

HOSPITAL-LEVEL QUALITY PROGRAMS RESEARCH POLICY

Effective Date: September 5, 2024

Authority: American Heart Association National Quality Research Staff

OVERVIEW/PURPOSE:

The American Heart Association (AHA) Get With The Guidelines® (GWTG) is a hospital-based quality improvement program designed to close treatment gaps. GWTG participating hospitals and EMS agencies can run reports, view their own data and benchmark data for internal quality improvement efforts using the IQVIA Registry Platform (IRP). The AHA engages in quality programs such as Implementation Science, Healthcare Certification, Professional Certification and other AHA initiatives with data availability in which participating hospitals can develop study questions to conduct hospital level research project(s). These hospitals and EMS agencies, Superuser accounts, collaboratives, Departments of Health, etc. may want to analyze and publish quality program data at conferences, in journals or on websites.

The purpose of this policy is to ensure that GWTG data is appropriately cited and described in any research publications or other public display, that appropriate permissions are obtained when publishing data from other hospitals and that hospital-level research is distinct from and/or appropriately references national-level GWTG research.

RESPONSIBILITY:

GWTG and quality programs participating hospitals, Healthcare Certification participating sites, AHA Quality, Outcomes Research and Analytics Staff, GWTG Volunteer Leadership

SCOPE:

This policy applies to all abstracts, publications, or any public facing material using GWTG and quality program hospital-level data, Superuser data, or collaborative group data. This policy scope does not include research and publications using national-level data, which have a separate research review and approval process outlined in a different policy.

POLICY STATEMENT:

The agreement between the AHA and the hospital enrolled in the AHA Quality Improvement Program per the UPA or PHA agreement permits the use and disclosure of aggregate and de-identified data and/or Limited Data Set for the purpose of quality improvement and technical support, and for Research, Public Health or Health Care Operations purposes, as defined under HIPAA. As this is the case, the AHA is obligated to regulate the use of GWTG data for hospital-level research purposes. Consequently, all intended hospital-level publications or public facing material using GWTG data must be reviewed by AHA National Quality Research staff.

POLICY OUTLINE AND PROCEDURES:

General data use and disclosures:

1. Patient-level data and benchmark group data may not be used.
2. Proper trademarks are to be used, i.e. "Get With The Guidelines®".
3. Publication titles should be descriptive and contain the program, hospitals, and region that is part of the study, such as Get With The Guidelines®-Stroke Midwest Hospitals.
4. Proper nomenclature must be used. When the following first appear in a publication or website, they must be spelled out as follows: Get With The Guidelines® (GWTG), Patient Management Tool™ (PMT), and IQVIA Registry Platform™ (IRP). After the first use the following abbreviations may be used throughout the publication or website: GWTG, PMT, and IRP.
5. The following disclosure statement must be included on abstracts, posters/presentations for conference, in the Methods section of manuscripts, and where appropriate on websites that display GWTG data.
6. "This work represents the authors' independent analysis of local or multicenter 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."
7. AHA staff can assist in identifying volunteers that have previously published GWTG research if assistance or mentorship is sought in developing analyses or publications.

Benchmark Groups:

1. GWTG National Program Level Aggregate Benchmark Data (GWTG National-Level Data) which is usually called "All Hospitals" in the AHA registry tool, as well as other local and regional benchmarks may **NOT** be published in any format or used in any public facing materials. Benchmark data is intended for internal quality improvement purposes only.
2. Hospitals may compare their performance against:
 - a. Its own historical performance
 - b. Any published research such as the annual [AHA Statistical Update – Heart Disease and Stroke Statistics](#).
 - c. Any published hospital- or national-level GWTG manuscripts research, including [GWTG National-Level Research published manuscripts](#).

Other Hospital's Data:

1. Each hospital owns its own data and must give explicit permission for its data to be used in any publication or public-facing materials by another hospital.
2. Hospitals may wish to publish analyzed hospital-level data compared to or combined with other hospital's data such as local, state, or regional groups. Prior to publication, permission must be obtained from each hospital within a group. The AHA Quality Improvement Manager can assist in obtaining appropriate permissions.
3. Hospitals must keep individual records demonstrating permission was obtained or that permission was obtained by the AHA Quality Improvement Manager.

Superuser Accounts:

1. The Superuser amendment permits the publication of aggregate and de-identified GWTG data within the Superuser account for research purposes.
2. All other hospital-level research procedures must be followed.
3. If the submitting author is not associated with the Superuser account, written permission is required from the following prior to using Superuser account data:
 - a. Owner of the Superuser account
 - b. All participating Superuser hospitals

Special Initiatives

1. Participation in Special Initiatives permits the publication of aggregate and de-identified quality program data for research purposes.
2. All other hospital-level research procedures must be followed.

Abstract and Publication Manuscript Review:

1. For all review requests received by AHA National Quality Research staff, the response will include copying the appropriate AHA Quality Improvement Manager or Healthcare Certification Staff who can provide appropriate guidance to the hospital.
2. Review requests should be submitted to QualityResearch@heart.org at least 14 business days in advance of the abstract or manuscript submission deadline.
3. AHA National Quality Research staff will secure review from the appropriate Systems of Care Advisory Group chair.
 - a. Special Initiative abstracts and manuscripts are reviewed by the associated Science Advisory Group if applicable.
4. Review will include appropriate use of GWTG data including study design and analysis, conformity to AHA scientific standards, adequate representation of program and program acknowledgement, data source disclosures, marketing review of trademark symbols, and correct template use.
5. Feedback will include a decision of approved, declined, or revise.
6. Abstract or manuscript may not be submitted for publication without AHA approval.

After Acceptance:

1. Conference abstracts or presentations:
 - a. Approved abstracts accepted to a conference will use their own hospital appropriate poster or PPT template and may include the AHA/ASA Logo (not GWTG) somewhere on the document.
 - b. The logo can be requested via QualityResearch@heart.org
2. Journal publications:
 - a. Notify AHA National Center Quality Research Staff (QualityResearch@heart.org) of publications and include a copy of the accepted manuscript or final publication.

AHA Authorship Guidelines:

1. In accordance with the International Committee of Medical Journal Editors (ICMJE) guidelines, authorship credit is based on the following conditions:
 - a. Substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data;
 - b. Drafting or critically revising the content;
 - c. Final approval of the version to be published;
 - d. Accountability regarding accuracy or integrity of the content.
2. The order of authorship on the byline should be a joint decision of the coauthors.
3. AHA staff can serve as coauthors if authorship requirements are met.
4. Plagiarism will not be tolerated and, if detected, will lead to removal of the author from the writing process. Sentences should not be cut and pasted from other published works, including works by the author or coauthors, or in prior publications.

AHA Staff Communication and Responsibilities:

1. AHA Quality Improvement Managers or Healthcare Certification Staff should review all abstracts, manuscripts, websites, etc. to ensure overall requirements have been met prior to submitting to AHA National Quality Research for review.
2. AHA Quality Improvement Managers or Healthcare Certification Staff will serve as the facilitator between the hospitals and AHA National Quality Research staff for any questions or reviews.
3. AHA Quality Improvement Managers or Healthcare Certification Staff will ensure the content on the poster matches the content in the abstract prior to submission for research review.
4. If a website includes hospital-level quality data, the URL should be forwarded to AHA National Quality Research staff.
5. AHA National Quality Research staff will facilitate timely review of all submitted materials.

Institutional Review Board (IRB) Approval:

1. Authors wishing to use data from individual hospitals, groups of hospitals, regions, or states for research purposes are solely responsible for obtaining local IRB approval through full review or obtaining an exemption.
 - a. Institutional Review Board approval of analysis of national GWTG data at the GWTG Biostatistical Core Center for research purposes has been obtained.

References: Unified Participation Agreement (UPA), Participating Hospital Agreement (PHA), Superuser amendment

Contacts:

AHA National Center Quality Research Staff (QualityResearch@heart.org)

Modification History:



American
Heart
Association.

Revision Number	Description of Modification	Who	Date of Revision
1	Special Initiatives Information Added	Kathie Thomas	9/6/2022
2	Updated internal research language.	K Thomas/B Friesenhahn/STai	10/11/2023
3	Included quality programs	K Thomas/A Goucher	9/4/2024