

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.

Q2



American Heart Association®
Mission:Lifeline®
EMS

Q3

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)

Q4 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. **For agencies who applied for recognition in 2019, we've inserted the contact agency you provided in the 2020 application. Feel free to make changes if necessary. Otherwise, if there are no changes, skip to the next question.** **If you selected Joint application please provide the information for the FIRST of the two EMS agencies submitting a joint application below. Then, you will be asked to provide the information for the SECOND agency. **If you selected Regional application (multiple EMS agencies in the same geographical region), please provide the region name and contact information of the individual who should receive the final Mission: Lifeline award notification.

First name (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) _____

EMS Agency State ID Number (13)

State (two-letter abbreviation) associated with above State ID (14)

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) _____

Q10 *Does your agency transport?

Yes (1)

No (3)

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)
-

Page Break

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:

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)
-

Page Break

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)

Page Break _____

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

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

_____ Quarter 1 Outlier Volume (6)

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:

Page Break

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

AND

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

AND

- Transported to a hospital

Enter your numbers in the boxes below:

_____ Quarter 1 Denominator Volume- Total number of patients who meet the above inclusion criteria (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)

Page Break

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

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

_____ Quarter 1 Outlier Volume (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:

Page Break

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

AND

- 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.

AND

- Transported to a STEMI Receiving Center (Primary PCI)

AND

- Primary PCI was performed

Enter your numbers in the boxes below:

_____ Quarter 1 Denominator Volume - Total number of patients who meet the above inclusion criteria (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. $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

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

_____ Quarter 1 Outlier Volume (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:

Page Break

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

AND

- With a STEMI noted on pre-hospital ECG

AND

- Transported to a STEMI Referring Center

AND

- Thrombolytics Administered

OR

- Patients are transported to a STEMI Receiving Center for Primary PCI

Enter your numbers in the boxes below:

_____ Quarter 1 Denominator Volume - Total number of patients who meet the above criteria (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)

Page Break



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

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

_____ Quarter 1 Outlier Volume (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

Page Break

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 \geq 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)

Page Break

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

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

_____ Quarter 1 Outlier Volume (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.

Page Break

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

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

AND

- 35 years or older

AND

- Transported to a hospital

Enter your numbers in the boxes below:

_____ Quarter 2 Denominator Volume- Total number of patients who meet the above criteria (1)

_____ Quarter 2 Numerator - Number of patients in the denominator volume who received a pre-hospital 12 lead ECG (4)

Page Break



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

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

_____ Quarter 2 Outlier Volume (6)

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 Below is the percentage calculated based on the data that was input on the previous page. Q2 Measure 1 Percentage:

Page Break

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)

Page Break

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

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

_____ Quarter 2 Outlier Volume (6)

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)

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:

Page Break

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

AND

- Transported to a STEMI Receiving Center (Primary PCI)

AND

- Primary PCI was performed

Enter your numbers in the boxes below:

_____ Quarter 2 Denominator Volume - Total number of patients who meet the above inclusion criteria (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)

Page Break

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:

Page Break

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

AND

- With a STEMI noted on pre-hospital ECG

AND

- Transported to a STEMI Referring Center

AND

- Thrombolytics Administered

OR

- Patients are transported to a STEMI Receiving Center for Primary PCI

Enter your numbers in the boxes below:

_____ Quarter 2 Denominator Volume - Total number of patients who meet the above criteria (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)

Page Break

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

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

_____ Quarter 2 Outlier Volume (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 \geq 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)

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

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

_____ Quarter 3 Outlier Volume (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.

Page Break

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)

Page Break

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

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

_____ Quarter 3 Outlier Volume (6)

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)

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:

Page Break

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

AND

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

AND

- Transported to a hospital

Enter your numbers in the boxes below:

_____ Quarter 3 Denominator Volume- Total number of patients who meet the above inclusion criteria (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)

Page Break

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

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

_____ Quarter 3 Outlier Volume (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:

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 ≥ 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 ≥ 45 minutes and Door to Balloon ≤ 30 Minutes (4)

Page Break

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:

Page Break

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)

Page Break

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

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

_____ Quarter 3 Outlier Volume (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 \geq 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. $\text{Outlier Volume} + \text{Numerator Volume} = \text{Denominator Volume}$

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

_____ Quarter 3 Outlier Volume (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.

Page Break

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)

Page Break

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

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

_____ Quarter 3 Outlier Volume (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:

Page Break

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)

Page Break

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

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

_____ Quarter 4 Outlier Volume (6)

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)

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:

Page Break

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

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

_____ Quarter 4 Outlier Volume (7)

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:

Page Break

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

AND

- With a STEMI noted on pre-hospital ECG

AND

- Transported to a STEMI Referring Center

AND

- Thrombolytics Administered

OR

- Patients are transported to a STEMI Receiving Center for Primary PCI

Enter your numbers in the boxes below:

_____ Quarter 4 Denominator Volume - Total number of patients who meet the above criteria (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)

Page Break

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

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

_____ Quarter 4 Outlier Volume (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:**

Page Break

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 \geq 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)

Page Break



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

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

_____ Quarter 4 Outlier Volume (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.

Page Break

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.

	This data/information is tracked and will be provided (1)	This data/information is tracked but cannot be provided at this time (2)	This data/information has not been tracked in the past, but will be tracked in the future (3)	Unable to track because data needed is not provided by the hospitals. (4)	Tracking this data is not useful to our agency (agencies) (5)	Other (6)
Reporting Measure A (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting Measure B (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting Measure C (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reporting Measure D (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 provide 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

AND

- Were resuscitated on scene

AND

- Return on Spontaneous Circulation (ROSC)

AND • Arrived at the ED with ROSC

Numerator Value (1) _____

Denominator Value (2) _____

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

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)

Numerator Value (1) _____

Denominator Value (2) _____

End of Block: Reporting Measures (Optional)

Start of Block: Team Application # Agencies

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: %

Page Break

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?

Page Break

End of Block: Team Application # Agencies

Start of Block: Team Application Contact Information

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) _____

End of Block: Team Application Contact Information

Start of Block: Closing: Truth of Data Statement

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) _____

Page Break _____

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.
