2020 M:L EMS Recognition Application

Q1 Welcome to the 2020 Mission: Lifeline® EMS Recognition web-based application. Application period closes March 2, 2020 at 23:59.59 CT.

**ALL APPLICANTS 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. This application is intended to be an interactive and efficient way to collect data, receive quality improvement consultative services and apply for EMS recognition. EMS agencies will now be able to enter data for previous quarters prior to the end of the calendar year and track performance adherence to required Mission: Lifeline EMS recognition measures. Applicants can access the application as many times as needed until the application submission deadline on March 2, 2020, via the unique application link provided. 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 for assistance. Once the application is completed and submitted, the application will close and will not allow further access via the unique link. To re-open the application after final submission, email Missionlifeline@heart.org or contact your local AHA Quality Director. By entering data into the application prior to submission for recognition analysis agencies have the opportunity to have the data reviewed 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. For questions please email Missionlifeline@heart.org or reach out to your local AHA Quality and Systems Improvement Director. If ready to begin the application - scroll to the bottom of this introduction page and select YES then click NEXT.

Thank you for your participation in Mission: Lifeline.

To access additional resources for 2020 Mission: Lifeline EMS Recognition please visit our Mission: Lifeline EMS Recognition web page.
Are you ready to begin the 2020 Mission: Lifeline EMS Application?

- YES (click the "Next" button in the lower right corner of your screen) (1)
- NOT YET (please close your browser window) (2)

Select the Application that will be completed and submitted.

- Individual Application (Stand alone or Team option) (1)
- Joint Application (Stand alone or Team option) (2)
- Regional Application (3)
Q5 AGENCY APPLICATION  * Please provide the contact and agency information of the individual who should receive the final Mission: Lifeline award notification. Note that the address you provide may be used as a point of reference for your agency in AHA-produced EMS Recognition maps.  **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 (1) ________________________________
- Last name (2) ________________________________
- Title (3) ________________________________
- Primary Contact's Email address (10) ________________________________
- Secondary Email address (11) ________________________________
- Phone number (12) ________________________________
- Agency/Department/Region Name (4) ________________________________
- Street Address (5) ________________________________
- Street Address (Continued) (6) ________________________________
- City (7) ________________________________
- State (two-letter abbreviation) (8) ________________________________
- Zip code (9) ________________________________
Q6 Did you make any changes to the contact information above?

- Yes, changes made to Primary Contact information (1)
- Yes, changes made to Agency/Department/Region information (2)
- Yes, changes made to Primary Contact and Agency/Department/Region information (4)
- No (5)

Q7 *Population served: (Please provide the approximate population served by your service area rounded to the nearest thousand, e.g. 45,000)

Q8 *Total annual call volume:
Q9 *Type of service: (for multiple agencies, select all that apply)

☐ Private Ambulance (1)

☐ County or Municipal Fire (2)

☐ Volunteer Fire (3)

☐ County or Municipal EMS (4)

☐ Hospital Based EMS (5)

☐ Air (6)

☐ Other (7) ________________________________________________

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Q10 *Does your agency transport?

☐ Yes (1)

☐ No (3)

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Q11 * Pre-hospital type: (for multiple agencies, select all that apply)

☐ EMS Ground - Non-fire Department  (1)

☐ Air Ambulance  (2)

☐ Fire Department/EMS  (3)

☐ Medical First Responder (unable to transport)  (4)

Q12 * 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. (1) _______________________________  

☐ DO NOT AGREE  (2)
Q13 **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 (1) ________________________________________________
- Last name (2) ________________________________________________
- Title (3) ________________________________________________
- Primary Contact's Email address (10) ______________________________
- Secondary Email address (11) ______________________________
- Phone number (12) ________________________________________________
- Agency/Department Name (4) ________________________________________________
- Street Address (5) ________________________________________________
- Street Address (Continued) (6) ______________________________
- City (7) ________________________________________________
- State (two-letter abbreviation) (8) ______________________________
- Zip code (9) ________________________________________________
- EMS Agency State ID Number (13) ______________________________
- State (two-letter abbreviation) associated with above State ID # (14) ______________________________
Q14 *Population served by the SECOND of the two agencies submitting via the Joint Application: (Please provide the approximate population served by your service area rounded to the nearest thousand, e.g. 45,000)

________________________________________________________________

Q15 *Agency's total annual call volume for the SECOND of the two agencies submitting via the Joint Application:

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Q16 *Type of service for the SECOND of the two agencies submitting via the Joint Application:

- Private Ambulance (1)
- County or Municipal Fire (2)
- Volunteer Fire (3)
- County or Municipal EMS (4)
- Hospital Based EMS (5)
- Air (6)
- Other (7) ________________________________________________

________________________________________________________________

Q17 *Does your agency transport?

- Yes (1)
- No (3)
Q18 * Pre-hospital type for the SECOND of the two agencies submitting via the Joint Application: (select one)

- EMS Ground - Non-fire Department (1)
- Air Ambulance (2)
- Fire Department/EMS (3)
- Medical First Responder (12 Lead Capable) (4)

Q19 * 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): (1) ________________________________

- DO NOT AGREE (2)
Q20 * 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). (1)

☐ STEMI Referring Hospital (Transports patients from the field to a Non-PCI hospital(s). (2)

Q21 QUARTER 1 * Questions with an asterisk (*) are mandatory. Enter a zero "0" when there is no data to report.

Q22 *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 (1)
_______ Quarter 1 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG (4)
Q23  **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.  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 (6)

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Q24  **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 Exclusions (7)

Q25  **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:

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Q26  **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
- With a STEMI noted on pre-hospital ECG (either 1st pre-hospital 12 Lead ECG or Subsequent pre-hospital 12 Lead ECG)
- 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 (1)
- ______ 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 (4)
Q27  **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.  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 (6)

Q28  **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 1 Exclusions (7)

Q29  **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:

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Q30 *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
- With a STEMI noted on 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.
- Transported to a STEMI Receiving Center (Primary PCI)
- 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 (1)
- _______ 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 (4)
Q31 **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 (7)

Q32 **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 (8)

Q33 **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:
Q34 *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
- With a STEMI noted on pre-hospital ECG
- Transported to a STEMI Referring Center
- 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 (1)
- _______ 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 (4)
Q35 *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. 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 (7)

Q36 *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 (8)

Q37 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
Q38 * 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)

**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) (1)
- _______ Quarter 1 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes (4)
Q39 *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. 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 (7)

Q40 *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 (8)

Q41 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:

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.
Q42 **QUARTER 2**  
* Questions with an asterisk (*) are mandatory. Enter a zero "0" when there is no data to report.

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Q43 *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
- 35 years or older
- Transported to a hospital

**Enter your numbers in the boxes below:**

- _______ Quarter 2 Denominator Volume- Total number of patients who meet the above criteria (1)
- _______ Quarter 2 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG (4)
**Q44  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.  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 (6)

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**Q45  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 (7)

**Q46 Measure 1 Calculated Percentage for Quarter 2**  
Based on the data that was input on the previous page.  
Below is the percentage calculated

Q2 Measure 1 Percentage:

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Page Break

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Q47  **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 (1)
- _______ 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 (4)
Q48 **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. 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 (6)

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Q49 **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 (7)

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Q50 **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:
Q51 *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 minutesInclude 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 (1)
______ 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 (4)
Q52 **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 (7)

Q53 **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 2 Exclusions (8)

Q54 **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:
Q55 *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
- With a STEMI noted on pre-hospital ECG
- Transported to a STEMI Referring Center
- 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 (1)
- _____ 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 (4)
Q56 *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. 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 (7)

Q57 *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 (8)

Q58 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:
Q59 * 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)

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) (1)
_______ Quarter 2 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes (4)
Q60  * 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. 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 (6)

Q61  *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 3 Exclusions (7)

Q62 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:

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 unique application link.
Q63 QUARTER 3  * Questions with an asterisk (*) are mandatory. Enter a zero "0" when there is no data to report.

Q64 *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 (1)
_______ Quarter 3 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG (4)
Q65  **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. *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 (6)

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Q66  **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 (7)

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Q67  **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:
Q68  **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
- With a STEMI noted on pre-hospital ECG (either 1st pre-hospital 12 Lead ECG or Subsequent pre-hospital 12 Lead ECG)
- 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 (1)

_______ 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 (4)
Q69  **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. 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 (6)

Q70  **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 (7)

Q71  **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:

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Page Break
Q72 *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 \(\geq 45\) 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 3 Denominator Volume - Total number of patients who meet the above inclusion criteria (1)
- _______ 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 \(\geq 45\) minutes and Door to Balloon \(<30\) Minutes (4)
Q73 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 (7)

Q74 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 (8)

Q75 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:
Q76 **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 (1)

_____ 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 (4)
Q77 *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. 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 (7)

Q78 *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 3 Exclusions (8)

Q79 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:
Q80 * 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)

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) (1)
_______ Quarter 3 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes (4)
Q81 *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. 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 (7)

Q82 *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 (8)

Q83 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:

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 unique application link.
Q84 QUARTER 4  * Questions with an asterisk (*) are mandatory. Enter a zero "0" when there is no data to report.

Q85 *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 (1)
- _____ Quarter 4 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG (4)
Q86 *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. 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 (7)

Q87 *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 (8)

Q88 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:
Q89  *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 (1)
_______ 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 (4)
Q90  **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. Outlier Volume + Numerator Volume = Denominator Volume

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

_______ Quarter 4 Outlier Volume (6)

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Q91  **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 (7)

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Q92  **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:
Q93 *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 4 Denominator Volume - Total number of patients who meet the above inclusion criteria (1)
_______ 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 (4)
Q94 **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 4 Outlier Volume (7)

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Q95 **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 (8)

---

Q96 **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:
Q97 *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
- With a STEMI noted on pre-hospital ECG
- Transported to a STEMI Referring Center
- 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 (1)

_____ 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 (4)
Q98 **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. Outlier Volume + Numerator Volume = Denominator Volume

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

_______ Quarter 4 Outlier Volume (7)

Q99 **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 (8)

Q100 **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:
Q101 * 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)

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) (1)
  ______ Quarter 4 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG within 10 minutes (4)
Q102 * 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. Outlier Volume + Numerator Volume = Denominator Volume

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

_______ Quarter 4 Outlier Volume (7)

Q103 * 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 (8)

Q104 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:

Click "Next" to view your annual percentages.
Q105 Here are the calculated annual percentages for each measure:

Q106 Annual Measure 1: %

Q107 Annual Measure 2: %

Q108 Annual Measure 3: %

Q109 Annual Measure 4: %

Q110 Annual Plus Measure: %

End of Block: Annual Percentages

Start of Block: Reporting Measures (Optional)

Q111 Reporting Measures (Optional) These are optional measures, and reporting data can be done on a select number of the reporting measures or all of the reporting measures. Reporting measures could become future recognition measures.

**For 2021 Mission: Lifeline EMS Recognition (based on calendar year 2020 discharges) the current Reporting Measures A & B will transition to required Achievement Measures.**

**Reporting Measure A:** Percentage of patients with suspected stroke for whom advanced notification (Stroke alert) was provide to the destination hospital.

**Reporting Measure B:** Percentage of patients with suspected stroke, treated and transported, who had a documented last known well (LKW) time.

**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

**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

Please provide responses regarding the reporting measures, in the following matrix even if data
is not submitted for the reporting measures. Once the matrix is complete, respond Yes or No
below to continue to provide reporting measure data.

<table>
<thead>
<tr>
<th>Reporting Measure A (1)</th>
<th>Reporting Measure B (2)</th>
<th>Reporting Measure C (3)</th>
<th>Reporting Measure D (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This data/information is tracked and will be provided (1)</td>
<td>This data/information is tracked but cannot be provided at this time (2)</td>
<td>This data/information has not been tracked in the past, but will be tracked in the future (3)</td>
<td>Unable to track because data needed is not provided by the hospitals. (4)</td>
</tr>
</tbody>
</table>

Q112 For any or all reporting measures that are tracked, the numerators and denominators
should be submitted for the entire calendar year (1/1/19 - 12/31/19). Calculations will be
automatically performed in the application itself.

Select YES below to continue with submitting data for any or all of the 2020 Mission: Lifeline
EMS reporting measures?

- Yes, Continue (7)
- No - The Mission: Lifeline EMS Reporting Measure Section will be skipped (2)
Q113 Reporting Measure A: Percentage of patients with suspected stroke for whom advanced notification (Stroke alert) was provided to the destination hospital.

Inclusion Criteria:
• Patients assessed and transported by EMS
  AND
• Who had an EMS primary impression of suspected stroke

  ○ Numerator Value (5) ________________________________
  ○ Denominator Value (2) ________________________________

Q114 Reporting Measure B: Percentage of patients with suspected stroke, treated and transported, who had a documented last known well (LKW) time.

Inclusion Criteria:
• Patients assessed and transported by EMS
  AND
• Who had an EMS primary impression of suspected stroke

  ○ Numerator Value (1) ________________________________
  ○ Denominator Value (2) ________________________________
Q115 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

**Inclusion Criteria:**
- Patients with Out of Hospital Cardiac Arrest with high index of suspicion of cardiac etiology
- 
  - Were resuscitated on scene
  - Return on Spontaneous Circulation (ROSC)
  - Arrived at the ED with ROSC

- Numerator Value (1)
- Denominator Value (2)

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Q116 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

**Inclusion Criteria:**
- Patients with Non-Traumatic Chest Pain
- 35 years of age or over
- There are no contradictions to patient receiving ASA therapy
- Treated and transported by EMS (to either a STEMI Receiving Center or STEMI Referring Hospital)

- Numerator Value (1)
- Denominator Value (2)

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Q117 Below is the percentage calculated based on the data that was input on the previous page.

**Reporting Measure A:** %

**Reporting Measure B:** %

**Reporting Measure C:** %

**Reporting Measure D:** %

Q118 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 (1)
- ☐ NO (2)

Q119 How many agencies are going to be included in the Team portion of the application?

______________________________
Q120 APPLICATION WITH TEAM OPTION

* Please provide the name of the Medical First Responder agencies/departments below.

MEDICAL FIRST RESPONDER AGENCY

- Medical First Responder Agency/Department Name (1)
  __________________________________________________

- City (7) ________________________________________________

- State (two-letter abbreviation) (8)
  __________________________________________________

- Contact's First name (9) ________________________________________________

- Contact's Last name (10) ________________________________________________

- Contact's Title (11) ________________________________________________

- Email address (13) ________________________________________________
Q121 Application Submission Authorization

The 2020 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 (1)
- Disagree (2)

Q122 Application Submission Authorization

The 2020 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 (1)
- Disagree (2)
Q123 * Please provide the name and contact information of the medical director of the agency submitting an Individual Application.

○ First name (1) ________________________________________________

○ Last name (2) ________________________________________________

○ Title (4) ________________________________________________

○ Contact phone number (6) ________________________________________________

○ Street address (8) ________________________________________________

○ Street address (continued) (9) ________________________________________________

○ City (10) ________________________________________________

○ State (two-letter abbreviation) (11) ________________________________________________

○ Zip code (12) ________________________________________________

○ Email address (3) ________________________________________________
Q124 * Please provide the name and contact information of the medical director of the FIRST of two agencies submitting a Joint Application.

- First name (1) ________________________________
- Last name (2) ________________________________
- Title (4) ________________________________
- Contact phone number (6) ________________________________
- Street address (8) ________________________________
- Street address (continued) (9)
  __________________________________________________
- City (10) ________________________________
- State (two-letter abbreviation) (11)
  __________________________________________________
- Zip code (12) ________________________________
- Email address (3) ________________________________
Q125 * Please provide the name and contact information of the medical director of the SECOND of two agencies submitting a Joint Application.

- First name (1) ________________________________________________
- Last name (2) ________________________________________________
- Title (4) ________________________________________________
- Contact phone number (6) ________________________________________________
- Street address (8) ________________________________________________
- Street address (continued) (9) ________________________________________________
- City (10) ________________________________________________
- State (two-letter abbreviation) (11) ________________________________________________
- Zip code (12) ________________________________________________
- Email address (3) ________________________________________________

Q126 * Please provide the name and contact information of the person completing and submitting this form.

- First name (1) ________________________________________________
- Last name (2) ________________________________________________
- Title (4) ________________________________________________
- Contact phone number (6) ________________________________________________
- Email address (3) ________________________________________________
Q127 * Please sign your name below with mouse or tracking pad.

Q128 * Please provide the name of the person, representing the co-applicant agency, who authorized the completion and submission of this 2020 Mission: Lifeline Recognition Application by the person named above.

○ First name (1) __________________________

○ Last name (2) __________________________

○ Title (4) ________________________________

○ Date (mm/dd/yyyy) (5) ____________________

○ Contact phone number (6) __________________

○ Email address (3) _________________________
Q129 Thank you for participating in the 2020 Mission: Lifeline EMS Recognition program! Click the NEXT button below to formally submit the application responses.

After clicking NEXT, a PDF version of the application will be available. 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, please contact Missionlifeline@heart.org as soon as possible but prior to 5:00pm Central on Monday, March 2, 2020.

The 2020 application submissions will be reviewed starting immediately after the close of the application period. The application period closes at 11:59:59 Central March 2, 2020. Notification of Mission: Lifeline EMS achievement will take place in April 2020 or before.

If there are any questions, contact Mission: Lifeline at Missionlifeline@heart.org. Thank you for participating in Mission: Lifeline!

End of Block: Closing: Truth of Data Statement

Start of Block: Final Message

Q130 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 must be made to MissionLifeline@heart.org no later than 5pm Central on Monday, March 2, 2020.

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