

## **2019 MISSION: LIFELINE EMS RECOGNITION APPLICATION**

Q1.

**Welcome to the 2019 Mission: Lifeline® EMS Recognition web-based application.**

**Application period closes April 2, 2019 at 23:59.59 CT.**

**\*\*NEW FOR 2019 – ALL APPLICANTS PLEASE READ THE FOLLOWING GUIDANCE\*\***

The Mission: Lifeline team at the American Heart Association is excited to announce a new more interactive and efficient way to collect data, receive quality improvement consultative services and apply for EMS recognition. EMS agencies will now be able to submit the required data for Mission: Lifeline EMS recognition on a quarterly, bi-annual or yearly basis.

Applicants can access the application as many times as needed until the application submission deadline on April 2, 2019, via the unique application link provided. Save this link as a favorite. **Any data entered will be automatically saved, there is no save option.**

When re-accessing the application, the unique link will direct you to the place in the application where you last left off. If updates to data are needed in a previous section of the application, use the BACK button.

For issues with returning to an open application, please email [Missionlifeline@heart.org](mailto:Missionlifeline@heart.org) for assistance.

Once the application is completed and submitted via the final SUBMIT button, the application will close and will not allow further access via the unique link. To re-open the application after final submission, email [Missionlifeline@heart.org](mailto:Missionlifeline@heart.org).

Data entered will be exported on a quarterly basis (two weeks after the end of the quarter) for review by local AHA staff. This new process allows EMS agencies to work directly with the local AHA Quality and Systems Improvement staff and benefit from patient-centered quality improvement consultation and expertise.

For questions please email [Missionlifeline@heart.org](mailto:Missionlifeline@heart.org) or reach out to your local AHA Quality and Systems Improvement Director.

If ready to begin the application - scroll to the bottom of this introduction page and answer **YES** then click **NEXT**.

Thank you for your participation in Mission: Lifeline and especially for the emphasis placed on improving STEMI, Stroke and Out of Hospital Cardiac Arrest Systems of Care agency by agency and region by region.

Additional resources for 2019 Mission: Lifeline EMS Recognition:

#### [2019 Mission: Lifeline EMS Application Tools:](#)

- [2019 Mission: Lifeline EMS Recognition Frequently Asked Questions \(FAQ\) document](#)
- [2019 Mission: Lifeline EMS Recognition Criteria document](#)
- [2019 Mission: Lifeline EMS Application Option Flowchart](#)

- [2019 Mission: Lifeline EMS Regional Application Flowchart](#)
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Q3.

**Are you ready to begin the 2019 Mission: Lifeline EMS Application?**

- YES (click the "Next" button in the lower right corner of your screen)
- NOT YET (please close your browser window)

### **Individual or Joint Application**

Q4. Select the Application that will be completed and submitted.

- Individual Application (Stand alone or Team option)
- Joint Application (Stand alone or Team option)

### **First Agency Contact Information (Individual or Joint Application)**

Q5.

**AGENCY APPLICATION**

\* Please provide the contact and agency information of the individual who should receive the final Mission: Lifeline award notification. *Note that the address you provide may be used as a point of reference for your agency in AHA-produced EMS Recognition maps.*

**We've inserted the contact agency you provide in the 2018 application. Feel free to make changes if necessary. Otherwise, if everything is still the same, skip to the next question.**

If this is a joint application (for two EMS agencies collaborating to complete the 12 lead acquisition and transport of the STEMI patient to the destination hospital), provide the information for the FIRST of the two EMS agencies submitting a joint application below. Then, you will be asked to provide the information for the SECOND agency.

First name	<input type="text"/>
Last name	<input type="text"/>
Title	<input type="text"/>
Primary Contact's Email address	<input type="text"/>
Secondary Email address	<input type="text"/>
Phone number	<input type="text"/>
Agency/Department Name	<input type="text"/>
Street Address	<input type="text"/>
Street Address (Continued)	<input type="text"/>
City	<input type="text"/>
State (two-letter abbreviation)	<input type="text"/>
Zip code	<input type="text"/>
EMS Agency State ID Number	<input type="text"/>
State (two-letter abbreviation) associated with above State ID	<input type="text"/>

Q5a. Did you make any changes to the contact information above?

- Yes
- No

Q6. \*Population served: *(Please provide the approximate population served by your service area rounded to the nearest thousand, e.g. 45,000)*

Q7. \*Agency's total annual call volume:

Q8.

\*Type of service: (for multiple agencies, select all that apply)

- Private Ambulance
- County or Municipal Fire
- Volunteer Fire
- County or Municipal EMS
- Hospital Based EMS
- Air
- Other

Q9. \*Does your agency transport?

- Yes
- No

Q10. \* Pre-hospital type: (for multiple agencies, select all that apply)

- EMS Ground - Non-fire Department
- Air Ambulance
- Fire Department/EMS
- Medical First Responder (unable to transport)

Q11.

\* The American Heart Association has permission to publish the award status of this agency. By providing this authorization, it will remain in effect until written notice is provided to the American Heart Association or until program participation has ended. Below are some examples of where the award status might be published:

- Recognition Events
- Advertisements
- Conference banners/signage
- AHA Websites, Mission: Lifeline Network, digital media, mobile apps

- AGREE - Please enter the **exact** name of the agency below - which will be how AHA will publish the agency's name in any future publication opportunities as listed above. For agencies with a broad multi-state presence, suggest to enter EMS Company Name - XYZ Division or Region, in order to designate the different regional agencies operating under a single corporate entity.

- DO NOT AGREE

## Second Agency Contact Information (Joint Application)

Q19.

**SECOND AGENCY**

\* Please provide the contact and agency information of the individual who should receive the final Mission: Lifeline award notification and is associated with the **SECOND** of the two EMS agencies submitting the Joint Application.

First name	<input type="text"/>
Last name	<input type="text"/>
Title	<input type="text"/>
Primary Contact's Email address	<input type="text"/>
Secondary Email address	<input type="text"/>
Phone number	<input type="text"/>
Agency/Department Name	<input type="text"/>
Street Address	<input type="text"/>
Street Address (Continued)	<input type="text"/>
City	<input type="text"/>
State (two-letter abbreviation)	<input type="text"/>
Zip code	<input type="text"/>
EMS Agency State ID Number	<input type="text"/>
State (two-letter abbreviation) associated with above State ID #	<input type="text"/>

Q20. \*Population served by the **SECOND** of the two agencies submitting via the Joint Application: *(Please provide the approximate population served by your service area rounded to the nearest thousand, e.g. 45,000)*

Q21. \*Agency's total annual call volume for the **SECOND** of the two agencies submitting via the Joint Application:

Q22.

\*Type of service for the **SECOND** of the two agencies submitting via the Joint Application:

- Private Ambulance
- County or Municipal Fire
- Volunteer Fire
- County or Municipal EMS
- Hospital Based EMS
- Air
- Other

Q23. \*Does your agency transport?

- Yes
- No

Q24. \* Pre-hospital type for the **SECOND** of the two agencies submitting via the Joint Application: (select one)

- EMS Ground - Non-fire Department
- Air Ambulance
- Fire Department/EMS
- Medical First Responder (12 Lead Capable)

Q25.

\* The American Heart Association has permission to publish the award status of SECOND agency. By providing this authorization, it will remain in effect until written notice is provided to the American Heart Association or until program



participation has ended. Below are some examples of where the award status might be published:

- Recognition Events
- Advertisements
- Conference banners/signage
- AHA Websites, Mission: Lifeline Network, digital media, mobile apps

AGREE (Please indicate (exactly how AHA should publish the SECOND  agency's name):

DO NOT AGREE

### STEMI Receiving or Referring Trigger

Q26.

\* Please select transport destination of the STEMI patients that will be reported for Mission: Lifeline EMS Recognition: *(check all that apply)*

- STEMI **Receiving** Center (Transports from the field to a PCI hospital(s)).
- STEMI **Referring** Hospital (Transports patients from the field to a Non-PCI hospital(s)).

### Quarter 1

Q27.

### QUARTER 1

\* Questions with an asterisk (\*) are mandatory. Enter a zero "0" when there is no data to report.

Q28.

**\*Measure 1:** Percentage of patients with non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms) in patients  $\geq 35$  years of age, treated and transported by EMS who received a pre-hospital 12 Lead

**Inclusion Criteria:**

- Patients with non-traumatic chest pain/ACS symptoms

**AND**

- 35 years or older

**AND**

- Transported to a hospital

**Enter your numbers in the boxes below:**

Quarter 1 Denominator Volume- Total number of patients who meet the above criteria

Quarter 1 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG

Q29.

**Measure 1 Calculated Percentage for Quarter 1**

Below is the percentage calculated based on the data that was input on the previous page.

Quarter 1 Measure 1 Percentage: 0%

Q30.

**\*Measure 2:** The percentage of hospital notifications or 12 Lead ECG transmissions suggesting a STEMI alert (or Cardiac Cath Lab Activation), that are performed within 10 minutes of the first STEMI positive 12 Lead ECG in the field

**Inclusion Criteria:**

- Patients 35 years or over

**AND**

- With a STEMI noted on pre-hospital ECG (either 1st pre-hospital 12 Lead ECG or Subsequent pre-hospital 12 Lead ECG)

**AND**

- Transported to a hospital

Enter your numbers in the boxes below:

Quarter 1 Denominator Volume- Total number of patients who meet the above inclusion criteria

Quarter 1 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes

Q31.

**Measure 2:** Outlier Volume - Required if claiming exclusions

Report the number of patients included in the denominator volume, where the total time from Arrival to 12 Lead ECG was **GREATER** than 10 minutes.

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume.  $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

Quarter 1 Outlier Volume

Q32.

### **Measure 2: Exclusions**

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport
- Indication of the presence of cardiac arrest at any time during this EMS event
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care

Quarter 1 Exclusions

Q33.

### **Measure 2 Calculated Percentage for Quarter 1**

Below is the percentage calculated based on the data that was input on the previous page.

Quarter 1 Measure 2 Percentage: 0%

Q34.

**\*Measure 3:** Percentage of patients treated and transported directly to a **STEMI Receiving Center**, with EMS First Medical Contact to device time  $\leq 90$  Minutes and/or EMS First Medical Contact to PCI  $\leq 120$  Minutes when transport time  $\geq 45$  minutes and Door to Balloon  $\leq 30$  Minutes. (When destination facility = STEMI Receiving Center)

**Inclusion Criteria:**

- Patients 18 years of age or older

**AND**

- With a STEMI noted on pre-hospital ECG

**AND**

- Transported to a STEMI Receiving Center (Primary PCI)

**AND**

- Primary PCI was performed

**Enter your numbers in the boxes below:**

Quarter 1 Denominator Volume - Total number of patients who meet the above inclusion criteria

Quarter 1 Numerator - Number of patients in the denominator volume where EMS First Medical Contact to device time  $\leq 90$  Minutes and/or EMS First Medical Contact to PCI  $\leq 120$  Minutes when transport time  $\geq 45$  minutes and Door to Balloon  $\leq 30$  Minutes

Q35.

**Measure 3:** Outlier Volume - Required if claiming exclusions

Report the number of patients included in the denominator volume, where the total time from FMC (first medical contact) to device activation/Primary PCI was **GREATER** than 90 minutes or **GREATER** than 120 min where travel time was  $\geq$  45 min and D2B is  $\leq$  30 min

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume. Outlier Volume + Numerator Volume = Denominator Volume

Quarter 1 Outlier Volume

Q36.

### Measure 3: Exclusions

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport (prehospital/in-hospital)
- Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in-hospital)
- Delay caused by initial prehospital ECGs being negative for STEMI
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in-hospital)
- Delay caused by difficulty in accessing femoral or radial artery (in the cath lab)

Quarter 1 Exclusions

Q37.

**Measure 3 Calculated Percentage for Quarter 1**

Below is the percentage calculated based on the data that was input on the previous page.

Quarter 1 Measure 3 Percentage: 0%

Q38.

**\*Measure 4:** Percentage of STEMI patients treated and transported to a STEMI Referring Hospital for reperfusion A) With a Door-to-Needle time of  $\leq 30$  Minutes OR B) Initial EMS FMC to PCI of the transfer for PCI patient  $\leq 120$  Minutes.

**Inclusion Criteria:**

- Patients 18 years of age or older

**AND**

- With a STEMI noted on pre-hospital ECG

**AND**

- Transported to a STEMI Referring Center

**AND**

- Thrombolytics Administered

**OR**

- Patients are transported to a STEMI Receiving Center for Primary PCI

**Enter your numbers in the boxes below:**

Quarter 1 Denominator Volume - Total number of patients who meet the above criteria

Quarter 1 Numerator - Number of patients in the denominator volume treated for reperfusion A) With a Door-to-Needle time of  $\leq 30$  Minutes OR B) Initial EMS FMC to PCI of the transfer for PCI patient  $\leq 120$  Minutes

Q39.

**\*Measure 4:** Outlier Volume - Required if claiming exclusions

Report the number of patients included in the denominator volume, who were transported directly to a STEMI Referring center AND had fibrinolytic therapy administered in GREATER than 30 minutes OR transferred to a STEMI Receiving Center and had Primary PCI Performed in GREATER than 120 Minutes

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume.  $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

Quarter 1 Outlier Volume

Q40.

**\*Measure 4:** Exclusions

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:



- Delay in patient or family providing consent for treatment and transport (prehospital/in hospital)
- Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in hospital)
- Delay caused by initial and/or subsequent ECGs being negative for STEMI (prehospital/in-hospital)
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in hospital)

0 Quarter 1 Exclusions

Q41.

#### Measure 4 Calculated Percentage for Quarter 1

Below is the percentage calculated based on the data that was input on the previous page.

Quarter 1 Measure 4 Percentage: 0%

Q42.

\* **PLUS Measure:** (Required reporting but not used for baseline recognition analysis) Using the same patient population in EMS Measure 1, the percentage of 12 Lead ECG's performed **within 10 Minutes** of EMS First Medical Contact on patients with an initial complaint non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms), who are >35 years of age.

#### Inclusion Criteria:

- Patients with non-traumatic chest pain/ACS symptoms

**AND**

- 35 years or older

**AND**

- Had a prehospital 12 Lead ECG performed

**AND**

- Who were transported by EMS (to either a STEMI Referring Hospital or a STEMI Receiving Center)

**Enter your numbers in the boxes below:**

Quarter 1 Denominator - Total number of patients who meet the above criteria

Quarter 1 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes

Q43.

**Plus Measure Calculated Percentage for Quarter 1**

Below is the percentage calculated based on the data that was input on the previous page.

Quarter 1 Plus Measure Percentage: 0%

Click "Next" to enter your data for Quarter 2. If you would like to enter this data at a later time, please close your browser. **All data entered will be saved.** To re-access the application, use the unique application link.

**Quarter 2**

Q44.

**QUARTER 2**

*\* Questions with an asterisk (\*) are mandatory. Enter a zero "0" when there is no data to report.*

Q45.

**\*Measure 1:** Percentage of patients with non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms) in patients  $\geq 35$  years of age, treated and transported by EMS who received a pre-hospital 12 Lead

**Inclusion Criteria:**

- Patients with non-traumatic chest pain/ACS symptoms

**AND**

- 35 years or older

**AND**

- Transported to a hospital

**Enter your numbers in the boxes below:**

Quarter 2 Denominator Volume- Total number of patients who meet the above criteria

Quarter 2 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG

Q46.

**Measure 1 Calculated Percentage for Quarter 2**

Below is the percentage calculated based on the data that was input on the previous page.

Q2 Measure 1 Percentage: 0%

Q47.

**\*Measure 2:** The percentage of hospital notifications or 12 Lead ECG transmissions suggesting a STEMI alert (or Cardiac Cath Lab Activation), that are performed within 10 minutes of the first STEMI positive 12 Lead ECG in the field

**Inclusion Criteria:**

- Patients 35 years or over

**AND**

- With a STEMI noted on pre-hospital ECG (either 1st pre-hospital 12 Lead ECG or Subsequent pre-hospital 12 Lead ECG)

**AND**

- Transported to a hospital

Enter your numbers in the boxes below:

Quarter 2 Denominator Volume- Total number of patients who meet the above inclusion criteria

Quarter 2 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes

Q48.

**Measure 2: Outlier Volume - Required if claiming exclusions**

Report the number of patients included in the denominator volume, where the total time from Arrival to 12 Lead ECG was **GREATER** than 10 minutes.

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume.  $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

Quarter 2 Outlier Volume

Q49.

**Measure 2: Exclusions**

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport
- Indication of the presence of cardiac arrest at any time during this EMS event
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care

Quarter 2 Exclusions

Q50.

## Measure 2 Calculated Percentage for Quarter 2

Below is the percentage calculated based on the data that was input on the previous page.

Q2 Measure 2 Percentage: 0%

Q51.

**\*Measure 3:** Percentage of patients treated and transported directly to a **STEMI Receiving Center**, with EMS First Medical Contact to device time  $\leq 90$  Minutes and/or EMS First Medical Contact to PCI  $\leq 120$  Minutes when transport time  $\geq 45$  minutes and Door to Balloon  $\leq 30$  Minutes. (When destination facility = STEMI Receiving Center)

### **Inclusion Criteria:**

- Patients 18 years of age or older

**AND**

- With a STEMI noted on pre-hospital ECG

**AND**

- Transported to a STEMI Receiving Center (Primary PCI)

**AND**

- Primary PCI was performed

**Enter your numbers in the boxes below:**

Quarter 2 Denominator Volume - Total number of patients who meet the above inclusion criteria

Quarter 2 Numerator - Number of patients in the denominator volume where EMS First Medical Contact to device time  $\leq 90$  Minutes and/or EMS First Medical Contact to PCI  $\leq 120$  Minutes when transport time  $\geq 45$  minutes and Door to Balloon  $\leq 30$  Minutes

Q52.

**Measure 3:** Outlier Volume - Required if claiming exclusions

Report the number of patients included in the denominator volume, where the total time from FMC (first medical contact) to device activation/Primary PCI was **GREATER** than 90 minutes or **GREATER** than 120 min where travel time was  $\geq 45$  min and D2B is  $\leq 30$  min

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume. Outlier Volume + Numerator Volume = Denominator Volume

Quarter 2 Outlier Volume

Q53.

**Measure 3:** Exclusions

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport (prehospital/in-hospital)
- Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in-hospital)
- Delay caused by initial prehospital ECGs being negative for STEMI
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in-hospital)
- Delay caused by difficulty in accessing femoral or radial artery (in the cath lab)

0

Quarter 2 Exclusions

Q54.

### Measure 3 Calculated Percentage for Quarter 2

Below is the percentage calculated based on the data that was input on the previous page.

Q2 Measure 3 Percentage: 0%

Q55.

**\*Measure 4:** Percentage of STEMI patients treated and transported to a STEMI Referring Hospital for reperfusion A) With a Door-to-Needle time of  $\leq 30$  Minutes OR B) Initial EMS FMC to PCI of the transfer for PCI patient  $\leq 120$  Minutes.

#### Inclusion Criteria:

- Patients 18 years of age or older

**AND**

- With a STEMI noted on pre-hospital ECG



**AND**

- Transported to a STEMI Referring Center

**AND**

- Thrombolytics Administered

**OR**

- Patients are transported to a STEMI Receiving Center for Primary PCI

**Enter your numbers in the boxes below:**

Quarter 2 Denominator Volume - Total number of patients who meet the above criteria

Quarter 2 Numerator - Number of patients in the denominator volume treated for reperfusion A) With a Door-to-Needle time of  $\leq 30$  Minutes OR B) Initial EMS FMC to PCI of the transfer for PCI patient  $\leq 120$  Minutes

Q56.

**\*Measure 4:** Outlier Volume - Required if claiming exclusions

Report the number of patients included in the denominator volume, who were transported directly to a STEMI Referring center AND had fibrinolytic therapy administered in GREATER than 30 minutes OR transferred to a STEMI Receiving Center and had Primary PCI Performed in GREATER than 120 Minutes

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume.  $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

Quarter 2 Outlier Volume

Q57.

**\*Measure 4: Exclusions**

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport (prehospital/in hospital)
- Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in hospital)
- Delay caused by initial and/or subsequent ECGs being negative for STEMI (prehospital/in-hospital)
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in hospital)

Quarter 2 Exclusions

Q58.

**Measure 4 Calculated Percentage for Quarter 2**

Below is the percentage calculated based on the data that was input on the previous page.

Q2 Measure 4 Percentage: 0%

Q59.

\* **PLUS Measure:** (Required reporting but not used for baseline recognition analysis) Using the same patient population in EMS Measure 1, the percentage of 12 Lead ECG's performed **within 10 Minutes** of EMS First Medical Contact on patients with an initial complaint non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms), who are >35 years of age.

**Inclusion Criteria:**

- Patients with non-traumatic chest pain/ACS symptoms

**AND**

- 35 years or older

**AND**

- Had a prehospital 12 Lead ECG performed

**AND**

- Who were transported by EMS (to either a STEMI Referring Hospital or a STEMI Receiving Center)

**Enter your numbers in the boxes below:**

Quarter 2 Denominator - Total number of patients who meet the above criteria

Quarter 2 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes

Q60.

**Plus Measure Calculated Percentage for Quarter 2**

Below is the percentage calculated based on the data that was input on the previous page.

Q2 Plus Measure Percentage: 0%

Click "Next" to enter your data for Quarter 3. If you would like to enter this data at a later time, please close your browser. **All data entered will be saved.** To re-access the application, use the the unique application link.

### Quarter 3

Q61.

#### QUARTER 3

*\* Questions with an asterisk (\*) are mandatory. Enter a zero "0" when there is no data to report.*

Q62.

**\*Measure 1:** Percentage of patients with non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms) in patients  $\geq 35$  years of age, treated and transported by EMS who received a pre-hospital 12 Lead

#### **Inclusion Criteria:**

- Patients with non-traumatic chest pain/ACS symptoms

**AND**

- 35 years or older

**AND**

- Transported to a hospital

**Enter your numbers in the boxes below:**

Quarter 3 Denominator Volume- Total number of patients who meet the above criteria

Quarter 3 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG

Q63.

### Measure 1 Calculated Percentage for Quarter 3

Below is the percentage calculated based on the data that was input on the previous page.

Q3 Measure 1 Percentage: 0%

Q64.

**\*Measure 2:** The percentage of hospital notifications or 12 Lead ECG transmissions suggesting a STEMI alert (or Cardiac Cath Lab Activation), that are performed within 10 minutes of the first STEMI positive 12 Lead ECG in the field

#### **Inclusion Criteria:**

- Patients 35 years or over

**AND**

- With a STEMI noted on pre-hospital ECG (either 1st pre-hospital 12 Lead ECG or Subsequent pre-hospital 12 Lead ECG)

**AND**

- Transported to a hospital

Enter your numbers in the boxes below:

Quarter 3 Denominator Volume- Total number of patients who meet the above inclusion criteria

Quarter 3 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes

Q65.

**Measure 2: Outlier Volume - Required if claiming exclusions**

Report the number of patients included in the denominator volume, where the total time from Arrival to 12 Lead ECG was **GREATER** than 10 minutes.

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume.  $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

Quarter 3 Outlier Volume

Q66.

**Measure 2: Exclusions**

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport
- Indication of the presence of cardiac arrest at any time during this EMS event
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care

0 Quarter 3 Exclusions

Q67.

### Measure 2 Calculated Percentage for Quarter 3

Below is the percentage calculated based on the data that was input on the previous page.

Q3 Measure 2 Percentage: 0%

Q68.

**\*Measure 3:** Percentage of patients treated and transported directly to a **STEMI Receiving Center**, with EMS First Medical Contact to device time  $\leq 90$  Minutes and/or EMS First Medical Contact to PCI  $\leq 120$  Minutes when transport time  $\geq 45$  minutes and Door to Balloon  $\leq 30$  Minutes. (When destination facility = STEMI Receiving Center)

#### **Inclusion Criteria:**

- Patients 18 years of age or older

**AND**

- With a STEMI noted on pre-hospital ECG

**AND**

- Transported to a STEMI Receiving Center (Primary PCI)

**AND**

- Primary PCI was performed

**Enter your numbers in the boxes below:**

Quarter 3 Denominator Volume - Total number of patients who meet the above inclusion criteria

Quarter 3 Numerator - Number of patients in the denominator volume where EMS First Medical Contact to device time  $\leq 90$  Minutes and/or EMS First Medical Contact to PCI  $\leq 120$  Minutes when transport time  $\geq 45$  minutes and Door to Balloon  $\leq 30$  Minutes

Q69.

**Measure 3:** Outlier Volume - Required if claiming exclusions

Report the number of patients included in the denominator volume, where the total time from FMC (first medical contact) to device activation/Primary PCI was **GREATER** than 90 minutes or **GREATER** than 120 min where travel time was  $\geq 45$  min and D2B is  $\leq 30$  min

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume. Outlier Volume + Numerator Volume = Denominator Volume

Quarter 3 Outlier Volume

Q70.

**Measure 3:** Exclusions



Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport (prehospital/in-hospital)
- Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in-hospital)
- Delay caused by initial prehospital ECGs being negative for STEMI
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in-hospital)
- Delay caused by difficulty in accessing femoral or radial artery (in the cath lab)

Quarter 3 Exclusions

Q71.

### **Measure 3 Calculated Percentage for Quarter 3**

Below is the percentage calculated based on the data that was input on the previous page.

Q3 Measure 3 Percentage: 0%

Q72.

**\*Measure 4:** Percentage of STEMI patients treated and transported to a STEMI Referring Hospital for reperfusion A) With a Door-to-Needle time of  $\leq 30$  Minutes OR B) Initial EMS FMC to PCI of the transfer for PCI patient  $\leq 120$  Minutes.

**Inclusion Criteria:**

- Patients 18 years of age or older

**AND**

- With a STEMI noted on pre-hospital ECG

**AND**

- Transported to a STEMI Referring Center

**AND**

- Thrombolytics Administered

**OR**

- Patients are transported to a STEMI Receiving Center for Primary PCI

**Enter your numbers in the boxes below:**

Quarter 3 Denominator Volume - Total number of patients who meet the above criteria

Quarter 3 Numerator - Number of patients in the denominator volume treated for reperfusion A) With a Door-to-Needle time of  $\leq 30$  Minutes OR B) Initial EMS FMC to PCI of the transfer for PCI patient  $\leq 120$  Minutes

Q73.

**\*Measure 4:** Outlier Volume - Required if claiming exclusions

Report the number of patients included in the denominator volume, who were transported directly to a STEMI Referring center AND had fibrinolytic therapy administered in GREATER than 30 minutes OR transferred to a STEMI Receiving Center and had Primary PCI Performed in GREATER than 120 Minutes

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume.  $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

Quarter 3 Outlier Volume

Q74.

**\*Measure 4: Exclusions**

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport (prehospital/in hospital)
- Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in hospital)
- Delay caused by initial and/or subsequent ECGs being negative for STEMI (prehospital/in-hospital)
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in hospital)

Quarter 3 Exclusions

Q75.

## Measure 4 Calculated Percentage for Quarter 3

Below is the percentage calculated based on the data that was input on the previous page.

Q3 Measure 4 Percentage: 0%

Q76.

\* **PLUS Measure:** (Required reporting but not used for baseline recognition analysis) Using the same patient population in EMS Measure 1, the percentage of 12 Lead ECG's performed **within 10 Minutes** of EMS First Medical Contact on patients with an initial complaint non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms), who are >35 years of age.

### Inclusion Criteria:

- Patients with non-traumatic chest pain/ACS symptoms

**AND**

- 35 years or older

**AND**

- Had a prehospital 12 Lead ECG performed

**AND**

- Who were transported by EMS (to either a STEMI Referring Hospital or a STEMI Receiving Center)

**Enter your numbers in the boxes below:**

Quarter 3 Denominator - Total number of patients who meet the above criteria

Quarter 3 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes

Q77.

### Plus Measure Calculated Percentage for Quarter 3

Below is the percentage calculated based on the data that was input on the previous page.

Q3 Plus Measure Percentage: 0%

Click "Next" to enter your data for Quarter 4. If you would like to enter this data at a later time, please close your browser. **All data entered will be saved.** To re-access the application, use the the unique application link.

### Quarter 4

Q78.

### QUARTER 4

*\* Questions with an asterisk (\*) are mandatory. Enter a zero "0" when there is no data to report.*

Q79.

**\*Measure 1:** Percentage of patients with non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms) in patients  $\geq 35$  years of age, treated and transported by EMS who received a pre-hospital 12 Lead

#### **Inclusion Criteria:**

- Patients with non-traumatic chest pain/ACS symptoms

**AND**

- 35 years or older

**AND**

- Transported to a hospital

**Enter your numbers in the boxes below:**

Quarter 4 Denominator Volume- Total number of patients who meet the above criteria

Quarter 4 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG

Q80.

**Measure 1 Calculated Percentage for Quarter 4**

Below is the percentage calculated based on the data that was input on the previous page.

Q4 Measure 1 Percentage: 0%

Q81.

**\*Measure 2:** The percentage of hospital notifications or 12 Lead ECG transmissions suggesting a STEMI alert (or Cardiac Cath Lab Activation), that are performed within 10 minutes of the first STEMI positive 12 Lead ECG in the field

**Inclusion Criteria:**

- Patients 35 years or over

**AND**

- With a STEMI noted on pre-hospital ECG (either 1st pre-hospital 12 Lead ECG or Subsequent pre-hospital 12 Lead ECG)

**AND**

- Transported to a hospital

Enter your numbers in the boxes below:

 Quarter 4 Denominator Volume- Total number of patients who meet the above inclusion criteria Quarter 4 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes

Q82.

**Measure 2: Outlier Volume - Required if claiming exclusions**

Report the number of patients included in the denominator volume, where the total time from Arrival to 12 Lead ECG was **GREATER** than 10 minutes.

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume.  $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

 Quarter 4 Outlier Volume

Q83.

**Measure 2: Exclusions**

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport
- Indication of the presence of cardiac arrest at any time during this EMS event
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care

Quarter 4 Exclusions

Q84.

### Measure 2 Calculated Percentage for Quarter 4

Below is the percentage calculated based on the data that was input on the previous page.

Q4 Measure 2 Percentage: 0%

Q85.



**\*Measure 3:** Percentage of patients treated and transported directly to a **STEMI Receiving Center**, with EMS First Medical Contact to device time  $\leq 90$  Minutes and/or EMS First Medical Contact to PCI  $\leq 120$  Minutes when transport time  $\geq 45$  minutes and Door to Balloon  $\leq 30$  Minutes. (When destination facility = STEMI Receiving Center)

**Inclusion Criteria:**

- Patients 18 years of age or older

**AND**

- With a STEMI noted on pre-hospital ECG

**AND**

- Transported to a STEMI Receiving Center (Primary PCI)

**AND**

- Primary PCI was performed

**Enter your numbers in the boxes below:**

Quarter 4 Denominator Volume - Total number of patients who meet the above inclusion criteria

Quarter 4 Numerator - Number of patients in the denominator volume where EMS First Medical Contact to device time  $\leq 90$  Minutes and/or EMS First Medical Contact to PCI  $\leq 120$  Minutes when transport time  $\geq 45$  minutes and Door to Balloon  $\leq 30$  Minutes

Q86.

**Measure 3:** Outlier Volume - Required if claiming exclusions

Report the number of patients included in the denominator volume, where the total time from FMC (first medical contact) to device activation/Primary PCI was **GREATER** than 90 minutes or **GREATER** than 120 min where travel time was  $\geq$

45 min and D2B is  $\leq$  30 min

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume. Outlier Volume + Numerator Volume = Denominator Volume

Quarter 4 Outlier Volume

Q87.

**Measure 3:** Exclusions

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport (prehospital/in-hospital)
- Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in-hospital)
- Delay caused by initial prehospital ECGs being negative for STEMI
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in-hospital)
- Delay caused by difficulty in accessing femoral or radial artery (in the cath lab)

Quarter 4 Exclusions

Q88.

**Measure 3 Calculated Percentage for Quarter 4**

Below is the percentage calculated based on the data that was input on the previous page.

Q4 Measure 3 Percentage: 0%

Q89.

**\*Measure 4:** Percentage of STEMI patients treated and transported to a STEMI Referring Hospital for reperfusion A) With a Door-to-Needle time of  $\leq 30$  Minutes OR B) Initial EMS FMC to PCI of the transfer for PCI patient  $\leq 120$  Minutes.

**Inclusion Criteria:**

- Patients 18 years of age or older

**AND**

- With a STEMI noted on pre-hospital ECG

**AND**

- Transported to a STEMI Referring Center

**AND**

- Thrombolytics Administered

**OR**

- Patients are transported to a STEMI Receiving Center for Primary PCI

**Enter your numbers in the boxes below:**

Quarter 4 Denominator Volume - Total number of patients who meet the above criteria

Quarter 4 Numerator - Number of patients in the denominator volume treated for reperfusion A) With a Door-to-Needle time of  $\leq 30$  Minutes OR B) Initial EMS FMC to PCI of the transfer for PCI patient  $\leq 120$  Minutes

Q90.

**\*Measure 4:** Outlier Volume - Required if claiming exclusions

Report the number of patients included in the denominator volume, who were transported directly to a STEMI Referring center AND had fibrinolytic therapy administered in GREATER than 30 minutes OR transferred to a STEMI Receiving Center and had Primary PCI Performed in GREATER than 120 Minutes

Check the math: Adding the outlier volumes to the numerator volumes will equal the denominator volume.  $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

Quarter 4 Outlier Volume

Q91.

**\*Measure 4:** Exclusions

Of the patients reported in the Outlier Volume, can one or more of the following allowable exclusions be applied to the patient(s)?

If so, provide the total number of individual patients having one or more of the allowable exclusions as stated below:

- Delay in patient or family providing consent for treatment and transport (prehospital/in hospital)
- Delay caused by patient experiencing cardiac arrest and the need for intubation (prehospital/in hospital)

- Delay caused by initial and/or subsequent ECGs being negative for STEMI (prehospital/in-hospital)
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in hospital)

0 Quarter 4 Exclusions

Q92.

### Measure 4 Calculated Percentage for Quarter 4

Below is the percentage calculated based on the data that was input on the previous page.

Q4 Measure 4 Percentage: 0%

Q93.

\* **PLUS Measure:** (Required reporting but not used for baseline recognition analysis) Using the same patient population in EMS Measure 1, the percentage of 12 Lead ECG's performed **within 10 Minutes** of EMS First Medical Contact on patients with an initial complaint non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms), who are >35 years of age.

#### **Inclusion Criteria:**

- Patients with non-traumatic chest pain/ACS symptoms

**AND**

- 35 years or older

**AND**

- Had a prehospital 12 Lead ECG performed

**AND**

- Who were transported by EMS (to either a STEMI Referring Hospital or a STEMI Receiving Center

**Enter your numbers in the boxes below:**

Quarter 4 Denominator - Total number of patients who meet the above criteria

Quarter 4 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes

Q94.

**Plus Measure Calculated Percentage for Quarter 4**

Below is the percentage calculated based on the data that was input on the previous page.

Q4 Plus Measure Percentage: 0%

Click "Next" to view your annual percentages.

**Annual Percentages**

Q95.

Here are the calculated annual percentages for each measure:

Annual Measure 1 Percentage: 0%

Annual Measure 2 Percentage: 0%

Annual Measure 3 Percentage: 0%

Annual Measure 4 Percentage: 0%

Annual Plus Measure Percentage: 0%

## Reporting Measures (Optional)

Q96.

**Reporting Measures (Optional)** These are optional measures, and reporting data can be done on a select number of the reporting measures or all of the reporting measures. Reporting measures could become future recognition measures.

**Reporting Measure A:** Percentage of patients with suspected stroke for whom advanced notification (Stroke alert) was provide to the destination hospital.

**Reporting Measure B:** Percentage of patients with suspected stroke, treated and transported, who had a documented last known well (LKW) time.

**Reporting Measure C:** Percentage of adult Out-Of-Hospital Cardiac Arrest (of suspected cardiac etiology), with ROSC in the field, with ROSC maintained to the ED, who has a 12 Lead ECG acquired

**Reporting Measure D:** Percentage of patients with non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body (e.g. arm, jaw, epigastrium) of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or

unusual symptoms) in patients >35 years of age, treated and transported by EMS who received Aspirin in the field, either by EMS or self-administration

Please provide responses regarding the reporting measures, in the following matrix even if data is not submitted for the reporting measures. Once the matrix is complete, respond Yes or No below to continue to provide reporting measure data.

	This data/information is tracked and will be provided	This data/information is tracked but cannot be provided at this time	This data/information has not been tracked in the past, but will be tracked in the future	Unable to track because data needed is not provided by the hospitals.	Tracking this data is not useful to our agency (agencies)	Other
Reporting Measure A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting Measure B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting Measure C	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting Measure D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q97. For any or all reporting measures that are tracked, the numerators, denominators and percentages should be submitted for the entire calendar year (1/1/18 - 12/31/18). Calculations will not be automatically performed in the application itself.

Select **YES** below to continue with submitting data for any or all of the 2019 Mission: Lifeline EMS reporting measures?



- Yes, Continue
- No - The Mission: Lifeline EMS Reporting Measure Section will be skipped

**Q98.**

**Reporting Measure A:** Percentage of patients with suspected stroke for whom advanced notification (Stroke alert) was provide to the destination hospital.

**Inclusion Criteria:**

- Patients assessed and transported by EMS

**AND**

- Who had an EMS primary impression of suspected stroke

Numerator Value

Denominator Value

Percentage

**Q99.**

**Reporting Measure B:** Percentage of patients with suspected stroke, treated and transported, who had a documented last known well (LKW) time.

**Inclusion Criteria:**

- Patients assessed and transported by EMS

**AND**

- Who had an EMS primary impression of suspected stroke

Numerator Value

Denominator Value

Percentage

**Q100.**

**Reporting Measure C:** Percentage of adult Out-Of-Hospital Cardiac Arrest (of suspected cardiac etiology), with ROSC in the field, with ROSC maintained to the ED, who has a 12 Lead ECG

acquired

**Inclusion Criteria:**

- Patients with Out of Hospital Cardiac Arrest with high index of suspicion of cardiac etiology

**AND**

- Were resuscitated on scene

**AND**

- Return on Spontaneous Circulation (ROSC)

**AND**

- Arrived at the ED with ROSC

Numerator Value

Denominator Value

Percentage

**Q101.**

**Reporting Measure D:** Percentage of patients with non-traumatic chest pain/ACS symptoms (which may include chest pain or discomfort in other areas of the body (e.g. arm, jaw, epigastrium) of suspected cardiac origin, shortness of breath, sweating, nausea, vomiting, dizziness, and atypical or unusual symptoms) in patients >35 years of age, treated and transported by EMS who received Aspirin in the field, either by EMS or self-administration

**Inclusion Criteria:**

- Patients with Non-Traumatic Chest Pain

**AND**

- 35 years of age or over

**AND**

- There are no contradictions to patient receiving ASA therap

**AND**

- Treated and transported by EMS (to either a STEMI Receiving Center or STEMI Referring Hospital)

Numerator Value

Denominator Value

Percentage

## Team Application # Agencies

*Q102.*

At this time, the primary service applicant can list all partnering Medical First Responder Agencies/Departments that assist with calls involving a possible STEMI patient, regardless of the assisting department's ability to acquire a 12 lead ECG, level of certification or their ability to transport.

Would you like to include the names and contact information of these Medical First Response Agencies/Departments and enter the TEAM option of the EMS recognition application?

- YES
- NO

*Q103.* How many agencies are going to be included in the Team portion of the application?

## Team Application Contact Information

*Q104.*

### APPLICATION WITH TEAM OPTION

\* Please provide the name of the Medical First Responder agencies/departments below.

**MEDICAL FIRST RESPONDER AGENCY \${Im://CurrentLoopNumber}**

Medical First Responder Agency/Department Name	<input type="text"/>
City	<input type="text"/>
State (two-letter abbreviation)	<input type="text"/>
Contact's First name	<input type="text"/>
Contact's Last name	<input type="text"/>
Contact's Title	<input type="text"/>
Email address	<input type="text"/>

**Any More?**

Q105.

Are there any additional Medical First Responder Agencies/Departments you would like to include in the TEAM option of the Application?

- Yes
- No

Q106. How many additional agencies will be included in the Team portion of the application?

**Team Application Contact Information 2**

Q107.

### **APPLICATION WITH TEAM OPTION**

\* Please provide the name of the Medical First Responder agencies/departments below.

#### **MEDICAL FIRST RESPONDER AGENCY**

Medical First Response Agency/Department Name	<input type="text"/>
City	<input type="text"/>
State (two-letter abbreviation)	<input type="text"/>
Contact's First name	<input type="text"/>
Contact's Last name	<input type="text"/>
Contact's Title	<input type="text"/>
Email address	<input type="text"/>

#### **Closing: Truth of Data Statement**

Q108.

#### **Application Submission Authorization**

The 2019 Mission: Lifeline EMS Recognition Application submission must be authorized by either the EMS Director, Chief or Training Officer from the EMS agency(ies)

I attest that the above information is true and complete to the best of my knowledge. As the submitter of this INDIVIDUAL application, I am authorized to release the above information to the American Heart Association on behalf

of this EMS agency. I understand the American Heart Association will review the information I have submitted for correctness and will assign the proper award status based on the program criteria.

- Agree
- Disagree

Q109.

### Application Submission Authorization

The 2019 Mission: Lifeline EMS Recognition Application submission must be authorized by either the EMS Director, Chief or Training Officer from the EMS agency(ies)

I attest that the above information is true and complete to the best of my knowledge. As the submitter of this JOINT application, I am authorized to release the above information to the American Heart Association on behalf of both EMS agencies included in this application. I understand the American Heart Association will review the information I have submitted for correctness and will assign the proper award status based on the program criteria.

- Agree
- Disagree

Q110. \* Please provide the name and contact information of the medical director of the agency submitting an Individual Application.

First name

Last name

Title

Contact phone number

Street address

Street address (continued)

City

State (two-letter abbreviation)

Zip code

Email address


**Q111.** \* Please provide the name and contact information of the medical director of the FIRST of two agencies submitting a Joint Application.

First name

Last name

Title

Contact phone number

Street address

Street address (continued)

City

State (two-letter abbreviation)

Zip code

Email address


**Q112.** \* Please provide the name and contact information of the medical director of the SECOND of two agencies submitting a Joint Application.

First name

Last name

Title

Contact phone number


Street address	<input type="text"/>
Street address (continued)	<input type="text"/>
City	<input type="text"/>
State (two-letter abbreviation)	<input type="text"/>
Zip code	<input type="text"/>
Email address	<input type="text"/>

**Q113.** \* Please provide the name and contact information of the person completing and submitting this form.

First name	<input type="text"/>
Last name	<input type="text"/>
Title	<input type="text"/>
Contact phone number	<input type="text"/>
Email address	<input type="text"/>

**Q114.** \* Please sign your name below with mouse or tracking pad.

✕ **SIGN HERE**

---

clear

**Q115.** \* Please provide the name of the person, representing the co-applicant agency, who authorized the completion and submission of this 2019 Mission: Lifeline Recognition Application by the person named above.

First name	<input type="text"/>
Last name	<input type="text"/>



Title

Date (mm/dd/yyyy)

Contact phone number

Email address

  
  
  
  

**Q116.**

Thank you for participating in the 2019 Mission: Lifeline EMS Recognition program!

The **NEXT** button to the lower right **MUST** be clicked to formally submit the application responses.

After clicking NEXT, a PDF version of the application will be available. PLEASE download and save this PDF copy of your application and the responses for future reference if needed. Upon review of the PDF, if there are any errors noticed in the data and/or information submitted, please contact [Missionlifeline@heart.org](mailto:Missionlifeline@heart.org) as soon as possible but prior to 5:00pm Central on Tuesday, April 2, 2019.

The 2019 application submissions will be reviewed starting immediately after the close of the application period. The application period closes at 11:59:59 April 2, 2019 (Central).

Notification of Mission: Lifeline EMS achievement will take place in May 2019 or before.

If there are any questions, contact Mission: Lifeline at [Missionlifeline@heart.org](mailto:Missionlifeline@heart.org).

Thank you for participating in Mission: Lifeline!

## **Final Message**

**Q117.**

Click the **NEXT Button** below to view the application responses and download a PDF version of the submitted application.

After the application is submitted, if an applicant needs to re-access the application, a request must be made to [MissionLifeline@heart.org](mailto:MissionLifeline@heart.org) no later than 5pm Central on Tuesday, April 2, 2019.

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