

2022 MISSION: LIFELINE EMS RECOGNITION APPLICATION

Welcome to the 2022 Mission: Lifeline® EMS Recognition web-based application.

Application period closes April, 2022 at 23:59.59 CT.

****PLEASE READ THE FOLLOWING GUIDANCE****

The Mission: Lifeline team at the American Heart Association is excited to continue recognizing EMS agencies for applying the most up-to-date evidence-based treatment guidelines to improve care and outcomes in the communities served.

Applicants can access the application as many times as needed until the application submission deadline on April 1, 2022 at 11:59pm CST, via the unique application link provided. It is recommended to 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.

For issues with returning to an open application, please email Missionlifeline@heart.org or contact your local Quality Improvement Manager for assistance.

Once the application is completed and submitted, the application will close and will not allow further access via the unique link. The application can be re-opened to make updates if needed via a new application link. The new link will reset the application to first page and any data can be revised and the application resubmitted. To request your application be reset please email Missionlifeline@heart.org or contact your local AHA Quality Improvement Manager.

To access additional resources for 2022 Mission: Lifeline EMS Recognition please visit our [Mission: Lifeline EMS Recognition](#) web page.

Thank you for your participation in Mission: Lifeline EMS Recognition.

To begin the application, scroll to the bottom of this introduction page and select click NEXT.

Individual, Joint or Regional Application

Select the Application that will be completed and submitted.

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

First Agency Contact Information (Individual or Joint Application)

AGENCY APPLICATION

* Please provide the contact and agency information of the individual who should receive the final Mission: Lifeline award notification.

*The address provided may be used as a point of reference in AHA-produced EMS Recognition maps.

For agencies who applied for recognition in 2021, we've inserted the contact agency you provided in the 2022 application. Feel free to make changes if necessary. Otherwise, if there are no changes, skip to the next question.

**If you selected Joint application please 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.

****If you selected Regional application (multiple EMS agencies in the same geographical region), please provide the region name and contact information of the individual who should receive the final Mission: Lifeline award notification.**

First name	<input data-bbox="813 214 1360 268" type="text" value="{m://FirstName}"/>
Last name	<input data-bbox="813 279 1360 333" type="text" value="{m://LastName}"/>
Title	<input data-bbox="813 344 1360 399" type="text" value="{e://Field/Contact%20Title%"/>
Primary Contact's Email address	<input data-bbox="813 409 1360 464" type="text" value="{e://Field/Contact%20Email%20/"/>
Secondary Email address	<input data-bbox="813 474 1360 529" type="text"/>
Phone number	<input data-bbox="813 539 1360 594" type="text" value="{e://Field/Contact%20Phon"/>
Agency/Department Name (if applying as a region, enter EMS Region name)	<input data-bbox="813 604 1360 659" type="text" value="{e://Field/Account%20Publi"/>
Street Address	<input data-bbox="813 669 1360 724" type="text" value="{e://Field/Address%201%3A%20"/>
Street Address (Continued)	<input data-bbox="813 735 1360 789" type="text"/>
City	<input data-bbox="813 800 1360 854" type="text" value="{e://Field/Address%201%3A%20"/>
State (two-letter abbreviation)	<input data-bbox="813 865 928 919" type="text" value="{e://F"/>
Zip code	<input data-bbox="813 930 1360 984" type="text" value="{e://Field/Address%201%3A%20"/>
EMS Agency State ID Number	<input data-bbox="813 995 1177 1050" type="text" value="{e://Field/EMS%20Aç"/>
State (two-letter abbreviation) associated with above State ID	<input data-bbox="813 1060 1177 1115" type="text" value="{e://Field/EMS%20Aç"/>

Did you make any changes to the contact information above?

- Yes, changes made to Primary Contact information
- Yes, changes made to Agency/Department/Region information
- Yes, changes made to Primary Contact and Agency/Department/Region information
- No changes made to the contact information above

*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

*Does your agency transport?

- Yes
- No

* 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)

* 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)

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"/>

*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

*Does your agency transport?

Yes

No

* 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)

* 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

* 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 Measure 1

QUARTER 1

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

***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 ≥ 35 years of age, treated and transported by EMS who received a pre-hospital 12 Lead ECG

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

Measure 1: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

The number of patients included in the denominator volume who did not receive a pre-hospital 12 Lead ECG

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 1 Outlier Volume

Measure 1: 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:

- Indication of the presence of cardiac arrest at any time during this EMS event

Quarter 1 Measure 2

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%

***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 where the hospital notification/activation was performed within 10 minutes of the first STEMI Positive pre-hospital 12 Lead ECG

Measure 2: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

The number of patients included in the denominator volume, where the hospital notification/activation was performed in **GREATER** than 10 minutes of the first STEMI Positive pre-hospital 12 Lead ECG

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 1 Outlier Volume

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

Block 31**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%

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

Inclusion Criteria:

- Patients 18 years of age or older

AND

- With a STEMI noted on the pre-hospital first ECG

**If STEMI noted on subsequent ECG:

1. Exclude from the denominator those patients who have an EMS FMC to PCI ≥ 90 minutes or ≥ 120 minutes when transport time ≥ 45 minutes
2. Include those patients in the denominator with EMS First Medical Contact to device time ≤ 90 Minutes and/or EMS First Medical Contact to PCI ≤ 120 Minutes when transport time ≥ 45 minutes and Door to Balloon ≤ 30 Minutes.
- 3.

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 ≤ 90 Minutes and/or EMS First Medical Contact to PCI ≤ 120 Minutes when transport time ≥ 45 minutes and Door to Balloon ≤ 30 Minutes

Quarter 1 Measure 3

Measure 3: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

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 ≥ 45 min and D2B is ≤ 30 min

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 1 Outlier Volume

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

Q1 Measure 4

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%

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

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

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

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. $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 1 Outlier Volume

***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 1 Exclusions

Q1 Plus Measure

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%

* **PLUS Measure:** Of those patients reported in the EMS Measure 1 numerator (patients with an initial complaint of non-traumatic chest pain/ACS symptoms who are ≥ 35 years of age who received a 12 Lead ECG), the percentage of 12 Lead ECG's **performed with in 10 minutes** of EMS First Medical Contact. (Required for reporting but not used for baseline recognition analysis)

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 (the denominator for the PLUS measure has been auto-populated based on the numerator volume entered for Measure 1)

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

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

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

The number of patients included in the denominator volume, who did not receive a 12 Lead ECG within 10 minutes of EMS First Medical Contact.

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 1 Outlier Volume

***PLUS Measure:** 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 caused by the patient experiencing cardiac arrest and the need for intubation

Quarter 1 Exclusions

Quarter 2 Measure 1

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

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

***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 ≥ 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

Measure 1: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

The number of patients included in the denominator volume who did not receive a pre-hospital 12 Lead ECG

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 2 Outlier Volume

Measure 1: 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:

- Indication of the presence of cardiac arrest at any time during this EMS event

Quarter 2 Exclusions

Quarter 2 Measure 2

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%

***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 where the hospital notification/activation was performed within 10 minutes of the first STEMI Positive pre-hospital 12 Lead ECG

Measure 2: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

The number of patients included in the denominator volume, where the hospital notification/activation was performed in GREATER than 10 minutes of the first STEMI Positive pre-hospital 12 Lead ECG

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 2 Outlier Volume

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

Quarter 2 Measure 3

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%

***Measure 3:** Percentage of patients treated and transported directly to a **STEMI Receiving Center**, with EMS First Medical Contact to device time ≤ 90 Minutes and/or EMS First Medical Contact to PCI ≤ 120 Minutes when transport time ≥ 45 minutes and Door to Balloon ≤ 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 first ECG

**If STEMI noted on subsequent ECG:

Exclude from the denominator those patients who have an EMS FMC to PCI > 90 minutes or > 120 minutes when transport time > 45 minutes

Include those patients in the denominator with EMS First Medical Contact to device time < 90 Minutes and/or EMS First Medical Contact to PCI < 120 Minutes when transport time > 45 minutes and Door to Balloon < 30 Minutes.

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 ≤ 90 Minutes and/or EMS First Medical Contact to PCI ≤ 120 Minutes when transport time ≥ 45 minutes and Door to Balloon ≤ 30 Minutes

Measure 3: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

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 ≥ 45 min and D2B is ≤ 30 min

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 2 Outlier Volume

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

Quarter 2 Measure 4

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%

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

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

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

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. $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 2 Outlier Volume

***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

Q2 Plus Measure

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%

* **PLUS Measure:** Of those patients reported in the EMS Measure 1 numerator (patients with an initial complaint of non-traumatic chest pain/ACS symptoms who are > 35 years of age who received a 12 Lead ECG), the percentage of 12 Lead ECG's performed with in 10 minutes of EMS First Medical Contact. (Required for reporting but not used for baseline recognition analysis)

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 (the denominator for the PLUS measure has been auto-populated based on the numerator volume entered for Measure 1)

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

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

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable.

The number of patients included in the denominator volume who did not receive a pre-hospital 12 Lead ECG within 10 minutes of EMS First Medical Contact

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 2 Outlier Volume

***PLUS Measure: 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 caused by the patient experiencing cardiac arrest and the need for intubation

Quarter 2 Exclusions

Quarter 3 Measure 1

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

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

***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 ≥ 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

Measure 1: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

The number of patients included in the denominator volume who did not receive a pre-hospital 12 Lead ECG

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 3 Outlier Volume

Measure 1: 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:

- Indication of the presence of cardiac arrest at any time during this EMS event

Quarter 3 Exclusions

Quarter 3 Measure 2

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%

***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 where the hospital notification/activation was performed within 10 minutes of the first STEMI Positive pre-hospital 12 Lead ECG

Measure 2: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

The number of patients included in the denominator volume, where the hospital notification/activation was performed in GREATER than 10 minutes of the first STEMI Positive pre-hospital 12 Lead ECG

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 3 Outlier Volume

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 3 Exclusions

Quarter 3 Measure 3

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%

***Measure 3:** Percentage of patients treated and transported directly to a **STEMI Receiving Center**, with EMS First Medical Contact to device time ≤ 90 Minutes and/or EMS First Medical Contact to PCI ≤ 120 Minutes when transport time ≥ 45 minutes and Door to Balloon ≤ 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 first ECG

****If STEMI noted on subsequent ECG:**

1. Exclude from the denominator those patients who have an EMS FMC to PCI >90 minutes or >120 minutes when transport time >45 minutes
2. Include those patients in the denominator with EMS First Medical Contact to device time <90 Minutes and/or EMS First Medical Contact to PCI <120 Minutes when transport time >45 minutes and Door to Balloon <30 Minutes.

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 ≤ 90 Minutes and/or EMS First Medical Contact to PCI ≤ 120 Minutes when transport time ≥ 45 minutes and Door to Balloon ≤ 30 Minutes

Measure 3: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

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 ≥ 45 min and D2B is ≤ 30 min

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 3 Outlier Volume

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

Quarter 3 Measure 4

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%

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

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

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

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

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. $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

0 Quarter 3 Outlier Volume

***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 3 Exclusions

Quarter 3 PLUS Measure

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%

* **PLUS Measure:** Of those patients reported in the EMS Measure 1 numerator (patients with an initial complaint of non-traumatic chest pain/ACS symptoms who are > 35 years of age who received a 12 Lead ECG), the percentage of 12 Lead ECG's performed with in 10 minutes of EMS First Medical Contact. (Required for reporting but not used for baseline recognition analysis)

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 (the denominator for the PLUS measure has been auto-populated based on the numerator volume entered for Measure 1)

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

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

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable.

The number of patients included in the denominator volume who did not receive a pre-hospital 12 Lead ECG within 10 minutes of EMS First Medical Contact.

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 3 Outlier Volume

***PLUS Measure:** 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 caused by patient experiencing cardiac arrest and the need for intubation

Quarter 3 Exclusions

Quarter 4 Measure 1

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

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

***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 ≥ 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

***Measure 1:** Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

The number of patients included in the denominator volume who did not receive a pre-hospital 12 Lead ECG

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 3 Outlier Volume

***Measure 1:** 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:

- Indication of the present of cardiac arrest at any time during this EMS event

Quarter 3 Exclusions

Quarter 4 Measure 2

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%

***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 where the hospital notification/activation was performed within 10 minutes of the first STEMI Positive pre-hospital 12 Lead ECG

Measure 2: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

The number of patients included in the denominator volume, where the hospital notification/activation was performed in GREATER than 10 minutes of the first STEMI Positive pre-hospital 12 Lead ECG

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 4 Outlier Volume

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

Block 32

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%

***Measure 3:** Percentage of patients treated and transported directly to a **STEMI Receiving Center**, with EMS First Medical Contact to device time ≤ 90 Minutes and/or EMS First Medical Contact to PCI ≤ 120 Minutes when transport time ≥ 45 minutes and Door to Balloon ≤ 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 first ECG

**If STEMI noted on subsequent ECG:

1. Exclude from the denominator those patients who have an EMS FMC to PCI >90 minutes or >120 minutes when transport time >45 minutes
2. Include those patients in the denominator with EMS First Medical Contact to device time <90 Minutes and/or EMS First Medical Contact to PCI <120 Minutes when transport time >45 minutes and Door to Balloon <30 Minutes.

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 ≤ 90 Minutes and/or EMS First Medical Contact to PCI ≤ 120 Minutes when transport time ≥ 45 minutes and Door to Balloon ≤ 30 Minutes

Quarter 4 Measure 3

Measure 3: Outlier Volume - Required if claiming exclusions

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

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 ≥ 45 min and D2B is ≤ 30 min

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 4 Outlier Volume

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

Quarter 4 Measure 4

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%

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

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

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

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. $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 4 Outlier Volume

***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 4 Exclusions

Quarter 4 PLUS Measure

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%

* **PLUS Measure:** Of those patients reported in the EMS Measure 1 numerator (patients with an initial complaint of non-traumatic chest pain/ACS symptoms who are > 35 years of age who received a 12 Lead ECG), the percentage of 12 Lead ECG's performed with in 10 minutes of EMS First Medical Contact. (Required for reporting but not used for baseline recognition analysis)

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 (the denominator for the PLUS measure has been auto-populated based on the numerator volume entered for Measure 1)

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

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

This section has been auto-populated based on the values entered for the measure numerator and denominator. Proceed to the next question to document any allowable exclusions.

The number of patients included in the denominator volume who did not receive a pre-hospital 12 Lead ECG within 10 minutes of EMS First Medical Contact

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

If the "Back" button is used to update denominator and/or numerator values, update Outlier volume manually.

Quarter 4 Outlier Volume

* **PLUS Measure:** 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 caused by patient experiencing cardiac arrest and the need for intubation

Quarter 4 Exclusions

Annual Percentages

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.

Here are the calculated annual percentages for each measure:

Annual Measure 1: 0%

Annual Measure 2: 0%

Annual Measure 3: 0%

Annual Measure 4: 0%

Annual Plus Measure: 0%

Team Application # Agencies

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

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

Team Application Contact Information

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

City

State (two-letter abbreviation)

Contact's First name

Contact's Last name

Contact's Title

Email address

Closing: Truth of Data Statement

Application Submission Authorization

The 2022 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

Application Submission Authorization

The 2022 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

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

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

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

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

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

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

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

* 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"/>

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

✕ **SIGN HERE**

clear

* Please provide the name of the person, representing the co-applicant agency, who authorized the completion and submission of this 2022 Mission: Lifeline Recognition Application by the person named above.

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

Title	<input type="text"/>
Date (mm/dd/yyyy)	<input type="text"/>
Contact phone number	<input type="text"/>
Email address	<input type="text"/>

Click the **NEXT** button below to formally submit the application responses.

After clicking NEXT, a PDF version of the application will be available to download. 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, application re-open requests will be accepted. To make a request please contact Missionlifeline@heart.org or reach out to your local AHA Quality Improvement Manager.

The 2022 application submissions will be reviewed s after the close of the application submission period. The application period closes on April 1, 2022 11:59:59pm Central.

Notification of Mission: Lifeline EMS achievement will take place in June 2022.

Thank you for participating in Mission: Lifeline EMS Recognition!

Final Message

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

After the application is submitted, if an applicant needs to re-access the application, a request can be made to MissionLifeline@heart.org or contact your local AHA QI Manager.

