# 2018 MISSION: LIFELINE® STEMI RECEIVING CENTER RECOGNITION CRITERIA

<table>
<thead>
<tr>
<th>STEMI Recognition Measures (Receiving Center)</th>
<th>NSTEMI Measures - All Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of STEMI patients with Door-to-Device time &lt; 90 Minutes (Non-Transfer)</td>
<td>Percentage of NSTEMI patients referred to an early outpatient cardiac rehabilitation program</td>
</tr>
<tr>
<td>Percentage of STEMI patients with EMS First Medical Contact-to-PCI time &lt; 90 Minutes OR Percentage of STEMI patients with EMS FMC to Device time ≤ 120 Minutes when Ambulance drive time ≥ 45 Minutes AND Arrival to PCI ≤ 30 Minutes (Non-Transfer)</td>
<td>Percentage of NSTEMI patients with reduced Left Ventricular Ejection Fraction (&lt;40%) prescribed ACEI/ARB at discharge</td>
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<tr>
<td>Percentage of STEMI patients receiving aspirin within 24 hours of hospital arrival</td>
<td>Percentage of medically managed NSTEMI patients prescribed dual antiplatelet therapy at discharge (aspirin and appropriate P2Y12 inhibitor) (65%)</td>
</tr>
<tr>
<td>Percentage of STEMI patients on aspirin at discharge</td>
<td>Percentage of NSTEMI patients whose left ventricular (LV) systolic function was evaluated during admission or is planned for after discharge</td>
</tr>
<tr>
<td>Percentage of STEMI patients on beta blocker at discharge</td>
<td>Percentage of NSTEMI patients that smoke with smoking cessation counseling at discharge</td>
</tr>
<tr>
<td>Percentage of STEMI patients with LDL&gt;100 who receive statin or lipid lowering drugs</td>
<td>PLUS Measure: 1st Door-to-Device time ≤ 120 Minutes for patients that present to a STEMI Referring Center and are transferred to a STEMI Receiving Center for Primary PCI</td>
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<tr>
<td>Percentage of STEMI patients that smoke with smoking cessation counseling at discharge</td>
<td></td>
</tr>
</tbody>
</table>

## STEMI RECEIVING CENTER VOLUME AND ACHIEVEMENT CRITERIA
- Must have at least an average of 9 STEMI records per quarter
- Must have at least 9 STEMI records in the quarter to achieve that one quarter of achievement
- Must meet achievement score of 75% or greater on all STEMI measures
- Must have a composite score of 85% or greater

## NSTEMI RECEIVING CENTER VOLUME AND ACHIEVEMENT CRITERIA
- Must have at least 36 NSTEMI records for the calendar year
- Must have at least 9 NSTEMI records in the quarter to achieve that one quarter of achievement
- Must meet achievement score of 65% for DAPT Measure (Dark Green) and 85% or greater on all other NSTEMI measures

## MISSION: LIFELINE STEMI and NSTEMI AWARD LEVELS
- **Bronze** – 1 Calendar Quarter of compliance with Mission: Lifeline recognition criteria (May be repeated in 2018)
- **Silver** – At least 2 Calendar Quarters of compliance with Mission: Lifeline Recognition Criteria
  - Must have patient records entered in at least 2 Quarters to be eligible
- **Gold** – Previous year achievement = Silver + at least 2 Calendar Quarters of compliance with Mission: Lifeline Recognition Criteria
  - Must have patient records entered in at least 2 quarters to be eligible
- **PLUS (STEMI Only)** – Must achieve one of the ‘Base” levels of recognition (Bronze, Silver or Gold) and meet 75% or greater compliance on the PLUS Measure

## FOR 2018 Only –
- 1 Quarter of data entered into GWTG-CAD meeting criteria is required to achieve a Bronze level and/or to maintain the previous year’s award level
- At least 2 Quarters of data entered into GWTG-CAD and meeting criteria upon aggregate analysis, is required to achieve a Silver level and/or to move up an award level to Silver or Gold

Data Source: 2017 GWTG-CAD Data

Updated 7/2017