There are three levels of involvement with Mission: Lifeline: Participation, Recognition and Accreditation (not available for EMS). For every program, all system participants (EMS, Non-PCI/STEMI Referring Centers and PCI/STEMI Receiving Centers) requirements must be approached in order for the system to qualify for each level of involvement.

**Mission: Lifeline PARTICIPATION for Systems of Care**
Mission: Lifeline Participation is an opportunity for participants to develop systems of care for STEMI, Out of Hospital Cardiac Arrest (OOHCA) and Stroke and to continue implementation and optimization of these systems of care in efforts to improve quality of care and outcomes for patients with a time sensitive diagnosis. There is no fee to participate in Mission: Lifeline and is appropriate for systems at all levels of implementation. The following sections specify the ideal requirements for Mission: Lifeline Participation directed for EMS, for Referring Centers and for Receiving Centers.

**Emergency Medical Services Participation**
1. Identify an EMS systems of care champion.
2. Participate on the regional systems of care stakeholder group(s) to contribute to the development of regional systems of care plans.
3. Participate in data collection, (internal and follow up data), continuous quality improvement efforts and feedback loops to ensure optimal systems approach to STEMI, OOHCA and Stroke patient care.
4. Participate in ongoing multidisciplinary meetings with destination hospitals to evaluate outcomes and quality improvement data. Operational issues should be reviewed, problems identified and solutions implemented. Quality Improvement Multidisciplinary meetings are encouraged to be constructive and collaborative.
5. Commitment to develop a plan for allocating resources for equipment and training of EMS personnel specific to supporting guideline based care for STEMI, OOHCA and Stroke patients.
6. Commitment to develop and/or refine pre-hospital and interfacility transport protocols to be in compliance with the regional systems of care plan. (May include, but not limited to Reperfusion Checklists, STEMI/Stroke suspicion communication, and hospital destination protocols).

**Referring Center Participation**
1. Identify a hospital systems of care champion.
2. Participate on the regional systems of care stakeholder group(s) to contribute to the development of regional systems of care plans.
3. Participate in data collection (internal and follow up data), continuous quality improvement efforts and feedback loops to ensure optimal systems approach to STEMI, OOHCA and Stroke patient care.
4. Participate in ongoing multidisciplinary meetings internally and with destination receiving centers to evaluate outcomes and quality improvement data. Operational issues should be reviewed, problems identified and solutions implemented. Quality Improvement Multidisciplinary meetings are encouraged to be constructive and collaborative.
5. Commitment for the Emergency Department (ED) having adequate staff, equipment, and training to perform rapid evaluation, triage, transport and treatment for STEMI, OOCA and Stroke patients.
6. Commitment to develop and/or refine ED treat and/or transfer protocols to be in compliance with regional systems of care plans.
7. Commitment to develop a plan with local EMS (911 and interfacility transport) to ensure patients that are transferred for care related to STEMI, OOHCA and Stroke receive priority response.

**Receiving Center Participation**
1. Identify a hospital systems of care champion or champions.
2. Participate on the regional systems of care stakeholder group(s) to contribute to the development of regional systems of care plans.
3. Participate in data collection (internal and follow up data), continuous quality improvement efforts and feedback loops to ensure optimal systems approach to STEMI, OOHCA and Stroke patient care.
4. Commitment to host and lead in ongoing multidisciplinary meetings internally, with referring centers and EMS to evaluate outcomes and quality improvement data. Operational issues should be reviewed, problems identified and solutions implemented. Quality Improvement Multidisciplinary meetings are encouraged to be constructive and collaborative.
5. Commitment to accept STEMI, OOHCA and Stroke patients regardless of ED diversion status.
6. Commitment to the Emergency Department (ED) and Cardiac Catheterization Lab having adequate staff, equipment and training to perform rapid evaluation, triage, transport and treatment for STEMI, OOHCA and Stroke patients.
7. Commitment to developing and/or refining ED and triage and transfer receiving protocols to be in compliance with the regional systems of care plans.
8. Commitment to develop a plan with local EMS (911 and interfacility transport) to ensure patients that early notification and pre-hospital team activation protocols are in place for patients transported directly to Receiving Centers and for those that are transferred from Referring Centers.

**System Participation**
1. STEMI and OOHCA Systems are encouraged to be registered with Mission: Lifeline via the Online Mission: Lifeline Questionnaire.
2. Conduct ongoing monthly multidisciplinary team meetings that include EMS, Referring Centers, and Receiving Centers to evaluate outcomes and quality improvement data. Operational issues should be reviewed, problems identified and solutions implemented. Quality Improvement Multidisciplinary meetings are encouraged to be constructive and collaborative.
3. Each system of care should have a recognized system coordinator, receiving and referring center champions and EMS medical director/champions.
4. All participants should be working toward meeting the participant criteria specified above.
Mission: Lifeline RECOGNITION Measures for STEMI Systems of Care

The Mission: Lifeline Recognition Program will acknowledge EMS, STEMI Referring Centers (Non-PCI) and STEMI Receiving Centers (PCI) for their efforts to improve quality of care for STEMI patients. To be eligible for Mission: Lifeline recognition, hospitals must participate in the approved Mission: Lifeline data registry, ACTION Registry®-GWTG™, and receive quarterly Mission: Lifeline reports. All achievement measures will be considered in the composite score that is used to determine the hospital’s recognition status. All reporting measures will be reviewed and collected but will not be used in the composite score or to determine recognition status. EMS data will be self-reported and submitted through an online application process.

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
- UPDATED Volume requirements:
  - Receiving Center- 9 or more STEMI patients in the award quarter or an average of 9 per quarter for the year to be at least 36 per year
  - Referring Centers- 4 or more STEMI patients in the award quarter or an average of at least 10 for the year.
  - EMS-
    - Bronze - 4 or more STEMI patients for the year and at least 2 STEMI patient in the reporting quarter.
    - Silver/Gold – At least 8 STEMI patients for the calendar year

Award Levels:

- **BRONZE**  90 calendar days (1 calendar quarter) of Mission: Lifeline compliance criteria. 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 2014 Silver Award level must maintain a second calendar year of Mission: Lifeline data compliance for 2015, advancing to Gold level.
- **GOLD**  2 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.

July 2014
EMS MISSION: LIFELINE RECOGNITION MEASURES

Achievement Measures:

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

MISSION: LIFELINE REFERRING CENTER RECOGNITION MEASURES

Achievement Measures:

1. Percentage of STEMI patients with a door-to-first ECG time ≤ 10 minutes
2. Percentage of fibrinolytic–eligible patients with door-to-needle time ≤ 30 minutes
3. Percentage of transferred STEMI patients receiving aspirin before ED discharge

The remaining measures are for patients that are not transferred:

4. Percentage of STEMI patients who receive 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

Reporting Measures

1. STEMI Referring Center ED door-to-device time ≤ 120 minutes (includes transport time)
MISSION: LIFELINE RECEIVING CENTER RECOGNITION MEASURES

Achievement Measures:

1. Percentage of direct admit STEMI patients (All STEMI Patients) 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 STEMI patients receiving aspirin within 24 hours of hospital arrival
4. Percentage of STEMI patients on aspirin at discharge
5. Percentage of STEMI patients on beta blocker at discharge
6. Percentage of STEMI patients with LDL>100 who receive statins or lipid lowering drugs
7. Percentage of STEMI patients with left ventricular systolic dysfunction on ACEI/ARB at discharge
8. Percentage of STEMI patients that smoke with smoking cessation counseling at discharge

STEMI 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.

Reporting Measures:

1. In-hospital mortality
2. Percentage of STEMI patients with Referring Hospital door-to-device time ≤ 120 minutes (transfer)
Mission: Lifeline Accreditation

The Mission: Lifeline Accreditation Program will acknowledge STEMI Referring Hospitals and STEMI Receiving Hospitals for their efforts to improve quality of care for STEMI patients. This program is a joint effort in conjunction with the Society of Cardiovascular Patient Care. Hospitals must demonstrate at least one quarter of meeting Mission: Lifeline recognition criteria as annual achievement data is reviewed each spring.

STEMI Receiving Center Accreditation
1. Protocols in place for the triage, diagnosis, and treatment of the STEMI patients.
2. On call coverage for the cardiac catheterization lab team available 24/7.
3. The catheterization staff, including interventional cardiologist, should arrive within 30 minutes of activation.
4. Universal acceptance of STEMI patients regardless of ED diversion status and plans for simultaneous presentations of STEMI patients.
5. Interventional cardiologist must meet the ACC/AHA criteria for competency as stated in the 2013 ACC/AHA Clinical Competence Statement.
7. Participates in Mission: Lifeline and community outreach.
8. Designated STEMI Coordinator and physician champion identified.
9. Designated multidisciplinary team that meets monthly (or quarterly) to review data and identify quality Improvement plans and goals.

STEMI Referring Center Accreditation
1. Protocols in place for the triage, diagnosis, and treatment of the STEMI patients.
2. Standardized reperfusion strategy that designates primary PCI as the preferred reperfusion strategy.
3. Standardized reperfusion pathway for STEMI that designates administration of Fibrinolytic therapy in the ED (for eligible patients) when the system cannot achieve PCI within the latest ACC/AHA guidelines.
4. Transfer process for STEMI patients that are transferred for PCI.
6. Quality improvement plan in place to track and improve care for the STEMI patient throughout the hospitalization.
7. Designated multidisciplinary team that meets monthly (or quarterly) to review data and identify quality Improvement plans and goals.
8. Designated STEMI Coordinator and physician champion identified.