2017 Mission: Lifeline® EMS Recognition Criteria and Measures

ACHIEVEMENT CRITERIA:

Each measure must achieve at least 75% compliance for the year per award level to be eligible for recognized status.

The 2017 award period includes patients treated from January 1, 2016, to December 31, 2016 (See additional award period details at the end of document for low volume agencies)

Patient volume requirements pertain to achievement measures #2 and/or #3 below*. It is assumed when volume requirements are met for measure #2 and #3; volume requirements will also be met for measure #1.

Data is to be submitted in quarterly intervals as stated below:

- Quarter 1 – January, February, March
- Quarter 2 – April, May, June
- Quarter 3 – July, August, September
- Quarter 4 – October, November, December

ACHIEVEMENT MEASURES:

Note:
Agencies that transport to both PCI capable and Non-PCI capable hospitals will report measures #1, 2, and 3.
Agencies that only transport to PCI-capable hospitals will report measures #1 and #2.
Agencies that only transport to non--PCI capable hospitals will report measures #1 and #3.

Achievement Measure 1.
Percentage of patients with non--traumatic chest pain ≥ 35 years, treated and transported by EMS who received a pre--hospital 12--lead electrocardiogram

Achievement Measure 2.
Percentage of STEMI patients treated and transported directly to an STEMI receiving center, with prehospital first medical contact to device time ≤90 minutes
Achievement Measure 3.
Percentage of lytic eligible STEMI patients treated and transported to an STEMI referring hospital for fibrinolytic therapy with a door--to--needle time ≤30 minutes

NEW PLUS MEASURE (Optional):

Plus Measure 1.
Percentage of 12 lead ECGs performed on patients in the field with an initial complaint of non-traumatic chest pain ≥ 35 years, within 10 minutes of EMS arrival to the patient.

Inclusion Criteria: Patients with non-traumatic chest pain, 35 years of age or over, and transported by EMS

Denominator: Total number of patients that meet the above inclusion criteria

Numerator: Total number of patients in the denominator who received a prehospital 12 lead ECG within 10 minutes of EMS (12 lead capable) arrival

REPORTING MEASURES (Optional):

Reporting Measure 1:
The percentage of hospital notifications or 12 lead transmissions suggesting an STEMI Alert (or CCL activation) that are performed within 10 minutes of the first STEMI positive 12 lead ECG in the field

Inclusion Criteria: Patients assessed and transported by EMS, who had an STEMI positive ECG.

Denominator: Total number of patients that meet the above inclusion criteria

Numerator: Total number of patients in the denominator for whom a successful hospital notification of STEMI or successful transmission of the 12 lead ECG occurred within 10 minutes of the first STEMI positive ECG.

Reporting Measure 2:
Percentage of patients with suspected stroke for whom EMS provided advance notification to the receiving hospital
Inclusion Criteria: Patients assessed and transported by EMS who had an EMS impression of suspected stroke.

Denominator: Total number of patients that meet the above inclusion criteria

Numerator: Total number of patients in the denominator for whom an advance notification of a stroke was provided to the destination hospital.

Reporting Measure 3:
Percentage of patients with suspected stroke evaluated by EMS, who had an EMS documented Last Known Well (LKW) time.

Inclusion Criteria: Patients assessed and transported by EMS, who had an EMS impression of suspected stroke.

Denominator: Total number of patients that meet the above inclusion criteria

Numerator: Total number of patients in the denominator for whom EMS documented the Last Known Well (LKW) time.

Reporting Measure 4:
Percentage of OHCA patients with sustained ROSC maintained to arrival at the emergency department who had a 12 lead ECG performed.

Inclusion Criteria: Patients with Out of Hospital Cardiac Arrest (OHCA) with a Return of Spontaneous Circulation (ROSC) maintained to arrival at the emergency department.

Denominator: Total number of patients that meet the above inclusion criteria

Numerator: Total number of patients in the denominator for whom EMS performed a 12 lead ECG.

Reporting Measure 5:
Percentage of OHCA patients with sustained ROSC maintained to arrival at the emergency department who were transported to a PCI-capable hospital.

Inclusion Criteria: Patients with Out of Hospital Cardiac Arrest (OHCA) with a Return of Spontaneous Circulation (ROSC) maintained to arrival at the emergency department
**Denominator:** Total number of patients that meet the above inclusion criteria.

**Numerator:** Total number of patients in the denominator transported to a hospital capable of percutaneous coronary intervention (PCI).

**Reporting Measure 6:**
Percentage of 12 lead ECGs performed on patients in the field with an initial complaint of Acute Coronary Syndrome (ACS) symptoms:

**Inclusion Criteria:** Patients with symptoms consistent with Acute Coronary Syndrome (ACS) 35 years of age or over, and transported by EMS. ACS symptoms include:

- Chest pain, discomfort, pressure, tightness or fullness
- Pain or discomfort in one or both arms, the jaw, neck, back or stomach
- Shortness of breath
- Dizziness or lightheadedness
- Nausea
- Diaphoresis

**Denominator:** Total number of patients that meet the above inclusion criteria

**Numerator:** Total number of patients in the denominator who received a prehospital 12 lead ECG

**Reporting Measure 7:**
Percentage of STEMI patients initially transported to a referring (non-PCI) hospital who were later transported to an STEMI Receiving Center with an EMS FMC to PCI time ≤ 120 minutes.

**Inclusion Criteria:** Percentage of STEMI patients initially transported to a referring (non-PCI) hospital who were later transported to an STEMI Receiving Center capable of PCI.

**Denominator:** Total number of patients that meet the above inclusion criteria

**Numerator:** Total number of patients in the denominator with an FMC time by EMS** to Device Activation/Primary PCI in ≤ 120 Minutes
**Reporting Measure 8:**
Percentage of patients with non-traumatic chest pain ≥ 35 years, treated and transported by EMS, who received aspirin either by EMS Administration, Dispatch instruction, or patient self-administration.

**Inclusion Criteria:** Patients with non-traumatic chest pain, 35 years of age or over, and transported by EMS

**Denominator:** Total number of patients that meet the above inclusion criteria

**Numerator:** Total number of patients in the denominator who received aspirin either by self-administration, dispatch-assisted instruction or EMS provider administration, that was documented in the EMS report.

*Submission of reporting measures data is OPTIONAL. Submitting reporting measure data is not required to achieve recognition nor will any reporting measure data be considered when determining eligibility for recognition. Because some reporting measures may become required achievement measures in the future program years, agencies may wish to begin developing their collection processes for them sooner than later.

** For this measure FMC is the first medical contact by the EMS team capable of transport.

**AWARD LEVELS AND VOLUME REQUIREMENTS:**

**Bronze:** A minimum of 75% compliance for each required measure.  
*Volume:* at least 2 STEMI patients per reporting quarter with at least 4 STEMI patients in the 2016 calendar year*.

**Silver:** Aggregated annual score achieving a minimum of 75% compliance for each required measure.  
*Volume:* at least 8 STEMI patients in the 2016 calendar year.

**Gold:** 2 consecutive calendar years achieving criteria for a Silver Award  
*Volume:* at least 8 STEMI patients in the 2016 calendar year. Must also have achieved Silver or Gold award in the previous year.
To achieve a Bronze Plus, Silver Plus, or Gold Plus award, an agency must meet the threshold for the respective award AND must report on and achieve at least 75% compliance on **Plus Measure 1**.

*Note: New for 2017, Agencies unable to meet volume requirements for award criteria for Bronze with the calendar year 2016 data, may use additional, reporting quarters from 2015, as long as none of these patients has been included for award qualification previously in the Mission: Lifeline EMS Recognition program.

For example, if volume criteria are not met using quarters 1, 2, 3, and 4 for 2016, Quarter 4, 3, 2 and 1 (in this order) may be reported on from 2015 as needed to achieve sufficient volume requirements.