



Mission: Lifeline EMS Recognition Frequently Asked Questions

Mission: Lifeline EMS Recognition is the American Heart Association's program that recognizes EMS Agencies for their quality of care for STEMI and Acute Coronary Syndrome (ACS) patients. This high level of care is achieved through Systems of Care collaboration with STEMI Receiving Centers and with STEMI Referring Centers.

Mission: Lifeline EMS Recognition General Questions

1. What agencies are eligible for Mission: Lifeline EMS Recognition?

Agencies must be an EMS Transport Agency, Medical First Response Agency or Both.

2. What is the cost for EMS Agencies participating in Mission: Lifeline EMS Recognition?

There is no cost for the EMS agencies to participate in Mission: Lifeline nor is there a fee for submitting the EMS recognition application.

3. How can agencies apply?

EMS agencies are granted access via a personalized link, to an open-ended application where data can be submitted prior to the application submission period. Data entered will be for review by local AHA staff. This 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. Prior to the end of the application submission period, agencies can review the completed form and submit it for recognition analysis.

4. How will agencies receive the unique application link?

The primary contact listed on the application for EMS agencies who applied the previous recognition year for Mission: Lifeline EMS recognition will receive an email with unique application link. This link can be used as often as needed to enter, update, and/or submit. Agencies who did not apply for recognition in the previous recognition year can request a unique application link by emailing MissionLifeline@heart.org.

5. Is there an opportunity to view the application prior to submitting data online?

Yes. The Mission: Lifeline EMS recognition application is available as a download via the [Mission: Lifeline EMS Recognition](#) webpage.

6. What are the award levels for Mission: Lifeline EMS Recognition?

Award Level	Number of Quarters of Compliance	Minimum Adherence Score	Minimum Volume Requirements
Bronze	At least 1 calendar quarter	≥75% on all required measures	4 or more in calendar year
Silver	Annual compliance	>75% on all required measures	4 or more in calendar year
Gold	Annual compliance + Silver in 2018	>75% on all required measures	4 or more in calendar year

7. Are recognized agencies allowed to repeat the award level in consecutive years or must they advance to the next award level?

- EMS agencies can repeat the bronze award level.
- EMS agencies that were awarded the silver recognition award level in the previous recognition year can achieve the bronze level in the current recognition year if unable to achieve gold
- At this time, there is no limit on the number of years that an agency can receive bronze recognition.
- When silver level achievement is repeated, the agency advances to the gold award level.
- A current recognition year Gold award can only be achieved if an agency reached Silver or Gold in the previous recognition year.

8. What is the volume requirement for each level of Mission: Lifeline EMS Recognition?

Agencies must have an annual volume of at least four STEMI patients, using those patient volume(s) in measure 3 and/or 4, to qualify for any of the three awards levels (Bronze, Silver, Gold).

Agencies who have less than 4 STEMI patients per year can partner with other agencies within a geographically defined region to submit a Regional application to meet annual volume requirements.

9. Can an EMS agency apply and be eligible for recognition if only one, two or three quarters of data is reported in the application?

Yes, so long as the overall minimum annual volume of at least 4 STEMI patients is met.

10. What is the review process for all Mission: Lifeline EMS Recognition application submissions?

When an application is submitted for recognition analysis, it is exported into Excel format. In the Excel format, all data and information will be reviewed for completion and measure adherence by the AHA National Center Mission: Lifeline staff. This review process may take up to four weeks.

Agencies who submit data quarterly or bi-annually may benefit from consultation and review of their data. Therefore, data submitted on a quarterly or bi-annual basis will also be exported into Excel format and reviewed by the local AHA Quality and Systems Improvement staff. These staff can offer beneficial consultative services.

11. Will the information entered within submitted applications be recorded and stored?

Yes, all data submitted is exported into and Excel format and housed for AHA National Center staff to regularly review during and after the application submission period. All information submitted is confidential.

12. How are applicants notified when the application submission is complete and officially submitted?

Immediately upon completion of the application, a window opens advising the applicant the application was submitted and thanking the agency for their interest in Mission: Lifeline.

13. How will EMS agencies be recognized?

The American Heart Association will provide EMS agencies who achieve an award with a Mission: Lifeline EMS Recognition kit. The kit will include local press release statements, web widgets and icons containing the AHA and Mission: Lifeline logo, and a certificate of achievement. Additional recognition items are also available for purchase at www.shopheart.org.

14. How will EMS agencies be notified of their award?

Local AHA staff will notify EMS agencies of their award achievement via email or by direct contact.

15. When will agencies be notified of any level of award achievement?

Award notifications will be made no later than early May 30, 2020.

16. What tools and/or aids are available to assist agencies with collecting follow-up data from hospitals?

Tools and resources can be found on our webpage at www.heart.org/EMSRecognition.

Mission: Lifeline EMS Recognition Criteria

17. What are the 2020 Mission: Lifeline EMS recognition achievement measures?

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	
Measure Impact to Care and Outcomes: Early 12 Lead acquisition → Early recognition of STEMI → Early Notification to the ED → Early Activation to the Cath Lab → Timely Reperfusion	
Description	Data and/or Time Intervals to Collect
Denominator	
Include	
<ul style="list-style-type: none"> • Patients with non-traumatic chest pain/ACS symptoms AND • 35 years or older AND • Transported to a hospital 	<ul style="list-style-type: none"> • Patient Age AND • Chief complaint of non-traumatic chest pain AND • Not Transported
Numerator	
Number of patients included in the denominator that received a pre-hospital 12 lead ECG	<ul style="list-style-type: none"> • 12 Lead ECG Acquired By This Agency/Department

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.	
Measure Impact to Care and Outcomes: Early 12 Lead acquisition → Early recognition of STEMI → Early Notification to the ED → Early Activation to the Cath Lab → Timely Reperfusion	
Description	Data and/or Time Intervals to Collect
Denominator	
Include	
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Patient Age AND • The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS Personnel AND • Transport Destination
Numerator	
Number of patients, included in the denominator, where the hospital notification/activation was performed within 10 minutes of the first STEMI Positive pre-hospital 12 Lead ECG	Date/Time of Destination Prearrival Alert or Activation (STEMI) (MM/DD/YY HH:MM) — Date/Time Vital Signs Taken (first STEMI Positive pre-hospital 12 Lead ECG) (MM/DD/YY HH:MM)



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)	
Measure Impact to Care and Outcomes: Coordination of care between EMS and the STEMI Receiving centers	
Description	Data and/or Time Intervals to Collect
Denominator	
Include	
<ul style="list-style-type: none"> • Patients 18 years of age or older AND • With a STEMI noted on pre-hospital first ECG AND • Transported to a STEMI Receiving Center (Primary PCI) AND • Primary PCI was performed 	<ul style="list-style-type: none"> • Patient Age AND • The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS Personnel AND • Transport Destination AND • Reperfusion Strategy =Primary PCI
Numerator	
Number of patients included in the denominator where the total time from FMC (first medical contact) to device activation/Primary PCI was achieved in 90 minutes or less or 120 min where travel time was > 45 min and D2B is < 30 min	Date/Time (MM/DD/YY HH:MM) of Reperfusion Strategy (PCI) — Arrived at Patient Date/Time (EMS FMC) (MM/DD/YY HH:MM)

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.	
Measure Impact to Care and Outcomes: Coordination of care between EMS and the STEMI Referring Hospitals	
Description	Data and/or Time Intervals to Collect
Denominator	
Include	
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Patient Age AND • The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS Personnel AND • Transport Destination AND • Reperfusion Strategy (Thrombolytics) OR • Reperfusion Strategy (Primary PCI)
Numerator	
Number of patients included in the denominator with STEMI noted on pre-hospital ECG, who are transported directly to a STEMI Referring center AND had fibrinolytic therapy administered in 30 OR transferred to a STEMI Receiving Center and had Primary PCI Performed <120 Minutes	Patient Arrived at Destination Date/Time (Door-In Time) (MM/DD/YY 00:00) — Reperfusion Strategy (Thrombolytics) (MM/DD/YY HH:MM) OR Reperfusion Strategy (PCI) Date/Time (MM/DD/YY HH:MM) — Arrived at Patient Date/Time (EMS FMC) (MM/DD/YY HH:MM)

18. What percent achievement must be met for the required achievement measures to qualify for recognition?

An aggregated performance score of 75% or more is required for each measure to qualify for the Silver or Gold award and 75% for the corresponding quarters for each measure for the Bronze award.

19. Will data be aggregated annually for the silver/gold achievement level?

Yes.

20. Will the validity of the data be verified?

Mission: Lifeline staff will not be checking the data submitted. However, all the data presented will be reviewed by Mission: Lifeline staff and data that seems to be inconsistent or inclusive of error may be questioned. Self-submitted data should be submitted by a qualified and appropriately designated staff person of the EMS agency. At the time of the application submission, a representative of the EMS agency, with administrative authority will be asked to agree to a statement of truth attesting the application submission is complete, without omission, accurate, and truthful. Data entry in other repositories is also based on self-reported data and therefore limited by the same truth in reporting.

21. What are the required achievement measures based on destination hospital type?

	Transports patients to STEMI Receiving Center	Transports patients to STEMI Referring Hospital and patients receive lytics	Submit data for the following measures
Agency 1	Yes	Yes	1,2,3,4
Agency 2	Yes	No	1,2,3
Agency 3	No	Yes	1,2,4
Agency 4	No	No	Ineligible to apply

22. The Measure 1 definitions now includes ACS symptoms, why?

The measure definition came from the National Model EMS Clinical Guidelines. The intent is to ensure that EMS agencies are considering all possible cardiac related symptoms to ensure patients receive a 12-Lead ECG to rule out a possible STEMI.

23. What is EMS First Medical Contact?

This Mission: Lifeline EMS Recognition measure utilizes the time of pre-hospital "First Medical Contact". First Medical Contact (FMC) is broadly defined as the time of eye to eye contact between STEMI patient and caregiver. For the purposes of Mission: Lifeline EMS Recognition - First Medical Contact (FMC) is the time of eye to eye contact between the STEMI patient and the first caregiver (Medical First Responder, Physician at a clinic, or EMS personnel). When the Medical First Responder or physician at a clinic is the first caregiver at the patient's side, and their time of initial contact with the patient is known, the eye to eye contact time between the patient and that first caregiver is preferred.

24. Regarding the denominator inclusion criteria for Measure 3, what if the STEMI is noted on a subsequent pre-hospital ECG and not the 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.

25. What is the 2019 Plus Measure?

Agencies are required to report the data for the 2019 Plus measure, but performance adherence will not affect base level achievement award status. When adherence for the plus measure is $\geq 75\%$ compliance, the agency will then receive a Plus designation on their award (example: Gold Plus).

PLUS Measure: Of those patients who received a 12 Lead ECG (measure 1 numerator volume), 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 who are ≥ 35 years of age. (Required for reporting but not used for baseline recognition analysis)	
Measure Impact to Care and Outcomes: Early 12 Lead acquisition → Early recognition of STEMI → Early Notification to the ED → Early Activation to the Cath Lab → Timely Reperfusion	
Description	Data and/or Time Intervals to Collect
Denominator	
Include	
<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • Patient Age AND • Chief complaint of non-traumatic chest pain AND • The cardiac rhythm / ECG and other electrocardiography findings of the patient as interpreted by EMS Personnel AND • Transport Destination
Numerator	
Number of patients included in the denominator who received a pre-hospital 12 lead ECG within 10 minutes of transporting EMS agency's arrival to the patient	Date/Time Vital Signs Taken (pre-hospital 12 Lead ECG) (MM/DD/YY HH:MM) — Arrived at Patient Date/Time (EMS FMC) (MM/DD/YY HH:MM)

Mission: Lifeline EMS Recognition Optional Reporting Measures

26. What are Reporting Measures?

These measures provide data that can assist with broadening the quality improvement review process in the pre-hospital environment across time-sensitive disease states. Submission of reporting measures data is **OPTIONAL**

Reporting Measure A: Percentage of patients with suspected stroke for whom advanced notification (Stroke alert) was provide to the destination hospital.	
Description	Data and/or Time Intervals to Collect
Denominator	
Include	
<ul style="list-style-type: none"> Patients assessed and transported by EMS AND Who had an EMS primary impression of Stroke 	<ul style="list-style-type: none"> The findings or results of the Stroke Scale Type used to assess the patient exhibiting stroke-like symptoms
Numerator	
Number of patients included in the denominator for whom EMS provided advanced notification to the destination hospital	Destination Team Pre-Arrival or Activation

Reporting Measure B: Percentage of patients with suspected stroke, treated and transported, who had a documented last known well (LKW) time.	
Description	Data and/or Time Intervals to Collect
Denominator	
Include	
<ul style="list-style-type: none"> Patients assessed and transported by EMS AND Who had an EMS primary impression of Stroke 	<ul style="list-style-type: none"> The findings or results of the Stroke Scale Type used to assess the patient exhibiting stroke-like symptoms AND Date and time of symptom onset
Numerator	
Number of patients included in the denominator for whom EMS documented the Last Known Well (LKW) time	Date/Time of Symptom Onset

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	
Description	Data and/or Time Intervals to Collect
Denominator	
Include	
<ul style="list-style-type: none"> 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) Arrived at the ED with ROSC 	<ul style="list-style-type: none"> Cardiac Arrest Resuscitation Attempted by EMS Any Return of Spontaneous Circulation End of EMS Cardiac Arrest Event
Numerator	
Number of patients included in the denominator who received a prehospital 12 lead ECG	Cardiac Rhythm/Electrocardiography

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	
Description	Data and/or Time Intervals to Collect
Denominator	
Include	
<ul style="list-style-type: none"> • Patients with Non-Traumatic Chest Pain AND • 35 years of age or over AND • There are no contradictions to patient receiving ASA therapy AND • Treated and transported by EMS (to either a STEMI Receiving Center or STEMI Referring Hospital) 	<ul style="list-style-type: none"> • Chief complaint of non-traumatic chest pain AND • Patient Age AND • ASA not contraindicated AND • Hospital Capability
Numerator	
Number of patients included in the denominator for whom Aspirin was administered either by EMS, through dispatch instruction or self-administration by the patient.	Medication Given

Mission: Lifeline EMS Recognition Application Guidance

27. What application options are available for 2020?

- A. Individual (Stand Alone)
 - I. EMS agency meets the volume requirement, acquires the 12 Lead ECG AND provides transport of the STEMI patient.
- B. Individual Application with Team option
 - I. EMS agency is the “primary applicant”.
 - II. The EMS agency opts to include Medical First Responder agencies/departments that assist with calls that involve a possible STEMI, regardless of the assisting department’s ability to acquire a 12 Lead ECG, the level of certification or their ability to transport.
 - III. The EMS agency meets the volume requirement, receives the 12 Lead ECG AND provides transport of the STEMI patient.
 - IV. The primary applicant will also be asked to provide contact information for the ambulance service as well as the agency name and a contact for each Medical First Responder included as a team member.
- C. Joint Application
 - I. The joint application is for the prehospital providers that provide treatment and transport of the STEMI patient in collaboration with a second agency. One agency may acquire the 12 Lead ECG and the second agency provides the transport.
 - II. The prehospital providers meet the volume requirement with patients that are treated together.
 - III. One of the two joint applicants must meet the % ECG criteria on all patients, 35 years or older, with non-traumatic chest pain.

- IV. If an agency meets the volume criteria with 2 or more partnering agencies, one joint application may be submitted for each combination when each one meets the volume requirement.
- V. If an agency meets the volume criteria with a partnering agency AND meets an additional volume criterion as an individual applicant, the agency may apply via both options (regarding volume, a STEMI patient can only fall into one application).

D. Regional Application

- I. The regional application is for EMS agencies who do not meet volume criteria for an individual or joint application (≥ 4 STEMI patients annually). Agencies included in a regional application must each have an annual STEMI volume of ≤ 4 . Agencies with an annual STEMI volume of ≥ 4 are eligible to submit an Individual and/or Joint application.
- II. Agencies included in a regional application must serve in the same geographically defined EMS region.
- III. All included agencies' data should be aggregated and reported via the individual application.
- IV. The name of the applying agency must include "Regional XYZ" via the individual application
- V. Each agency included in the regional aggregate must be included and listed in the team component.

28. Is there a guide available to help determine the most appropriate application to submit for recognition?

Yes, the application option flow chart can assist with determining which application option is most appropriate. This resource can be found on our webpage at www.heart.org/EMSrecognition.

29. Can air transport providers apply for Mission: Lifeline EMS Recognition?

Yes, the patient must be picked up in the field (inter-facility transfer patients are not included). In the case of air transport, there may be an opportunity to apply via the JOINT Application when a specific ground agency and the air medical program meet the minimum volume criteria on STEMI patients they work on together. If there is more than one ground agency working with the air medical program and the volume criteria are met with ground agency 1, and volume criteria are also met with ground agency 2 – then there is an opportunity to submit 2 JOINT applications by the single air medical program. The regional application may also be a consideration for air transport providers

The Individual application with the Team option may be considered when the joint volume criteria cannot be met.

30. Is there a limit to the number of individual applications one EMS agency can submit?

No, but there are some restrictions:

- Each EMS agency can submit one Individual application for EMS recognition
- If an EMS agency collaborates with medical first responding agencies/departments that provide 12 lead ECG services, the primary ambulance service submitting the application should include the MFR in a Joint application if volume criteria are met and the MFR is performing the 12 lead. The EMS agency may include the MFR in a team application if the primary EMS agency is performing the 12 lead and transporting. There is no limit on the number of Joint award applications an agency can participate in, so long as the volume criteria can be met for each application (STEMI patients can only be accounted for in one application).

- If an EMS agency (primary applicant) collaborates/responds with MFR that does not have the capabilities to perform 12 Lead, or has limited STEMI case volume with the MFR, the primary EMS applicant can still recognize the MFR(s) in a “Team” application.
- An EMS agency that submits a Joint application may not use the STEMI patients included in the Joint application in any other application. Patients may only be used once.

31. At times, there are multiple agencies dispatched to a STEMI call. Can all responding agencies include the STEMI patient in the data denominator for the award application?

A single STEMI patient should only be captured one time in the overall application process. In the instance where multiple agencies are dispatched and respond to a STEMI patient and an individual application is submitted, the STEMI patient would meet inclusion criteria when transported to a destination hospital. With the Joint application, although there is shared responsibility among two agencies, only one application should be submitted on behalf of both agencies, and therefore, a STEMI patient should still only be captured once.

32. When there is one agency providing the actual transport of the STEMI patient and another agency is providing the paramedic personnel during this transport, can both agencies include the STEMI patient in the data summary for the award application?

This is a great example of two agencies working together and may consider applying through the JOINT application process. In this case, one application is submitted on behalf of both agencies and the STEMI patient would only be captured once. However, if a joint application is not considered, only one of the agencies providing either the care or the transport can include this patient in the denominators.

33. When there are multiple agencies providing transport of the STEMI patient, should all transporting agencies include the STEMI patient for the award application?

This is another instance where the agencies working together may consider applying through the JOINT application process. In this case, one application is submitted on behalf of both agencies and the STEMI patient would only be captured once. However, if a joint application is not considered, only one of the agencies providing either the care or the transport should include this patient in the denominators.

Application Process

34. How can I access the 2020 recognition application?

If you applied for EMS recognition in 2019 you should receive a unique application link that gives applicants access to their individual application.

35. What if I did not receive a unique application link?

Please use the [2020 M:L EMS Recognition Application Request](#) link to request that a unique application link be provided to you.

36. How long is the 2020 recognition application accessible?

Up until the close of the recognition application submission deadline on March 2, 2020 at 11:59:59pm CT. Applicants can return to the form as needed to enter data, make corrections, etc. prior to the deadline.

36. Can I make corrections to my application after submitting the application for recognition analysis?

After submitting the application for recognition analysis, a request will need to be made to MissionLifeline@heart.org to re-open the application. These requests will be fulfilled until March 27, 2020.

37. How is the measure data organized in the application?

All measure data will be reported by quarter. After entering data for each quarter, applicants can see their measure adherence for the quarter.

37. If data is entered quarterly or bi-annually, how do I save the data within the application?

Data is automatically saved within the application when the browser is closed.

38. If data is submitted quarterly or bi-annually is it reviewed prior to final submission for recognition?

Data entered will be exported prior to the beginning of the application submission period 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.

39. How do I submit the application for recognition analysis after all data is entered?

Applicants will need to continue through the application until the "Submission" page appears with guidance on submitting the completed application for recognition analysis.

For additional questions please email Missionlifeline@heart.org or reach out to your local AHA Quality and Systems Improvement Director.

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