

Virginia Heart Attack Coalition Northern Region

Spring 2023
Thursday, February 23, 2023
10:00 am



VIA ZOOM

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

AGENDA

- Call to order
- Approval of minutes of the November 15, 2022 meeting
- AHA Update
- VCSQI Data Review – Eddie Fonner
- Regional EMS Data Update – Ray Whatley
- Hospital and EMS Agency Roundtable
- Next Meeting Topic Discussion
- Adjournment

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

**Spring 2023
Thursday, February 23, 2023
10:00 am**



Those present were: (All present via Zoom)

Amber Brown	amber.brown@heart.org
Beth Adams	beth.adams@fairfaxcounty.gov
Brian Orndoff	brian.orndoff@fairfaxva.gov
Chip Morrison	cmorrison@pwcgov.org
Christine Warden	chou@vhchealth.org
Craig French	craig.french@inova.org
Dan Avstreich	dan.avstreich@fairfaxcounty.gov
Eddie Fonner VCSQI	cefonner@gmail.com
Hannah Fraley	hfracley@virginiahospitalcenter.com
Jessica Mountjoy	jessica.mountjoy@mwhc.com
John Bowers	jbowers@manassasva.gov
John Morgan	john.morgan@loudoun.gov
Kate Kramer	kkramer@arlingtonva.us
Kate Passow	kate.passow@gmr.net
Laura Vandegrift	northern@vaems.org
Lori Hollowell	lori.hollowell@heart.org
Marissa Snellinger	marissa.snellinger@heart.org
Meghan Bozzelli	mbozzelli@vhchealth.org
Michelle Ludeman	michelle@vaems.org
Ray Whatley	ray@vaems.org
Scott Weir	scott.weir@fairfaxcounty.gov
Shelbie Kidd	shelbie.kidd@hcahealthcare.com
Shirley Riggsbee - Inova	shirley.riggsbee@inova.com
Stephen Day	sday@tcg.md
Tawny Jackson	tawny.jackson@heart.org
Tracy Lane	tracy.lane@loudoun.gov

The quarterly Virginia Heart Attack Coalition (VHAC) meeting was started at 10:03 am by Brian Orndoff.

Virginia Heart Attack Coalition

Meeting Minutes

February 23, 2023

APPROVAL OF MINUTES

- November 15, 2022, meeting minutes were sent for review
 - Motion to approve by Beth Adams, seconded by Kate Kramer
 - ***Minutes unanimously approved***

AHA UPDATE

- Tawny Jackson introduced Amber Brown as the program consultant to cover Virginia for GWTG CAD
- Amber has a nursing background and started the GWTG program in her previous employment at a hospital in Delaware. She lives in DE and has been with AHA for about four weeks and Lori Hollowell is assisting her in the transition
- Lori Hollowell advised she functions in the SE states, and previously worked with VHAC in VA and worked closely with the doctors with VHAC
 - Updates for hospital and EMS
 - EMS – EMS recognition application window is open
 - Process for applying is different this year, just submit numerators and denominators for the quarter, no application fee
 - Smartsheet platform vs. Qualtrix this year
 - Doesn't take as much time to complete
 - Differences between this and previous years, once you start you have to finish. There is no save and finish later option. No unique link to reset on their end, so once you start you must complete it.
 - On the EMS recognition website, all the resources and information needed to complete the application are there
 - If you have questions, please contact Amber Brown as soon as possible at amber.brown@heart.org
 - Application deadline is 3/31/2023 at midnight central time
 - Biggest difference between this and previous years, is the changed levels of recognition
 - This year there are two levels – one is Mission; Lifeline EMS Recognition
 - Many of the stroke levels that were optional in the past are not required
 - Such as was a BGL taken in suspected stroke patients
 - Bronze and Mission Lifeline System of Care
 - Mission: Lifeline EMS recognition website – see slides at the end of the minutes for further information
 - Hospital
 - GWTG CAD there were significant updates to the case report form
 - In the slide deck at the end of the minutes there is a link to the webinar held earlier this month with a summary of updates
 - GWTG CAD was originally launched in 2017, and relaunched in 2018

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under a new platform, this is a major update since then.

- Also expanded entry criteria for the registry
- Criteria now include inpatient STEMI or NSTEMI, can add that data for those patients
- Also data on CP and unstable angina patients as well
- No pediatrics, only 18 years of age or older
- Patients for planned or scheduled procedures are not included unless they start signs and symptoms of STEMI on the table
- STEMI and NSTEMI recognition pressures not changing
 - In April there will be an update to include improved logic for some patient types, such as transfer in

VCSQI DATA REVIEW

Eddie Fonner's data review presentation is found at the end of these minutes

REGIONAL EMS DATA UPDATE

Ray Whatley provided the following update:

Ray showed an example spreadsheet of regional data and asked if this was something we should use (from ESO)

- Beth Adams suggested looking at it quarterly
- Dr. Avstreich can we capture the data in another way, such as ASA admin (this was from ESO, not looking at the PCRs to confirm)? This was ASA documented and unsure if this was before arrival or in the field
- Brian Orndoff stated we should make sure we provide data that is useful. Can we modify reporting systems to track items? Is this 44% for aspirin real? If not, how do we figure out what it is and how we improve reporting in these data systems like ESO
 - Ray said, like with STEMI alerts – are we just not checking the box or are we just not doing an alert during the daytime hours when we transport to a PCI center

Ray will pull data before adding to minutes and go back to CY Q4 2022

Beth – is there an update on outcome reporting for hospitals? Are they changing the process?

- Megan Bozzelli at VHC and Craig French will investigate this for their respective hospitals and find out
- Dr. Stephen Day said Inova completely reworked its data registry structure across the system. Nancy Morrissey is the local contact, please reach out to her or Dr. Day if there are issues and they can assist. There was some downsizing so if there are issues, they need to address that.

HOSPITAL AND EMS AGENCY ROUNDTABLE DISCUSSION

- Hospital
 - Inova – Craig French advised there were no updates
 - VHC – Megan Bozzelli advised they are working on the ESO integration with their EMR so that is a large project with their EMS agencies, at least 6 months out

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- Mary Washington Hospital - Jessica Mountjoy advised there was no update but had the following question:
 - They are getting a new freestanding facility that is not in their hospital system and MWH is the closest facility for PCI. How does that work with them bringing patients there?
 - Beth Adams from Fairfax County and Dr. Dan advised FMC to balloon is the important part, so, for EMS, we don't consider the hospital system "brand" when we transport
- Dr. Day from Inova advised he likes the pre-activation from EMS
 - For a while, we did Brilinta loading in the field, but the data doesn't support that so they're doing it in the lab now and de-emphasizing that in the field
 - MWH advised they do not pre-load with anything, it is all done in the lab
 - VHC also gives it in the lab, with no pre-load
- EMS
 - Kate Kramer from Arlington Co FD advised there was no update
 - Brian Orndoff from the City of Fairfax Fire Department advised there was no update
 - Beth Adams from Fairfax County FD advised there was no update
 - Dr. Morgan from Loudoun County FD advised there was no update
 - Jason Bowers from Manassas City FD advised there was no update
 - Manassas Park FD advised there was no update
 - Gary Hubble from MWAA advised there was no update

NEXT MEETING TOPIC

Suggestions for upcoming meeting topics

- QUESTION - Kate – when gathering Mission: Lifeline data, in persons with suspected ACS, how do you gather that? It's too difficult to read through every nausea/dizziness PCR. How do others do it?
 - Brian Orndoff advised they have ImageTrend reports set to use provider impression and just tracking whether they do a 12-lead and how quickly?
 - After that then just those that meet STEMI criteria, mostly time metrics because they emphasize 12-leads on those patients
 - Then they look at whether was it appropriate or not to NOT do the 12 lead
 - Beth said they use the same as CFFD
 - Chest pain, syncope, and SOB are the metrics they use
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2023 UPCOMING MEETINGS

May 25, 2023

August 24, 2023

November 30, 2023

ADJOURNMENT

Virginia Heart Attack Coalition

Meeting Minutes

February 23, 2023

The meeting was adjourned at 11:00 am.

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, Laura Vandegrift, Administrative Coordinator 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 February 23, 2023. The minutes were officially approved on May 25, 2023, at the meeting of the Committee.

Laura Vandegrift
Administrative Coordinator

Date

DRAFT



American Heart Association.
Mission:Lifeline®
EMS

2023 Mission: Lifeline EMS

Recognition Measures





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AHAEMS1: Pre-Arrival Notification for Suspected Stroke

The percentage of EMS patients aged 18 years and older transported from the scene with a primary or secondary impression of stroke whom a pre-arrival alert for stroke was activated during the EMS encounter.

Initial Patient Population

<p>Patients aged 18 years and older with a suspected stroke transported from the scene from a 911 request</p>	<p>(ePatient.15 Age is greater than or equal to 18 and ePatient.16 Age Units is 2546009 ("Years") and eSituation.11 Provider's Primary Impression matches\^(I60)(I61) (I63) (G45) (G46)/ or eSituation.12 Provider's Secondary Impressions matches\^(I60)(I61) (I63) (G45) (G46)/ and eDisposition.30 Transport Disposition is in (4230001 ("Transport by This EMS Unit (This Crew Only)"), 4230003 ("Transport by This EMS Unit, with a Member of Another Crew"), 4230007 ("Transport by Another EMS Unit, with a Member of This Crew")) and eResponse.05 Type of Service Requested is in (2205001 ("Emergency Response (Primary Response Area)"), 2205003 ("Emergency Response (Intercept)"), 2205009 ("Emergency Response (Mutual Aid)")))</p>
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Denominator

Include:	Data Elements for Calculation
Patients in the initial population	Equals Initial Population
Exclusions: (Always remove from denominator)	
Patient died prior to arrival to hospital	eDisposition.19 Final Patient Acuity is 4219909 ("Dead with Resuscitation Efforts (Black)")
Exceptions: (Remove from denominator if present and numerator is not met)	
None	N/A

Numerator

Pre-arrival alert for stroke initiated during the EMS encounter	eDisposition.24 Destination Team Pre-Arrival Alert or Activation is 4424015 ("Stroke")
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AHAEMS2: Documentation of Last Known Well for Patients with Suspected Stroke

The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom Last Known Well was documented during the EMS encounter.

Initial Patient Population

<p>Patients aged 18 years and older with suspected stroke transported from the scene from a 911 request</p>	<pre>((ePatient.15 Age is greater than or equal to 18 and ePatient.16 Age Units is 2546009 ("Years")) and (eSituation.11 Provider's Primary Impression matches \(I60)(I61)(I63)(G45)(G46)/ or eSituation.12 Provider's Secondary Impressions matches \(I60)(I61)(I63)(G45)(G46)/) and eDisposition.30 Transport Disposition is in (4230001 ("Transport by This EMS Unit (This Crew Only)", 4230003 ("Transport by This EMS Unit, with a Member of Another Crew"), 4230007 ("Transport by Another EMS Unit, with a Member of This Crew")) and eResponse.05 Type of Service Requested is in (2205001 ("Emergency Response (Primary Response Area)", 2205003 ("Emergency Response (Intercept)", 2205009 ("Emergency Response (Mutual Aid))))</pre>
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Denominator

Include:	Data Elements for Calculation
Patients in the Initial Population	Equals Initial Population
Exclusions: (Always remove from denominator)	
Patients with an altered level of consciousness (AVPU less than A or GCS less than 15)	(eVitals.26 Level of Responsiveness (AVPU) is in (3326003 (“Verbal”), 3226005 (“Painful”), 3226007 (“Unresponsive”)) or eVitals.23 Total Glasgow coma Score is less than 15)
Exceptions: (Remove from denominator if present and numerator is not met)	
None	N/A

Numerator

Last Known Well documented during the EMS encounter	eSituation.18 Date/Time Last Known Well is not in (Null, 7701001 (“Not Applicable”), 7701003 (“Not Recorded”))
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AHAEMS3: Evaluation of Blood Glucose for Patients with Suspected Stroke

The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom blood glucose was evaluated during the EMS encounter.

Initial Patient Population

<p>Patients aged 18 years and older with suspected stroke transported from the scene from a 911 request</p>	<pre>((ePatient.15 Age is greater than or equal to 18 and ePatient.16 Age Units is 2546009 ("Years")) and (eSituation.11 Provider's Primary Impression matches\^(I60)(I61) (I63) (G45) (G46)/ or eSituation.12 Provider's Secondary Impressions matches\^(I60)(I61) (I63) (G45) (G46)/) and eDisposition.30 Transport Disposition is in (4230001 ("Transport by This EMS Unit (This Crew Only)"), 4230003 ("Transport by This EMS Unit, with a Member of Another Crew"), 4230007 ("Transport by Another EMS Unit, with a Member of This Crew")) and eResponse.05 Type of Service Requested is in (2205001 ("Emergency Response (Primary Response Area)"), 2205003 ("Emergency Response (Intercept)"), 2205009 ("Emergency Response (Mutual Aid)")))</pre>
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Denominator

Include:	Data Elements for Calculation
Patients in the Initial Population	Equals Initial Population
Exclusions: (Always remove from denominator)	
Patients who died prior to hospital arrival	eDisposition.19 Final Patient Acuity is 4219909 ("Dead with Resuscitation Efforts (Black)")
Exceptions: (Remove from denominator if present and numerator is not met)	
Documented reason(s) for not evaluating blood glucose: <ul style="list-style-type: none"> • Patient refused blood glucose evaluation Unable to complete blood glucose evaluation (e.g., No glucose monitor available)	eVitals.18 Blood Glucose Level is in (8801019 ("Refused"), 8801023 ("Unable to Complete"))

Numerator

Blood glucose evaluated during the EMS encounter	eVitals.18 Blood Glucose Level is not in (Null, 7701001 ("Not Applicable"), 7701003 ("Not Recorded"))
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AHAEMS4: Stroke Screen Performed and Documented

The percentage of EMS patients aged 18 years and older transported from the scene with a suspected stroke for whom a stroke screen was performed and documented during the EMS encounter.

Initial Patient Population

<p>Patients aged 18 years and older with a suspected stroke transported from the scene from a 911 request</p>	<pre>((ePatient.15 Age is greater than or equal to 18 and ePatient.16 Age Units is 2546009 ("Years")) and (eSituation.11 Provider's Primary Impression matches \(I60)(I61)(I63)(G45)(G46)/ or eSituation.12 Provider's Secondary Impressions matches \(I60)(I61)(I63)(G45)(G46)/) and eDisposition.30 Transport Disposition is in (4230001 ("Transport by This EMS Unit (This Crew Only)", 4230003 ("Transport by This EMS Unit, with a Member of Another Crew"), 4230007 ("Transport by Another EMS Unit, with a Member of This Crew")) and eResponse.05 Type of Service Requested is in (2205001 ("Emergency Response (Primary Response Area)", 2205003 ("Emergency Response (Intercept)", 2205009 ("Emergency Response (Mutual Aid))))</pre>
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Denominator

Include:	Data Elements for Calculation
Patients in the Initial Population	Equals Initial Population
Exclusions: (Always remove from denominator)	
Patients who died prior to hospital arrival	eDisposition.19 Final Patient Acuity is 4219909 ("Dead with Resuscitation Efforts (Black)")
Exceptions: (Remove from denominator if present and numerator is not met)	
<p>Documented reasons for not performing stroke screen:</p> <ul style="list-style-type: none"> Altered level of consciousness (AVPU less than A or GCS less than 15) Patient refused stroke screen <p>Unable to complete stroke screen (e.g., patient in cardiac arrest, trauma injury, other time-sensitive conditions requiring care)</p>	<p>(eVitals.26 Level of Responsiveness (AVPU) is in (3326003 ("Verbal"), 3326005 ("Painful"), 3326007 ("Unresponsive")) or eVitals.23 Total Glasgow Coma Score is less than 15 or eVitals.29 Stroke Scale Score is in (8801019 ("Refused"), 8801023 ("Unable to Complete"))</p>

Numerator

Stroke screen performed and severity documented	<p>(eVitals.30 Stroke Scale Type is in (3330001 ("Cincinnati Prehospital Stroke Scale (CPSS)"), 3330004 ("Los Angeles prehospital Stroke Screen (LAPSS)"), 3330005 ("Massachusetts Stroke Scale (MSS)"), 3330007 ("Miami Emergency Neurologic Deficit Exam (MEND)"), 3330009 ("NIH Stroke Scale (NIHSS)"), 3330011 ("Other Stroke Scale Type"), 3330013 ("FAST-ED"), 3330015 ("Boston Stroke Scale (BOSS)"), 3330017 ("Ontario Prehospital Stroke Scale (OPSS)"),</p>
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	<p>3330019 ("Melbourne Ambulance Stroke Screen (MASS)"), 3330021 ("Rapid Arterial Occlusion Evaluation (RACE)"), 3330023 ("Los Angeles Motor Score (LAMS)"))</p> <p>and</p> <p>eVitals.29 Stroke Scale Score is in (3329001 ("Negative"), 3329003 ("Non-Conclusive"), 3329005 ("Positive"))</p>
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AHAEMS5: 12-lead ECG performed ≤ 10 minutes for Suspected Heart Attack

The percentage of EMS patients aged 18 years and older transported from the scene with chest pain or a suspected MI for whom a 12-Lead ECG was performed ≤ 10 minutes of first medical contact.

Initial Patient Population

<p>Patients aged 18 years and older with chest pain or a suspected MI transported from the scene from a 911 request</p>	<p>(ePatient.15 Age is greater than or equal to 18 and ePatient.16 Age Units is 2546009 ("Years")) and eSituation.11 Provider's Primary Impression matches\ (I20.9) (I21) (I21.3) (I21.4) (I46.9) (I49.9) (J80) (J81.0) R06.00 R06.02 (R07.9) (R11) R53.81 (R55)/ and eDisposition.30 Transport Disposition is in (4230001 ("Transport by This EMS Unit (This Crew Only)"), 4230003 ("Transport by This EMS Unit, with a Member of Another Crew"), 4230007 ("Transport by Another EMS Unit, with a Member of This Crew")) and eResponse.05 Type of Service Requested is in (2205001 ("Emergency Response (Primary Response Area)"), 2205003 ("Emergency Response (Intercept)"), 2205009 ("Emergency Response (Mutual Aid)")))</p>
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Denominator

Include:	Data Elements for Calculation
<p>Patients with a 12-lead ECG performed during the EMS encounter</p>	<p>eVitals.04 ECG Type is in (3304007 ("12 Lead-Left Sided (Normal)"), 3304009 ("12 Lead-Right Sided"), 3304011 ("15 Lead"), 3304013 ("18 Lead"))</p>



Exclusions: (Always remove from denominator)	
None	N/A

Exceptions: (Remove from denominator if present and numerator is not met)	
Patients in cardiac arrest or Patients requiring advanced airway management prior to ECG or Patients in shock or with injury, requiring stabilization or Patients refused care	(<u>eArrest.01 Cardiac Arrest</u> is in (3001003 ("Yes, Prior to Any EMS Arrival (includes EMS & Medical First Responders)"), 3001005 ("Yes, After Any EMS Arrival (includes Transport EMS & Medical First Responders)")) or ((<u>eAirway.10 Date/Time Decision to Manage the Patient with an Invasive Airway</u> is not null is before first (<u>eVitals.04 ECG Type</u> is in (3304007 ("12 Lead-Left Sided (Normal)"), 3304009 ("12 Lead-Right Sided"), 3304011 ("15 Lead"), 3304013 ("18 Lead"))) where <u>eVitals.01 Date/Time Vital Signs Taken</u> is not null sorted by <u>eVitals.01 Date/Time Vital Signs Taken</u>)) or <u>eProtocols.01 Protocols Used</u> is 9914127 ("Medical-Hypotension/Shock (Non-Trauma)") or <u>eSituation.02 Injury</u> is 9922005 ("Yes") or <u>eDisposition.28 Patient Evaluation/Care</u> is in (4228003 ("Patient Evaluated and



	<p>Refused Care”), 4228007 (“Patient Refused Evaluation/Care))</p> <p>or</p> <p>eProtocols.01 Protocols Used is 9914189 (“General Refusal of Care”))</p> <p>or</p> <p>eVitals.04 ECG Type is 8801019 (“Refused”))</p>
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Numerator	
12-Lead EGG performed within 10 minutes of first medical contact	<p>((</p> <p>eVitals.04 ECG Type is in (</p> <p>3304007 (“12 Lead-Left Sided (Normal)”),</p> <p>3304009 (“12 Lead-Right Sided”),</p> <p>3304011 (“15 Lead”),</p> <p>3304013 (“18 Lead”))</p> <p>where</p> <p>eVitals.01 Date/Time Vital Signs Taken is not in (</p> <p>Null,</p> <p>7701001 (“Not Applicable”),</p> <p>7701003 (“Not Recorded”))</p> <p>and</p> <p>eTimes.07 Arrived at Patient Date/Time is not in (</p> <p>Null,</p> <p>7701001 (“Not Applicable”),</p> <p>7701003 (“Not Recorded”))</p> <p>and (</p> <p>eVitals.01 Date/Time Vital Signs Taken MINUS eTimes.07 Arrived at Patient Date/Time (> 0 Minutes and <= 10 Minutes))</p>



AHAEMS6: Aspirin Administration for STEMI-positive ECG

Percent of EMS patients aged 18 years and older transported from the scene with a STEMI positive ECG who were administered aspirin.

Initial Patient Population

<p>Patients aged 18 years and older with chest pain or suspected MI transported from the scene from a 911 request</p>	<p>(ePatient.15 Age is greater than or equal to 18 and ePatient.16 Age Units is 2546009 ("Years") and eSituation.11 Provider's Primary Impression matches\ (120.9) (121) (121.3) (121.4) (146.9) (149.9) (J80) (J81.0) R06.00 R06.02 (R07.9) (R11) R53.81 (R55)/ and eDisposition.30 Transport Disposition is in (4230001 ("Transport by This EMS Unit (This Crew Only)"), 4230003 ("Transport by This EMS Unit, with a Member of Another Crew"), 4230007 ("Transport by Another EMS Unit, with a Member of This Crew") and eResponse.05 Type of Service Requested is in (2205001 ("Emergency Response (Primary Response Area)"), 2205003 ("Emergency Response (Intercept)"), 2205009 ("Emergency Response (Mutual Aid)"))</p>
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Denominator

Include:	Data Elements for Calculation
<p>Patients in the Initial Population with a positive 12-Lead ECG for STEMI</p>	<p>Initial Population and (eVitals.04 ECG Type is in (3304007 ("12 Lead-Left Sided (Normal)"), 3304009 ("12 Lead-Right Sided"), 3304011 ("15 Lead"), 3304013 ("18 Lead") and</p>



	<p>eVitals.03 Cardiac Rhythm/Electrocardiography (ECG) is in (9901051 (“STEMI Anterior Ischemia”), 9901053 (“STEMI Inferior Ischemia”), 9901055 (“STEMI Lateral Ischemia”), 9901057 (“STEMI Posterior Ischemia”), 9901058 (“STEMI Septal Ischemia”))</p>
Exclusions: (Always remove from denominator)	
None	N/A
Exceptions: (Remove from denominator if present and numerator is not met)	
<p>Patients with a documented allergy or contraindication (e.g., Warfarin or other anticoagulant/antiplatelet medication, liver disease/cirrhosis, etc.) to aspirin or Patient refused medication</p>	<p>((eHistory.06 Medication Allergies is 9924003 (“RXNORM”), 1191 (“Aspirin”) or eHistory.06 Medication Allergies is 9924001 (“ICD-10”), T39.015 (“Adverse effect of aspirin”) or (eMedications.03 Medications Administered is 1191 “Aspirin...” and eMedications.03 Medications Administered is in (8801001 (“Contraindication Noted”), 8801007 (“Medication Allergy”), 8801003 (“Refused”))))</p>

Numerator

Aspirin administered prior to or during the EMS encounter	<p>(eMedications.03 Medication Administered is 1191 “Aspirin...” or (eMedications.03 Medication Administered is 1191 “Aspirin...” and eMedications.03 Medication Administered is 8801009 (“Medication Already Taken”))</p>
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AHAEMS7: Pre-Arrival Notification ≤ 10 Minutes for STEMI-positive ECG

The percentage of EMS patients aged 18 years and older transported from the scene with a STEMI positive ECG for whom pre-arrival notification was activated ≤ 10 minutes of positive ECG.

Initial Patient Population

<p>Patients aged 18 years and older with chest pain or suspected MI transported from the scene from a 911 request</p>	<pre>((ePatient.15 Age is greater than or equal to 18 and ePatient.16 Age Units is 2546009 ("Years")) and eSituation.11 Provider's Primary Impression matches\^ (I20.9) (I21) (I21.3) (I21.4) (I46.9) (I49.9) (J80) (J81.0) R06.00 R06.02 (R07.9) (R11) R53.81 (R55)/ and eDisposition.30 Transport Disposition is in (4230001 ("Transport by This EMS Unit (This Crew Only)"), 4230003 ("Transport by This EMS Unit, with a Member of Another Crew"), 4230007 ("Transport by Another EMS Unit, with a Member of This Crew")) and eResponse.05 Type of Service Requested is in (2205001 ("Emergency Response (Primary Response Area)"), 2205003 ("Emergency Response (Intercept)"), 2205009 ("Emergency Response (Mutual Aid)")))</pre>
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Denominator

Include:	Data Elements for Calculation
<p>Patients in the Initial Population with a positive 12-Lead ECG for STEMI and a documented STEMI pre-arrival alert</p>	<pre>Initial Population and (eVitals.04 ECG Type is in (3304007 ("12 Lead-Left Sided (Normal)"), 3304009 ("12 Lead-Right Sided"), 3304011 ("15 Lead"), 3304013 ("18 Lead")))</pre>



	<p>and</p> <p>eVitals.03 Cardiac Rhythm/Electrocardiography (ECG) is in (9901051 (“STEMI Anterior Ischemia”), 9901053 (“STEMI Inferior Ischemia”), 9901055 (“STEMI Lateral Ischemia”), 9901057 (“STEMI Posterior Ischemia”), 9901058 (“STEMI Septal Ischemia”))</p> <p>and</p> <p>eDisposition.24 Destination Team Pre-Arrival Alert or Activation is 4224013 (“Yes – STEMI”)</p> <p>)</p>
Exclusions: (Always remove from denominator)	
None	N/A

Exceptions: (Remove from denominator if present and numerator is not met)	
<p>Patients in cardiac arrest or Patients requiring advanced airway management prior pre-arrival alert or Patients in shock or with injury, requiring stabilization or Patients who refused care/transport</p>	<p>(eArrest.01 Cardiac Arrest is in (3001003 (“Yes, Prior to Any EMS Arrival (includes EMS & Medical First Responders)”), 3001005 (“Yes, After Any EMS Arrival (includes Transport EMS & Medical First Responders)”)) or eAirway.10 Date/Time Decision to Manage the Patient with an Invasive Airway is not null is before eDisposition.25 Date/Time of Destination Prearrival Alert or Activation is not in (Null 7701001 (“Not Applicable”), 7701003 (“Not Recorded”)) or eProtocols.01 Protocols Used is 9914127 (“Medical-Hypotension/Shock (Non-Trauma)”) or eSituation.02 Injury is 9922005 (“Yes”) or eDisposition.28 Patient Evaluation/Care is in (4228003 (“Patient Evaluated and Refused Care”),</p>



	<p>4228007 ("Patient Refused Evaluation/Care"))</p> <p>or</p> <p>eProtocols.01 Protocols Used is 9914189 ("General Refusal of Care"))</p> <p>or</p> <p>eVitals.04 ECG Type is 8801019 ("Refused"))</p>
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Numerator

<p>Pre-arrival STEMI notification activated ≤ 10 minutes of STEMI positive ECG</p>	<p>(</p> <p>eDisposition.25 Date/Time of Destination Prearrival Alert or Activation is not in</p> <p>(</p> <p>Null,</p> <p>7701001 ("Not Applicable"),</p> <p>7701003 ("Not Recorded"))</p> <p>and</p> <p>(</p> <p>eVitals.04 ECG Type is in (</p> <p>3304007 ("12 Lead-Left Sided (Normal)"),</p> <p>3304009 ("12 Lead-Right Sided"),</p> <p>3304011 ("15 Lead"),</p> <p>3304013 ("18 Lead"))</p> <p>where</p> <p>eVitals.01 Date/Time Vital Signs Taken is not in</p> <p>(</p> <p>Null,</p> <p>7701001 ("Not Applicable"),</p> <p>7701003 ("Not Recorded"))</p> <p>and (</p> <p>eDisposition.25 Date/Time of Destination Prearrival Alert or Activation MINUS eVitals.01 Date/Time Vital Signs Taken (> 0 Minutes and <= 10 Minutes)))</p>
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AHAEMS8: EMS FMC to PCI ≤ 90 Minutes for Patients with STEMI

The percentage of patients directly transported to a STEMI receiving center, with EMS First Medical Contact to PCI ≤ 90 minutes.

Initial Patient Population

<p>Patients 18 years of age and older with a prehospital STEMI positive ECG who were directly transported to a STEMI receiving center by EMS</p>	<p>(ePatient.15 Age is greater than or equal to 18 and ePatient.16 Age Units is 2546009 ("Years")) and eVitals.03 Cardiac Rhythm/Electrocardiography (ECG) is in (9901051 ("STEMI Anterior Ischemia"), 9901055 ("STEMI Lateral Ischemia"), 9901057 ("STEMI Posterior Ischemia"), 9901058 ("STEMI Septal Ischemia")) and (eDisposition.30 Transport Disposition is in (4230001 ("Transport by This EMS Unit (This Crew Only)"), 4230003 ("Transport by This EMS Unit, with a Member of Another Crew"), 4230007 ("Transport by Another EMS Unit, with a Member of This Crew")) and eResponse.05 Type of Service Requested is in (2205001 ("Emergency Response (Primary Response Area)"), 2205003 ("Emergency Response (Intercept)"), 2205009 ("Emergency Response (Mutual Aid)")) and eDisposition.23 Hospital Capability is in (9908031 ("Cardiac-STEMI/PCI Capable"),</p>
--	--



	9908033 ("Cardiac-STEMI/PCI Capable (24/7)") 9908035 ("Cardiac-STEMI/Non-CPI Capable"))
--	--

Denominator

Include:	Data Elements for Calculation
Patients in the Initial Population who received PCI	Initial Population and eOutcome.09 Emergency Department Procedures is (Reference ICD10PCS codes from PCI Value Set)
Exclusions: (Always remove from denominator)	
None	N/A
Exceptions: (Remove from denominator if present and numerator is not met)	
Patients in cardiac arrest or Patients requiring advanced airway management prior pre-arrival alert or Patients in shock or with injury, requiring stabilization or Patients who refused care/transport	(eArrest.01 Cardiac Arrest is in (3001003 ("Yes, Prior to Any EMS Arrival (includes EMS & Medical First Responders)"), 3001005 ("Yes, After Any EMS Arrival (includes Transport EMS & Medical First Responders)")) or eAirway.10 Date/Time Decision to Manage the Patient with an Invasive Airway is not null is before eDisposition.25 Date/Time of Destination Prearrival Alert or Activation is not in (Null 7701001 ("Not Applicable"), 7701003 ("Not Recorded")) or



	<p>eProtocols.01 Protocols Used is 9914127 (“Medical-Hypotension/Shock (Non-Trauma)”)</p> <p>or</p> <p>eSituation.02 Injury is 9922005 (“Yes”)</p> <p>or</p> <p>eDisposition.28 Patient Evaluation/Care is in (4228003 (“Patient Evaluated and Refused Care”), 4228007 (“Patient Refused Evaluation/Care”))</p> <p>or</p> <p>eProtocols.01 Protocols Used is 9914189 (“General Refusal of Care”)</p> <p>or</p> <p>eVitals.04 ECG Type is 8801019 (“Refused”)</p>
--	---

Numerator

<p>Patients who received PCI ≤ 90 minutes of EMS First Medical Contact</p>	<p>(eTimes.07 Arrived at Patient Date/Time is not in (Null, 7701001 (“Not Applicable”), 7701003 (“Not Recorded”))</p> <p>and (eOutcome.09 Emergency Department Procedures is (Reference ICD10PCS codes from PCI Value Set)</p> <p>and eOutcome.19 Date/Time Emergency Department Procedure Performed is not in (Null, 7701001 (“Not Applicable”), 7701003 (“Not Recorded”))</p> <p>and (</p> <p>eOutcome.19 Date/Time Emergency Department Procedure Performed</p>
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	<p>MINUS eTimes.07 Arrived at Patient Date/Time (> 0 Minutes and <= 90 Minutes))</p>
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AHAEMS9: FMC to Thrombolytic Administration ≤ 30 Minutes for Patients with STEMI

The percentage of patients with STEMI treated and directly transported to the destination hospital, with a door-to-thrombolytic time of ≤30 minutes

Initial Patient Population

<p>Patients 18 years of age and older with a prehospital STEMI-positive ECG who were directly transported to a STEMI receiving center by EMS</p>	<p>(ePatient.15 Age is greater than or equal to 18 and ePatient.16 Age Units is 2546009 ("Years")) and eVitals.03 Cardiac Rhythm/Electrocardiography (ECG) is in (9901051 ("STEMI Anterior Ischemia"), 9901055 ("STEMI Lateral Ischemia"), 9901057 ("STEMI Posterior Ischemia"), 9901058 ("STEMI Septal Ischemia")) and (eDisposition.30 Transport Disposition is in (4230001 ("Transport by This EMS Unit (This Crew Only)"), 4230003 ("Transport by This EMS Unit, with a Member of Another Crew"), 4230007 ("Transport by Another EMS Unit, with a Member of This Crew")) and eResponse.05 Type of Service Requested is in (2205001 ("Emergency Response (Primary Response Area)"), 2205003 ("Emergency Response (Intercept)"), 2205009 ("Emergency Response (Mutual Aid)")) and eDisposition.23 Hospital Capability is in (9908031 ("Cardiac-STEMI/PCI Capable"),</p>
--	--



	<p>9908033 (“Cardiac-STEMI/PCI Capable (24/7)”) 9908035 (“Cardiac-STEMI/Non-CPI Capable”))</p>
--	--

Denominator

Include:	Data Elements for Calculation
<p>Patients in the Initial Population who received thrombolytics</p>	<p>Initial Population and</p> <p>eOutcome.09 Emergency Department Procedures is (3E03017 “Introduction of Other Thrombolytic into Peripheral Vein, Open Approach...,” 3E03317 “Introduction of Other Thrombolytic into peripheral Vein, Percutaneous Approach...,” 3E04017 “Introduction of Other Thrombolytic into Central Vein, Open Approach...,” 3E04317 “Introduction of Other Thrombolytic into Central Vein, Percutaneous Approach...”)</p>
<p>Exclusions: (Always remove from denominator)</p>	
<p>None</p>	<p>N/A</p>

Exceptions: (Remove from denominator if present and numerator is not met)	
<p>Patients in cardiac arrest or Patients requiring advanced airway management prior pre-arrival alert or Patients in shock or with injury, requiring stabilization or</p>	<p>(eArrest.01 Cardiac Arrest is in (3001003 (“Yes, Prior to Any EMS Arrival (includes EMS & Medical First Responders)”), 3001005 (“Yes, After Any EMS Arrival (includes Transport EMS & Medical First Responders)”) or</p>



<p>Patients who refused care/transport</p>	<p>(eAirway.10 Date/Time Decision to Manage the Patient with an Invasive Airway) is not null</p> <p>is before</p> <p>eDisposition.25 Date/Time of Destination Prearrival Alert or Activation</p> <p>is not in (</p> <p>Null</p> <p>7701001 ("Not Applicable"),</p> <p>7701003 ("Not Recorded"))</p> <p>or</p> <p>eProtocols.01 Protocols Used is 9914127 ("Medical-Hypotension/Shock (Non-Trauma)")</p> <p>or</p> <p>eSituation.02 Injury is 9922005 ("Yes")</p> <p>or</p> <p>eDisposition.28 Patient Evaluation/Care</p> <p>is in</p> <p>(</p> <p>4228003 ("Patient Evaluated and Refused Care"), 4228007 ("Patient Refused Evaluation/Care"))</p> <p>or</p> <p>eProtocols.01 Protocols Used is 9914189 ("General Refusal of Care")</p> <p>or</p> <p>eVitals.04 ECG Type is 8801019 ("Refused")</p>
--	--

Numerator

<p>Patients who received thrombolytics ≤ 30 minutes of EMS First Medical Contact</p>	<p>(</p> <p>eTimes.07 Arrived at Patient Date/Time</p> <p>is not in</p> <p>(</p> <p>Null,</p> <p>7701001 ("Not Applicable"),</p> <p>7701003 ("Not Recorded"))</p> <p>and</p> <p>(</p> <p>eOutcome.09 Emergency Department Procedures is</p>
--	---



	<p>(3E03017 "Introduction of Other Thrombolytic into Peripheral Vein, Open Approach...," 3E03317 "Introduction of Other Thrombolytic into peripheral Vein, Percutaneous Approach...," 3E04017 "Introduction of Other Thrombolytic into Central Vein, Open Approach...," 3E04317 "Introduction of Other Thrombolytic into Central Vein, Percutaneous Approach...")</p> <p>and</p> <p>eOutcome.19 Date/Time Emergency Department Procedure Performed is not in (Null, 7701001 ("Not Applicable"), 7701003 ("Not Recorded"))</p> <p>and (eOutcome.19 Date/Time Emergency Department Procedure Performed MINUS eTimes.07 Arrived at Patient Date/Time (> 0 Minutes and <= 30 Minutes)))</p>
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American Heart Association
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Mission: Lifeline® EMS Recognition
2023 Application Worksheet



Mission: Lifeline® EMS Recognition 2023 Application Worksheet

Mission: Lifeline EMS recognition is the American Heart Association's program that recognizes prehospital emergency agencies for their quality of care for heart attack and stroke patients. The recognition program focuses on transforming care quality by connecting all heart attack and stroke care components into a seamlessly integrated care system.

To access additional resources for 2023 Mission: Lifeline EMS Recognition, please visit our [Mission: Lifeline EMS Recognition](#) web page.

Questions? Please email missionlifeline@heart.org.

Thank you for your participation in Mission: Lifeline EMS Recognition.

-

Before completing the form below, please visit the [Mission: Lifeline EMS website](#) and review the associated documents and procedures for the application process.

Reminder: this form does NOT have saving capabilities. Please utilize the worksheet (above link) to ensure data completeness before submission below.

Before completing this form, please [click here](#) to find your AHAEMS ID.

**required field*



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American Heart Association (AHA) EMS ID*	
Agency Name (Legal Name)* Enter the name of the agency applying for recognition (no abbreviations please). (i.e., this may be the name printed on your state EMS license).	
Street Address* Please enter the physical address of the agency applying for recognition.	
City*	
State*	
Zip Code*	
EMS Agency State Identification Number* Please enter your EMS identification number issued by your state.	
State associated with State ID above*	
Pre-hospital Type*	Fire EMS Police
Agency Type Please select the most appropriate to describe your agency.	Transport Non-transport
ePCR Vendor (select all that apply)	
Primary Contact: First Name* The primary contact will receive all communications, including award notification, regarding the EMS agency's application.	
Primary Contact: Last Name*	
Primary Contact: Job Title*	
Primary Contact: Phone*	
Primary Contact: Email*	
AHA has permission to publish agency award status*	Yes No



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 may be published:

- Recognition Events
- Advertisements
- Conference banners/signage
- AHA Websites, Mission: Lifeline Network, digital media, mobile apps

Enter exact agency name for publications*
Enter N/A if selected "No" for permission to publish.

Annual volume of suspected stroke patients*
Enter the total annual volume of patients with primary and/or secondary impression of stroke:
*eSituation.11 Provider's Primary Impression
*eSituation.12 Provider's Secondary Impression

Annual volume of suspected STEMI patients*
Patients aged 18 years and older with chest pain or a primary or secondary impression of Myocardial Infarction (MI):
*eSituation.11 Provider's Primary Impression
*eSituation.12 Provider's Secondary Impression



Mission: Lifeline EMS Award

AHAEMS1 - Pre-Arrival Notification for Suspected Stroke

Percentage of EMS patients aged 18 years and older transported from the scene with a primary or secondary impression of stroke whom a pre-arrival alert for stroke was activated during the EMS encounter.

AHAEMS1 (Q1) Numerator*	
AHAEMS1 (Q1) Denominator*	
AHAEMS1 (Q2) Numerator*	
AHAEMS1 (Q2) Denominator*	
AHAEMS1 (Q3) Numerator*	
AHAEMS1 (Q3) Denominator*	
AHAEMS1 (Q4) Numerator*	
AHAEMS1 (Q4) Denominator*	

AHAEMS 2: Documentation of Last Known Well for Patients with Suspected Stroke

Percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom Last Known Well was documented during the EMS encounter.

AHAEMS2 (Q1) Numerator*	
AHAEMS2 (Q1) Denominator*	
AHAEMS2 (Q2) Numerator*	
AHAEMS2 (Q2) Denominator*	
AHAEMS2 (Q3) Numerator*	
AHAEMS2 (Q3) Denominator*	
AHAEMS2 (Q4) Numerator*	
AHAEMS2 (Q4) Denominator*	

AHAEMS 3: Evaluation of Blood Glucose for Patients with Suspected Stroke

Percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom blood glucose was evaluated during the EMS encounter.

AHAEMS3 (Q1) Numerator*	
AHAEMS3 (Q1) Denominator*	
AHAEMS3 (Q2) Numerator*	
AHAEMS3 (Q2) Denominator*	
AHAEMS3 (Q3) Numerator*	
AHAEMS3 (Q3) Denominator*	
AHAEMS3 (Q4) Numerator*	
AHAEMS3 (Q4) Denominator*	



AHAEMS 4: Stroke Screen Performed and Documented

Percentage of EMS patients aged 18 years and older transported from the scene with a suspected stroke for whom a stroke screen was performed and documented during the EMS encounter.

AHAEMS4 (Q1) Numerator*	
AHAEMS4 (Q1) Denominator*	
AHAEMS4 (Q2) Numerator*	
AHAEMS4 (Q2) Denominator*	
AHAEMS4 (Q3) Numerator*	
AHAEMS4 (Q3) Denominator*	
AHAEMS4 (Q4) Numerator*	
AHAEMS4 (Q4) Denominator*	

AHA EMS 5: 12-lead ECG performed with 10 minutes for Suspected Heart Attack

Percentage of EMS patients aged 18 years and older transported from the scene with chest pain or a suspected MI for whom a 12-Lead ECG was performed within 10 minutes of first medical contact.

AHAEMS5 (Q1) Numerator*	
AHAEMS5 (Q1) Denominator*	
AHAEMS5 (Q2) Numerator*	
AHAEMS5 (Q2) Denominator*	
AHAEMS5 (Q3) Numerator*	
AHAEMS5 (Q3) Denominator*	
AHAEMS5 (Q4) Numerator*	
AHAEMS5 (Q4) Denominator*	

AHA EMS 6: Aspirin administration for STEMI-positive ECG

Percent of EMS patients aged 18 years and older transported from the scene with a STEMI-positive ECG who were administered aspirin.

AHAEMS6 (Q1) Numerator*	
AHAEMS6 (Q1) Denominator*	
AHAEMS6 (Q2) Numerator*	
AHAEMS6 (Q2) Denominator*	
AHAEMS6 (Q3) Numerator*	
AHAEMS6 (Q3) Denominator*	
AHAEMS6 (Q4) Numerator*	
AHAEMS6 (Q4) Denominator*	



AHAEMS 7: Pre-Arrival notification within 10 minutes for positive STEMI Heart Attack ECG

Percentage of EMS patients aged 18 years and older transported from the scene with a STEMI positive ECG for whom pre-arrival notification was activated within 10 minutes of positive ECG.

AHAEMS7 (Q1) Numerator*	
AHAEMS7 (Q1) Denominator*	
AHAEMS7 (Q2) Numerator*	
AHAEMS7 (Q2) Denominator*	
AHAEMS7 (Q3) Numerator*	
AHAEMS7 (Q3) Denominator*	
AHAEMS7 (Q4) Numerator*	
AHAEMS7 (Q4) Denominator*	



Mission: Lifeline EMS System of Care Target Heart Attack Award

Please fill out the following section if your agency is applying for the Mission: Lifeline System of Care Target Heart Attack Award.

AHAEMS 8: EMS FMC to PCI within 90 minutes for Patients with STEMI

Percentage of patients directly transported to a STEMI receiving center, with EMS First Medical Contact to PCI within 90 minutes.

AHAEMS8 (Q1) Numerator*	
AHAEMS8 (Q1) Denominator*	
AHAEMS8 (Q2) Numerator*	
AHAEMS8 (Q2) Denominator*	
AHAEMS8 (Q3) Numerator*	
AHAEMS8 (Q3) Denominator*	
AHAEMS8 (Q4) Numerator*	
AHAEMS8 (Q4) Denominator*	

AHAEMS 9: EMS FMC to Thrombolytic Administration within 30 minutes for Patients with STEMI

Percentage of patients with STEMI treated and directly transported to the destination hospital, with a door-to-needle time of <30 minutes.

AHAEMS9 (Q1) Numerator*	
AHAEMS9 (Q1) Denominator*	
AHAEMS9 (Q2) Numerator*	
AHAEMS9 (Q2) Denominator*	
AHAEMS9 (Q3) Numerator*	
AHAEMS9 (Q3) Denominator*	
AHAEMS9 (Q4) Numerator*	
AHAEMS9 (Q4) Denominator*	



Supplemental Questions | Stroke Systems of Care

Next year, the American Heart Association will continue to advance **stroke systems of care**.

Please answer the following supplemental questions to help the American Heart Association staff understand which agencies currently participate in meaningful stroke systems of care work across the nation.

Do you receive feedback on Stroke patients from your hospitals?*	Yes No
When feedback is received by destination hospital on stroke patients, the feedback is received:	Within 24-48 hours of the patient's arrival Days to weeks after the patient's arrival Weekly Monthly Quarterly Other
Do you currently participate in stroke systems of care work across your region, either with hospitals, health systems, or other first-responder agencies?	Yes No
If yes, please explain: (Free text)	
Feedback from receiving hospitals is important to our agency, scope of work, and membership related to stroke care.*	Yes No
Currently, my agency is able to accurately abstract the following measures.* Please select all that apply.	<input type="checkbox"/> EMS FMC to Thrombolytic Administration Within 90 minutes for Patients with Stroke <input type="checkbox"/> EMS FMC to Endovascular Therapy Within 180 minutes for Patients with Stroke <input type="checkbox"/> Neither of the above



Supplemental Questions | 2022 Recognition

Please answer the following questions (if applicable) regarding your 2022 application.

Did your agency submit an individual award in 2022?*	Yes No
Did your agency submit a regional or joint application in 2022?*	Yes No
If yes, please list the primary agency (full name and address) associated with your application.	
If yes, please select award designation level for 2022:	
EMS Medical Director First Name	
EMS Medical Director Last Name	
EMS Medical Director Phone Number	
EMS Medical Director Email	
Application Submission Authorization* I attest that the information provided is true and complete to the best of my knowledge. As the submitter of this application, I am authorized to release the above information to the American Heart Association on behalf of the EMS agency.	Agree Disagree



VHAC Northern Region STEMI Meeting

February 23, 2023

2023 Mission: Lifeline EMS Recognition Criteria Updates

February 2023

2023
Application
Period is
OPEN



2023 Mission: Lifeline® EMS Recognition

Mission: Lifeline EMS recognition is the American Heart Association's program that recognizes prehospital emergency agencies for their quality of care for heart attack and stroke patients. The recognition program focuses on transforming care quality by connecting all heart attack and stroke care components into a seamlessly integrated care system.

To access additional resources for 2023 Mission: Lifeline EMS Recognition, please visit our [Mission: Lifeline EMS Recognition](#) web page.

Questions? Please email missionlifeline@heart.org.

Thank you for your participation in Mission: Lifeline EMS Recognition.

Updated - 2 Levels of M:L EMS Recognition

Mission: Lifeline EMS Award

- AHAEMS1** Pre-arrival notification for suspected stroke
- AHAEMS2** Documentation of last known well for patients with suspected stroke
- AHAEMS3** Evaluation of blood glucose for patients with suspected stroke
- AHAEMS4** Stroke Screen Performed and Documented
- AHAEMS5** 12-lead ECG performed within 10 minutes for suspected heart attack
- AHAEMS6** Aspirin administration for STEMI-positive ECG
- AHAEMS7** Pre-arrival notification \leq 10 minutes for STEMI positive ECG

Volume Criteria: At least 4 patients for the calendar year (>1 STEMI patient and >1 Stroke Patient)

Mission: Lifeline System of Care Target Heart Attack Award

- AHAEMS8** EMS First Medical Contact (FMC) to PCI \leq 90 minutes for Patients with STEMI
- AHAEMS9** Door to Thrombolytic Administration \leq 30 minutes for Patients with STEMI

Volume Criteria: At least 4 STEMI patients for the calendar year

Mission: Lifeline EMS Application Deadline

FRIDAY MARCH 31, 2023 @ 23:59PM CST





GWTG-CAD

February 2023

2023 Mission: Lifeline/GWTG-CAD Recognition

DATA DEADLINE FOR ALL 2022 DATA (JAN1 – DEC 31 DISCHARGES)



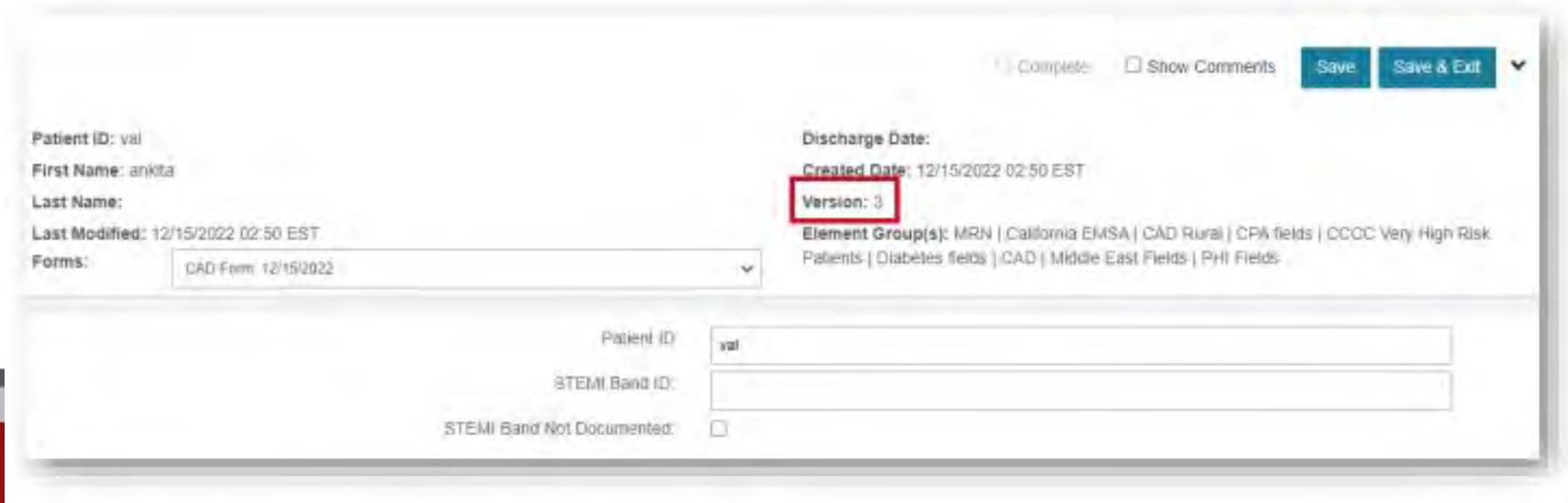
NO EXCEPTIONS FOR
DELAYED DATA ENTRY

February 2nd – GWTG-CAD V3.0 Webinar

- Click the title above to open the registration page
- February 2nd 1p-2p
- Recording will be available
- Updates include
 - Registry Entry Criteria
 - Improved and more Streamlined Functionality
 - New data collection tabs
 - eCRF updates to elements
 - Section redesign
 - Exceptional Show/Hide Features

GWTG-CAD v3

- Version 1 – Launched 2017 on IQVIA’s PMT Platform
- Version 2 – (Current Version) Launched 2018 on IQVIA’s IRP Platform
- Version 3 – Launched February 11, 2023 with expanded and optional entry criteria and a single streamlined single, dynamic case report form (CRF)



The screenshot displays a web-based case report form (CRF) for GWTG-CAD v3. The interface includes a top navigation bar with a 'Complete' status indicator, a 'Show Comments' checkbox, and 'Save' and 'Save & Exit' buttons. The main form area is divided into two columns. The left column contains patient information: 'Patient ID: val', 'First Name: ankita', 'Last Name:', and 'Last Modified: 12/15/2022 02:50 EST'. Below this is a 'Forms:' section with a dropdown menu showing 'CAD Form: 12/15/2022'. The right column contains 'Discharge Date:', 'Created Date: 12/15/2022 02:50 EST', and 'Version: 3', which is highlighted with a red box. Below the version is a list of 'Element Group(s): MRN | California EMSA | CAD Rural | CPA fields | CCCC Very High Risk Patients | Diabetes fields | CAD | Middle East Fields | PHI Fields'. At the bottom of the form, there are input fields for 'Patient ID' (containing 'val') and 'STEMI Band ID:', and a checkbox for 'STEMI Band Not Documented:'.

What is Remaining The SAME?

- Mission: Lifeline STEMI & NSTEMI Recognition Criteria
 - Achievement and Quality Measures will remain unchanged
 - All data entered prior to the v3 launch will remain in the registry and be available for PI/QI needs
- Continued support for Cardiac Certification
 - TJC specific measures will continue to function and there is no need to update any forms or abstraction processes

2023 Data Entry Considerations Cont'd

Patient Arrival Date	Abstraction/Upload Date*	Form Version
Any date from 2022 or prior	Prior to February 11	v2
Any date from 2022 or prior	After February 11	v2
January 1, 2023 - Present	Prior to February 11	v2
January 1, 2023 - Present	After February 11	v3**

Updated Entry Criteria



Entry Criteria

ICD-10-CM codes

GWTG-CAD STEMI Criteria:

- Principle Diagnosis of STEMI
 - I21.01-I21.09; I21.11, I21.19; I21.21-I21.29; I23.3; I22.0, I22.1, I22.8, I22.9

GWTG-CAD (Type 1) NSTEMI Criteria:

- Principle Diagnosis of NSTEMI
 - I21.4, I22.2

GWTG-CAD Chest Pain Criteria:

- Principle Diagnosis of Angina or Chest Pain
 - Angina: I20.0-I20.9;
 - Chest Pain: R07.82, R07.89, R07.9

This Includes:

- Patients arriving to the hospital by EMS, transferred from another hospital or arrived by personal vehicle who are first evaluated in the ED or transported directly to catheterization laboratory without being seen in the ED.
- Patients with initial cardiac findings consistent with myocardial ischemia (STEMI, NSTEMI) even if they later transfer or expire

Updated Entry Criteria

Excluded Criteria

- Patients < 18 years of age
- Patients arriving to hospital for planned/scheduled procedures (elective cardiac catheterization)

Updated Entry Criteria

Optional patients that may be entered into GWTG-CAD

- Patients with secondary diagnosis of Angina or Chest Pain
- Patients who present with an initial cardiac finding but later determined to have a non-ischemic condition
- Patients presenting for s/s myocardial ischemia who are discharged from the ED or admitted and discharged from obs
- Patients who have an “in-hospital” AMI
- Suspected ACS patients that are included in a system STEMI or Cardiac alert log

More Information coming soon re details of optional patients being excluded from STEMI and NSTEMI measures

GWTG-CAD eCRF Updates

Updated data collection to meet your AMI QI needs

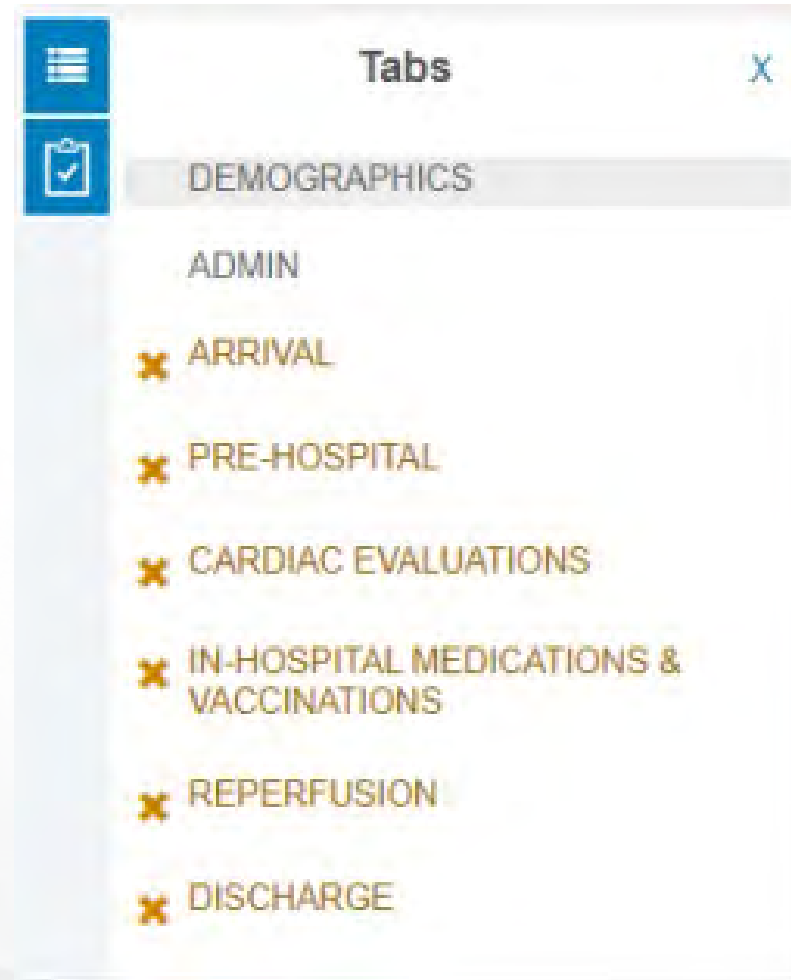
- ED Disposition
- EMS ECG Finding
- Patient location where s/s began
- Reason for transfer
- Reason for delay in transfer
- Antiplatelet and anticoagulant meds
- Documented scene delay by EMS
- Final Clinical Diagnosis

REDESIGN

- Medications prior to admission
- Thrombolytic Administration
- PCI
- Reasons for delay in PCI
- NPI section with additional physician fields


GWTG-CAD New Tabs

- Redesigned to mirror chronological patient experience
- More user-friendly structure



GWTG-CAD Transferring (Out) Updates

Patient first evaluated (at this facility): ED Cath Lab Observation Inpatient Other

Date/Time of ED discharge: 

MM / DD / YYYY HH : MM

ED Disposition: Admission Expired Home Left Against Medical Advice
 Transfer to Acute Care Transfer to Observation Unit

Transfer Data

Reason(s) for transfer from this facility:

- Administrative
- Advanced Cardiac Care (monitoring)
- CABG
- Patient/Family Choice
- Post Thrombolytic care
- Primary PCI
- Other medical reason
- Other reason

Was there a documented reason for delay in transfer (from this facility)? Yes No

Reason(s) for delay in transfer (from this facility):

- Management of concomitant emergent/acute conditions such as cardiopulmonary arrest, respiratory failure (requiring intubation)
- Patient/family consent
- Travel advisory due to inclement weather
- Awaiting air transport*
- Delay in receiving hospital accepting patient*
- Ground transport unavailable*
- Other reason*

GWTG-CAD Delay Updates

Current:
Update:

<u>1st ECG Non-System Reason for Delay:</u> <input type="checkbox"/>	
Was there a documented reason for delay in obtaining 1st ECG?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Patient Reason for Delay in obtaining 1st ECG:	<input type="checkbox"/> Cardiac Arrest
	<input type="checkbox"/> Need for additional PPE for suspected/confirmed infectious disease
	<input type="checkbox"/> Need for advanced airway intervention
	<input type="checkbox"/> Patient or family refused treatment
	<input type="checkbox"/> ECG equipment failure*
	<input type="checkbox"/> Other reason*

*Not All Delay options are Non-System reasons and therefore not all delay options will be used for exception/exclusion purposes

GWTG-CAD Delay Updates

Current:

[EMS Non-System Reason for Delay:](#)

Update:

Was there a documented scene delay? Yes No

Reason(s) for scene delay by EMS:

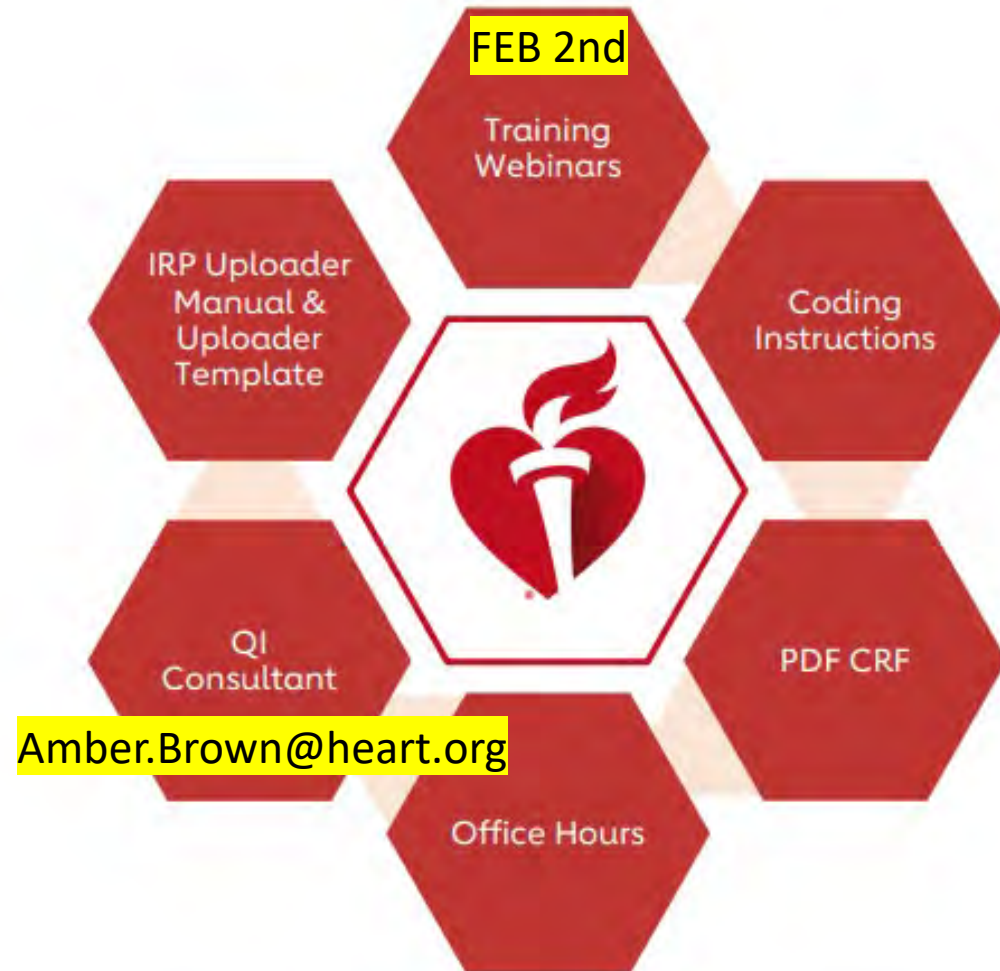
- Cardiac Arrest
- Patient/family consent
- Need for additional PPE for suspected/confirmed infectious disease
- Need for advanced airway placement (Intubation)
- Access to patient (EMS Documented)*
- Awaiting transport*
- Language barrier*
- Mechanical issue (transport unit)*
- Weather*
- Other reason*

*Not All Delay options are Non-System reasons and therefore not all delay options will be used for exception/exclusion purposes

GWTG-CAD Future Updates

- Update existing measures to incorporate new data elements
 - EXAMPLE: Arrival to First Facility to PCI \leq 120 Minutes
 - Currently there is no means to document any acceptable reason for delay in the transfer out
 - New transfer delay element will now be able to be applied to the transfer measures as exception/exclusion
 - = Cleaner data

GWTG-CAD Updates Resources



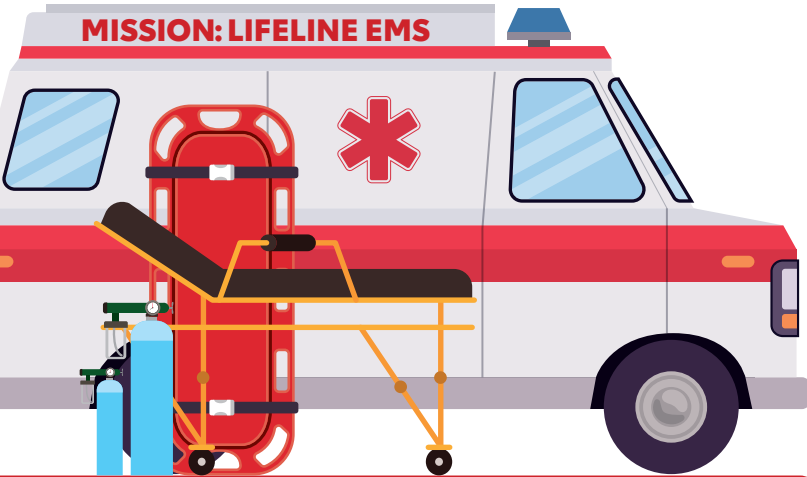
February 2nd – GWTG-CAD V3.0 Webinar

- Email me – Amber.Brown@heart.org
 - If you are interested in being considered to join a GWTG-CAD User Task Force
 - For any Questions whatsoever





American Heart Association.
Mission:Lifeline®
EMS



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 they serve.

Prehospital personnel are the first providers of care to patients suffering from cardiac emergencies. The role of EMS in the system-of-care for these patients is crucial and often sets the course for the patient's outcome.

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

2023

EMS RECOGNITION CRITERIA

(based on 2022 data)

Mission: Lifeline EMS Award

- AHAEMS1** Pre-arrival notification for suspected stroke
- AHAEMS2** Documentation of last known well for patients with suspected stroke
- AHAEMS3** Evaluation of blood glucose for patients with suspected stroke
- AHAEMS4** Stroke Screen Performed and Documented
- AHAEMS5** 12-lead ECG performed within 10 minutes for suspected heart attack
- AHAEMS6** Aspirin administration for STEMI-positive ECG
- AHAEMS7** Pre-arrival notification \leq 10 minutes for STEMI positive ECG

Volume Criteria: At least 4 patients for the calendar year (>1 STEMI patient and >1 Stroke Patient)

Mission: Lifeline System of Care Target Heart Attack Award

- AHAEMS8** EMS First Medical Contact (FMC) to PCI \leq 90 minutes for Patients with STEMI
- AHAEMS9** Door to Thrombolytic Administration \leq 30 minutes for Patients with STEMI

Volume Criteria: At least 4 STEMI patients for the calendar year

AWARD LEVELS



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



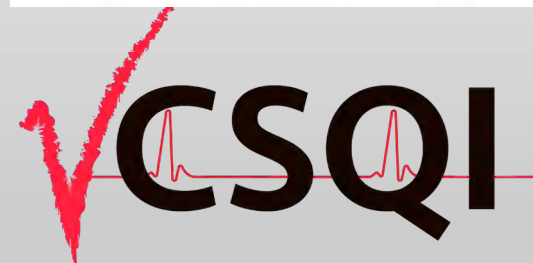
Aggregated annual compliance of \geq 75% for all required measures



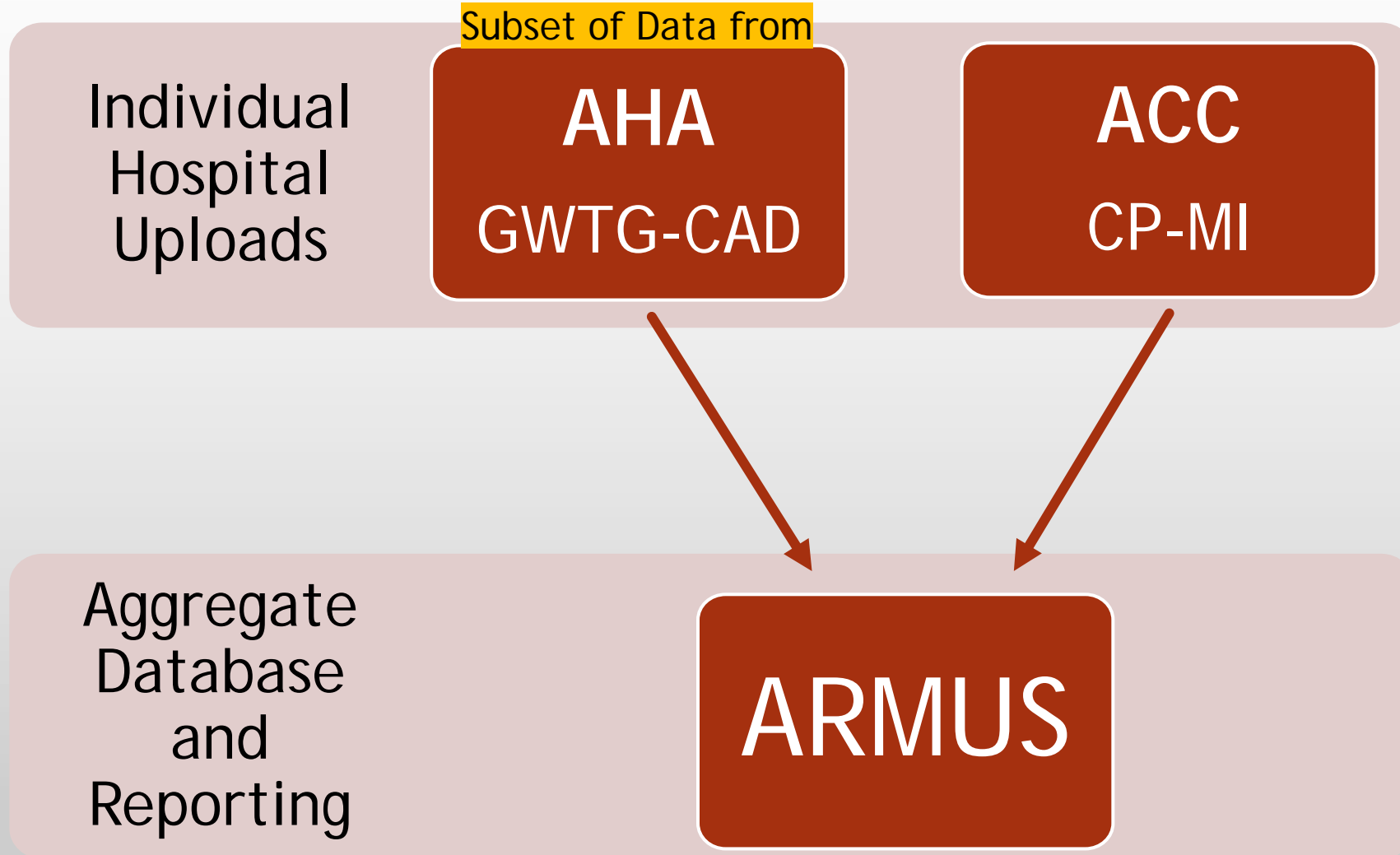
At least one calendar quarter of compliance \geq 75% for all required measures

VHAC-VCSQI Statewide STEMI Database

Q3 2022 Summary Reports: Northern Region



Data Aggregation Model

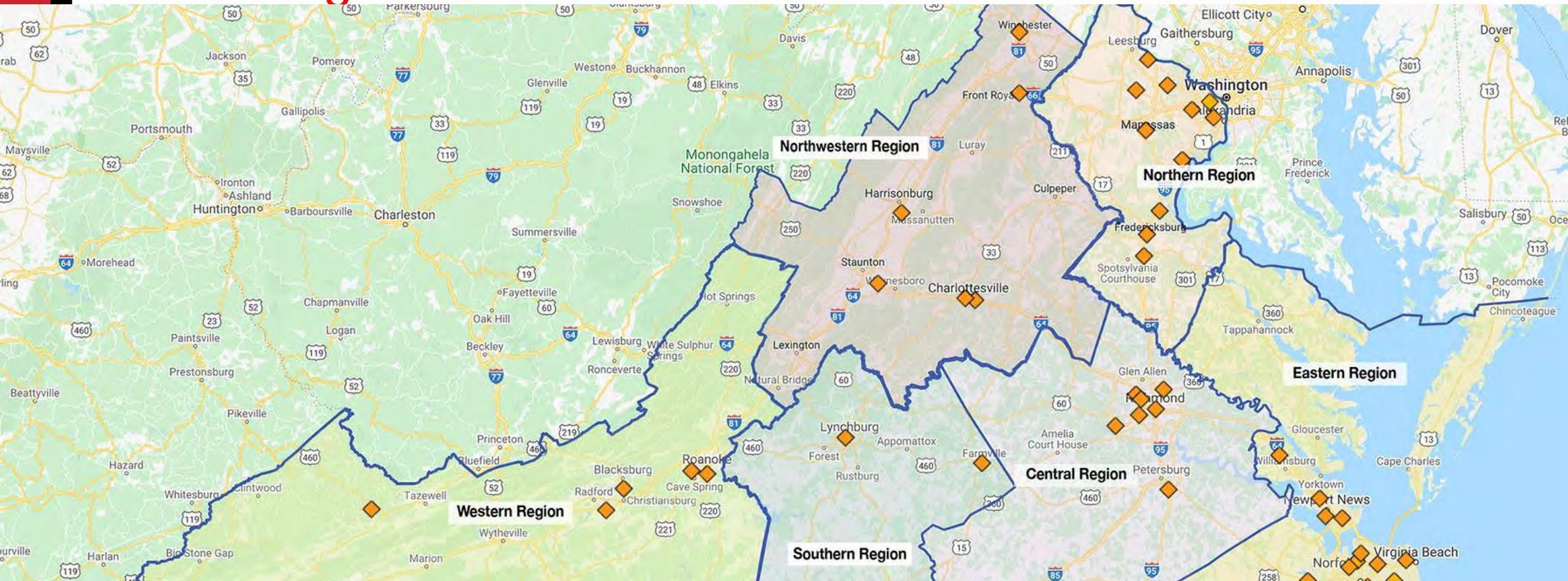


STEMI Database Participation

- 18 Members currently sharing CP-MI data quarterly
 - 6 New members pending uploads
- 4 Centers from VHAC Northern Region submitting data
- GWTG-Only Centers:
 - Sharing a subset / data export from GWTG-CAD






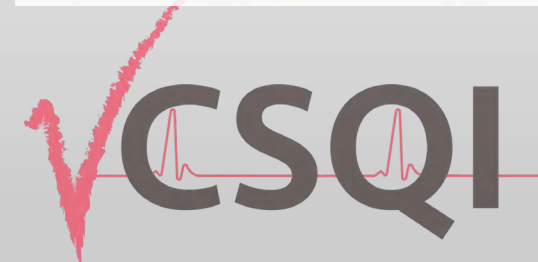
VHAC Regions



STEMI Reports by Region: Q4 2021 – Q3 2022

Population: All STEMI Patients, Q4 2021 – Q3 2022 (N=1,388)	VCSQI	East	North	Northwest	South	West
Median Door In - Door Out (Minutes): Transfer Patients	56.0	61.0	44.0	59.5	59.0	76.0
Median Transfer Time between Hospitals	31.0	29.0	24.0	35.0	34.0	40.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	89.4%	86.0%	91.4%	93.7%	93.6%	81.6%
Median FMC to Primary PCI: Non-Transfer Patients	73.0	76.0	75.0	67.0	66.0	78.0

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




Northern Region: Q4 2021 - Q3 2022

Population: All STEMI Patients, Q4 2021 – Q3 2022 (N=361)	North	3E3HC	5ZUU4	J5DO3	T4DUC
Median Door In - Door Out (Minutes): Transfer Patients	44.0	50.0	46.5	42.0	42.5
Median Transfer Time between Hospitals	24.0	13.0	33.0	12.0	19.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	91.4%	91.7%	93.9%	83.3%	93.8%
Median FMC to Primary PCI: Non-Transfer Patients	75.0	81.5	74.0	78.0	70.0

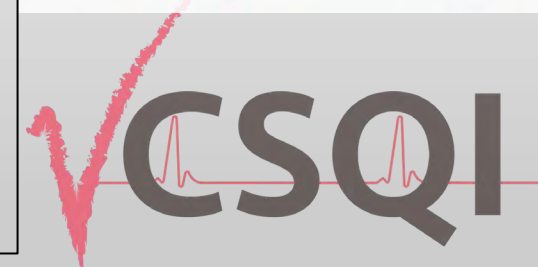
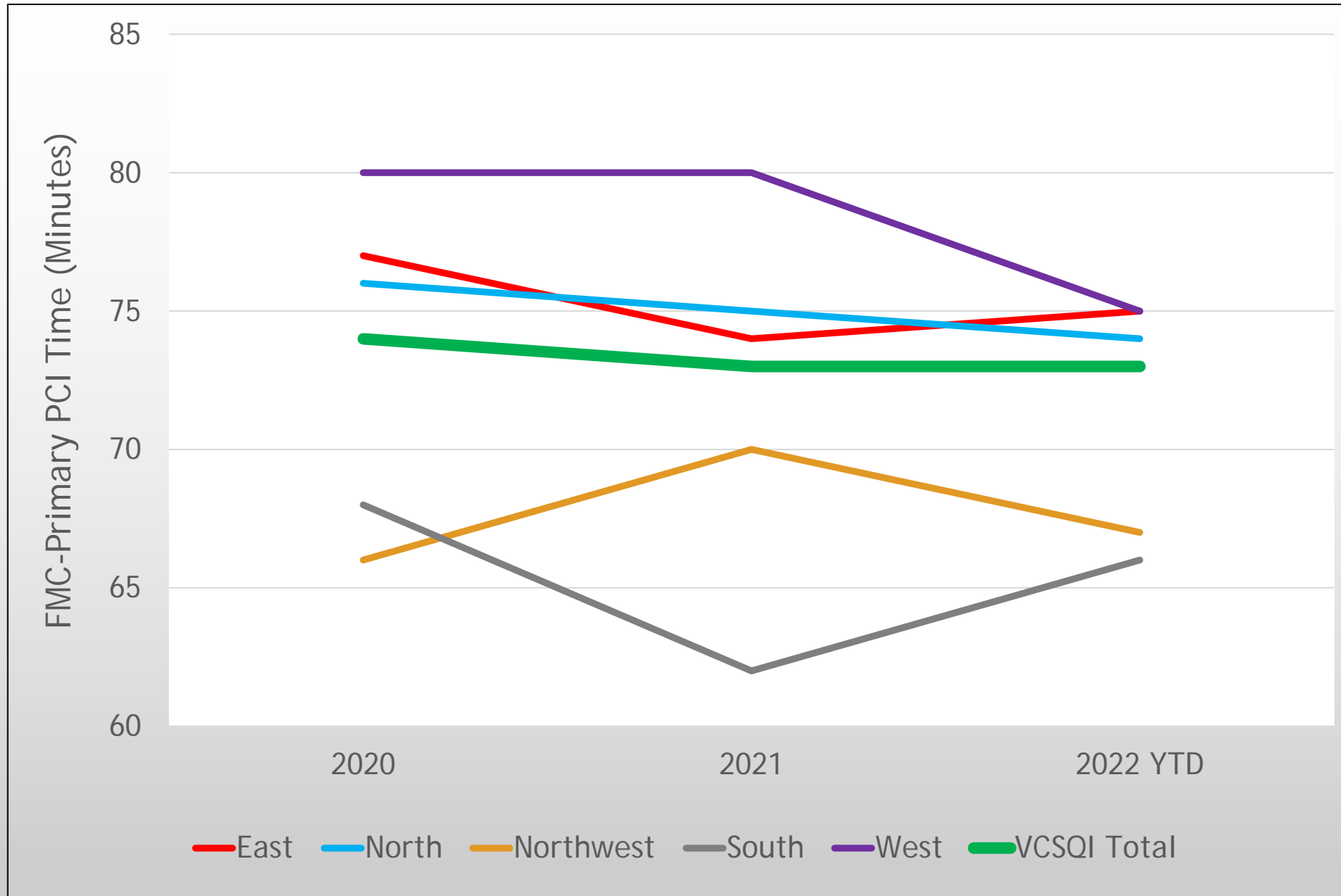
 = Exceeds VCSQI Average

 = Equal to VCSQI Average

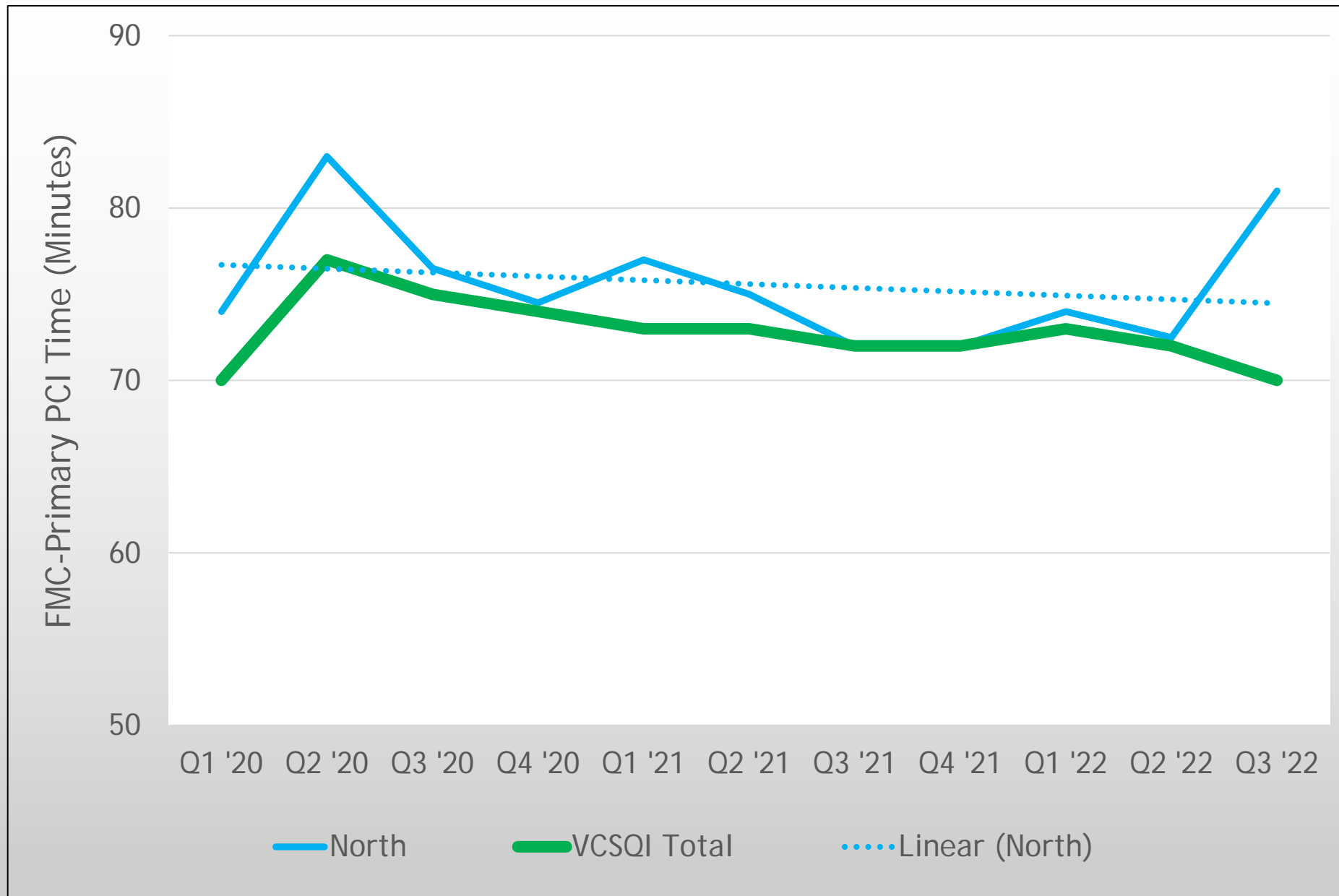
 = Lower than VCSQI Average



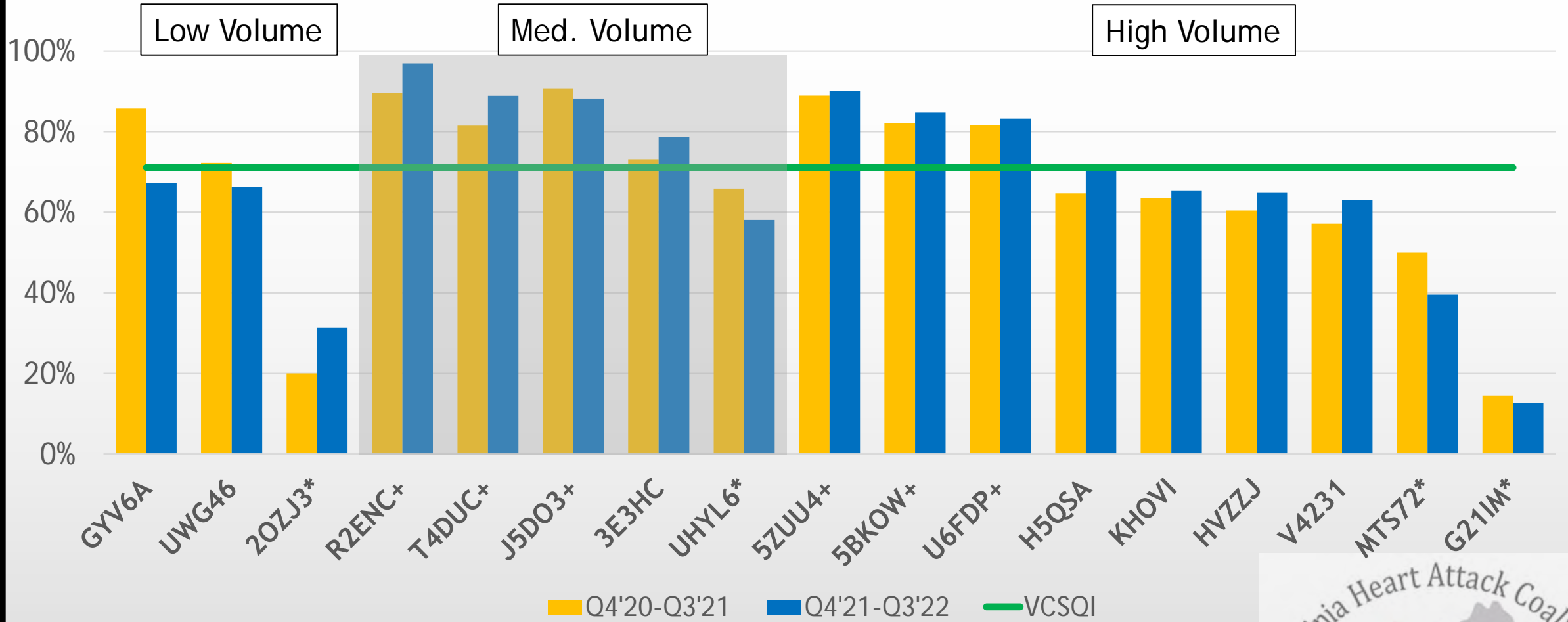
Median FMC-Primary PCI (Non-Transfer) by Region and Year



Median FMC-Primary PCI (Non-Transfer) by Quarter: Northern



Radial Access Site by Hospital: Immediate PCI for STEMI Procedures, Q4 2020 - Q3 2022 (N=3,767)



VCSQI: Femoral - 28.6%

Radial - 71.1%



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