EMS Recognition Webinar
August 24, 2017
Today’s objectives:

* Provide you with some rationale regarding the importance of reducing FMC to device time
* Provide you with an overview of the 2017 Mission: Lifeline EMS Recognition criteria and Reporting Measures
* Provide you with an overview of the data collection worksheet
* Answer any questions you may have about the Mission: Lifeline EMS Recognition program
Today’s speakers:

* Dr Lee Garvey, MD, ACEP, Carolinas Healthcare System, Chair of the Mission: Lifeline Steering Committee
* Ben Leonard, AHA EMS Director, Quality Systems Improvement, Mid-West Affiliate
* David Travis, AHA Mission: Lifeline Program Manager, National Center
The goal of the program is to recognize EMS agencies for their role in the system of care for these patients with time-sensitive conditions.

- Guideline based care
- Coordination with hospitals
- Improving performance based on data
- Better care for patients
* 2017 will be the fourth year of the American Heart Association’s Mission: Lifeline EMS Recognition program
* This year more than 540 EMS agencies received awards
* An additional 400 more “team” agencies were included in applications/awards
* This year’s award list in JEMS magazine was more than 8 pages.
EMS Recognition Application period will open January 1st and remain open through March 31st 2017.

Criteria for award achievement for 2017 is the same as 2016, however there is a new “plus” measure for higher award distinction.

There are also new reporting measures this year.
The optional but encouraged, Reporting Measures now include stroke and resuscitation measures.
EMS Recognition 2017

* www.heart.org/missionlifeline

*Mission: Lifeline EMS Recognition Resources
Achievement Measures remain the same:

* **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 a 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 a STEMI referring hospital for fibrinolytic therapy with a door-to-needle time ≤ 30 minutes
NEW PLUS MEASURE (Optional):

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 (12 lead capable) 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 arrival
Reporting Measures (Optional):

Reporting Measure 1:
The percentage of hospital notifications or 12 lead transmissions suggesting a 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 a 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: (stroke measure)
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: (stroke measure)

* 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 patients initially transported to a referring (non-PCI) hospital who were later transported to a 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 a 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 a 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 for whom aspirin was indicated.
* **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.
New for 2017:

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

For example, if volume criteria is 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.
• **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. Low volume agencies may use 2015 data as well

• **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 calendar years achieving an annual Aggregated minimum of 75% for each required measure.
  * **Volume** at least 8 STEMI patients in the 2016 calendar year.
    - Must have achieved a SILVER Award in 2016

* 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 the Plus Measure.
EMS Recognition 2017

• Individual
  - Single applicant.
  - Must transport and provide 12 Lead EKG
  - Must meet volume and performance criteria

• Joint
  - Dual applicant
  - Must either provide transport or 12 Lead EKG
  - Both applicants are required to meet volume and performance criteria

• Team
  - One applicant who is responsible for transport, 12 Lead EKG and volume/performance criteria
  - Allows the applicant to recognize services that provide valuable assistance
  - Common “Teams” are Medical First Responders (MFRs), non-transporting fire departments that do not have 12 lead EKG capabilities, etc.
Additional questions or resources:

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