Outcomes Accelerator – Michigan Participants

Rural Accelerator Participating Hospital	City	State	Rural Accelerator Module	Critical Access Hospital
Corewell Health Big Rapids	Big Rapids	MI	HF	No
Corewell Health Gerber Memorial	Fremont	MI	HF	Yes
Corewell Health Ludington Hospital	Ludington	MI	HF	No
Corewell Health Pennock	Hastings	MI	HF	Yes
Corewell Health United Hospital	Greenville	MI	HF	No
Eaton Rapids Medical Center	Eaton Rapids	MI	Stroke, CAD, and HF	Yes
Kalkaska Memorial Health Center	Kalkaska	MI	Stroke, CAD, and HF	Yes
Mackinac Straits Hospital and Health Center	Saint Ignace	MI	CAD	Yes
McKenzie Memorial Hospital	Sandusky	MI	Stroke	Yes
MyMichigan Medical Center - Alma	Alma	MI	Stroke	No
MyMichigan Medical Center - Clare	Clare	MI	Stroke	No
MyMichigan Medical Center Alpena	Alpena	MI	Stroke	No
MyMichigan Medical Center Emergency Department - Mt. Pleasant	Mt Pleasant	MI	Stroke	No
MyMichigan Medical Center- Gladwin	Gladwin	MI	Stroke	Yes
MyMichigan Medical Center Standish	Standish	MI	Stroke	Yes
MyMichigan Medical Center Tawas	Tawas City	MI	Stroke	No
MyMichigan Sault St. Marie	Sault Sainte Marie	MI	Stroke	No
Scheurer Hospital	Pigeon	MI	CAD	Yes
Trinity Health Shelby Hospital	Shelby	MI	Stroke	Yes
UP Health Systems Marquette	Marquette	MI	Stroke	No
UP Health Systems Portage	Hancock	MI	Stroke	No

25 Rural Accelerator Program Enrollments (21 Hospitals)

Michigan Rural Hospitals - 2024 Get With The Guidelines® Awards

MyMichigan Medical Center Alma - Alma
Stroke Bronze

MyMichigan Medical Center Alpena - Alpena
Stroke Bronze

MyMichigan Medical Center Gladwin - Gladwin
Rural Stroke Bronze

MyMichigan Medical Center Standish - Standish
Rural Stroke Bronze

Scheurer Hospital - Pigeon
Rural Stroke Bronze, Rural ACS Bronze, Rural STEMI Bronze

Trinity Health Shelby - Shelby
Rural Stroke Bronze, Rural Stroke Silver

UP Health Portage - Hancock
Rural Stroke Bronze

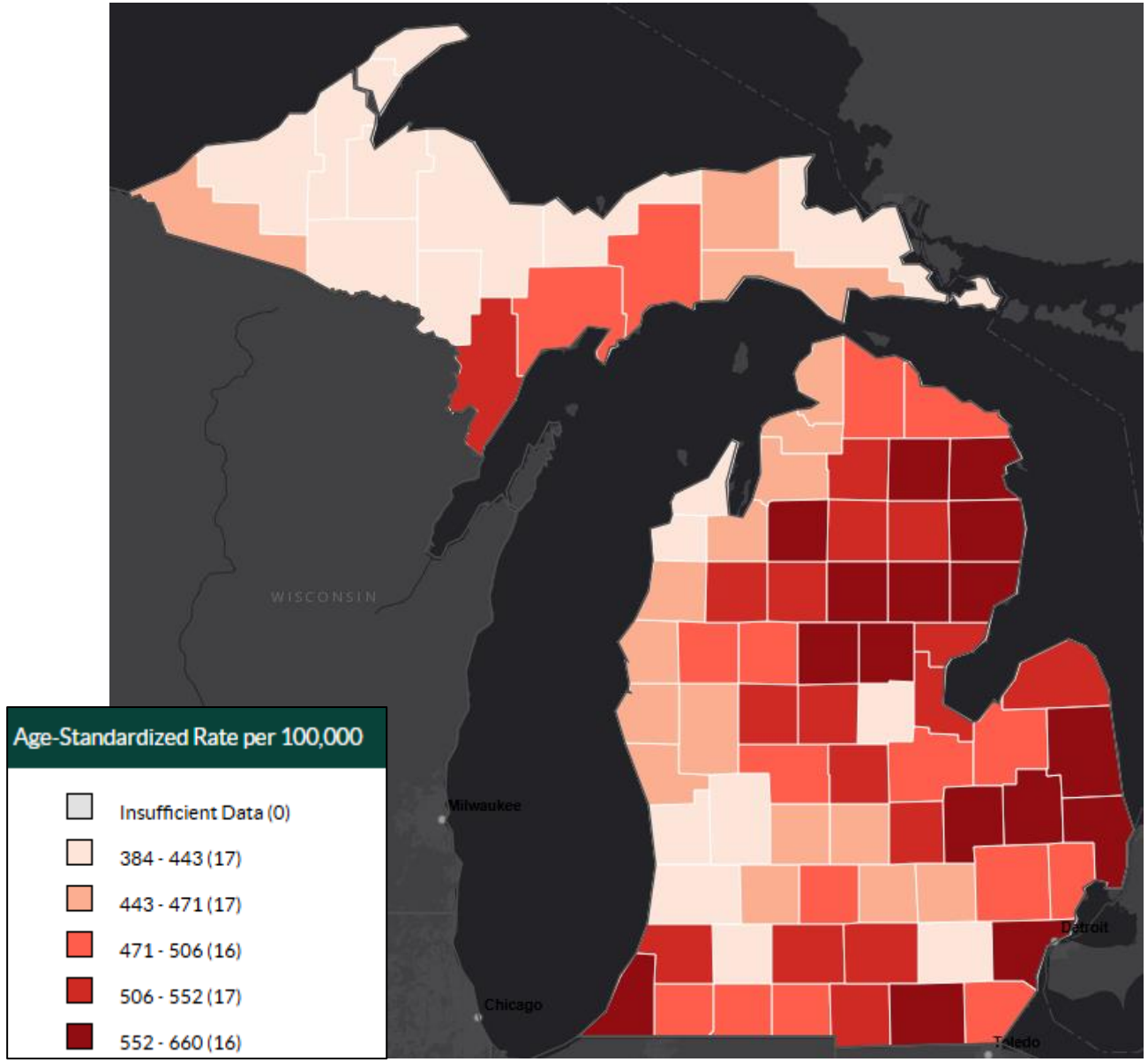
UP Health Systems Marquette - Marquette
Rural Stroke Bronze, Rural Stroke Silver, Silver Plus, Target: Type 2 Diabetes Honor Roll

Rural Health Care Outcomes Accelerator Michigan Eligible Hospitals (64)

Rural Accelerator Eligible Hospital	Critical Access Hospital	City	State
Allegan General Hospital	Yes	Allegan	MI
Aspirus Grand View Hospital	Yes	Ironwood	MI
Aspirus Iron River Hospital	Yes	Iron River	MI
Aspirus Keweenaw Hospital	Yes	Laurium	MI
Baraga County Memorial Hospital	Yes	Lanse	MI
Bell Hospital	Yes	Ishpeming	MI
Borgess Lee Memorial Hospital	Yes	Dowagiac	MI
Bronson Lakeview Hospital	Yes	Paw Paw	MI
Caro Community Hospital	Yes	Caro	MI
Carson City Hospital	No	Carson City	MI
Charlevoix Area Hospital	Yes	Charlevoix	MI
Clinton Memorial Hospital	Yes	Saint Johns	MI
Corewell Health Big Rapids	No	Big Rapids	MI
Corewell Health Gerber	Yes	Fremont	MI
Corewell Health Kelsey	Yes	Lakeview	MI
Corewell Health Ludington	No	Ludington	MI
Corewell Health Reed City	Yes	Reed City	MI
Corewell Health United Hospital	No	Greenville	MI
Deckerville Hospital	Yes	Deckerville	MI
Dickinson County Healthcare System	No	Iron Mountain	MI
Harbor Beach Community Hospital	Yes	Harbor Beach	MI
Hayes Green Beach Memorial Hospital	Yes	Charlotte	MI
Helen Newberry Joy Hospital	Yes	Newberry	MI
Hills & Dales General Hospital	Yes	Cass City	MI
Hillsdale Community Health Center	No	Hillsdale	MI
Ionia County Memorial Hospital	Yes	Ionia	MI
Mackinac Straits Hospital and Health Center	Yes	Saint Ignace	MI
Marlette Community Hospital	Yes	Marlette	MI
McKenzie Memorial Hospital	Yes	Sandusky	MI
McLaren Central Michigan	No	Mount Pleasant	MI
McLaren Lapeer Region	No	Lapeer	MI
McLaren Northern Michigan	No	Petoskey	MI
McLaren Thumb Region	Yes	Bad Axe	MI
Memorial Healthcare	No	Owosso	MI
Mercy Health Services North	No	Grayling	MI
Mercy Hospital Cadillac	No	Cadillac	MI
Munising Memorial Hospital	Yes	Munising	MI
Munson Healthcare Manistee Hospital	No	Manistee	MI
Munson Medical Center	No	Traverse City	MI
MyMichigan Medical Center - Alma	No	Alma	MI
MyMichigan Medical Center - Clare	No	Clare	MI
MyMichigan Medical Center - West Branch	No	West Branch	MI
MyMichigan Medical Center Alpena	No	Alpena	MI
MyMichigan Medical Center- Gladwin	Yes	Gladwin	MI
MyMichigan Medical Center Standish	Yes	Standish	MI
MyMichigan Medical Center Tawas	No	Tawas City	MI
MyMichigan Sault St. Marie	No	Sault Sainte Mar	MI
Oaklawn Hospital	No	Marshall	MI
OSF St. Francis Hospital	Yes	Escanaba	MI
Otsego Memorial Hospital	No	Gaylord	MI
Paul Oliver Memorial Hospital	Yes	Frankfort	MI
ProMedica Charles and Virginia Hickman Hospital	No	Adrian	MI
ProMedica Coldwater Regional Hospital	No	Coldwater	MI
Scheurer Hospital	Yes	Pigeon	MI
Schoolcraft Memorial Hospital	Yes	Manistique	MI
Sheridan Community Hospital	Yes	Sheridan	MI
South Haven Community Hospital	No	South Haven	MI
Spectrum Health Pennock	Yes	Hastings	MI
Sturgis Hospital	No	Sturgis	MI
Three Rivers Health	No	Three Rivers	MI
Trinity Health Shelby Hospital	Yes	Shelby	MI
UP Health System Portage	No	Hancock	MI
UP Health Systems Marquette	No	Marquette	MI
Veterans Affairs Medical Center	No	Iron Mountain	MI

Michigan Total Cardiovascular Disease Death Rate per 100,000

CDC
Total Cardiovascular Disease Death Rate per 100,000, Age 35+, 2019-2021



Interactive Atlas of Heart Disease and Stroke | CDC

Rural Health Care outcomes Accelerator Learning Collaboratives

Rural Stroke, Coronary Artery Disease (CAD) and Heart Failure Learning Collaboratives have been convened annually since 2023

- 25 Quarterly Rural Disease Specific Learning Collaboratives
- 6,150 Registrants And 2,227 Live Participants
- Peer to Peer Model Share Presentations
  - New Science and Publications
  - GWTG Rural Program Updates
  - Case Scenarios Q&A
- Rural Quality Improvement Workgroups
  - Rural Volunteer Clinical Content Experts convened in a small group setting
  - Identify Annual 1-2 Focus Areas to develop resources that will aid other rural hospitals with translation of science into practice
    - Assessments of contributing factors through focus group interviews and/or surveys
    - 16 Clinical Quality Improvement Resources Developed
    - 5 GWTG-Rural Resources Developed
  - Share Educational Tools with Learning Collaborative Participants and Rural Community Network Members

Rural Learning Collaborative Resources

2023-2025

Stroke

- Last Known Well Interview Guide
- Selecting The Most Appropriate Final Clinical Diagnosis Related To Stroke
- Mock Code Stroke Toolkit
- Swallow Screen Toolkit
- Stroke Coordinator Resource Manual
  - Sample Order Sets
  - Electronic Health Record Tips
  - Stroke Audit Tools
  - Stroke Flowsheets

Coronary Artery Disease

- Identifying Patients Appropriate For Early 12Lead ECG
- Chest Pain/Suspected Acute Coronary Syndrome Risk Assessment Resource
- Applying Quality Improvement Process Improvement Tools: SMART Goals & PDSA Cycle
- P2Y12 Platelet Inhibitor Recommendations & Documentation
- Rural Hospital Interfacility Transfer Receiving Hospital Feedback Form
- STEMI Reperfusion Strategy Decision Toolkit

Heart Failure

- Implementing Quadruple Medical Therapy for Heart Failure with Reduced Ejection Fraction (HFrEF)
- Mineralocorticoid Receptor Antagonist (MRA) at Discharge for Patients with HFrEF
- Angiotensin Receptor-Neprilysin Inhibitor (ARNI) at Discharge
- Sodium-Glucose Cotransporter-2 Inhibitor (SGLT2i) at Discharge for Patients with HFrEF
- Evidence-Based Beta Blockers at Discharge for Patients with Heart Failure with HFrEF

Rural Accelerator Particpating Hospital Model Share

Trinity Health

Trinity Health Shelby Rural Stroke Program

Presented by: Angela Schiller, BS, RN, SCRN
Critical Access Program Coordinator

Date: 02/27/25

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No Disclosures

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Trinity Health Shelby

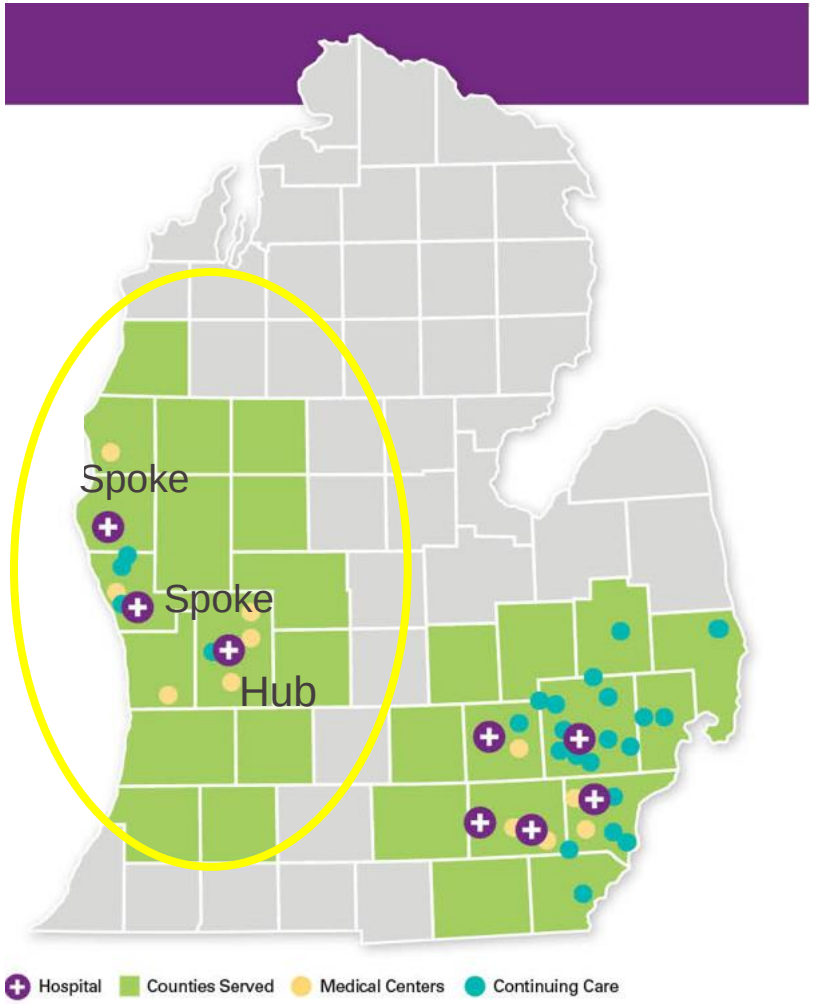
Hospital Demographics

- Critical Access Hospital
- Located in Shelby, MI
- Serves Oceana County, MI – Population 26,000
  - 2010-2020 County 35+ Age-Adjusted Rate per 100,000 Heart Disease/Stroke Deaths 422.9/100,000
- 7-bed Emergency Department (ED)
- Level IV Trauma Center
- DNV Certified Acute Stroke Ready Hospital
- Accredited Chest Pain Center
- Named in Top 100 Rural & Community Hospitals in the United States by The Chartis Center for Rural Health

24 Acute Care Beds	**205** Employees (FTE)	**4** Primary Care Medical Offices
405 Discharges	**40** Inpatient Surgeries	**171** Outpatient Surgeries
10,531 ED Visits	**$46M** Annual Revenue	

Trinity Health West Michigan: "Hub and Spoke" Stroke Care

Hub: Grand Rapids
Spoke: Muskegon
Spoke: Shelby
Spoke: Grand Haven



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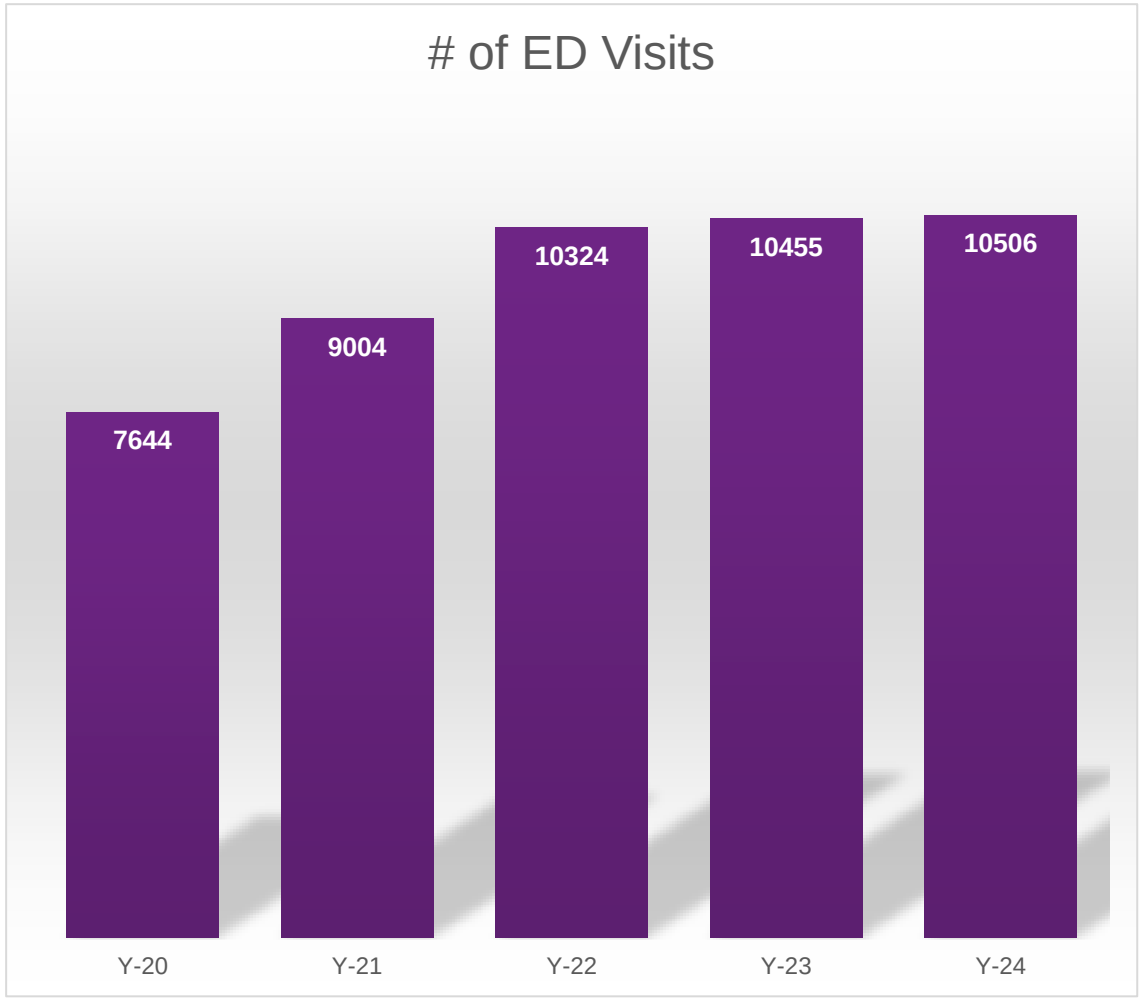
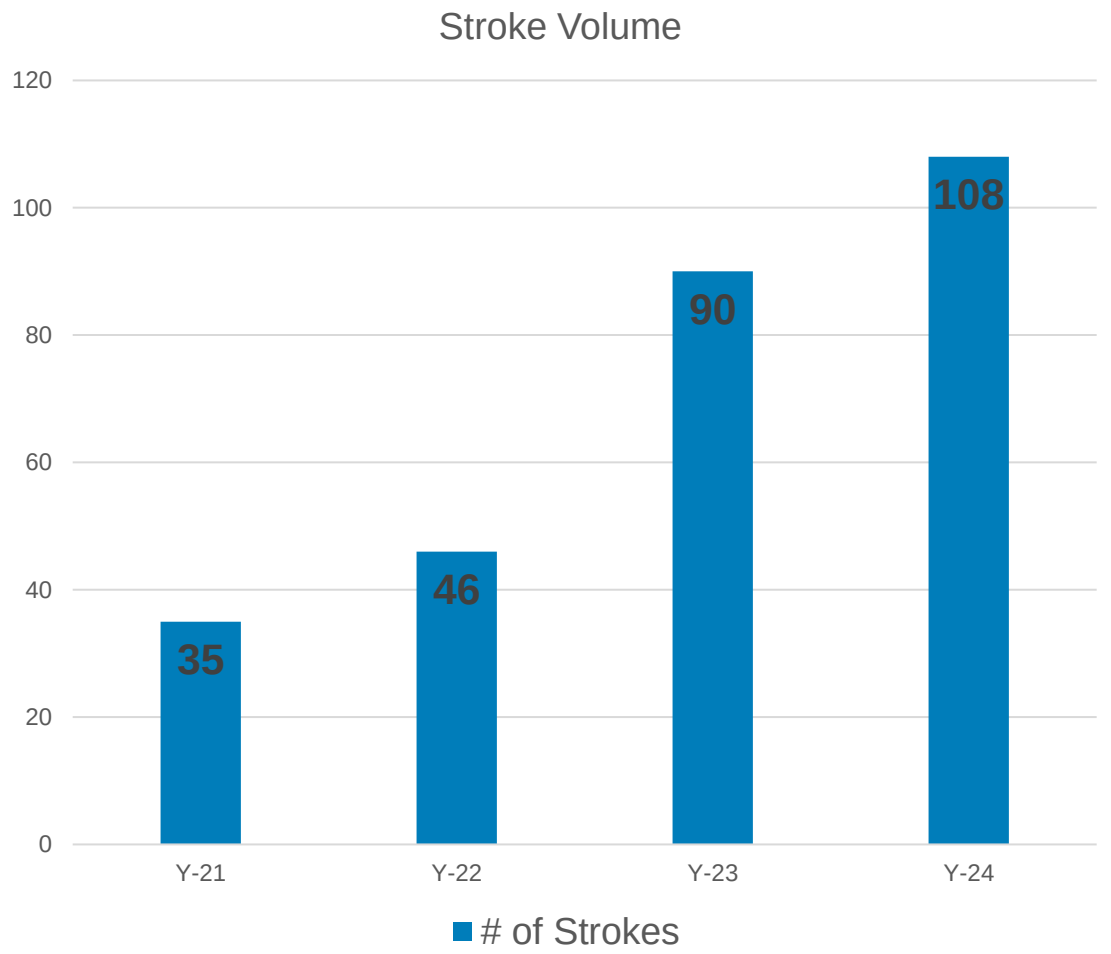
Trinity Health Shelby Emergency Department Visits





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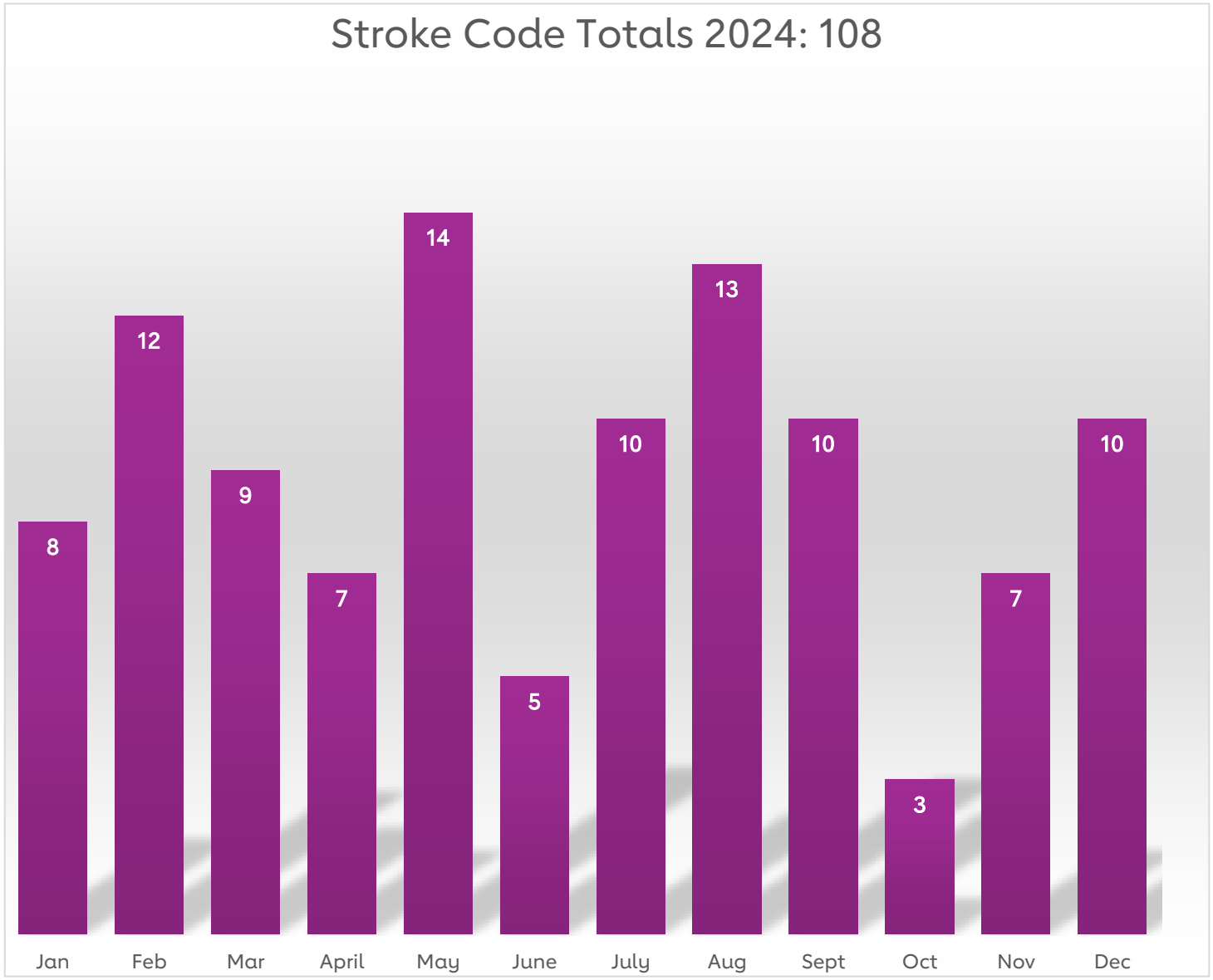
Source: Trinity Health Shelby Hospital EPIC Hyperspace EMR

2024 Stroke Code Patient Demographics

- 108 Stroke Codes
- 63 Patients with Stroke and/or TIA Diagnosis
  - 44 Ischemic Strokes
  - 3 Intracerebral Hemorrhage
  - 2 Subarachnoid Hemorrhage
  - 14 Transient Ischemic Attacks (TIAs)
- Median Stroke Patient Age: 74

Source: American Heart Association's Get With The Guidelines® – Stroke Registry
Trinity Health Shelby Hospital 2024



Source: Trinity Health Shelby Hospital EPIC Hyperspace EMR

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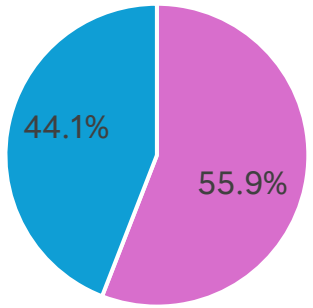
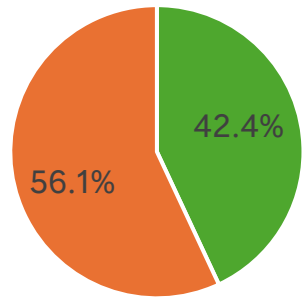
2024 Stroke Patient Demographics

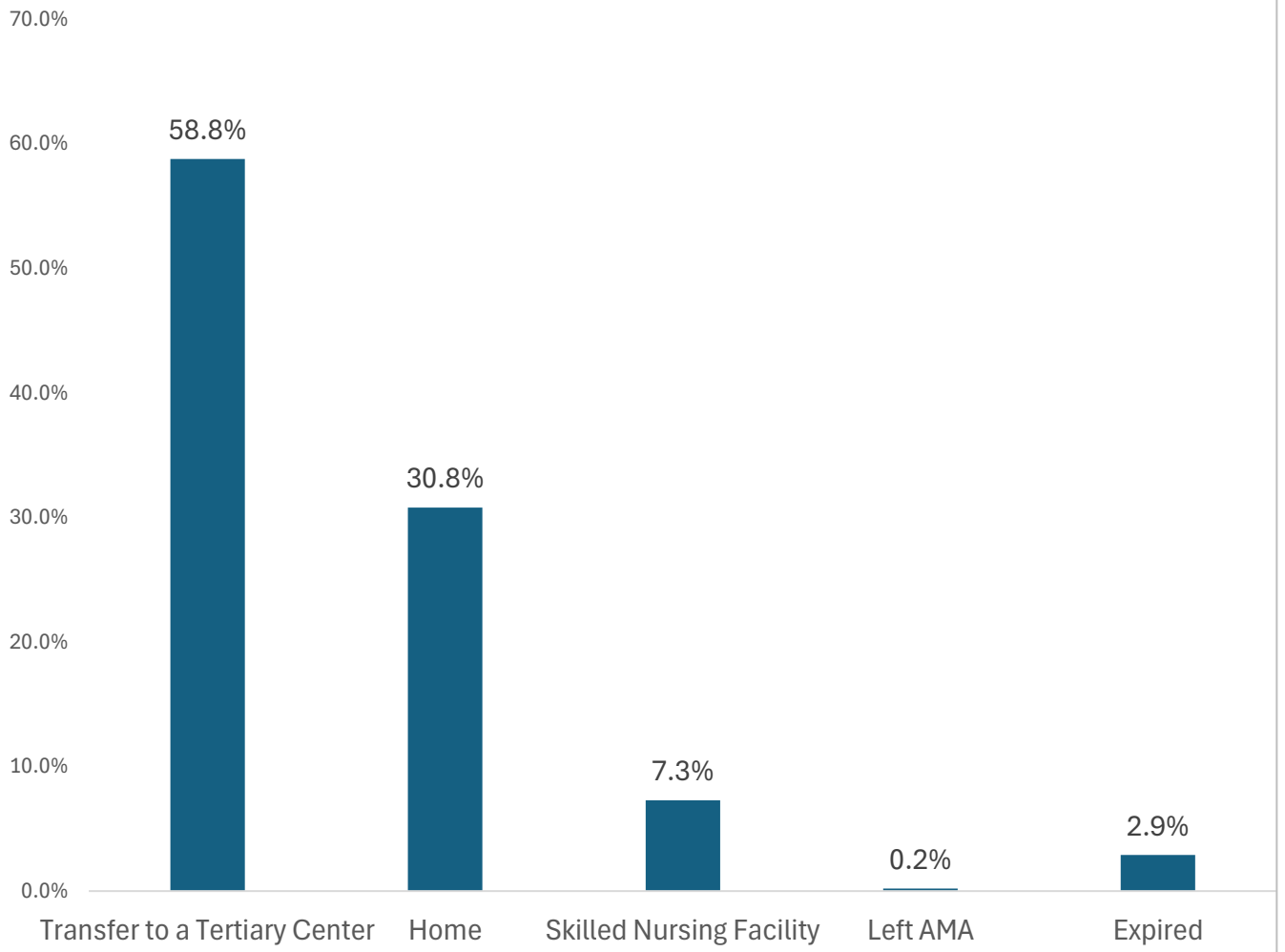
Patient Sex



Mode of Patient Arrival



Discharge Disposition



American Heart Association's Get With The Guidelines® Stroke Registry
Trinity Health Shelby Hospital 2024

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Our Stroke Program

- Stroke Program Started in 2021
  - Stroke Committee Created
  - Staff and EMS buy in
  - Provider consistency thru Spoke hospitals
- Ongoing Education
  - SCRN Grant
  - Hub Hospital educator
  - EMS education
  - Ongoing Annual Education
- Inpatient Stroke Program added in 2023
  - Mobile MRI – Increasing
  - Rehab
  - Admitted Stroke Patient Metrics
- Invested Colleagues make coordinated changes

Trinity Health

Stroke Team

Stroke Medical Director –	Provider from Emergency –	VP Operations
Director of Nursing	Stroke Coordinator – Angie Schiller	Radiology Manager
Nursing leaders	Pharmacist	SHM –Internal Medicine
Head CT Imaging Tech-	Regional Trinity Health Hospital Stroke Coordinators	REHAB

Interdisciplinary team that reviews quality, performance improvement and operational guidelines of the Stroke Program

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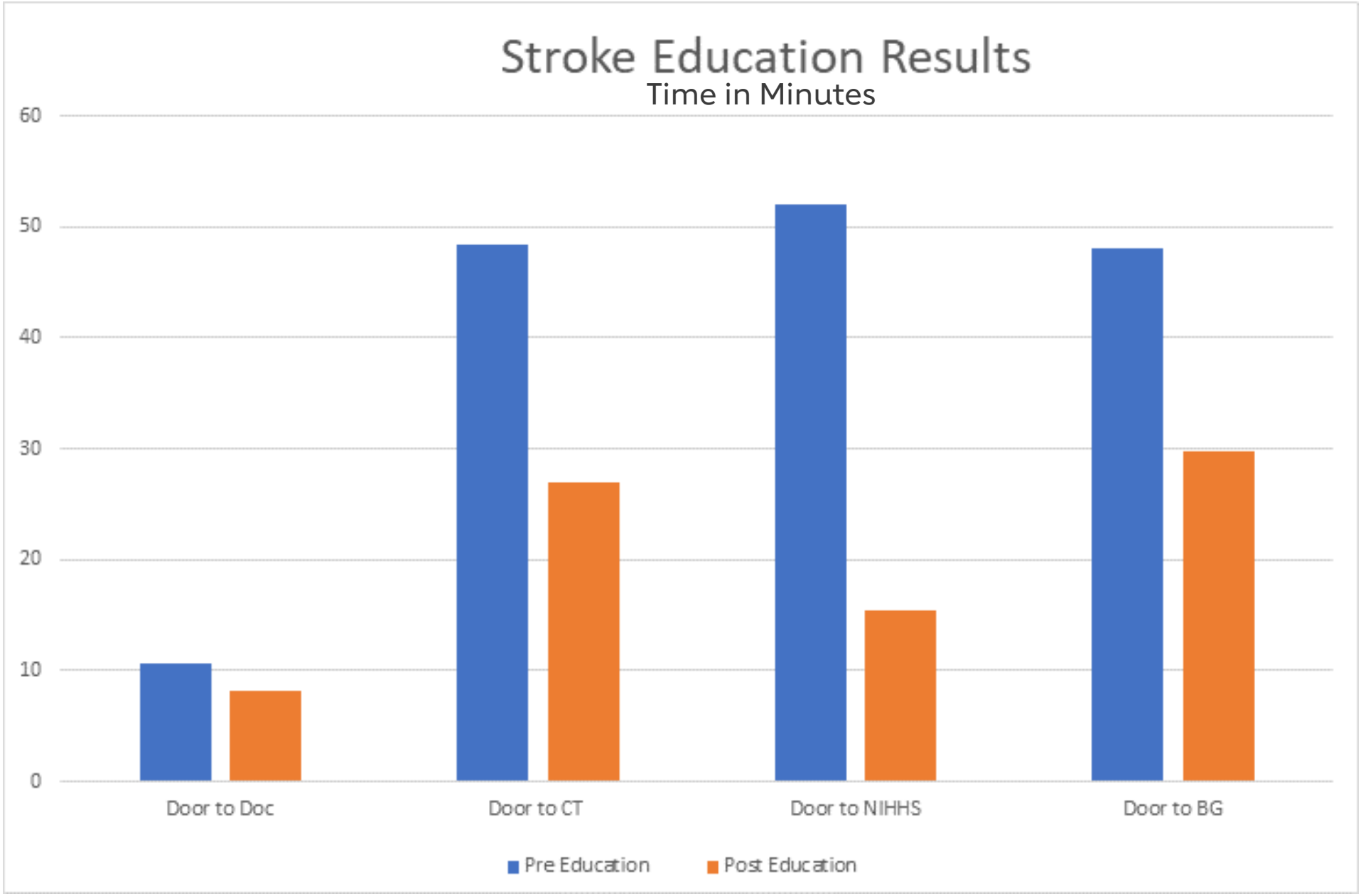

Source: Trinity Health Shelby Hospital EPIC Hyperspace EMR

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Why GWTG?

- Opportunity to collaborate with AHA –
  - Rural Disparity
- Rural Accelerator opportunity to receive no-cost Get With The Guidelines
- Metric Outcomes
- Stay current on latest Stroke guidelines
  - Rural Health Care Outcomes Accelerator
- Recognition opportunities

GWTG–Stroke Rural Acute Measures

American Heart Association.

2025 HOSPITAL RECOGNITION CRITERIA

(based on 2024 data)

American Heart Association. Get With The Guidelines. Stroke

Rural Acute Stroke Composite Score Criteria: At least 75% Compliance

GOLD

Eight or more consecutive quarters and ≥2 stroke or TIA records annually

SILVER

Four consecutive quarters and ≥2 stroke or TIA records annually

BRONZE

One calendar quarter and ≥1 stroke or TIA record per quarter

- Time to Intravenous Thrombolytic Therapy ≤ 60 minutes (AHASTR13)
- Door-In/Door-Out Time at First Hospital Prior to Transfer for Acute Therapy ≤ 90 Minutes (AHASTR27)
- National Institutes of Health Stroke Scale (NIHSS) Reported (AHASTR10)
- Door to CT ≤ 25 min (AHASTR305)
- Dysphagia Screen (AHASTR306)
- Documentation of Last Known Well or Time of Discovery of Stroke Symptoms (AHASTR270)
- IV Thrombolytic Therapy Arrive by 3.5 Hours Treat by 4.5 Hours (AHASTR5)
- EMS Pre-notification (AHASTR39)
- Non-Contrast Brain CT or MRI Interpreted Within 45 Minutes of Arrival (AHASTR272)
- Stroke Consultation Done (AHASTR307)

Eligible Hospitals

Federally Designated Critical Access Hospitals or Short Term Acute Care Hospitals within Rural Urban Commuting Areas (RUCA) geographically classified as large rural, small rural or isolated.

December 2023 | #GWTGResearch

For information on standard award recognition, visit www.Heart.org/quality

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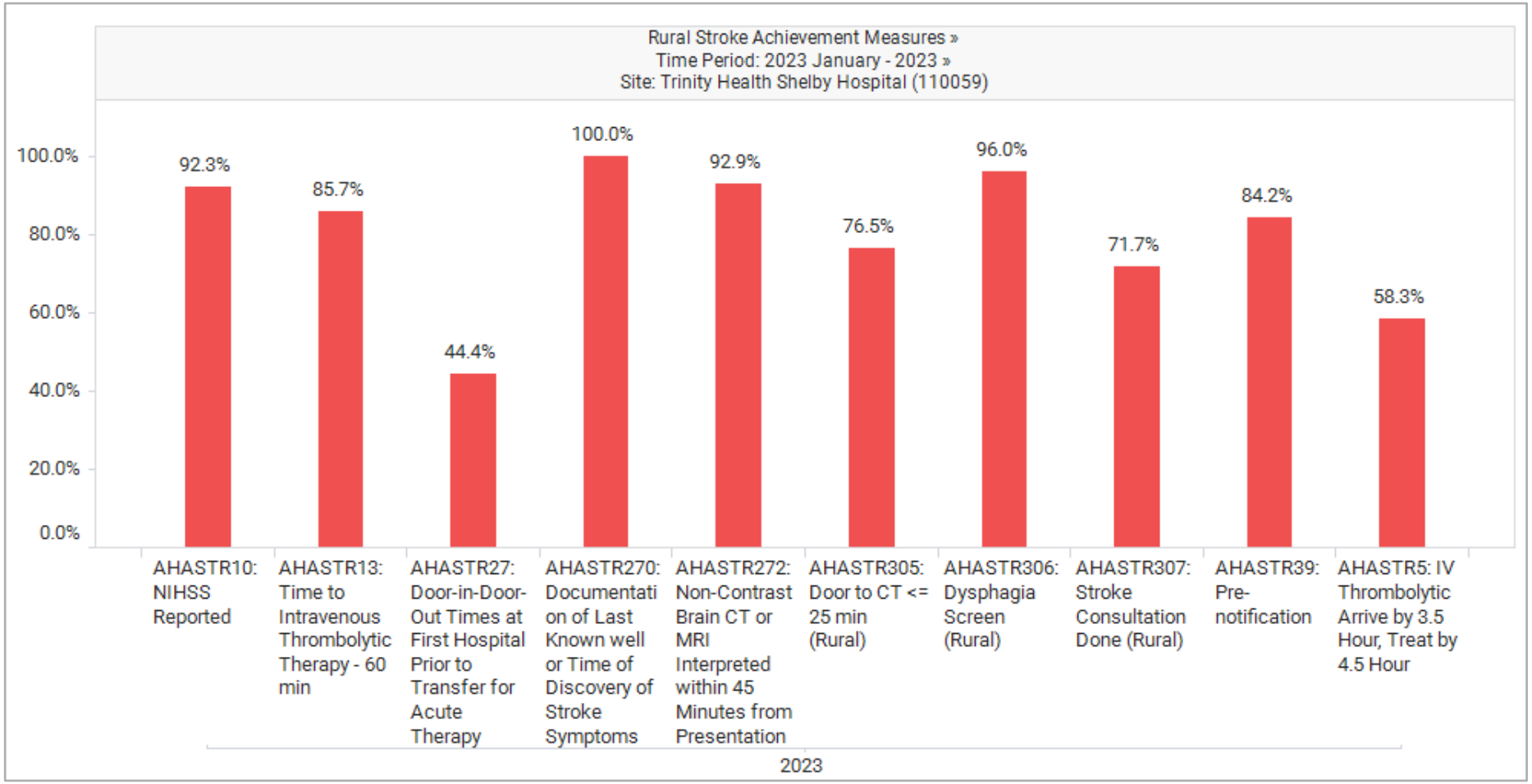
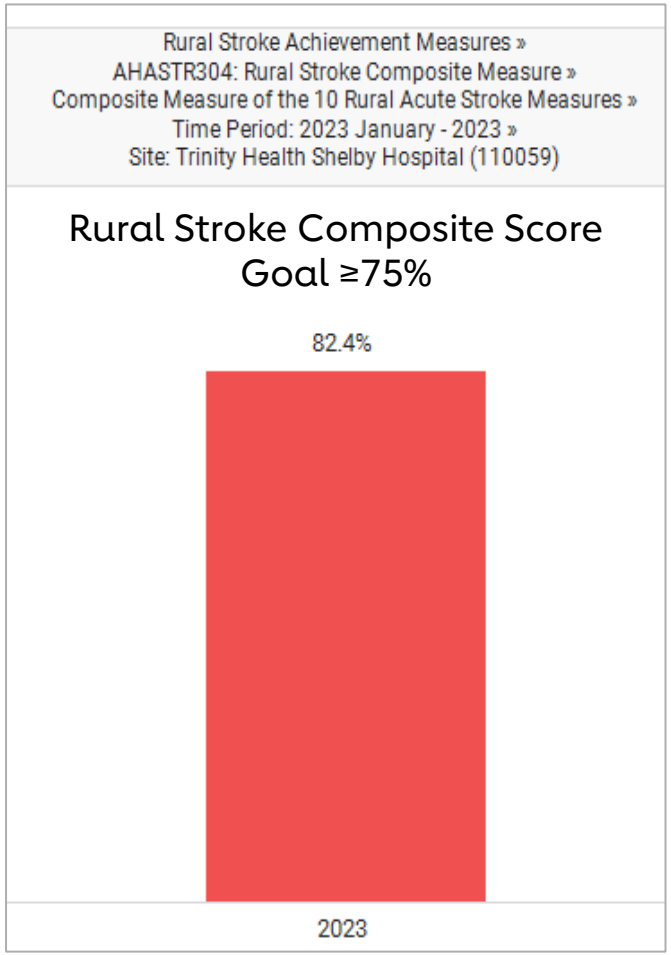
Baseline (2023) GWTG – Stroke
Rural Stroke Achievement Measure Performance





"This work represents the authors' independent analysis of Trinity Health Shelby data gathered using the AHA Get With The Guidelines® (GWTG) IQVIA Registry Platform but is not an analysis of the national GWTG dataset and does not represent findings from the AHA GWTG National Program"

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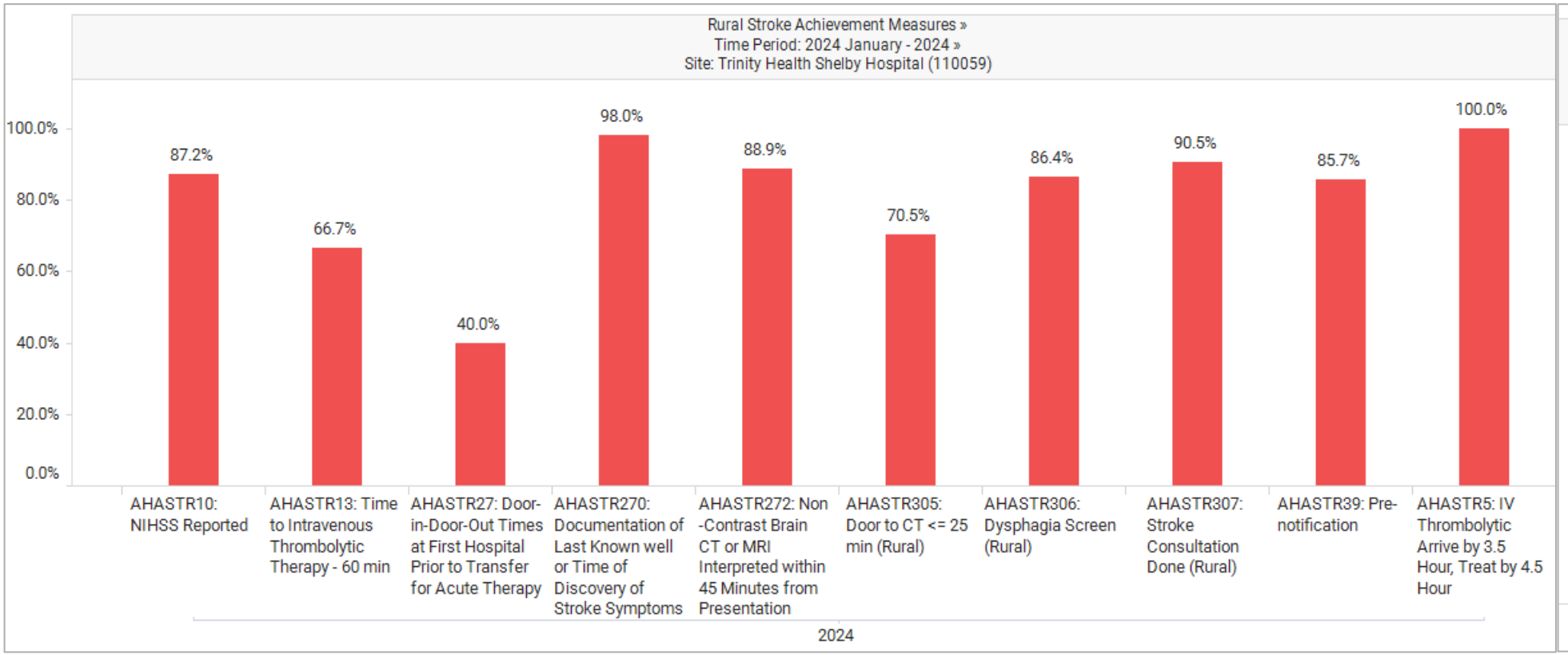
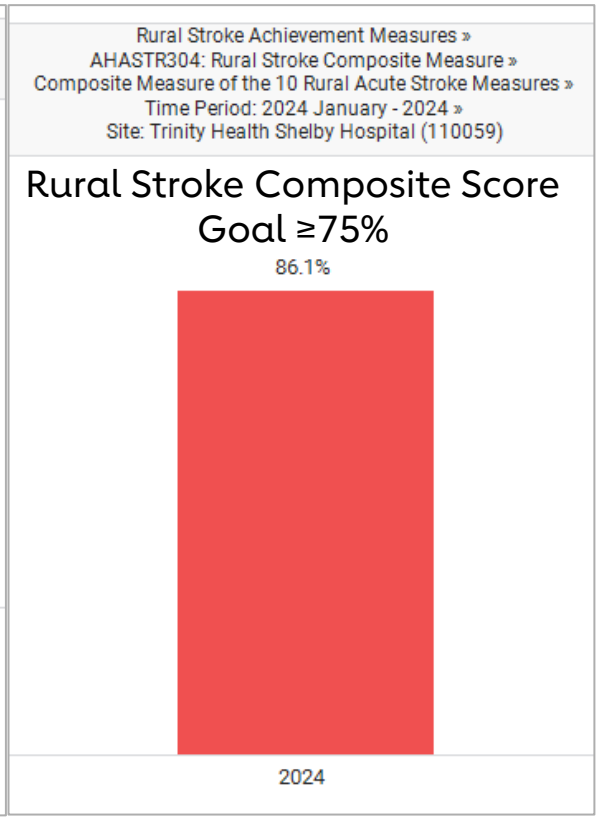
2024 Award Recognition
(based on 2023 data)

2024 GWTG – Stroke
Rural Stroke Achievement Measures





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American Heart Association.
Get With The Guidelines.
Stroke

2025 HOSPITAL RECOGNITION CRITERIA

(based on 2024 data)

American Heart Association.
Target: Stroke

ACHIEVEMENT MEASURES >85% OR GREATER

GOLD
2 consecutive calendar years

SILVER
1 calendar year

BRONZE
1 calendar quarter and ≥30 patients

QUALITY MEASURES + AWARD

≥75% on at least 4 measures
*Must achieve Silver or Gold to be eligible

- **Dysphagia Screening** (AHASTR8)
- **Stroke Education** (AHASTR12)
- **Assessed for Rehabilitation** (AHASTR11)
- **LDL Documented** (AHASTR9)
- **NIHSS Reported** (AHASTR10)
- **Door to Needle ≤60 minutes** (AHASTR13)

TARGET: STROKE

(Minimum of 6 patients to be eligible)

HONOR ROLL
75% of applicable patients (AHASTR13)
Door-to-Needle ≤60 minutes

HONOR ROLL ELITE
85% of applicable patients (AHASTR13)
Door-to-Needle ≤60 minutes

HONOR ROLL ELITE PLUS
75% of applicable patients
Door-to-Needle ≤45 minutes
(AHASTR49)
&
50% of applicable patients
Door-to-Needle ≤30 minutes
(AHASTR48)

HONOR ROLL ADVANCED THERAPY
50% of applicable patients
Door-to-Device ≤90 minutes for Direct Arriving Patients
&
≤60 minutes for Transfer Patients (Within 6 hours or 24 hours)
(AHASTR114 & AHASTR115)

November 2023| www.Heart.org/quality

GWTG–Stroke Achievement Measures

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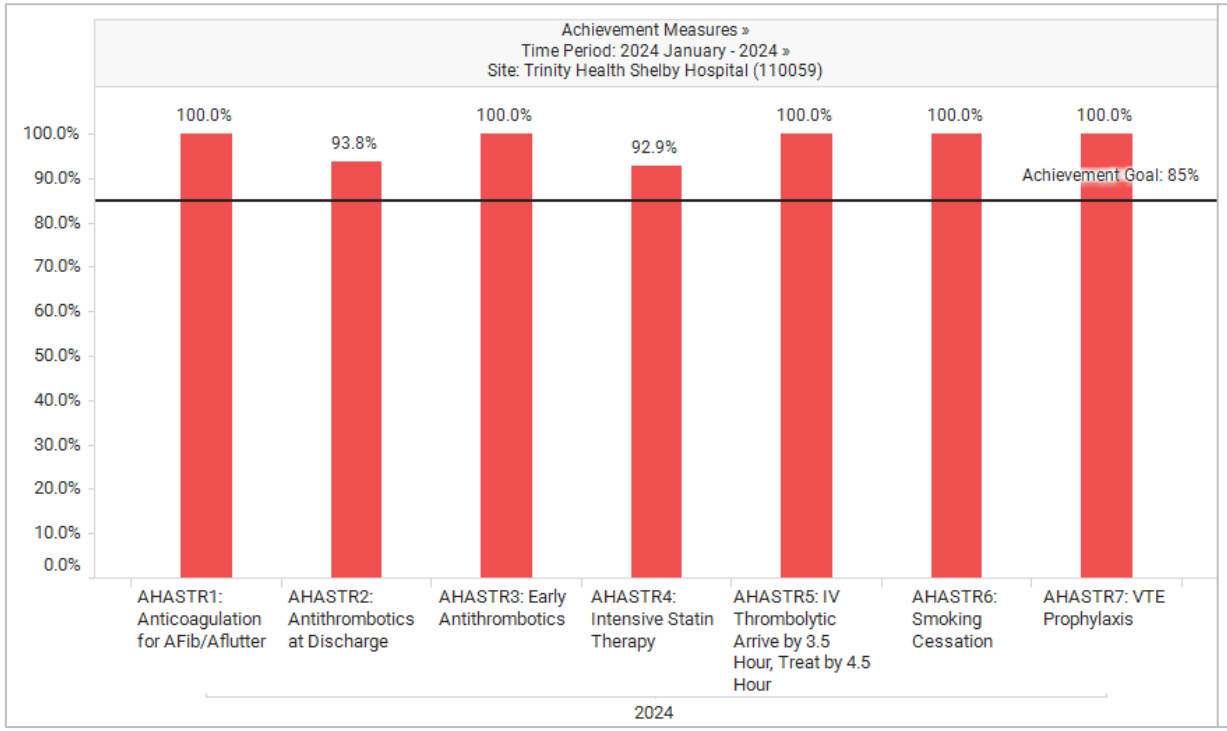
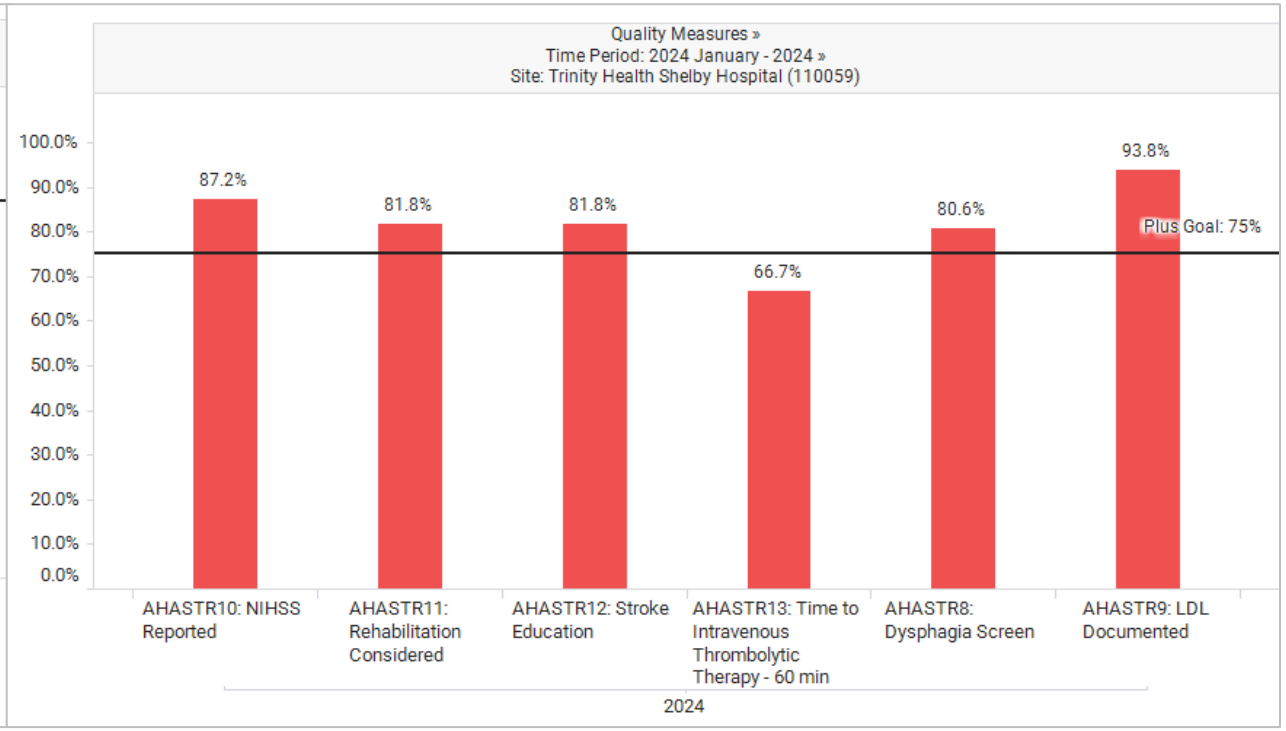
Trinity Health Shelby Stroke Program Admitted Patient Measures



2024 Achievement Measures

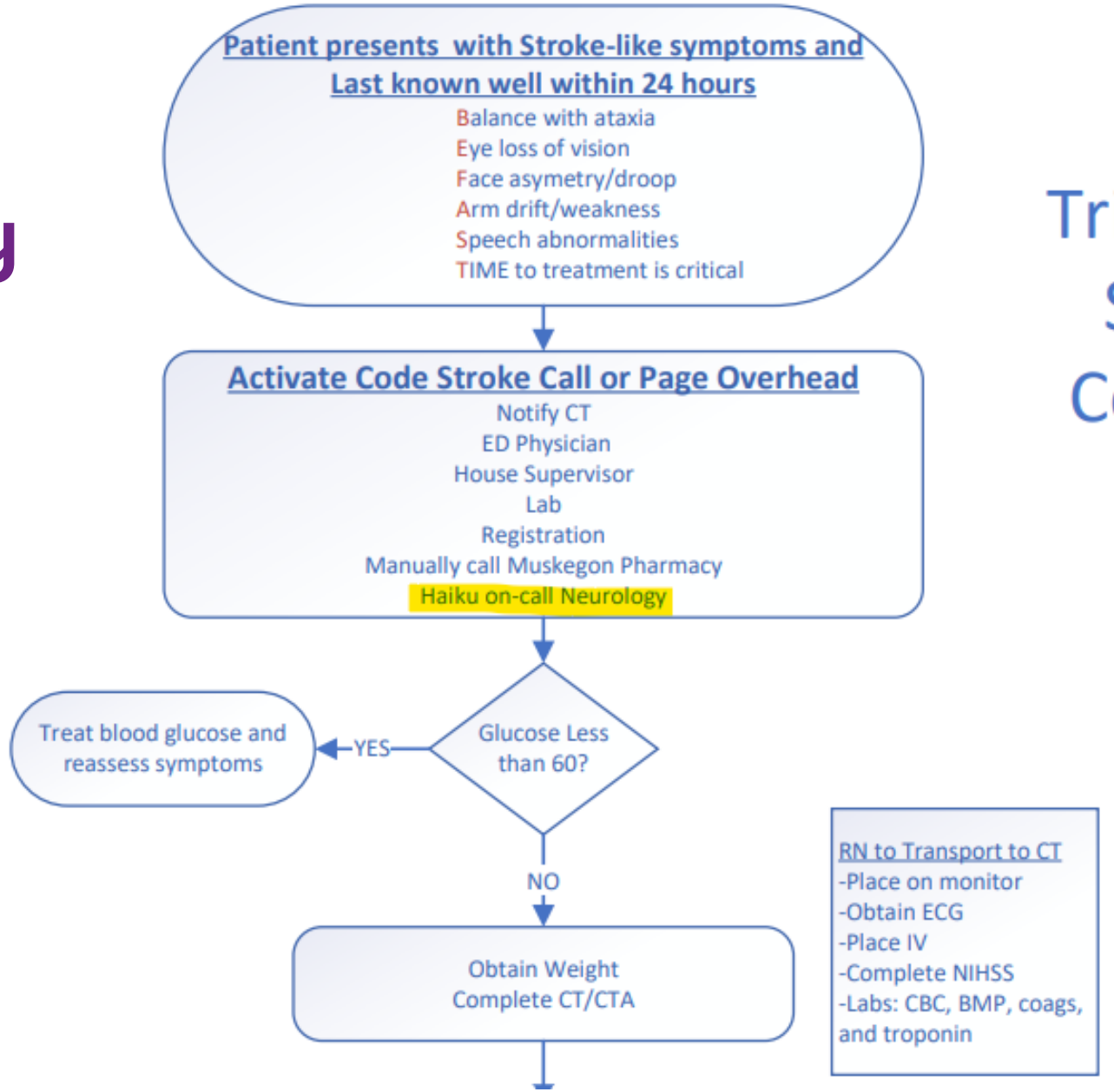


2024 Quality Measures

Trinity Health

American Heart Association's Get With The Guidelines® – Stroke Registry Achievement and Quality Measures
Trinity Health Shelby Hospital 2024

Code Stroke and Neurology Paging



Trinity Health Shelby ED Code Stroke

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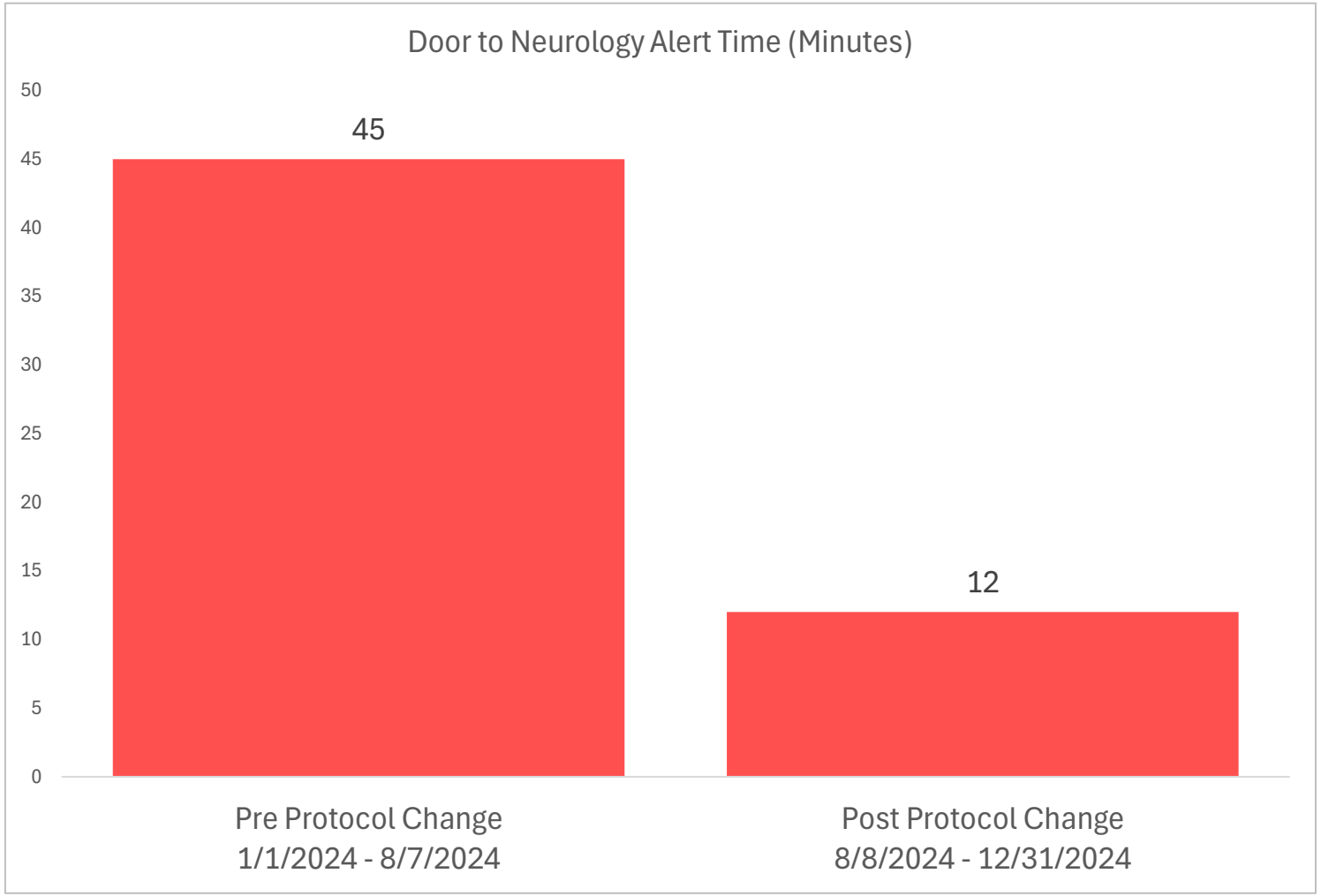
Stroke Code Process - Neurology Alerting

8/8/2024 -Implemented Protocol change

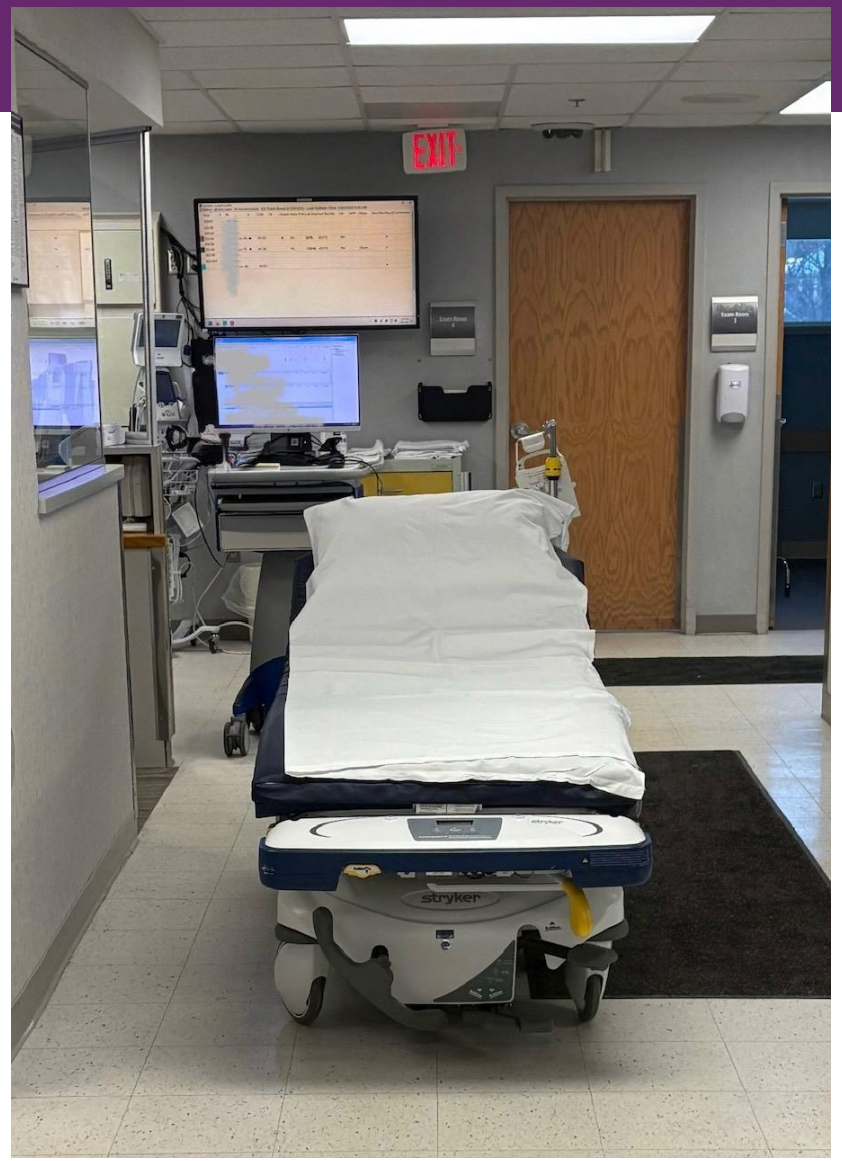


American Heart Association's Get With The Guidelines® – Stroke Registry –
Stroke Patient List Report
Trinity Health Shelby Hospital

Trinity Health

TH Shelby Hospital

Trinity Health Shelby Hospital is Acute Stroke READY!



Thank you!

schillea@trinity-health.org

Identifying Patient Populations for Reporting

GWTG-Stroke, GWTG-Coronary Artery Disease and GWTG-Heart Failure

GWTG-Stroke

Required

Patients with a diagnosis of:

- Cerebral Infarction
- Ischemic Stroke
- Intracerebral Hemorrhage (non-traumatic)
- Subarachnoid Hemorrhage (non-traumatic)

Optional

- Transient Ischemic Attack (TIA)
- No Stroke Related Diagnosis (Stroke mimics)
- Subclinical (Last Known Well >24-48 hours)
- Inpatient Stroke (admitted with another principal condition)

GWTG-CAD

Required

Patients with a diagnosis of:

- STEMI (ST Elevation Myocardial Infarction)

Optional

- Patients with NSTEMI (Non-ST Elevation Myocardial Infarction)
- Non-Traumatic Cardiac Chest Pain
- Suspected Acute Coronary Syndrome

GWTG-HF

Required

Patients admitted with a principal diagnosis of:

- Heart Failure with CAD
- Heart Failure with no CAD

Optional

- Secondary diagnosis of Heart Failure
- Or treated in Observation or ED

Get with the Guidelines®
Rural Hospital Data Analytics

3 Pathways for Data Submission:

- **Direct Data Entry**
  Most common option for rural and/or low-volume hospitals. Relevant patient information is abstracted manually from EMR into GWTG®
- **Data Upload**
  AHA can provide technical specifications to share with hospital IT resources. Hospitals using this option can build a CSV file to upload partial patient charts into GWTG® directly from their EMR
- **Third Party Vendor**
  Contract with an external data vendor to have data entered into hospital's GWTG® account
  Get With The Guidelines® Compatible Vendors

	Estimated Time per chart (hours)	Annual Cases	Monthly Data Entry Hours
Stroke	0.6	24	1.2
CAD	0.4	20	0.7
Heart Failure	0.5	18	0.8

GWTG Reporting

American Heart Association.

American Heart Association. Get With The Guidelines. Stroke

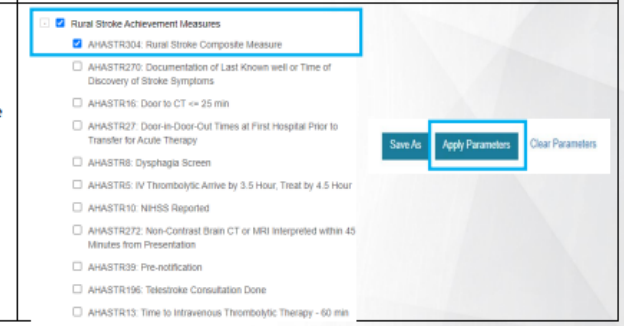
How to Run Get With The Guidelines®-Stroke Rural Stroke Recognition Report

The steps outlined in this document will provide instruction on how to pull a Rural Stroke Achievement report within the Get With The Guidelines®– Stroke IQVIA Registry Platform (IRP). The reports can provide insight on a participating facility's compliance and Rural Acute Stroke award recognition progress.

4	An *Overall Rural Stroke Composite Score* of ≥75% is required for the time of compliance to achieve Rural Stroke Recognition. Once the report is generated, it can be exported, saved, and/or printed by clicking *File* in the upper left corner.	
5	To view all 10 individual *Rural Acute Stroke Measures*, Select *Rural Stroke Achievement Measures*, Select the Measure Group: *Rural Stroke Achievement Measures* If you'd like the measures to display together Select: *Display Options Graph Similar Measures*	

American Heart Association.

American Heart Association. Get With The Guidelines. Stroke

1	From the *Community Page* under *Get Started*, select *Reports*. Under *Configurable Reports* select *Get With The Guidelines®-Stroke Measures Report*	
2	Select the desired reporting period for the report. Interval options include annual, monthly, quarterly, or daily. Check the *Aggregate Data* box to have the selected time reflected as one interval.	
3	The *Rural Stroke Achievement Measures* Bundle includes the *Rural Stroke Composite Measure* and 10 individual Rural Acute Stroke component measures. Select the *Rural Acute Stroke Composite Measure* and *Apply Parameters*.	

American Heart Association.

2025 HOSPITAL RECOGNITION CRITERIA

(based on 2024 data)

American Heart Association. Get With The Guidelines. Stroke

GOLD

Eight or more consecutive quarters and ≥2 stroke or TIA records annually

SILVER

Four consecutive quarters and ≥2 stroke or TIA records annually

BRONZE

One calendar quarter and ≥1 stroke or TIA record per quarter

Rural Acute Stroke Composite Score Criteria: At least 75% Compliance

Time to Intravenous Thrombolytic Therapy ≤ 60 minutes (AHASTR13)

Door-In/Door-Out Time at First Hospital Prior to Transfer for Acute Therapy ≤ 90 Minutes (AHASTR27)

National Institutes of Health Stroke Scale (NIHSS) Reported (AHASTR10)

Door to CT ≤ 25 min (AHASTR305)

Dysphagia Screen (AHASTR306)

Documentation of Last Known Well or Time of Discovery of Stroke Symptoms (AHASTR270)

IV Thrombolytic Therapy Arrive by 3.5 Hours Treat by 4.5 Hours (AHASTR5)

EMS Pre-notification (AHASTR39)

Non-Contrast Brain CT or MRI Interpreted Within 45 Minutes of Arrival (AHASTR272)

Stroke Consultation Done (AHASTR307)

Eligible Hospitals

Federally Designated Critical Access Hospitals or Short Term Acute Care Hospitals within Rural Urban Commuting Areas (RUCA) geographically classified as large rural, small rural or isolated.

December 2023 | #GWTGResearch

For information on standard award recognition, visit **www.Heart.org/quality**

American Heart Association.

2025 HOSPITAL RECOGNITION CRITERIA

(based on 2024 data)

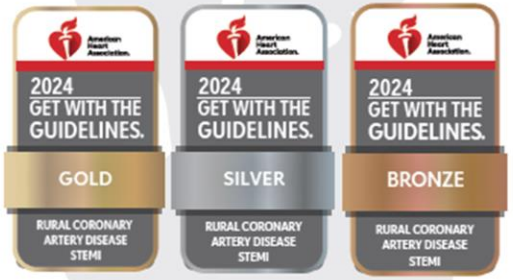
American Heart Association. Get With The Guidelines. Coronary Artery Disease

Rural Acute Non ST-Elevation Acute Coronary Syndrome (NSTE-ACS) Composite Score Criteria: At least 75% Compliance (AHACAD85)

- 12 Lead ECG (Electrocardiogram) Within 10 Minutes of Arrival (AHACAD96)
- Early Cardiac Troponin Results Within 90 Minutes of Arrival (AHACAD95)
- Risk Stratification of NSTE-ACS Patients (AHACAD101)
- Low-Risk NSTE-ACS Follow Up Appointment (AHACAD100)
- Intermediate-Risk NSTE-ACS Cardiac Testing (AHACAD99)
- High-Risk NSTE-ACS Anticoagulant Administration Prior to Transfer (AHACAD97)
- High-risk NSTE-ACS Transfer to Percutaneous Coronary Intervention (PCI) Center Within 6 Hours (AHACAD98)

Rural Acute ST-Elevation Myocardial Infarction (STEMI) Composite Score Criteria: At least 75% Compliance (AHACAD84)

- 12 Lead ECG Within 10 Minutes of Arrival (AHACAD91)
- STEMI-Positive 12 Lead ECG to Interfacility Transport Requested Within 10 Minutes (AHACAD94)
- Aspirin on Arrival or Prior to Transfer (AHACAD90)
- Arrival or Subsequent STEMI-Positive 12 Lead ECG to Transfer to PCI Center within 45 Minutes (Door-In/Door-Out) (AHACAD88)
- IV Thrombolytic Therapy Within 30 Minutes of Arrival (AHACAD89)
- P2Y12 Receptor Inhibitor Administered Prior to Transfer (AHACAD92)
- Anticoagulant Administered Prior to Transfer (AHACAD93)



GOLD

Eight or more consecutive quarters and ≥2 STEMI and/or NSTE-ACS records annually

SILVER

Four consecutive quarters and ≥2 STEMI and/or NSTE-ACS records annually

BRONZE

One calendar quarter and ≥1 STEMI and/or NSTE-ACS record per quarter

Eligible Hospitals

Federally Designated Critical Access Hospitals or Short Term Acute Care Hospitals within Rural Urban Commuting Areas (RUCA) geographically classified as large rural, small rural or isolated.

American Heart Association.

2025
HOSPITAL RECOGNITION CRITERIA
(based on 2024 data)

American Heart Association.
Get With The Guidelines.
Heart Failure

Heart Failure Rural Composite Score Measure Achievement Goal: At least 60% Compliance

GOLD
Eight or more consecutive quarters and ≥2 HF records annually

SILVER
Four consecutive quarters and ≥2 HF records annually

BRONZE
One calendar quarter and ≥1 HF record per quarter

- **Evidence-Based Beta Blocker Prescribed at Discharge** (AHAHF2)
- **Left Ventricular Function Assessed** (AHAHF3)
- **Post-Discharge Appointment for Heart Failure Patients** (AHAHF4)
- **Angiotensin Receptor Neprilysin Inhibitor (ARNi) at Discharge** (AHAHF6)
- **SGLT-2 Inhibitor at Discharge for Patients with HFrEF (LVEF ≤40%)** (AHAHF93)
- **Mineralocorticoid Receptor Antagonist (MRA) at Discharge for Patients with HFrEF (LVEF ≤40%)** (AHAHF110)

Eligible Hospitals

Federally Designated Critical Access Hospitals or Short Term Acute Care Hospitals within Rural Urban Commuting Areas (RUCA) geographically classified as large rural, small rural or isolated.

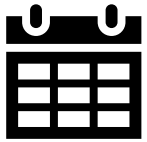
For information on standard award recognition, visit **www.Heart.org/quality**

Rural Accelerator Participation

Contracting

Execute the Unified Participation Agreement (UPA) for the GWTG Stroke, CAD and/or HF Program(s) selected

Execute the Rural Health Care Outcomes Accelerator Participation Agreement (RPA)



Data Schedule

Begin GWTG data entry of eligible patients by designating staff to support GWTG data analytics within 60 days of enrollment

Remain compliant with quarterly data submission deadlines as requested by the Rural Quality Improvement team

Ongoing Support

Commit to attending one or more GWTG-Stroke Onboarding Sessions

Designate at least one hospital team member to participate in Rural Learning Collaboratives

Connect or meet with AHA Rural Quality Improvement Consultant as needed

Additional Benefits

Attend GWTG-Stroke, CAD and HF Webinars

Participate in the Rural Community Online Network

Designate up to 2 Individuals for AHA Professional Membership

Next Steps

- Discuss GWTG Enrollment at no cost via the Rural Accelerator Opportunity with your decision makers

- Begin enrollment by reaching out to: Natalie.Spitzer@heart.org

Grants available until June 30, 2025

Q & A

American Heart Association.

Thank you!

Mindy.Cook@heart.org
Natalie.Spitzer@heart.org