

Virginia Heart Attack Coalition Northern Region

Fall 2022
Tuesday, November 15, 2022
10:00 am



VIA ZOOM

AGENDA

Type of Meeting: Collaborative exchange of information to improve the STEMI system of care in the Northern Virginia region

Chair Persons: EMS Battalion Chief Brian Orndoff, City of Fairfax Fire Department

Dr. Behnam Tehrani, Co-Director of Cardiac Catheterization Laboratories for Inova Fairfax Medical Campus

- Call to order
- Approval of minutes of the May 17, 2022 meeting
- Review of updated MissionLifeline metrics
- Regional Data
 - MissionLifeline metrics
- VSCQI Data – Eddie Fonner
- Discuss STEMI Alert criteria
 - EMS Agencies – What do you consider meeting criteria for a STEMI alert?
 - Hospitals – What do you define a STEMI Alert and what prompts activation of the cath lab?
- PCI Center and EMS Agency roundtable and updates
- 2023 meetings
 - What days work best?
 - Topics for next year
 - Best practices for “Code 1” transports from Urgent Care/Standalone Emergency Departments
 - Future opportunities for direct admit to cath lab to decrease door to balloon time
 - Updates on LVAD and other cardiac management devices
 - Quarterly case presentations
 - Review of recently published information, specific to STEMI equivalents and any potential changes in policies:
https://www.jacc.org/doi/10.1016/j.jacc.2022.08.750?fbclid=IwAR2PLu5YsLb1Xy25MebeV7rGMNC4QY_irI5pJtK3GkY7OavpExDsAWBvHLA#tbl1
 - STEMI vs. OMI/NOMI criteria.
- Adjournment

**Virginia Heart Attack Coalition
Northern Region
Regional Cardio Workgroup**

**Fall 2022
Tuesday, November 15, 2022
10:00 am**



Those present were: (All present via Zoom)

17036249332

Amanda Pyle	amanda.pyle@heart.org
Andrew Sanders	asanders@pwcgov.org
Beth Adams	beth.adams@fairfaxcounty.gov
Brian Orndoff	brian.orndoff@fairfaxva.gov
Chip Morrison	cmorrison@pwcgov.org
Craig French	craig.french@inova.org
David Reich	david.reich@inova.org
Dr Dan Avstreich (FCFRD)	dan.avstreich@fairfaxcounty.gov
Eddie Fonner	cefonner@gmail.com
Glenn Druckenbrod	glenn.druckenbrod@inova.org
Helen Stevens	helen.stevens@inova.org
James Cooper	jamie.cooper@loudoun.gov
Jennifer Li	jennifer.li@inova.org
John Morgan	john.morgan@loudoun.gov
Kate Kramer	kkramer@arlingtonva.us
Laura Vandegrift NVEMSC	laura@vaems.org
Michelle Ludeman NVEMSC	michelle@vaems.org
Nancy Morrissey	nancy.morrissey@inova.org
Ray Whatley (Ray Whatley)	ray@vaems.org
Scott Weir	scott.weir@fairfaxcounty.gov
Shelbie Kidd	shelbie.kidd@hcahealthcare.com
Stephen Day	sday@tcg.md
Tracy Lane	tracy.lane@loudoun.gov

The quarterly Virginia Heart Attack Coalition (VHAC) meeting was started at 10:02 am by Brian Orndoff.

Virginia Heart Attack Coalition

Meeting Minutes

November 15, 2022

INTRODUCTIONS OF WORKGROUP CHAIRS

- Brian Orndoff, Captain, City of Fairfax Fire Department
- Dr. Benham Tehrani, Director of Cardiac Catheterization Lab, Inova Fairfax

APPROVAL OF MINUTES

- May 17, 2022 meeting minutes were sent for review
 - Motion to approve by Beth Adams, seconded Dr. Dan Avstreich
 - ***Minutes unanimously approved***

REVIEW OF UPDATED MISSION: LIFELINE METRICS

- 2023 updated metrics
 - Amanda Pyle presented a slideshow of the upcoming changes. A copy is at the end of the minutes
 - There will soon be a FAQ on the website in early 2023
 - She and Tawny Jackson can answer any questions and facilitate any needs until the replacement for Rob Horton is hired and on board

REGIONAL DATA

- What metrics do we want to share and how do we share effectively?
 - There wasn't any discussion on this point so it was recommended that agencies and hospitals consider discussing at the next meeting so we can all use the same criteria and share the same data.

VCSQI DATA

- Eddie Fonner presented the VCSQI data. A copy of the presentation is at the end of the minutes

DISCUSS STEMI ALERT CRITERIA

- EMS Agencies – What do you consider meeting criteria for a STEMI alert?
- Hospitals – What do you define a STEMI Alert and what prompts activation of the cath lab?
- David Reich from Inova
 - A STEMI alert is called based on EKG reading and interpretation
 - If they're treating for a "Strike", the 3 S's, it would be transmission of the EKG to the ED and then an interventional cardiology consult if needed.
 - The criteria have a relatively low threshold because they'd rather have the team ready and cancel than have the patient wait on the team
- Dr. Morgan from Loudoun County Fire & Rescue stated they identify STEMI through the 12-lead EKG and paramedic readings and their goal is to transmit within the first 10 minutes if possible. If any fallouts are identified, they re-educate with the providers and look at how to improve
- Brian Orndoff asked - Have you integrated STEMI equivalents into the criteria?

Virginia Heart Attack Coalition

Meeting Minutes

November 15, 2022

- David Reich stated they have not yet but may for NSTEMIs, as they're treating them just as emergently.
 - They are not as obvious with the EKG but they're still evaluating them.
 - They are going to high assay troponin testing in the next few months so that will support quicker care
- Dr. Morgan stated if they have a pre-existing LBBB and it shows a STEMI and they're meeting the Scarbosa criteria or have a deep ST elevation it may not trigger the alert, but this is an ongoing effort
- Brian Orndoff asked, for those that are NSTEMIs or not apparent STEMI, is there a means to transmit the EKG for physician consult?
 - Dr. John Morgan stated there are some issues with different technology between the hospitals and EMS as some use Zoll and some use Physio-control LifePaks and since they use different systems for transmission, some are a significant cost for the hospitals. Free standing EDs can't get transmissions but if they want a consult, they have to reach out to standard ED. He's been pushing EKG acquisition to BLS providers, but then has EMTs who can't interpret and rely on the machine's interpretation which isn't always correct, so the need to transmit for a consult is important.
 - Craig French said Fairfax County Fire & Rescue transmits via Zoll to Fairfax ED, and he believes they have a set-up with some type of plug-in to transmit it to the LifePak – he will try to get further information
 - Brian Orndoff stated they use PhysioControl but this set-up is not currently present with Inova facilities they use like Fairfax or Fair Oaks
 - There are some tech challenges and as the region looks to integrate EMT and AEMTs to transmit EKGs and have the ability to divert from small community hospitals vs. STEMI centers, it's important to be able to transmit and good outcome from the first medical contact
- Dr. Stephen Day from Inova Alexandria stated he has looked at false activations but they don't delay an activation to look at the EKG and he is confident with the paramedics' abilities in Alexandria
 - For him, non-STEMIs don't need to get emergent catheterization and typically the next day is fine as these patients usually have low levels of troponin, but that's up to the operator
- Kate Kramer from Arlington stated they pre-alert from the field based on symptoms, and transmit the EKG to the ER. They go direct to the cath lab for patients who meet their STEMI criteria but also have to ask if Kaiser or non-Kaiser for VHC, as it depends on who they call for the procedure. They do put pads on the patient and bring an airway bag in the elevator when going direct to the cath lab
- Dr. Weir from Fairfax County Fire & Rescue stated they utilize a method modeled after Boston and Peter Moyer. The 3-stage algorithm, clinical presentation, paramedic interpretation of EKG for signs of STEMI, specificity of the reading. They transitioned from Phillips to Zoll and the Zoll algorithm doesn't just identify STEMI it also sees non-acute MI; Zoll is proud of this for those who don't meet STEMI criteria but still need intervention, but looking at all of those that they have transported with this report finding, they found it not

Virginia Heart Attack Coalition

Meeting Minutes

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predictive to be trip to cath lab or not evident coronary occlusive disease if they did go to the cath lab. They transmit all EKGs with 3 out of 3 criteria in EKGs, read as STEMI or *Non-Acute MI and flag that it may improve sensitivity at the expense of specificity but it's ultimately at the discretion of the ED doctor whether to activate based on criteria and EKG

- Brian Orndoff asked if all hospitals activate based on EMS or is there another protocol?
 - David Reich stated the gold standard is field action
 - Kate Kramer stated VHC will activate on-field notification if they agree with EKG, same with Alexandria

REGIONAL ROUNDTABLE

- EMS Agencies
 - Kate Kramer suggested of a topic – Are there any solution to looking at old EKGs in the field, is there software in the field, such?
 - No updates from Fire/EMS
 - VHC has had lots of turnover and they're working on the QA program but lacking in follow up while in the transition
 - Brian Orndoff advised they are looking at their protocols to see if they should change alert criteria based on updated ACC info, and is it worthy of physician consult for certain instances. They're looking into telemedicine opportunities and how that works, as well as advanced practice options in the field, and venous or ABG draws in the field.
 - Dr. Weir stated there was a discussion with intervention cardiology and ED colleagues about considering additional information to help decide on cath lab need based on the patient's baseline clinical status and if this change decision on cath/no cath. For example, if the patient has multiple malignancies, a DNR, etc., it's better to identify those variables during first contact and not adversely impact metrics. They are working to operationalize the suggestions by their cath lab colleagues
 - DC Jamie Cooper stated they embarked on the first process for the current graduating recruit school of 31 or 32 and offered the, the ability to come to do 21-day BLS preceptorship, and will pull 8 to 10 of them back and into the AEMT class. A mixture of volunteer system members and career staff are ready to run the recruits straight through. It's a shift from how it was done in the past where recruits had to have a lot of BLS experience before they sent them to AEMS, but many of these recruits have prior experience in BLS just not with them. He will keep everyone updated on how that goes and the hurdles they've experienced.
 - They recently changed the nomenclature for 5 of the engines to add the ability to be ALS-capable le paramedic engines. As of 10/31/2022, they added ALS equipment to the engines in Middleburg, Round Hill, Aldie, Lucketts, and South Riding engine619. The intent here is to utilize the staff on those engines in ALS capacity when ALS resources are not available. A regional IB is being worked on for awareness. These won't be ALS all the time, only when a paramedic is on board
- Hospitals

Virginia Heart Attack Coalition

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- Dr. Stephen Day from Inova Alexandria stated they are renovating one cath lab, using only one currently. There have been few needs for simultaneous catheterization but they had to diver a few due to the single lab being in use. They only had to send one to Fairfax from the ER. The second lab will be up and running again by the end of this month.

UPCOMING MEETINGS

- What days’ work best?
 - The Council will send a Doodle poll for days and times
 - Preferable not back-to-back weeks w/ stroke meeting
- Topics for next year?
 - Best practices for “Code 1” transports from Urgent Care/Standalone Emergency Departments
 - Future opportunities for direct admission to the cath lab to decrease the door-to-balloon time
 - Updates on LVAD and other cardiac management devices
 - Quarterly case presentations
 - Review of recently published information, specific to STEMI equivalents and any potential changes in policies:
 - https://www.jacc.org/doi/10.1016/j.jacc.2022.08.750?fbclid=IwAR2PLu5YsLb1Xy25MebeV7rGMNC4QY_irI5pJtK3GkY7OavpExDsAWBvHLA#tbl1
 - STEMI vs. OMI/NOMI criteria.

ADJOURNMENT

The meeting was adjourned at 11:00am.

CERTIFICATION OF NORTHERN REGION QUARTERLY MEETING OF THE VIRGINIA HEART ATTACK COALITION

Northern Virginia EMS Council
7250 Heritage Village Plaza, Suite 102
Gainesville, Virginia 20155

I, Craig Evans, Executive Director of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the meeting minutes of the Northern Region Quarterly Meeting of the Virginia Heart Attack Coalition held on November 15, 2022. The minutes were officially approved on _____ 2023, at the meeting of the Committee.

Ray Whatley
Executive Director

Date

Meeting ID	Topic
86913704902	Northern Virginia Cardio/VHAC Regional Meeting
Start Time	End Time
11/15/2022 9:53	11/15/2022 11:01
Duration (Minutes)	Participants
69	29

Name (Original Name)	User Email	Total Duration (Minutes)
17036249332		44
Amanda Pyle	amanda.pyle@heart.org	26
Andrew Sanders	asanders@pwcgov.org	63
Beth Adams	beth.adams@fairfaxcounty.gov	68
Brian Orndoff	brian.orndoff@fairfaxva.gov	66
Chip Morrison	cmorrison@pwcgov.org	52
Craig French	craig.french@inova.org	59
David Reich	david.reich@inova.org	43
Dr Dan Avstreich (FCFRD)	dan.avstreich@fairfaxcounty.gov	57
Eddie Fonner	cefonner@gmail.com	62
Glenn Druckenbrod	glenn.druckenbrod@inova.org	28
Helen Stevens	helen.stevens@inova.org	25
James Cooper	jamie.cooper@loudoun.gov	67
Jennifer Li	jennifer.li@inova.org	62
John Morgan	john.morgan@loudoun.gov	62
Kate Kramer	kkramer@arlingtonva.us	62
Laura Vandegrift NVEMSC	laura@vaems.org	62
Michelle Ludeman NVEMSC	michelle@vaems.org	132
Nancy Morrissey	nancy.morrissey@inova.org	52
Ray Whatley (Ray Whatley)	ray@vaems.org	62
Scott Weir	scott.weir@fairfaxcounty.gov	62
Shelbie Kidd	shelbie.kidd@hcahealthcare.com	55
Stephen Day	sday@tcg.md	33
Tracy Lane	tracy.lane@loudoun.gov	39

The background features a dark grey field with several abstract red and white shapes. On the left, there are large, stylized red shapes resembling flames or petals. In the lower-left foreground, a white, 3D-style object resembling a mushroom or a stylized letter 'M' is prominent. A dotted white line curves across the middle of the image, and a dotted red line runs vertically along the right edge.

GET WITH THE GUIDELINES[®]-CORONARY ARTERY DISEASE UPDATE

Tuesday, November 15th

2023
HOSPITAL RECOGNITION CRITERIA
(based on 2022 data)

MISSION: LIFELINE STEMI RECEIVING CENTER

RECEIVING CENTER

ARRIVAL TO 12 LEAD ECG ≤10 MINUTES 75% OR GREATER
Measure criteria reinstated as REQUIRED for January 1, 2022-December 31, 2022 discharges (AHACAD6)

ACHIEVEMENT SCORE 75% OR GREATER

- Arrival to PCI ≤ 90 minutes (AHACAD9)
- Aspirin at Discharge (AHACAD3)
- Beta Blocker at Discharge (AHACAD4)
- ACEI/ARB at Discharge (AHACAD1)
- Cardiac Rehab Referral from Inpatient Setting (AHACAD5)
- High-Intensity Statin at Discharge (AHACAD7)
- EMS FMC to PCI ≤ 90 minutes or ≤ 120 minutes when EMS Drive Time ≥ 45 minutes and D2B ≤ 30 minutes (AHACAD8)

ACHIEVEMENT SCORE 50% OR GREATER
Arrival at First Hospital to PCI ≤120 minutes for patients transferred for primary PCI (AHACAD2)

PLUS MEASURES AWARD ACHIEVEMENT SCORE 25% OR GREATER
Bronze Plus must be achieved in the same award quarter as the base Bronze award

FMC at or Before First Hospital Arrival to PCI ≤120 minutes for patients transferred for primary PCI

GOLD
2 consecutive calendar years (data in all 8 quarters)

SILVER
1 calendar year (data in all 4 quarters)

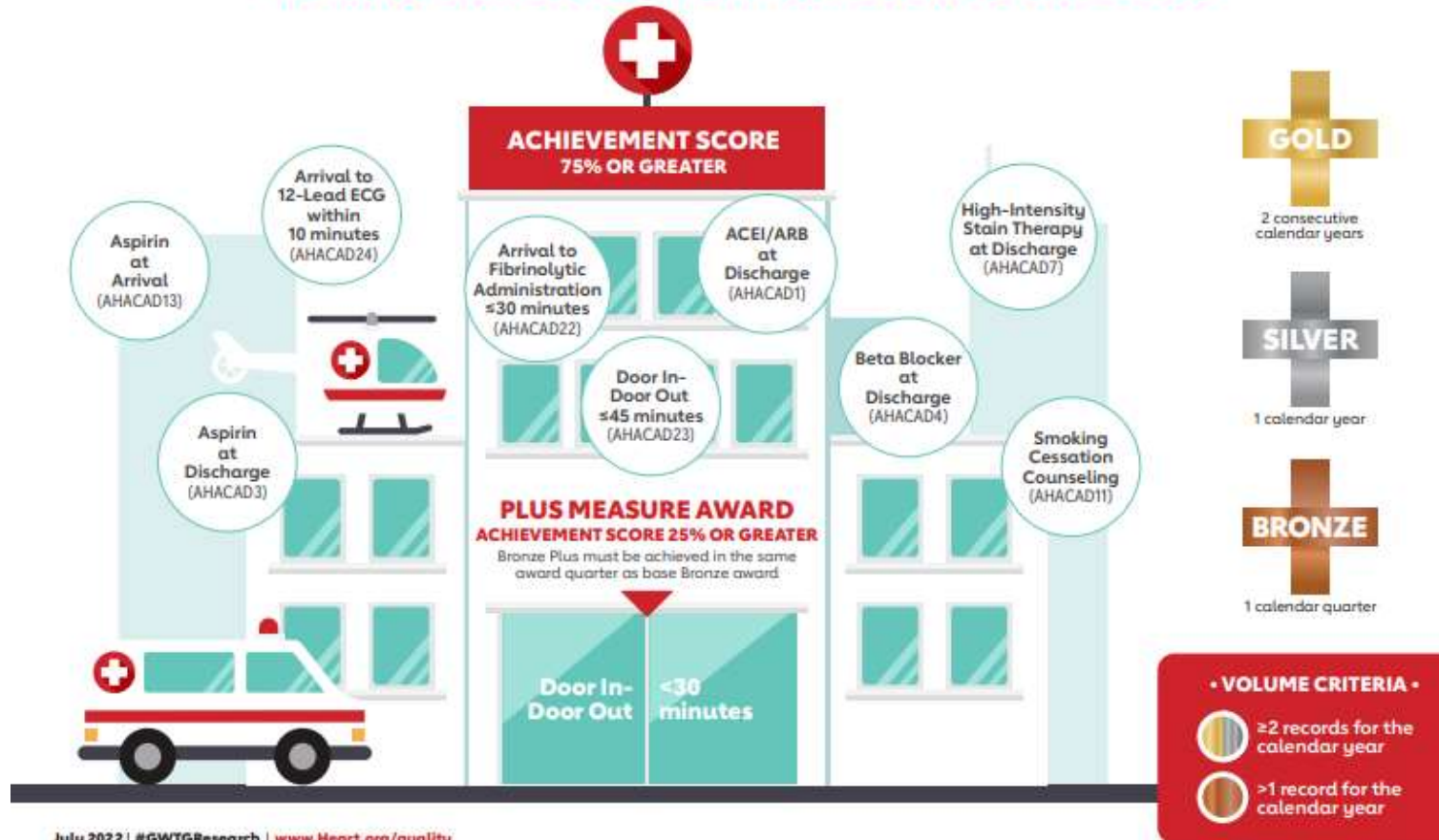
BRONZE
1 calendar quarter

VOLUME CRITERIA

- 36 or more annually
- 36 or more annually AND 9 records in the award quarter

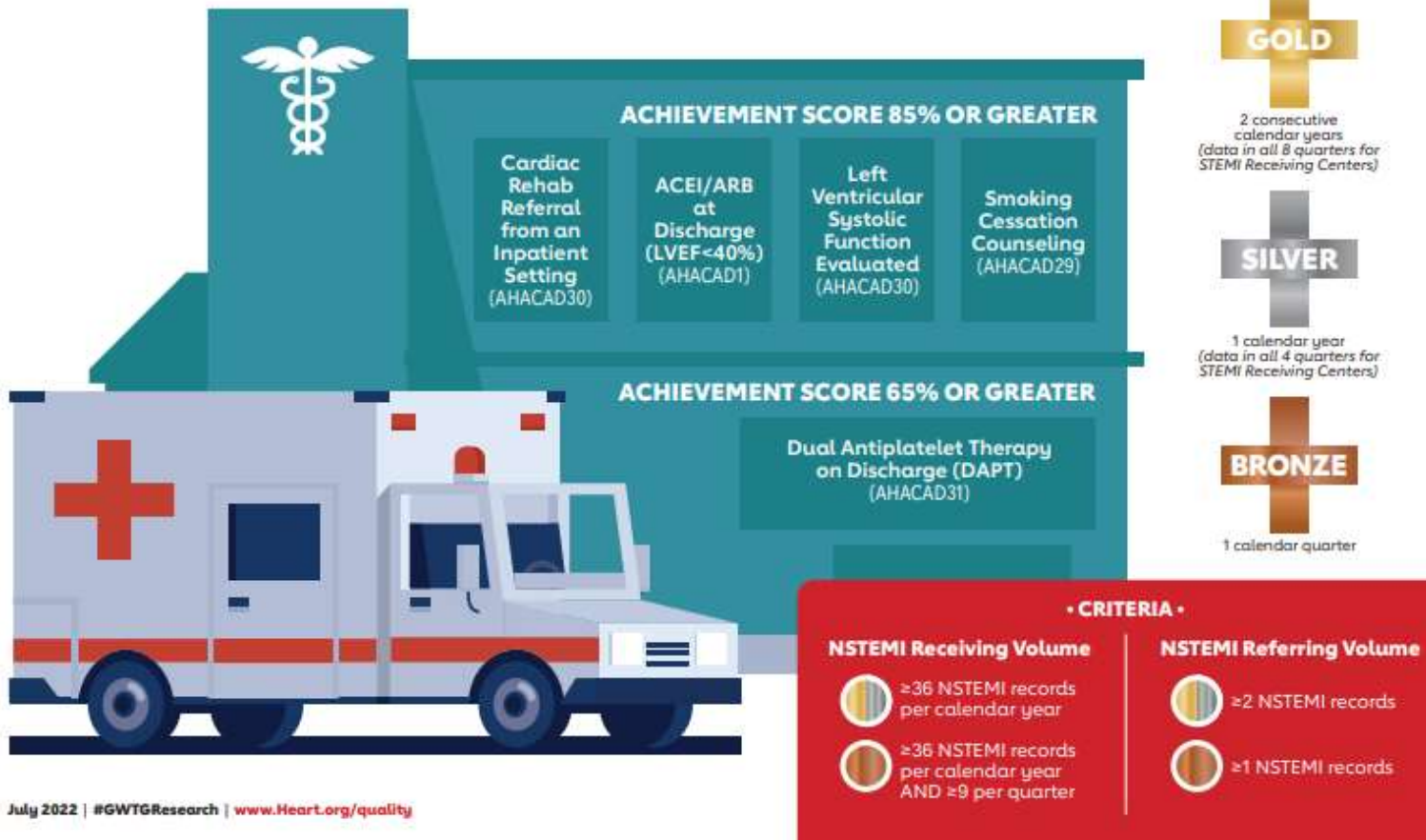
2023
HOSPITAL RECOGNITION CRITERIA
(based on 2022 data)

MISSION: LIFELINE STEMI REFERRING HOSPITAL



2023
HOSPITAL RECOGNITION CRITERIA
(based on 2022 data)

MISSION: LIFELINE NSTEMI





American Heart Association
Mission:Lifeline®
EMS



The American Heart Association® (AHA) is excited to announce new updates to Mission: Lifeline® EMS Recognition. Since 2014, the AHA has recognized EMS agencies for applying the most up-to-date evidence-based treatment guidelines to improve care and outcomes in the communities served.

2023 Mission: Lifeline EMS recognition (based on 2022 data) marks the addition of new required stroke measures and a new two-tiered recognition program.

With the new recognition program structure and addition of stroke measures, eligible EMS and first responding agencies can achieve recognition for the evidence-based care they provide patients experiencing a STEMI heart attack and/or stroke.

For additional Mission: Lifeline EMS Recognition information, please visit www.heart.org/missionlifeline or email MissionLifeline@heart.org.



Mission: Lifeline EMS Prehospital Award (Tier One)

Required STEMI and Stroke Measures:

1. Pre-Arrival Notification for Suspected Stroke
2. Documentation of Last Known Well for Patients with Suspected Stroke
3. Evaluation of Blood Glucose for Patients with Suspected Stroke
4. Stroke Screen Performed and Documented
5. 12-Lead ECG Performed Within 10 minutes
6. Aspirin Administration for STEMI
7. Pre-Arrival Notification for STEMI Within 10 minutes of STEMI Positive ECG

Volume Criteria:

At least 4 patients for the calendar year (≥1 STEMI patient and ≥1 Stroke Patient)

Mission: Lifeline EMS Systems of Care Award (Tier Two¹)

Required STEMI and Stroke Measures:²

1. EMS FMC to Thrombolytic Administration Within 90 minutes for Patients with Stroke
2. EMS FMC to Endovascular Therapy Within 180 minutes for Patients with Stroke
3. EMS FMC to PCI Within 90 minutes for Patients with STEMI
4. EMS FMC to Thrombolytic Administration Within 30 minutes for Patients with STEMI

Volume Criteria:

At least 4 STEMI patients and 4 Stroke patients for the calendar year

AWARD LEVELS



Aggregated annual compliance of ≥75% for all required measures and Silver or Gold award in 2022



Aggregated annual compliance of ≥75% for all required measures



At least one calendar quarter of compliance ≥75% for all required measures

¹Must meet Prehospital award (Tier One) criteria

²Only 1 Stroke and 1 STEMI measure required for this level of recognition.

2023 MISSION: LIFELINE EMS RECOGNITION

TIER 1

PRE-HOSPITAL AWARD

EMS CENTRIC MEASURES

NO HOSPITAL DATA ELEMENTS
NEEDED

OPEN FOR EMS TRANSPORTING
AGENCIES AND FIRST
RESPONDERS

TIER 2

SYSTEM OF CARE AWARD

AGENCY MUST PROVIDE PATIENT
TRANSPORT

REQUIRES TIER 1 ACHIEVEMENT
FOR TIER 2 ELIGIBILITY

HOSPITAL DATA ELEMENTS

- Time of Lytic Admin
- Time of PCI
- Time of Endovascular Therapy

TIER 1 & TIER 2 MEASURES

Mission: Lifeline EMS Prehospital Award (Tier One)

Required STEMI and Stroke Measures:

1. Pre-Arrival Notification for Suspected Stroke
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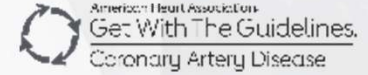
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Volume Criteria:

At least 4 STEMI patients and 4 Stroke patients for the calendar year



2023 MISSION: LIFELINE EMS RECOGNITION

BOLO FOR MORE INFO

FAQ coming soon to website

Upcoming M:L EMS recognition webinar

Application open date will be announced

Application process will be announced



THE DIFFERENCE BETWEEN THE MISSION: LIFELINE REGIONAL QUARTERLY REPORTS AND MISSION: LIFELINE ADVANCED ANALYTICS

MISSION: LIFELINE REGIONAL QUARTERLY REPORTS

The MISSION: LIFELINE QUARTERLY REPORTS are static multi-tab regional reports. These reports were generated quarterly after the data entry deadline, usually within 90 days and available for hospitals to view. Since these reports capture a snapshot in time, their functionality was limited as any data entered after the report was generated would not be included.

MISSION: LIFELINE ADVANCED ANALYTICS

MISSION: LIFELINE ADVANCED ANALYTICS is a multi-tab real time regional report. This report provides the ability to select your own parameters for the MISSION: LIFELINE REGIONAL REPORT. The ability to pull these reports at any time is a key difference and benefit for hospitals as they are not confined to data deadlines and can provide feedback to their EMS agencies, regions, hospital partners in real time.



CURRENT STATE & UPCOMING PLANS

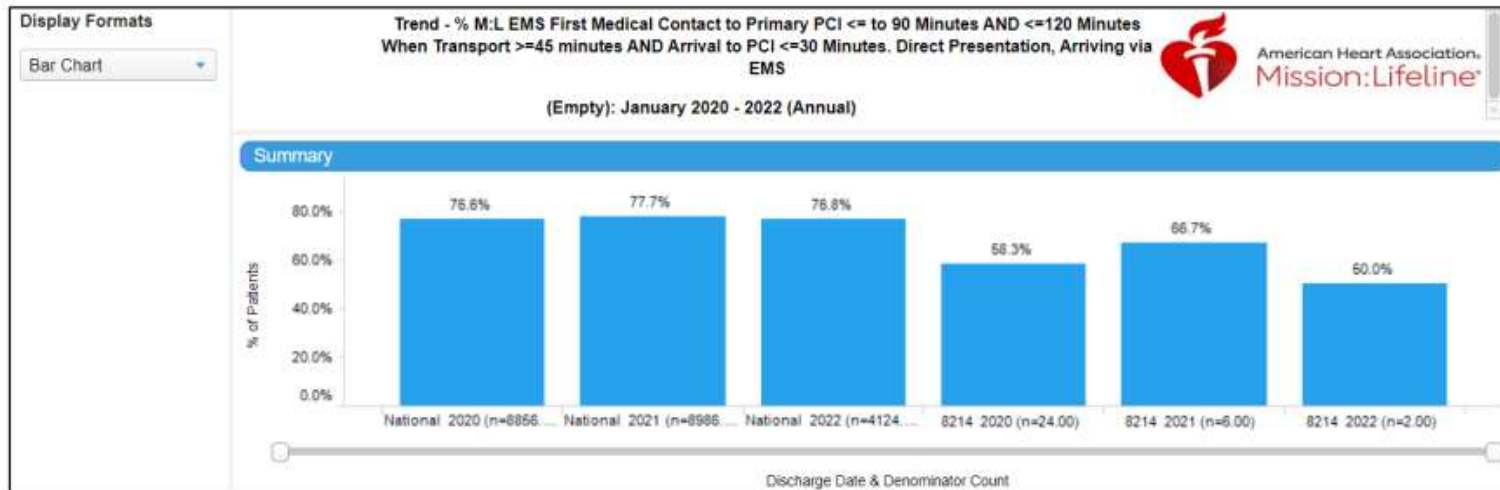
Both reports are still available under configurable measure reports, however the AHA is tentatively planning on sunsetting the MISSION: LIFELINE REGIONAL QUARTERLY report early next year and has stopped refreshing the quarterly reports.

The last available report timeframe available was July 2022.

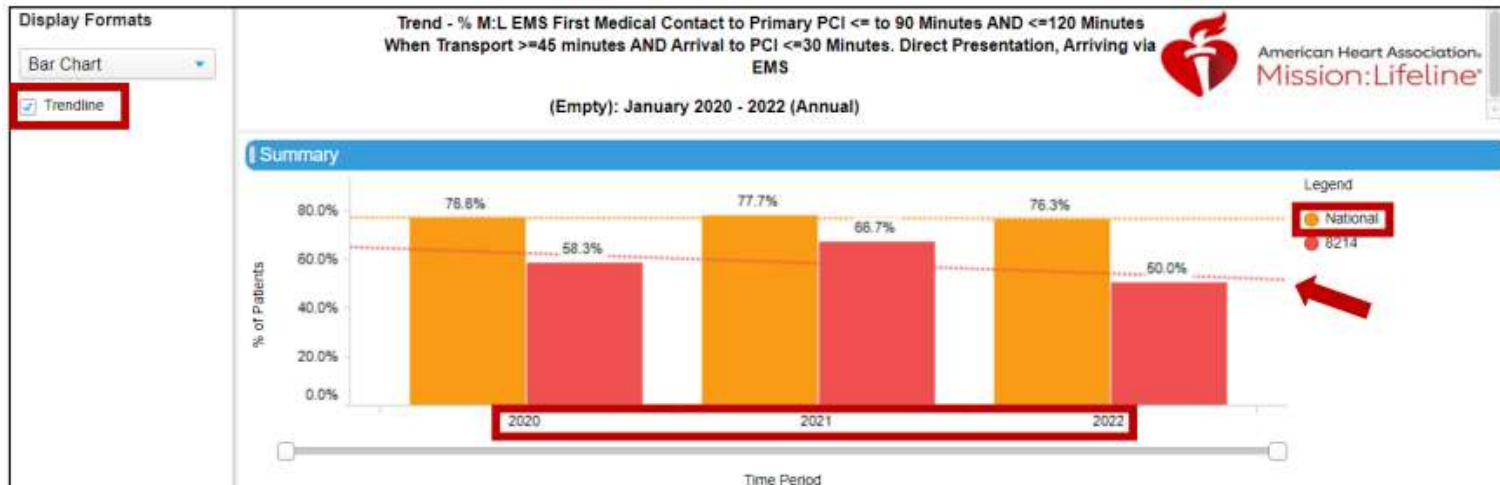
Efforts will be focused on MISSION: LIFELINE ADVANCED ANALYTICS and enhancing the functionality within that report.

Communication will be provided when the static report will sunset perinatally.

Before:



After:



UPCOMING CAD OFFICE HOURS

[Registration is open, click here:](#)

Wednesday, December 14, 2022, from 2:00-3:00 PM EST.

NEW RESOURCES AVAILABLE IN CAD LIBRARY

We are happy to share additional resources that are available in the GWTG-CAD library!

The program materials section now includes PDFs on how to run reports for STEMI receiving hospitals and STEMI referring hospitals.

The user guide and training section now has a time metrics tab FAQ. As a reminder, this new tab was added with the July 30th release and is a great new feature!

NEW RESOURCES AVAILABLE IN CAD LIBRARY

Program Materials

- Quarterly Mission: Lifeline Regional Report Schedule
- 2023 ML STEMI Receiving Recognition
- 2023 ML STEMI Referring Recognition
- 2023 ML NSTEMI Recognition
- 2023 ML EMS Recognition Criteria
- GWTG-CAD & Mission: Lifeline Office Hours Flyer
- 2021 Chest Pain Guidelines
- 2021 STEMI Policy Statement
- 2017 Clinical Performance and Quality Measures for STEMI/NSTEMI
- 2015 STEM/PCI Update
- 2014 NSTEMI Guidelines
- 2013 STEMI Guidelines
- Guideline Beta Blocker Medications List
- Guideline Recommended Statin Medications and Dosages
- STEMI Symptoms Poster
- STEMI Symptoms Poster - Black & White
- GWTG-CAD- How to Run Award Report
- GWTG-CAD Receiving- How to Run Reports
- GWTG-CAD Referring- How to Run Reports

User Guide & Training

- IRP User Guide
- Training Video- Logging in and Navigation
- Training Video- Facility Forms
- Training Video- Custom Lists
- Training Video- Custom Fields
- Downloading Report Visualizations
- GWTG Display Options and Percentiles Legend
- GWTG-CAD Time Metrics FAQ



Please contact:

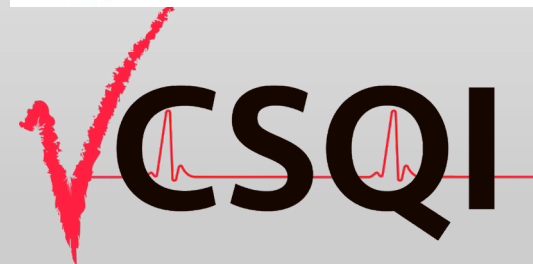
Tawny.Jackson@heart.org

Amanda.Pyle@heart.org

for any questions!

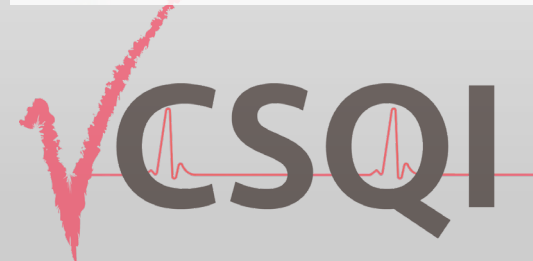
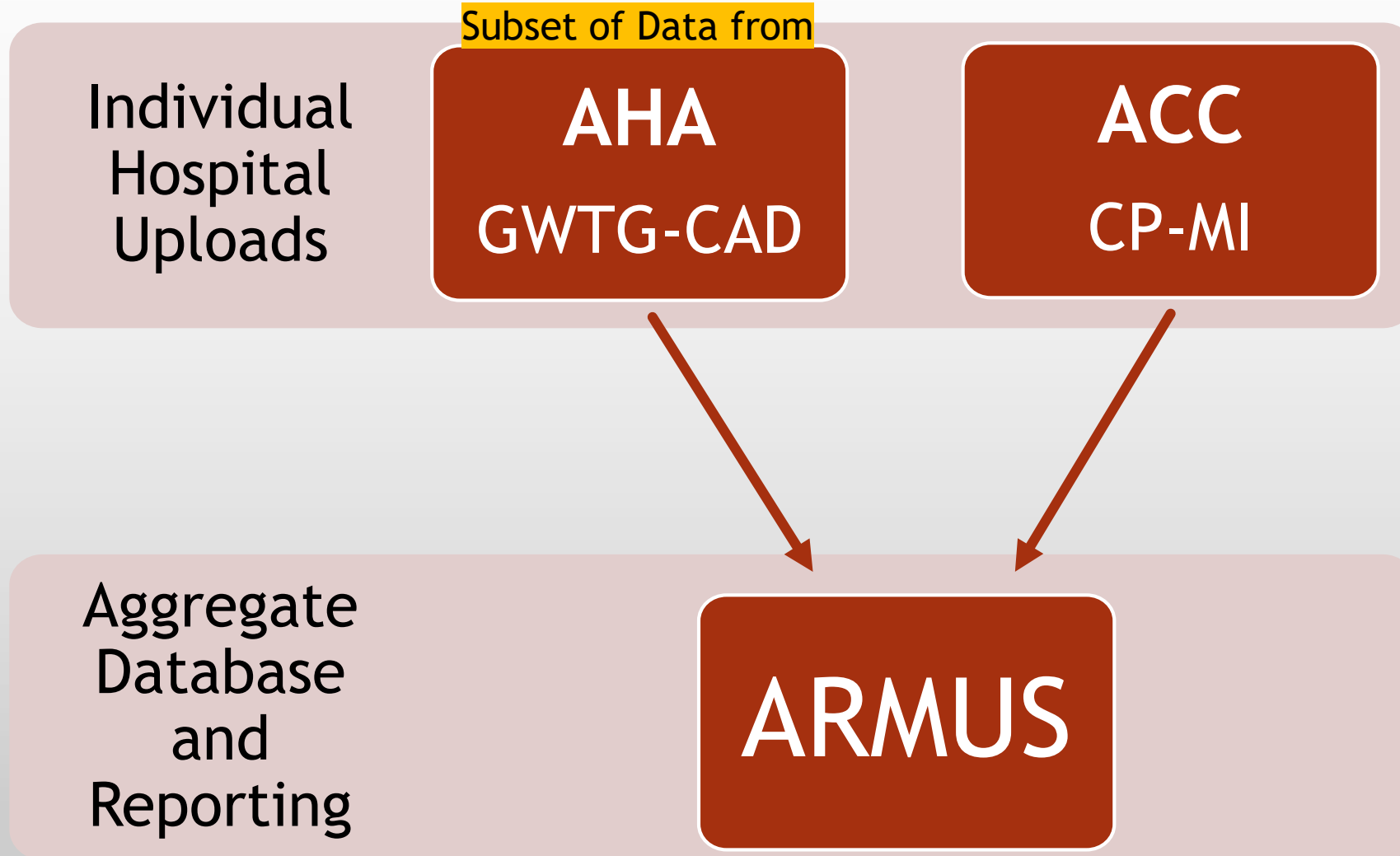
VHAC-VCSQI Statewide STEMI Database

Q2 2022 Summary Reports: Northern Region



Transforming Cardiovascular Care to Improve Patient Experience and Value

Data Aggregation Model



STEMI Database Participation

- 17 Members currently sharing CP-MI data quarterly
 - 3 New members pending uploads
- 4 Centers from VHAC Northern Region submitting data
- GWTG-Only Centers:
 - Import of custom data set into CP-MI is in testing with ARMUS



STEMI Reports by Region: Q3 2021 - Q2 2022

Population: All STEMI Patients, Q3 2021 – Q2 2022 (N=1,692)	VCSQI	East	North	Northwest	South	West
Median Door In - Door Out (Minutes): Transfer Patients	54.5	60.5	44.0	58.0	53.0	74.5
Median Transfer Time between Hospitals	29.0	29.0	24.0	35.0	31.0	38.5
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	88.3%	84.3%	92.0%	90.9%	93.5%	81.3%
Median FMC to Primary PCI: Non-Transfer Patients	73.0	75.0	73.0	68.0	62.0	78.0
Pre-Hospital ECGs	98.0%	98.4%	99.2%	95.0%	100.0%	98.1%

- = Exceeds VCSQI Average
- = Equal to VCSQI Average
- = Lower than VCSQI Average



Northern Region: Q3 2021 - Q2 2022

Population: All STEMI Patients, Q3 2021 – Q2 2022 (N=363)	North	3E3HC	5ZUU4	J5DO3	T4DUC
Median Door In - Door Out (Minutes): Transfer Patients	44.0	53.5	44.0	44.5	43.0
Median Transfer Time between Hospitals	24.0	13.0	32.0	11.5	19.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	92.0%	91.7%	92.9%	87.8%	94.4%
Median FMC to Primary PCI: Non-Transfer Patients	73.0	76.0	72.0	77.0	70.0
Pre-Hospital ECGs	99.2%	93.2%	100.0%	100.0%	100.0%

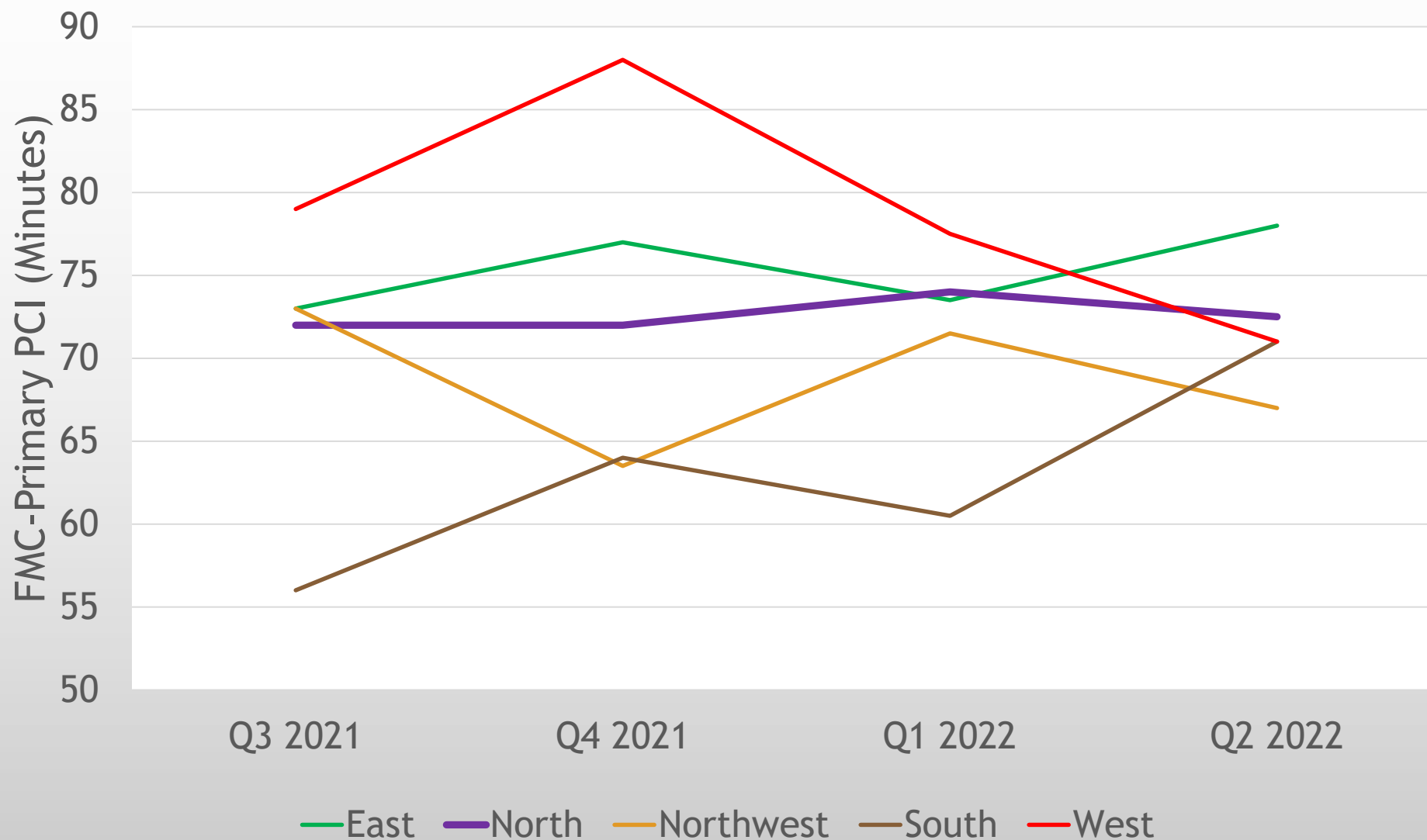
 = Exceeds VCSQI Average

 = Equal to VCSQI Average

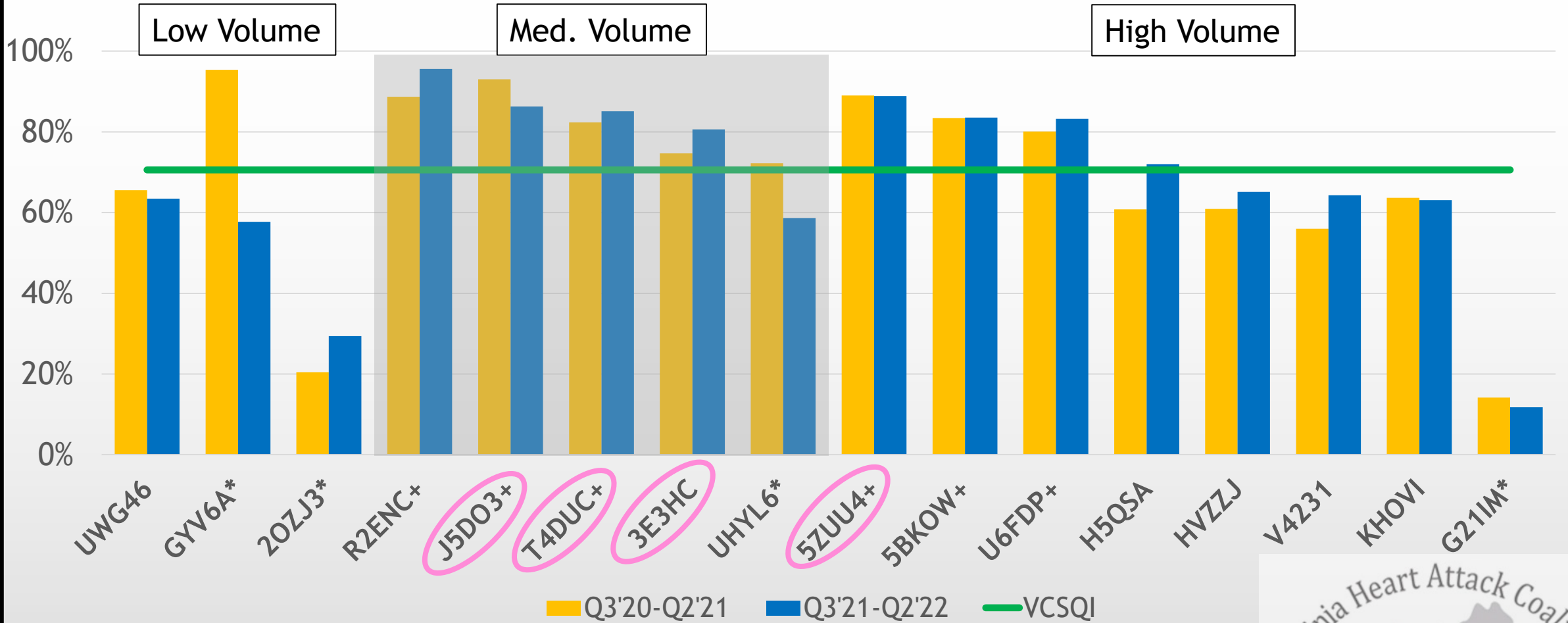
 = Lower than VCSQI Average



Median FMC-Primary PCI by Region and Quarter



Radial Access Site by Hospital: Immediate PCI for STEMI Procedures, Q3 2020 - Q2 2022 (N=3,660)



VCSQI: Femoral - 29.2%

Radial - 70.6%



For the latest 4 quarter period:

A plus (+) following the hospital code indicates the hospital is statistically better than the rest of VCSQI

An asterisk (*) following the hospital code indicates the hospital is statistically poorer than the rest of VCSQI

We Need Your Help!

- Please join in this collaborative effort to improve STEMI care across Virginia
- New members will need to sign agreement forms with VCSQI and ARMUS

Current VCSQI Members (4)



Awaiting Participation (7)



Contact: info@vcsqi.org for more info

