Mission: Lifeline RECOGNITION for STEMI Systems of Care

The Mission: Lifeline® Recognition Program will acknowledge STEMI Systems, EMS, Referring Centers (Non-PCI/STEMI) and Receiving Centers (Non-PCI/STEMI) for their efforts to improve quality of care for STEMI patients. Systems and their components must participate in the approved Mission: Lifeline national data registry program, ACTION Registry®-GWTG™ with the exception of EMS measures which will be self-reported and collected. All achievement measures will be considered in the composite score that is used to determine recognition status. Reporting measures may be reviewed and collected but will not be used in the composite score or to determine recognition status. It should be noted that at this time, only data from STEMI Referring Centers, STEMI Receiving Centers and EMS programs may be submitted.

HOSPITAL Measures for STEMI Systems of Care Recognition

Achievement Criteria:
- Must meet 85% or greater composite score with no single measure below 75% for specified periods of time
- Award duration: May 31 - May 31 of the following year when new awards are announced
- Annual award period: includes data submitted from January – December of the previous year
- Volume requirements:
  - Receiving Center- 9 or more STEMI patients in the award quarter or an average of 9 per quarter for the year to equal a minimum of 36 per year
  - Referring Center- 4 or more STEMI patients in the award quarter or an average of 10 minimum for the year

Award Levels:
- **BRONZE** 90 calendar days (1 calendar quarter) of Mission: Lifeline compliance criteria.

NEW – Beginning 2014 (2013 Data) Hospitals previously recognized as achieving the Mission: Lifeline BRONZE award, must achieve SILVER to maintain Mission: Lifeline recognition status.

- **SILVER** One calendar year achieving overall composite scores of Mission: Lifeline compliance criteria.
  Sites achieving 2012 Silver Award level must maintain a second calendar year of Mission: Lifeline data compliance for 2013, advancing to Gold level.

- **GOLD** 2 consecutive calendar years achieving overall composite scores of Mission: Lifeline compliance criteria.
  Sites achieving Gold level recognition must maintain this level in order to keep Mission: Lifeline recognition status.

Receiving Center Plus Award - an additional award provided to Receiving Centers that meet Bronze, Silver or Gold criteria and in addition are able to achieve 1st door to device time of 120 minutes or less (for transfers). Must have an achievement score of 75% or greater for this plus measure.

The “PLUS” measure is an independent measure that is not scored in combination with the other achievement measures. This measure will not disqualify sites from obtaining Mission: Lifeline bronze, silver or gold recognition if they do not achieve 75% First Door to Device in transfer patients. Those sites that can achieve this measure will be recognized as earning a bronze plus, silver plus, or gold plus award.

*The above criteria apply to each type of hospital recognition program described in the following sections.*
# Referring Center Recognition Measures

## Achievement Measures:

1. Percentage of STEMI patients with a door-to-first ECG time ≤10 minutes
2. Percentage of reperfusion – eligible patients receiving any reperfusion (PCI or fibrinolysis) therapy
3. Percentage of fibrinolytic–eligible patients with door-to-needle time ≤ 30 minutes
4. Percentage of reperfusion – eligible patients transferred to a PCI center with referring center Door in - Door out time (Length of Stay) ≤ 45 minutes
5. Percentage of transferred STEMI patients receiving aspirin before ED discharge

*The remaining measures are for patients that are not transferred:*

6. Percentage of STEMI patients who receive aspirin within 24 hours of hospital arrival
7. Percentage of STEMI patients on aspirin at discharge
8. Percentage of STEMI patients on beta blocker at discharge
9. Percentage of STEMI patients with LDL >100 who receive statins or lipid lowering drugs
10. Percentage of STEMI patients with left ventricular systolic dysfunction on ACEI/ARB at discharge
11. Percentage of STEMI patients that smoke with smoking cessation counseling at discharge

## Reporting Measures:

1. STEMI Referring Center ED door-to-device time ≤120 minutes (includes transport time)

# Receiving Center Recognition Measures

## Achievement Measures:

1. Percentage of direct admit STEMI patients (Non EMS Arrival) with Door-to-device time ≤ 90 minutes, non-transfer
2. Percentage of direct admit STEMI patients (arrival via EMS – Ambulance Only) with FMC-to-device time ≤ 90 minutes
3. Percentage of reperfusion – eligible patients receiving any reperfusion therapy (PCI or fibrinolysis)
4. Percentage of STEMI patients receiving aspirin within 24 hours of hospital arrival
5. Percentage of STEMI patients on aspirin at discharge
6. Percentage of STEMI patients on beta blocker at discharge
7. Percentage of STEMI patients with LDL>100 who receive statins or lipid lowering drugs
8. Percentage of STEMI patients with left ventricular systolic dysfunction on ACEI/ARB at discharge
9. Percentage of STEMI patients that smoke with smoking cessation counseling at discharge

- **Receiving Center Plus Award** - an additional award provided to Receiving Centers that meet Bronze, Silver or Gold criteria and in addition are able to achieve 1st door to device time of 120 minutes or less (for transfers). Must have an achievement score of 75% or greater for this plus measure.

The “PLUS” measure is an independent measure that is not scored in combination with the other achievement measures. This measure will not disqualify sites from obtaining Mission: Lifeline bronze, silver or gold recognition if they do not achieve 75% First Door to Device in transfer patients. Those sites that can achieve this measure will be recognized as earning a bronze plus, silver plus, or gold plus award.

## Reporting Measures:

1. In-hospital mortality
2. Percentage of STEMI patients with referring Hospital door-to-device time ≤ 120 minutes (transfer)

Updated: August 14, 2013

***Subject to update***
EMS Measures for STEMI Systems of Care Recognition

Mission: Lifeline® EMS will accept applications for this new program January 1, 2014 – February 28, 2014 based on self-reported quarterly summary data for the 2013 calendar year. The listed achievement measures will be used to determine recognition eligibility. Any issued award will be in effect from May 31, 2014 - May 31, 2015.

Achievement CRITERIA:

- Each measure must achieve at least 75% compliance for the number of specified quarters per award level to be eligible for recognized status.
- Patient volume requirements pertain to achievement measures #2 and/or #3 below*. It is assumed when volume requirements are met for measure #2 and/or #3, volume requirements will also be met for measure #1.
- Data is to be submitted in quarterly intervals as stated below:
  - Quarter 1 – January, February, March
  - Quarter 2 – April, May, June
  - Quarter 3 – July, August, September
  - Quarter 4 – October, November, December

Achievement MEASURES:

1. Percentage of patients with non-traumatic chest pain, ≥ 35 years, treated and transported by EMS who receive a pre-hospital 12-lead electrocardiogram
2. Percentage of STEMI patients treated and transported directly to a STEMI receiving center, with pre-hospital first medical contact to device time ≤ 90 minutes
3. Percentage of lytic eligible STEMI patients treated and transported to a STEMI referring hospital for fibrinolytic therapy with a door to needle time ≤ 30 minutes

*All agencies must submit data for Achievement Measure #1 (Percentage of patients with non-traumatic chest pain, ≥ 35 years, treated and transported by EMS who get a pre-hospital 12-lead electrocardiogram). Submission of data for Measure #2 AND/OR Measure #3 is dependent on current transport protocols.
- Agencies that transport to both PCI capable and Non-PCI capable hospitals will report measures #1, 2, and 3.
- Agencies that only transport to PCI capable hospitals will report measures #1 and #2.
- Agencies that only transport to non-PCI capable hospitals will report measures #1 and #3.

Award LEVELS and VOLUME Requirements:

- **BRONZE**: At least 1 calendar quarter achieving a minimum of 75% compliance for each required measure.
  - Volume: at least 2 patients per reporting quarter with at least 4 patients in the calendar year.

- **SILVER**: 1 calendar year achieving a minimum of 75% compliance for each required measure in all 4 quarters.
  - Volume: at least 2 patients in each of the 4 calendar quarters and at least 8 patients in the calendar year.
• **GOLD (Not available for 2014 award cycle):** 2 calendar years achieving a minimum of 75% for each required measure compliance in all 4 reporting quarters of each year (8 consecutive quarters total).