Virginia Heart Attack Coalition
Northern Region

Fall 2023
Thursday, November 30, 2023
10:00 am

VIA ZOOM

Please update your meeting name in Zoom with the agency or hospital you are affiliated with.

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
Cat Moore, UVA Prince William
Dr. Behnam Tehrani, Co-Director of Cardiac Catheterization Laboratories for Inova Fairfax Medical Campus

AGENDA

- Call to order
- Approval of minutes of the August 24, 2023 meeting
- AHA Update – Amber Brown
- VCSQI Data Review – Eddie Fonner
- Regional EMS Data Update – Michelle Ludeman
- Hospital and EMS Agency Roundtable
- Next Meeting Topic Discussion
    - Next Meetings: Thursday, February 22, 2024
    - Thursday, May 23, 2024
    - Thursday, August 22, 2024
    - Thursday, November 21, 2024
- Adjournment

Virginia Heart Attack Coalition
Northern Region
Regional Cardio Workgroup

Winter 2023
Thursday, November 30, 2023
10:00 am

Those present were: (All present via Zoom)

Amber Brown	amber.brown@heart.org
Beth Adams	beth.adams@fairfaxcounty.gov
Cat Moore	rfp7zm@uvahealth.org
Courtney Deihr	courtney.deihr@mwhc.com
Craig French	craig.french@inova.org
Dennis Bernier	dennis.verner@inova.org
Eddie Fonner	cefonner@gmail.com
Gary Hubble	gary.hubble@mwaa.com
James Cooper	Jamie.cooper@loudoun.gov
Kate Kramer	kkramer@arlingtonva.us
Kate Passow	katepassow@gmail.com
Laura Vandegrift	laura@vaems.org
Leddyanne Dell	leddyanne.dell@alexandriava.gov
Michelle Graves	michelle.graves@hcahealthcare.com
Michelle Ludeman	michelle@vaems.org
Ray Whatley	Ray@vaems.org
Serdar Serttas	sserttas@phiairmedical.com
Shelbie Kidd	shelbie.kidd@hcahealthcare.com
Shirley Riggsbee	shirley.riggsbee@inova.org
Shondra Jones	shondra.jones@inova.org
Stephen Day	sday@tcg.md
Tracy Lane	tracy.lane@loudoun.gov

The quarterly Virginia Heart Attack Coalition (VHAC) meeting was started at 10:04 am by Cat Moore. Cat is the STEMI coordinator for UVA Community Health, which encompasses UVA Prince William, Haymarket and Culpeper Hospitals

APPROVAL OF MINUTES

- August 24, 2023, meeting minutes were sent via email for review
    - Motion to approve as written by Beth Adams, seconded by Leddyanne Dell
        - ***Minutes unanimously approved***

AHA UPDATE

Amber Brown presented an update. The presentation is at the end of these minutes.

VCSQI DATA REVIEW

Eddie Fonner presented an update. The presentation is at the end of these minutes.

REGIONAL EMS DATA UPDATE

Michelle Ludeman presented a regional data update. The presentation is at the end of these minutes.

HOSPITAL AND EMS AGENCY ROUNDTABLE DISCUSSION

- Hospitals
    - UVA Community Health – Cat Moore
        - Prince William Hospital is in the process of upgrading the equipment in cath lab 1, so they are currently down to one lab. They went down to one back in September and plan to have the second lab up and running in mid-February with new equipment.
        - They also partnered with Prince William County FD to help them pre-activate any STEMIs as early as possible since they are down to one lab. They also have an algorithm of where to go if they have a STEMI and their lab is in use.
    - Inova Hospitals – Shirley Riggsbee
        - With the new version for CP-MI that started back in July, there are new data points they are looking at, such as STEMI alert time. If the EMS agencies would please incorporate that into their reports, that would be helpful for them to capture that.
        - For some reason, the registry is asking to collect the "time of the call," and most have that captured in the report, but if not, she's using the dispatch time
        - They don't have a good way to determine whether EKGs were transmitted. Sometimes, it's in the narrative, but sometimes, she has to look at the ER record to see if it was sent. They are trying to capture this data better.
        - Anytime there is any delay, please ask medics to make notes in the narrative about any delays, such as elevator delay, having to go up/down stairs for patients in a high-rise, etc. This helps take it out of door-to-balloon times
        - For PHI, if they would please note the time of the EKG that had the STEMI on it because she doesn't have access to their records all of the time so it's

easier to get it from their documentation
        - With places like Prince William Hospital having a cath lab down and Reston having issues recently, Fairfax has to take more of the patients. Please make sure your medical call report and alert them as early as possible and make sure you give as much information to help with the backup of patients coming from other areas
    - Dr. Day stated again that they are no longer preloading with Brilinta after discussions with interventionalists, HealthPlex centers, and EDs
        - They are getting their feet on the ground again with the changes in data reporting, hoping to get back to the local meetings with the agencies and doctors
    - Craig French from Inova Fairfax asked if any other health systems use ESO HDE?
        - Kate from Arlington County FD advised that VHC is using it. They must log in to the system because they don't use ImageTrend. The EMS admin team all have access because they don't get bi-directional access.
        - Beth said a few have ESO HDE access and it's a learning curve if you're used to using Epic
        - Leddyanne said they use ESO, it works beautifully, and providers have immediate feedback to the hospitals that participate with the ESO HDE
- EMS Agencies
    - Arlington County – They use LifeNet. If any of the hospitals need EKGs, let Kate know, and she can send them to you. They are in the middle of purchasing new LifePak purchases and are hoping to have them in early 2024.
    - Alexandria City – Leddyanne will find out about adding Shirley to notifications with their IT department. Will also try to address the documentation concerns as well
    - Fairfax City – no updates
    - Fairfax County – Beth said she will add Shirley to Zoll transmission list
    - Loudoun County – Tracy Lane said thank you to Shirley for the need to capture data elements in their reporting
    - Manassas City – no updates
    - Manassas Park – no representation
    - MWAA – no representation
    - Prince William County – no updates
    - PTS - no updates

NEXT MEETING TOPIC

Suggestions for upcoming meeting topics

- There were no suggestions at this time

2024 UPCOMING MEETINGS

- February 22, 2024
- May 23, 2024
- August 22, 2024
- November 21, 2024

ADJOURNMENT

The meeting was adjourned at 10:40 am.

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

Northern Virginia EMS Council
PO Box 648
Gainesville, Virginia 20156

I, Laura Vandegrift, Interim Executive Director of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the Northern Region Quarterly Meeting of the Virginia Heart Attack Coalition held on November 30, 2023. The minutes were officially approved on May 23, 2024, at the meeting of the Committee.

Laura Vandegrift

Laura Vandegrift
Administrative Coordinator

5/23/2024

Date

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Get With The Guidelines.
Coronary Artery Disease

GWTG-CAD

November 2023

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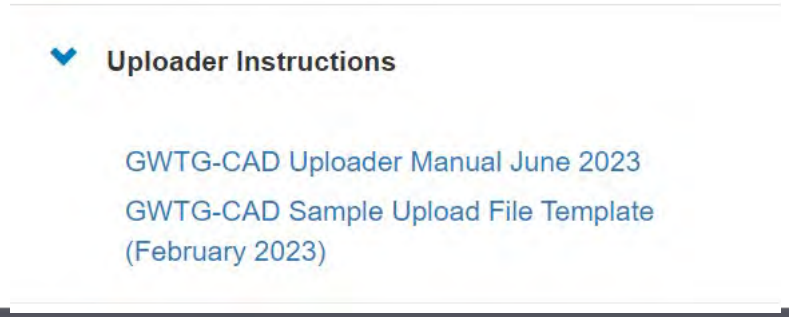
Coronary Artery Disease

Get With The Guidelines® Uploader

Did you know we have a wealth of resources to help hospitals with the burden of manual data abstraction? One option is with the CSV Uploader function. Hospitals that build a specific CSV file can export data from their EMR and upload directly to Get With The Guidelines® programs. Hospitals can choose to map and upload as many or as few fields as they would like.

Typically, this involves collaborating with your IT department to build the initial file to the specifications in our CSV uploader manual to ensure the mapping from your EHR will match up with the appropriate fields in Get With The Guidelines®.

For more information, please check out *GWTG-CAD Uploader Manual June 2023* and *GWTG-CAD Sample Upload File Template* in the 'Uploader Instructions' section of the Library of the IQVIA Registry Platform (IRP) tool or reach out to your local Quality Improvement Consultant for more information!



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Get With The Guidelines.
Coronary Artery Disease

Outpace CVD™

- The American Heart Association's **Outpace CVD™** suite of outpatient programs - Target: BP™, Target: Type 2 Diabetes℠ and Check. Change. Control. Cholesterol™ - provide targeted quality improvement support and recognize your organization's commitment to improving outcomes of cardiovascular disease. **Find Out More!**

- Do you want to celebrate your team's work to manage blood pressure, high cholesterol and Type 2 diabetes? Data submission for American Heart Association outpatient recognition programs is open Jan. 1 through May 17, 2024. Questions or need support? **Contact us**.

- Please **Sign Up** to receive our "*Quality News You Can Use*" eNewsletters.

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Personal Identifying Information (PII) Layer

The American Heart Association now offers a *no-cost* Personal Identifying Information (PII) layer. The PII layer contains additional data elements which are located on the Demographics tab of each module:

- **Patient First Name**
- **Patient Last Name**
- **Medicare Beneficiary Identifier (MBI) Number**
- **Medical Record Number**
- **Street Address**

(*While the layer is free, additional contracting may be required).

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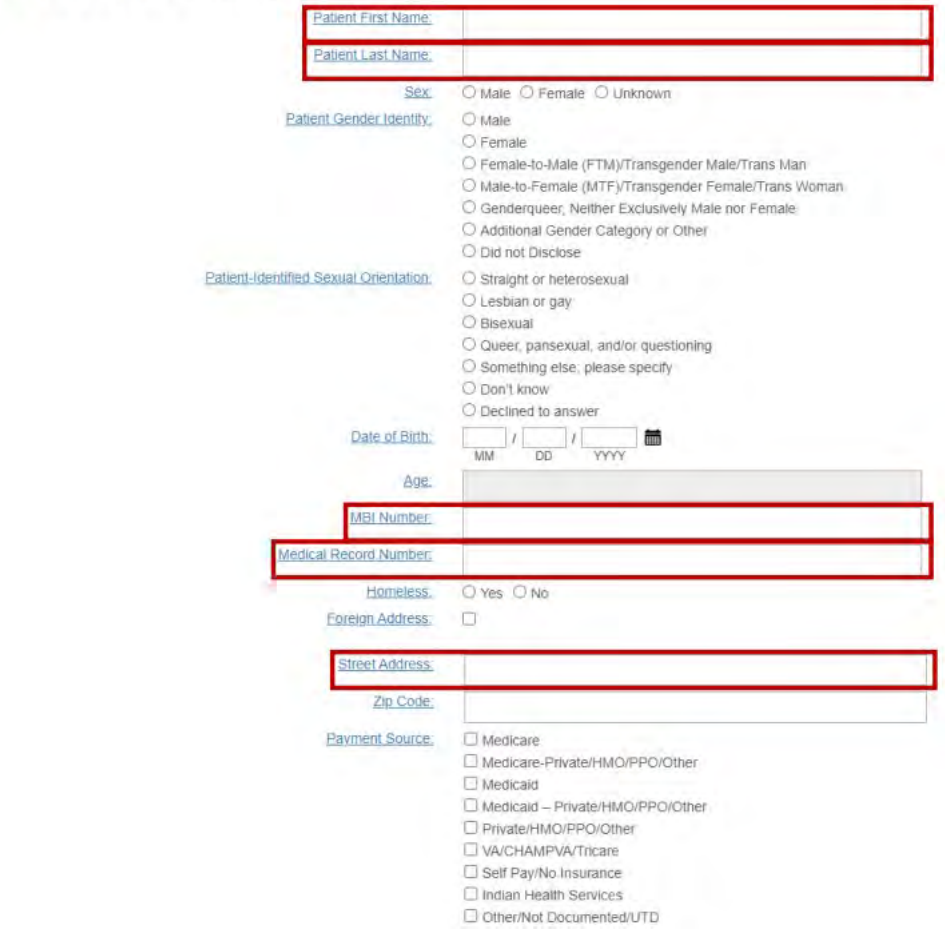
Figure 1: GWTG-CAD Demographics Tab



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GWTG-CAD Updates

Release Date: October 21, 2023

Impacted Users: All CAD Users; Rural Acute Users

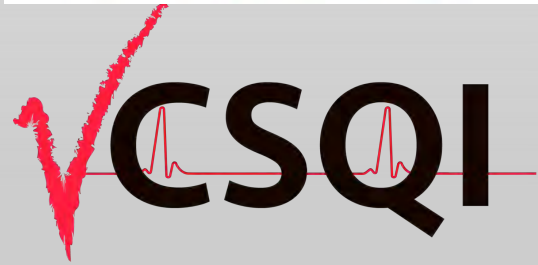
Summary of Changes in this Release:

Enhancements

- *Reports Updates:*
  - *Seven additional Mission: Lifeline Advanced Analytics tabs updated to function with both Version 2 (v2) and Version 3 (v3) patient forms*
  - *Issue affecting Mission: Lifeline Advanced Analytics My Facility M:L Report Tab STEMI and NSTEMI counts resolved*
  - *Issue affecting Composite Measure counts resolved*

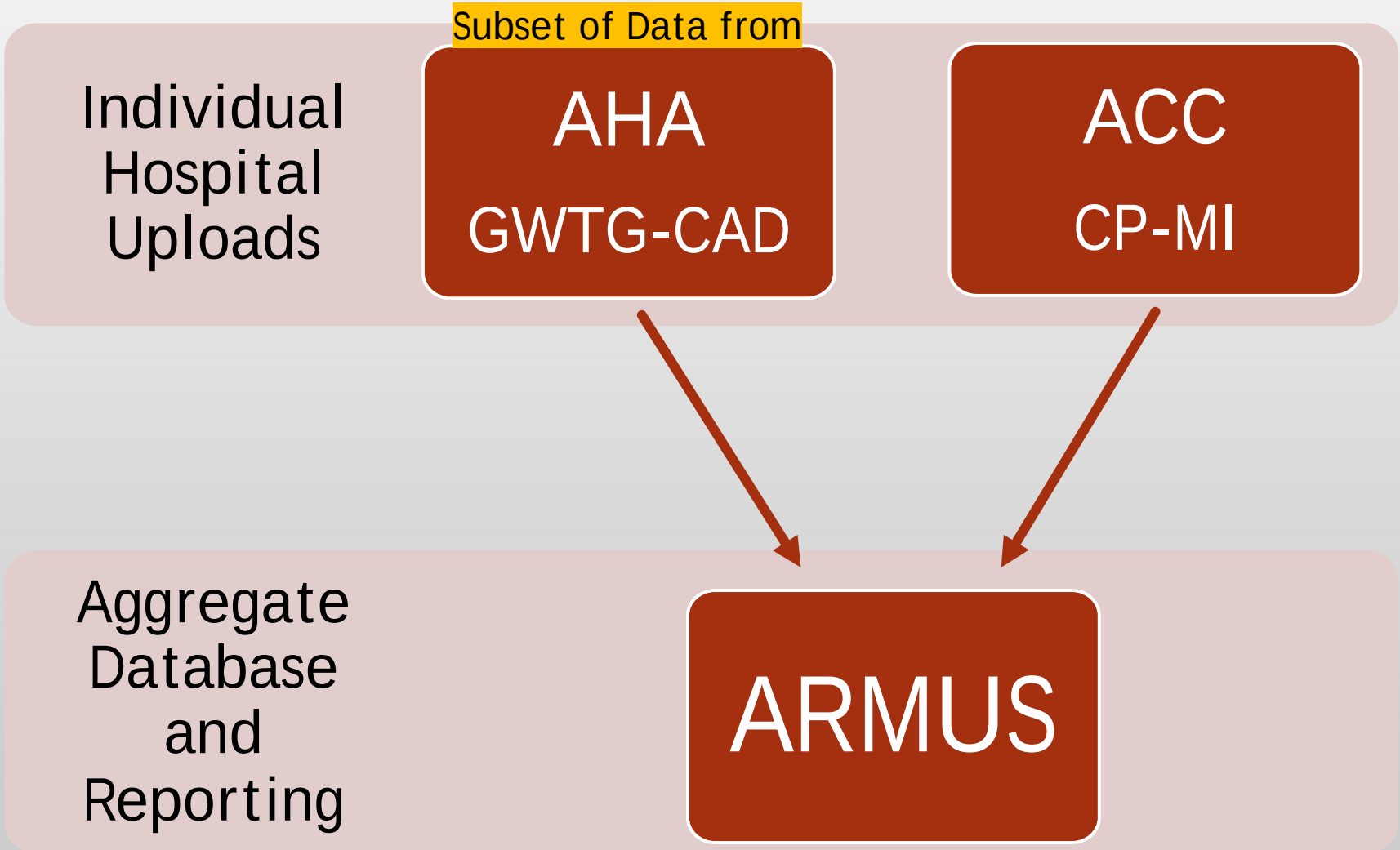
VHAC-VCSQI Statewide STEMI Database

Q2 2023 Summary Reports: Northern Region



Transforming Cardiovascular Care to Improve Patient Experience and Value

Data Aggregation Model

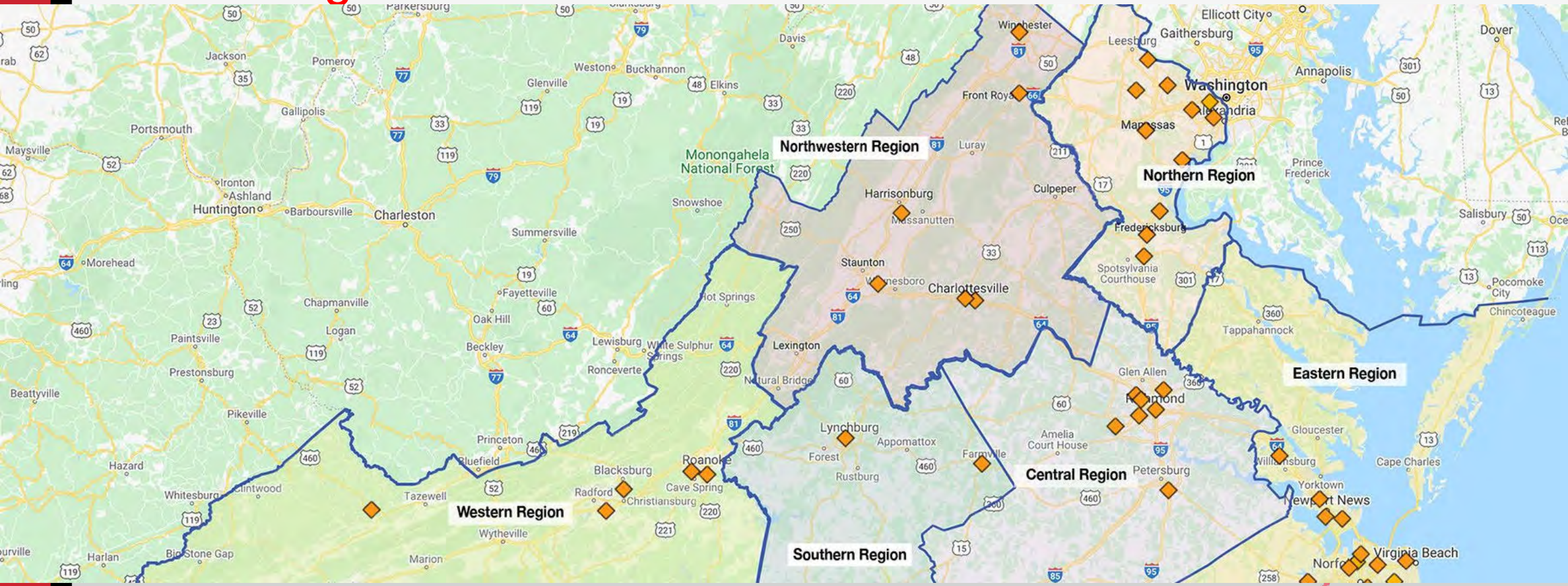


Virginia Heart Attack Coalition
VHAC
VCSQI

STEMI Database Participation

- 20 VCSQI Members currently sharing CP-MI data quarterly
  - 5 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: Q3 2022 – Q2 2023

Population: All STEMI Patients, Q3 2022 – Q2 2023 (N=1,554)	VCSQI	East	North	Northwest	South	West
Median Door In - Door Out (Minutes): Transfer Patients	**59.0**	63.0	55.0	65.0	49.5	67.0
Median Transfer Time between Hospitals	**30.0**	30.0	25.0	31.0	39.0	34.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	**91.0%**	89.6%	90.6%	98.3%	90.7%	81.2%
Median FMC to Primary PCI: Non-Transfer Patients	**72.0**	74.0	75.0	67.0	66.0	77.0

= Exceeds VCSQI Average

= Equal to VCSQI Average

= Lower than VCSQI Average

Virginia Heart Attack Coalition VHAC

VCSQI

Northern Region: Q3 2022 – Q2 2023

Population: All STEMI Patients, Q3 2022 – Q2 2023 (N=384)	North	3E3HC	5ZUU4	J5DO3	T4DUC
Median Door In - Door Out (Minutes): Transfer Patients	**55.0**	53.0	57.0	55.0	50.0
Median Transfer Time between Hospitals	**25.0**	19.0	28.0	21.0	21.5
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	**90.6%**	94.3%	91.2%	91.8%	80.8%
Median FMC to Primary PCI: Non-Transfer Patients	**75.0**	72.0	74.0	76.0	83.5

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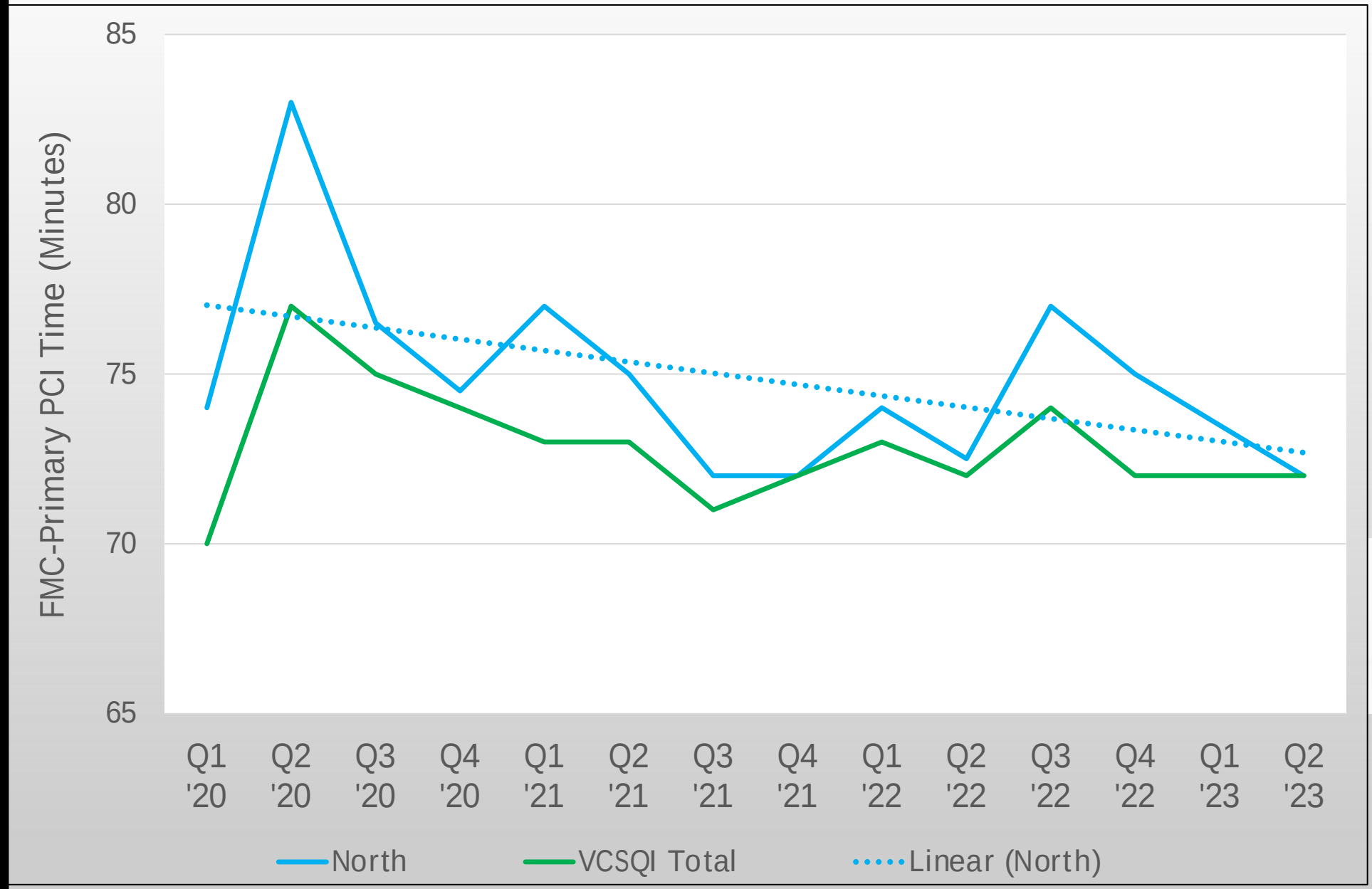
Median FMC-Primary PCI (Non-Transfer) by Quarter: Northern



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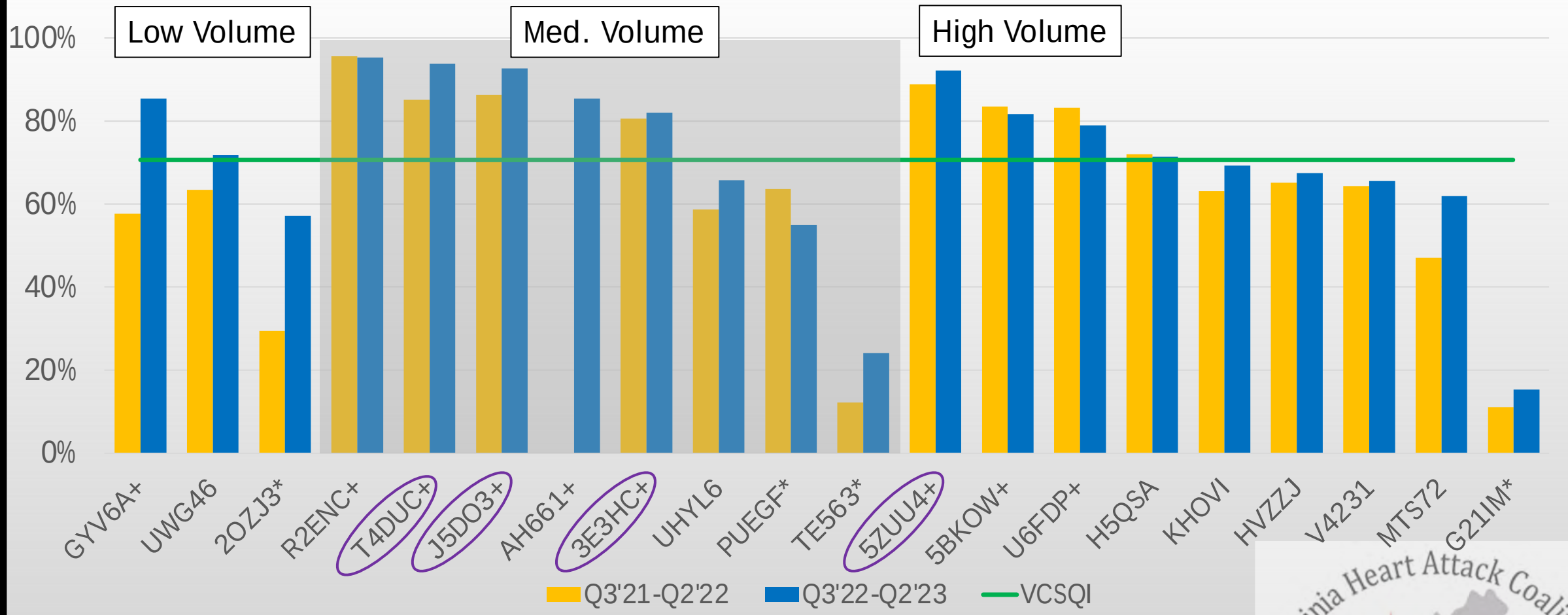
Radial Access Site by Hospital: Immediate PCI for STEMI Procedures, Q3 2021 – Q2 2023 (N=4,263)

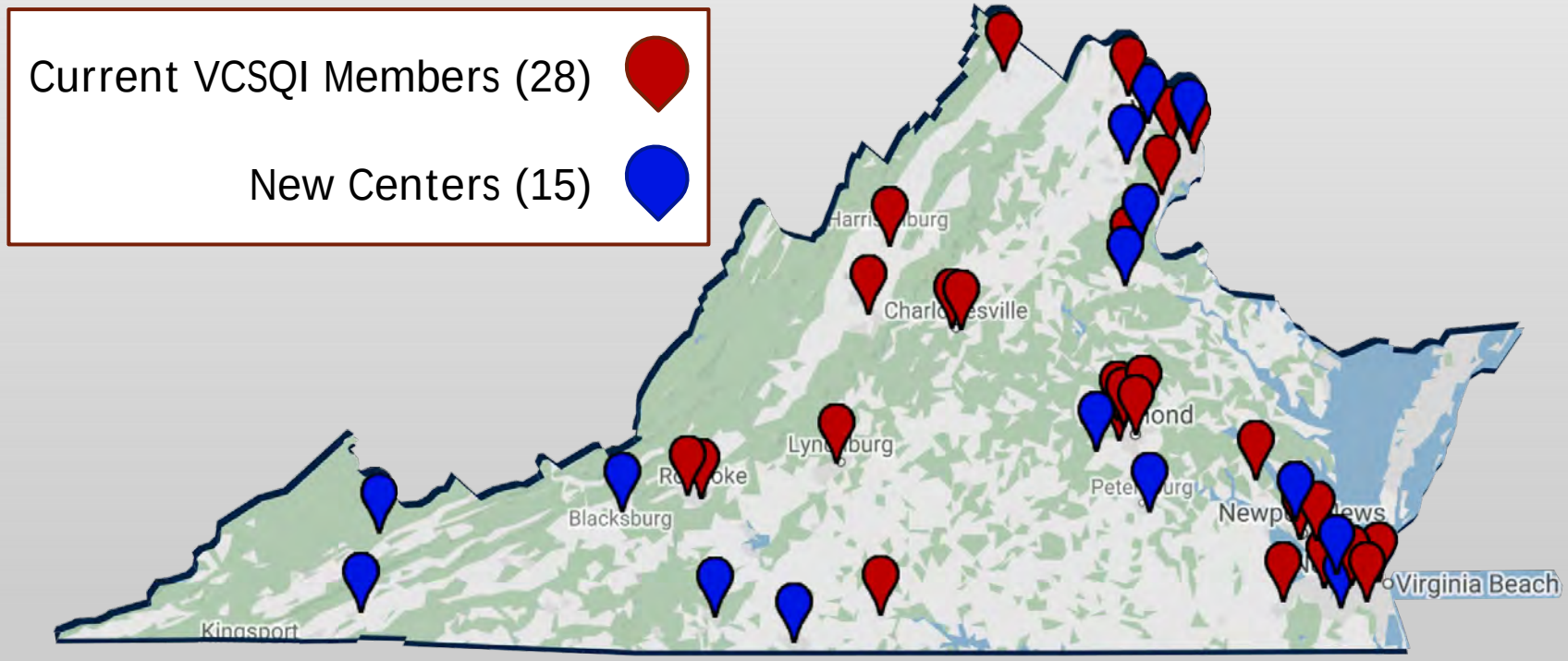


VCSQI: Femoral – 29.2% Radial – 70.6%

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! Logistics and Next Steps

- Data Use Agreements will be automatically incorporated into current VCSQI members' database contracts
- New members gain access to all VCSQI resources: quarterly reports, angiogram reviews, collaborative workgroups (Shock + AKI), and more!



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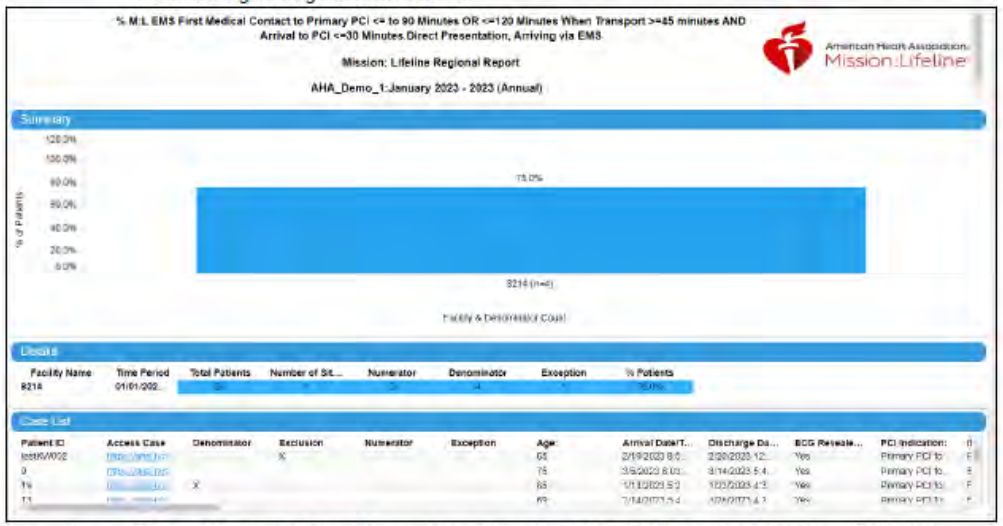
Below are the details of the updates:

Reports Update

- Seven additional Mission: Lifeline Advanced Analytics tabs updated to function with both Version 2 (v2) and Version 3 (v3) patient forms
  - Affected tabs:
    - M:L Regional STEMI Measures Tab
    - M:L Regional Participation Tab
    - % M:L Arrival to PCI <= 90 Minutes Tab
    - % M:L EMS FMC to PCI Tab (see example below)
    - % M:L Pre-Hospital Cath Lab Activation Tab
    - % M:L Pre-Hospital ECG Tab
    - % M:L 12 Lead ECG <= 10 Minutes Tab
  - This is the second of multiple updates that will occur to update each tab of the Mission: Lifeline Advanced Analytics report.
  - The Mission: Lifeline Report Glossary has been updated to reflect changes and will be available in the library shortly after the release.



- Issue affecting Mission: Lifeline Advanced Analytics My Facility M:L Report Tab STEMI and NSTEMI counts resolved
  - Mission: Lifeline Advanced Analytics My Facility M:L Report Tab now reports accurate counts for STEMI and NSTEMI.
- Issue affecting Composite Measure counts resolved
  - The issue affecting composite measure count accuracy has been resolved. The measure counts now match across the Measure Summary, Measure Details, and Case List.
  - Affected measures:
    - AHACAD21: Overall Mission Lifeline® Composite Score - STEMI Receiving Hospital
    - AHACAD27: Overall Mission Lifeline® Composite Score - STEMI Referring Hospital
    - AHACAD73: Overall Diabetes Cardiovascular Initiative Composite Score
    - AHACAD84: Rural Acute STEMI Composite Score
    - AHACAD86: Rural Acute STEMI Defect-Free Care

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Cardiogenic Shock Registry powered by Get With The Guidelines® Now Available

Acute myocardial infarction (AMI) is the most common cause of cardiogenic shock. The Cardiogenic Shock Registry powered by Get With The Guidelines® was created to understand better the clinical manifestations of cardiogenic shock, treatment patterns, and outcomes with the intent of improving the quality of care in adult patients presenting to U.S. hospitals with cardiogenic shock. More than 50 hospitals are participating in this free registry. **ACTION:** Please visit our website and complete the information request form if your hospital is working to improve care and outcome for patients with cardiogenic shock.

The American Heart Association proudly announces the CPAHA (Certified Professional American Heart Association) - Telehealth!

Telehealth can make patient care more effective, accessible, and efficient. Demonstrate your commitment to helping patients live longer, healthier lives by becoming a **certified telehealth provider.** As part of its longstanding commitment to ensuring equitable access to high-quality health care, the American Heart Association has launched its first individual certification, through its Center for Telehealth, for healthcare professionals looking to take virtual care to another level. Learn more and get certified today at heart.org/telehealthcertification. Proudly display your new credentials and your passion for high-quality healthcare with the new CPAHA – TELEHEALTH Certification course.

Certification Measure Information Process (CMIP)

The Joint Commission and the American Heart Association (AHA) have finalized the process for an automatic data transfer (Quarterly, Measure numerators and denominators) from the AHA's Get with the Guidelines® - Coronary Artery Disease registry directly into the *Certification Measure Information Process (CMIP)* tool for Acute Heart Attack Ready (AHAR), Primary Heart Attack Center (PHAC), and Comprehensive Heart Attack Center (CHAC) programs. This process is available at *no-cost* for all AHAR, PHAC and CHAC programs to utilize.

Find Out More!

Action Item: For AHAR, PHAC, and CHAC certified hospitals that want to use the automatic data submission to the CMIP tool, reach out to your local Quality Improvement Consultant to start the Permissions form step but also fill out your certification information in the *Get With The Guidelines: CAD Questionnaire* found in the Form Management section. (Click *Facility Forms* then open the *CAD Questionnaire*).

- Tip: leave the end date blank until you no longer want to send the data

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2024
HOSPITAL RECOGNITION CRITERIA
(based on 2023 data)

American Heart Association.
Mission:Lifeline

MISSION: LIFELINE STEMI RECEIVING CENTER

RECEIVING CENTER

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 D28 ≤ 30 minutes (AHACAD8)
- Arrival to 12 lead ECG ≤10 minutes (AHACAD6)

ACHIEVEMENT SCORE
50% OR GREATER

Arrival at First Hospital to PCI ≤120 minutes (AHACAD2)
for patients transferred for primary PCI

PLUS MEASURE
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 (AHACAD10)
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 •

- ≥ 40 records (combined STEMI & NSTEMI)
- ≥ 40 records (combined STEMI & NSTEMI) AND ≥ 9 in the quarter

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2024
HOSPITAL RECOGNITION CRITERIA
(based on 2023 data)

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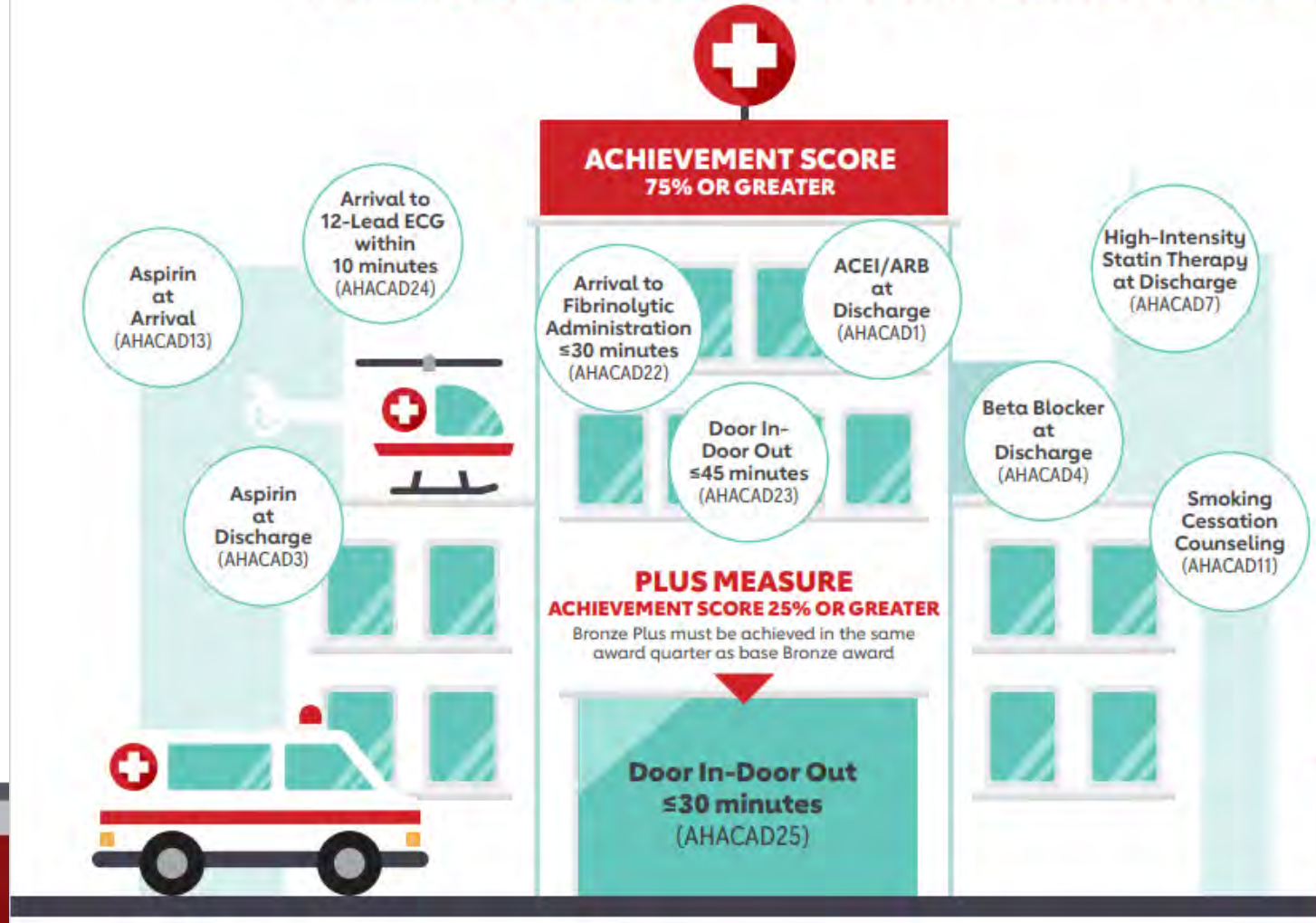
Mission:Lifeline

MISSION: LIFELINE STEMI REFERRING HOSPITAL



GOLD
2 consecutive calendar years

SILVER
1 calendar year

BRONZE
1 calendar quarter

• VOLUME CRITERIA •
- ≥2 records for the calendar year
- ≥ 1 record for the calendar year

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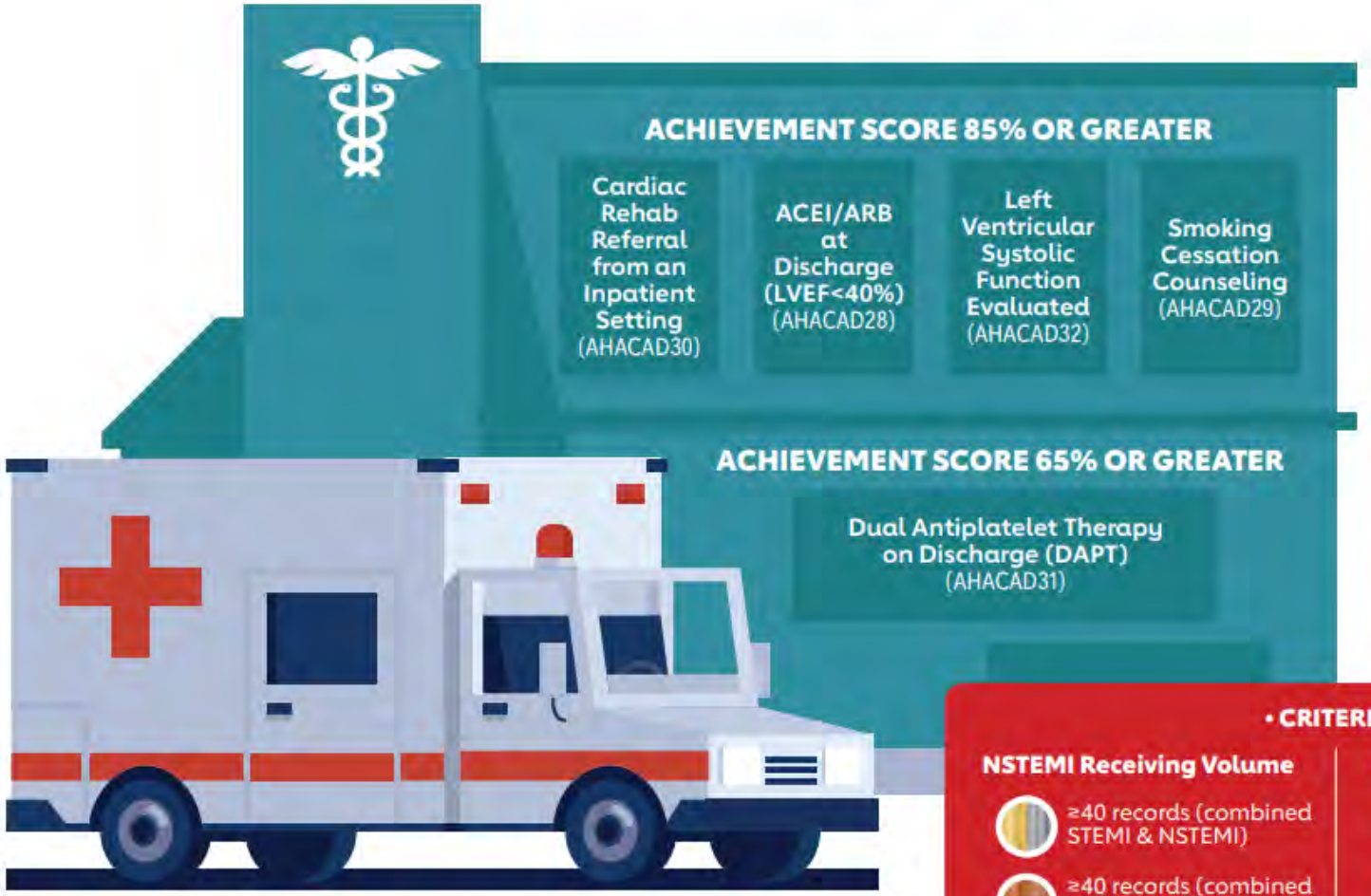
2024
HOSPITAL RECOGNITION CRITERIA
(based on 2023 data)

American Heart Association.
Mission:Lifeline

MISSION: LIFELINE NSTEMI



ACHIEVEMENT SCORE 85% OR GREATER

- Cardiac Rehab Referral from an Inpatient Setting (AHACAD30)
- ACEI/ARB at Discharge (LVEF<40%) (AHACAD28)
- Left Ventricular Systolic Function Evaluated (AHACAD32)
- Smoking Cessation Counseling (AHACAD29)

ACHIEVEMENT SCORE 65% OR GREATER

- Dual Antiplatelet Therapy on Discharge (DAPT) (AHACAD31)

GOLD
2 consecutive calendar years
(data in all 8 quarters for NSTEMI Receiving Centers)

SILVER
1 calendar year
(data in all 4 quarters for NSTEMI Receiving Centers)

BRONZE
1 calendar quarter

• CRITERIA •

NSTEMI Receiving Volume	NSTEMI Referring Volume
≥40 records (combined STEMI & NSTEMI)	≥2 NSTEMI records
≥40 records (combined STEMI & NSTEMI) AND ≥9 in the quarter	≥1 NSTEMI records

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Target: Type 2 Diabetes

2024 HOSPITAL RECOGNITION CRITERIA

(based on 2023 data)

THE AWARD REPORTING PERIOD MUST:

1. Be the same calendar year as your eligible achievement award
2. Include the same patient population as is included in the eligible achievement award

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American Heart Association. Get With The Guidelines. Heart Failure

Hospital Must Qualify for Silver Level or Higher Achievement Award

≥10 Patients with a New Onset or Previous History of Diabetes

Overall Diabetes Cardiovascular Initiative Composite Score (AHASTR150) criteria:

≥ 80% Compliance for 12 Consecutive Months (Calendar Year)

- IV Thrombolytics Arrive by 3.5 hours / Treat by 4.5 hours (AHASTR149)
- Early Antithrombotics for Patients With Diabetes (AHASTR148)
- VTE Prophylaxis (AHASTR154)
- Antithrombotic Prescribed at Discharge (AHASTR145)
- Anticoagulation Prescribed for AFib/AFlutter at Discharge (AHASTR144)
- Smoking Cessation (AHASTR151)
- Intensive Statin Prescribed at Discharge (AHASTR298)
- Diabetes Treatment (AHASTR130)
- Therapeutic Lifestyle Changes (TLC) Recommendations at Discharge (AHASTR153)
- Antihyperglycemic Medication With Proven CVD Benefit (AHASTR146)

Overall Diabetes Cardiovascular Initiative Composite Score (AHACAD73) criteria:

≥ 75% Compliance for 12 Consecutive Months (Calendar Year)

- ACE-I or ARB for LVSD at Discharge for Patients with Diabetes (AHACAD66)
- Adult Smoking Cessation Advice for Patients with Diabetes (AHACAD67)
- Antihyperglycemic Medication with Proven CVD Benefit (AHACAD74)
- Aspirin at Discharge for Patients with Diabetes (AHACAD68)
- Beta-Blocker at Discharge for Patients with Diabetes (AHACAD69)
- Cardiac Rehabilitation Patient Referral from an Inpatient Setting (AHACAD70)
- Dual Antiplatelet Therapy Prescribed at Discharge (AHACAD71)
- High-Intensity Statin at Discharge (AHACAD72)

Overall Diabetes Cardiovascular Initiative Composite Score criteria:

≥ 75% Compliance for 12 Consecutive Months (Calendar Year)

- ACEI/ARBs or ARNI at Discharge (AHAHF77)
- Evidence-Based Beta Blocker Prescribed at Discharge (AHAHF78)
- Post-Discharge Appointment Scheduled (AHAHF80)
- Smoking Cessation (AHAHF82)
- Left Ventricular Function Assessed (AHAHF79)
- Lipid-Lowering Medication Prescribed at Discharge (AHAHF81)
- Diabetes Treatment (AHAHF26)
- Antihyperglycemic Medication With Proven CVD Benefit (AHAHF84)

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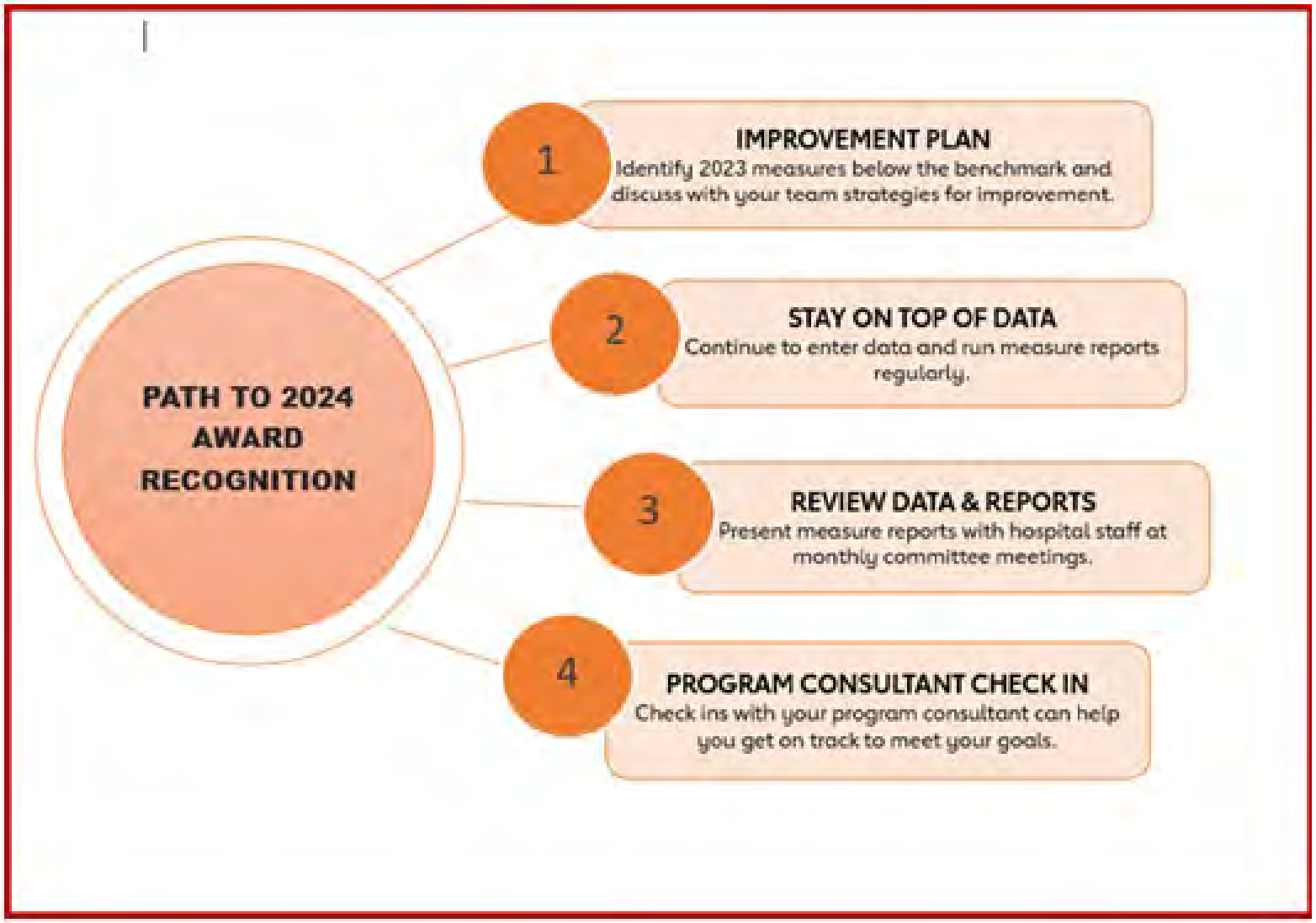

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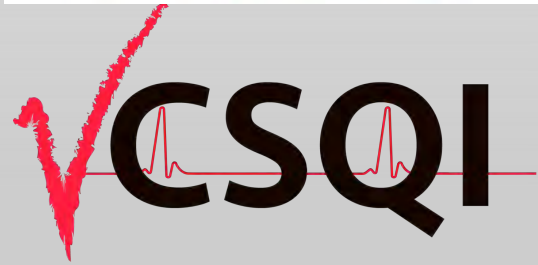
GWTG-CAD Updates Resources

Amber.Brown@heart.org

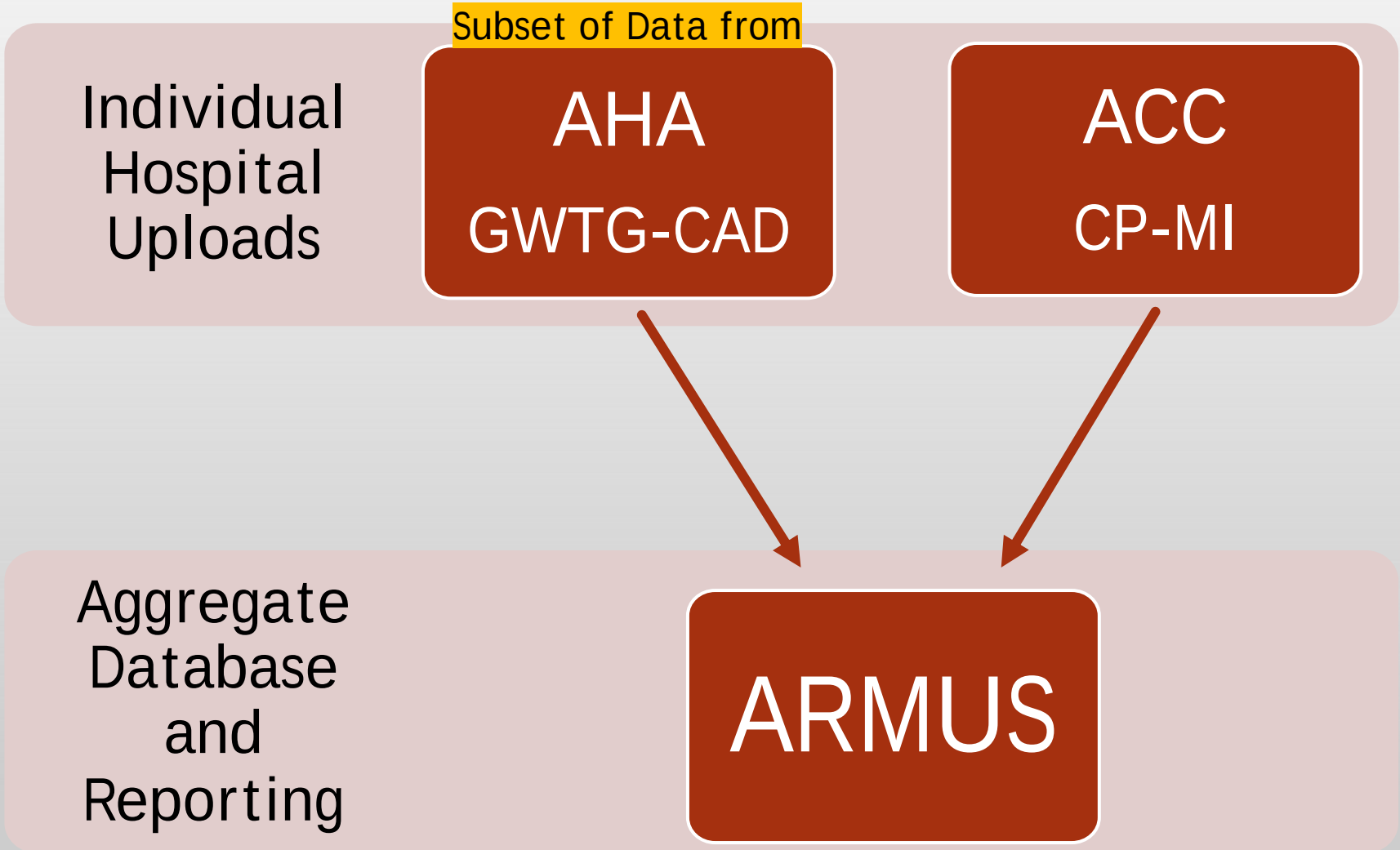
VHAC-VCSQI Statewide STEMI Database

Q2 2023 Summary Reports: Northern Region



Transforming Cardiovascular Care to Improve Patient Experience and Value

Data Aggregation Model



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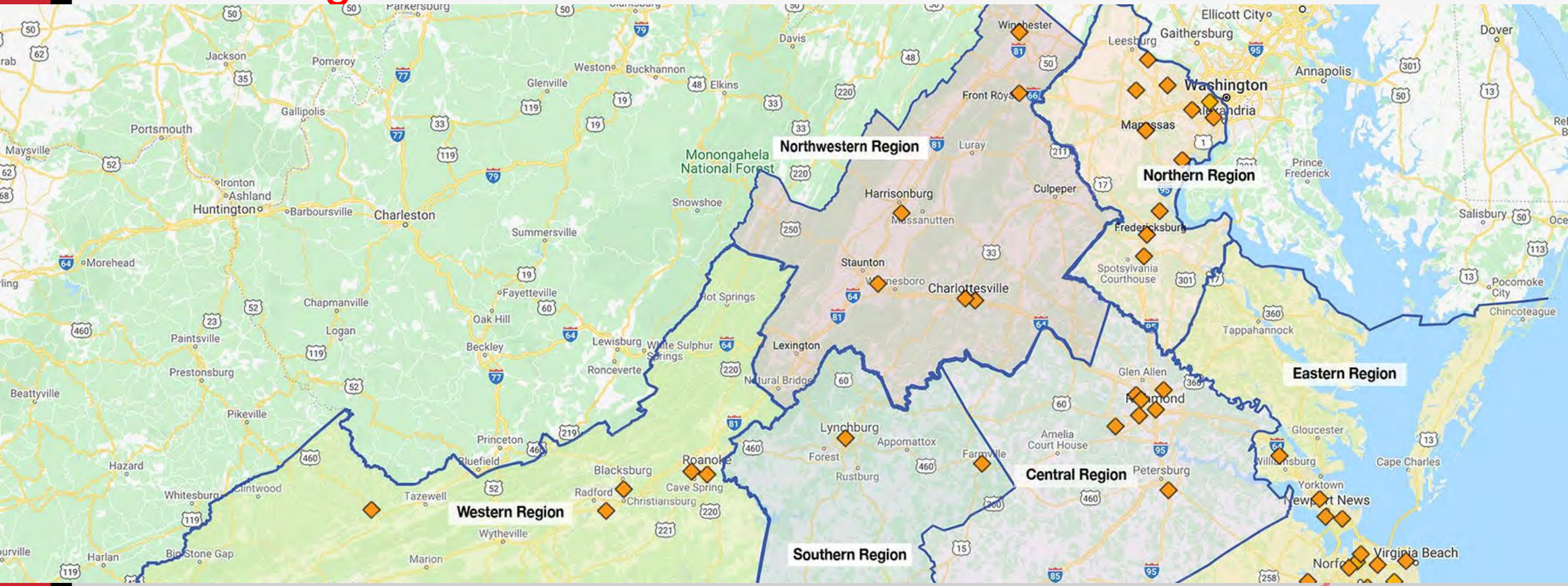
STEMI Database Participation

- 20 VCSQI Members currently sharing CP-MI data quarterly
  - 5 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: Q3 2022 – Q2 2023

Population: All STEMI Patients, Q3 2022 – Q2 2023 (N=1,554)	VCSQI	East	North	Northwest	South	West
Median Door In - Door Out (Minutes): Transfer Patients	**59.0**	63.0	55.0	65.0	49.5	67.0
Median Transfer Time between Hospitals	**30.0**	30.0	25.0	31.0	39.0	34.0
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	**91.0%**	89.6%	90.6%	98.3%	90.7%	81.2%
Median FMC to Primary PCI: Non-Transfer Patients	**72.0**	74.0	75.0	67.0	66.0	77.0

= Exceeds VCSQI Average

= Equal to VCSQI Average

= Lower than VCSQI Average

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Northern Region: Q3 2022 – Q2 2023

Population: All STEMI Patients, Q3 2022 – Q2 2023 (N=384)	North	3E3HC	5ZUU4	J5DO3	T4DUC
Median Door In - Door Out (Minutes): Transfer Patients	**55.0**	53.0	57.0	55.0	50.0
Median Transfer Time between Hospitals	**25.0**	19.0	28.0	21.0	21.5
FMC to Primary PCI <= 90 Minutes: Non-Transfer Patients	**90.6%**	94.3%	91.2%	91.8%	80.8%
Median FMC to Primary PCI: Non-Transfer Patients	**75.0**	72.0	74.0	76.0	83.5

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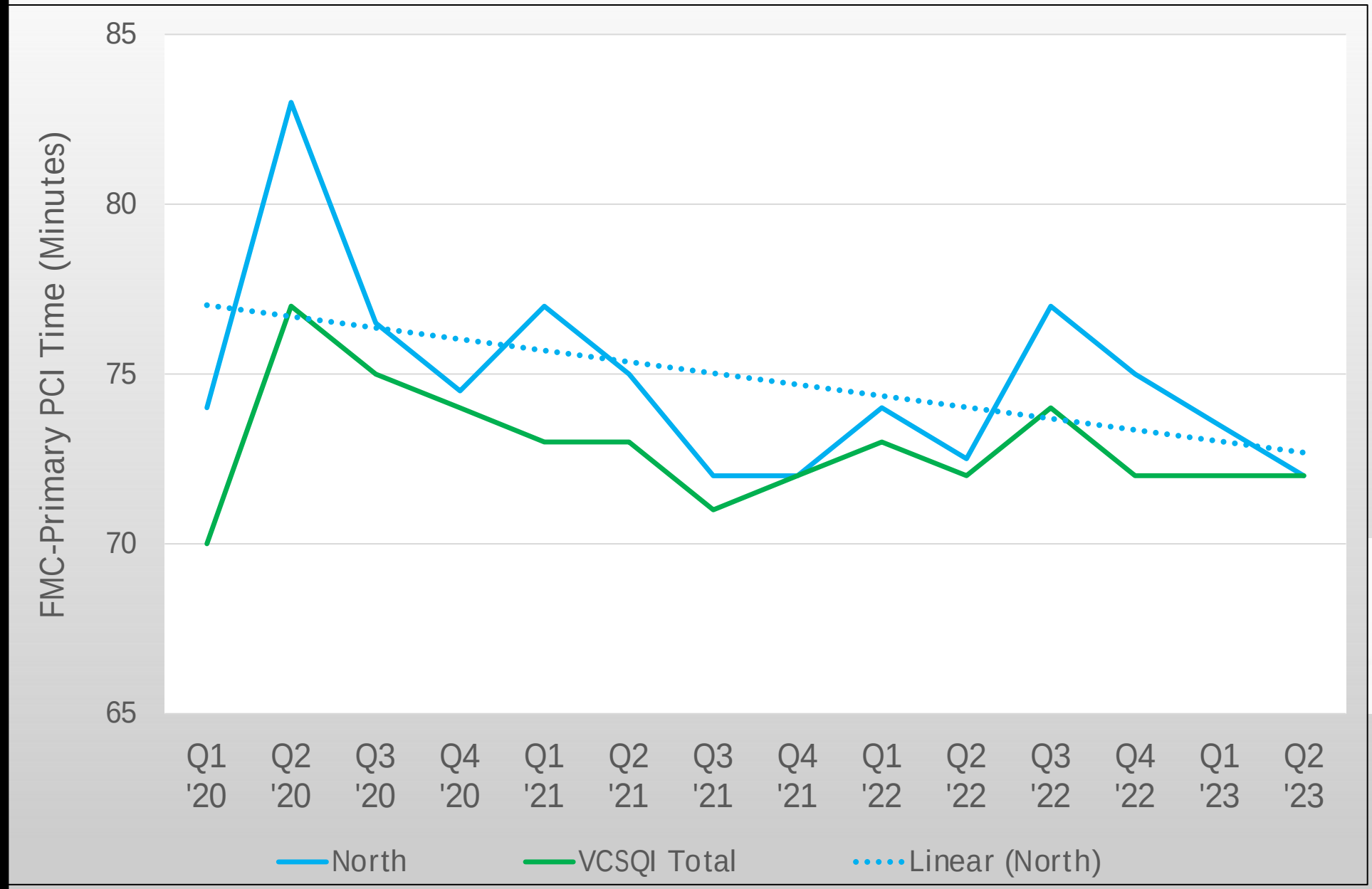
Median FMC-Primary PCI (Non-Transfer) by Quarter: Northern



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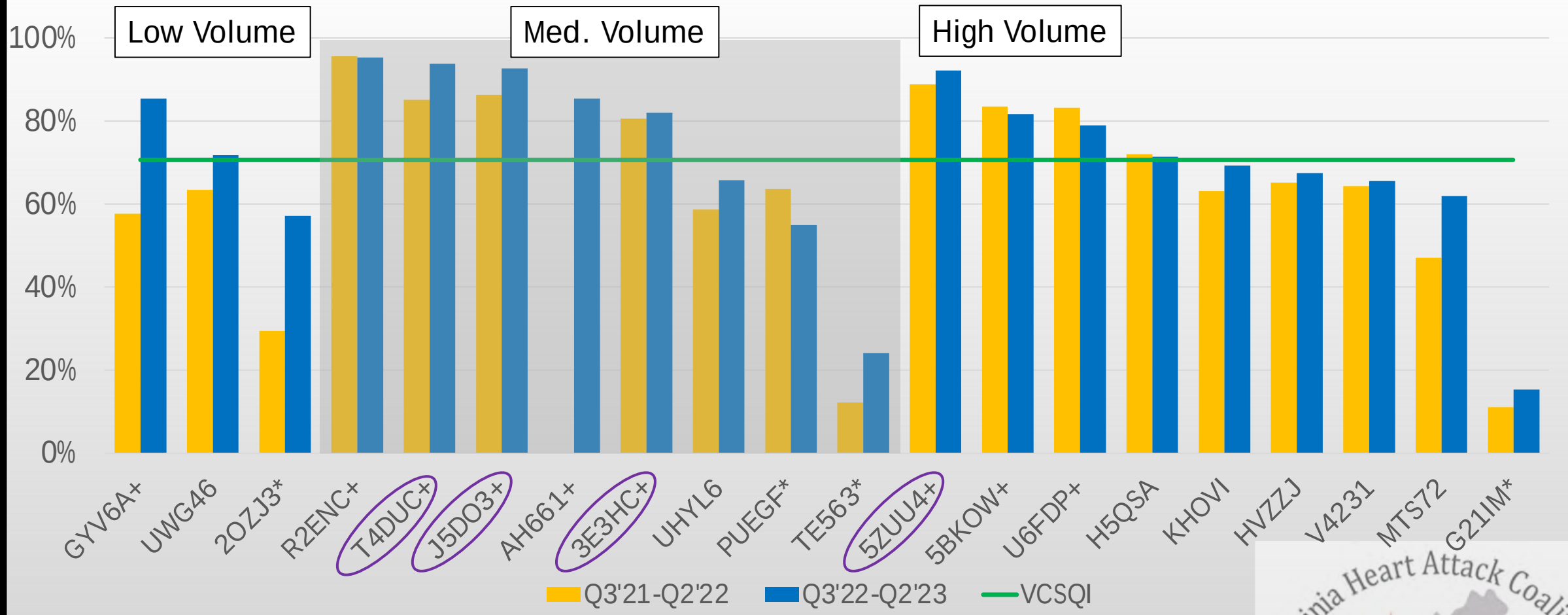
Radial Access Site by Hospital: Immediate PCI for STEMI Procedures, Q3 2021 – Q2 2023 (N=4,263)

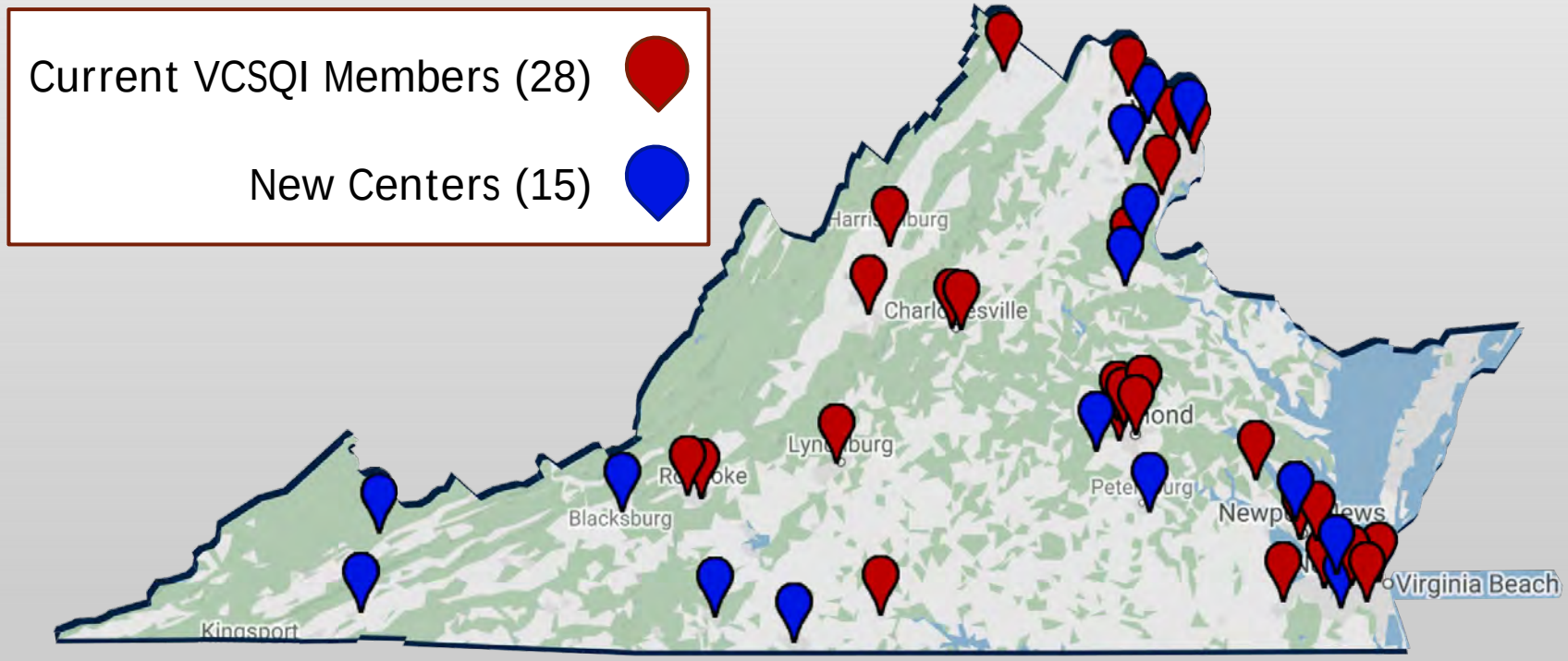


VCSQI: Femoral – 29.2% Radial – 70.6%

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! Logistics and Next Steps

- Data Use Agreements will be automatically incorporated into current VCSQI members' database contracts
- New members gain access to all VCSQI resources: quarterly reports, angiogram reviews, collaborative workgroups (Shock + AKI), and more!



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The accuracy of the data in this report is limited by the system performance and the accuracy of data submissions from agencies.

Date Range 07/01/2023 - 09/30/2023 (Q3)

STEMI Transports	160
Inova Fairfax Hospital	60
HCA Reston	19
Sentara Northern VA Med	5
Inova Loudoun Hospital	24
Virginia Hospital Center	21
Inova Alexandria Hospital	17
Inova Fair Oaks	1
UVA PW	12
UVA Haymarket	1

Suspected STEMI Transports By Destination Name NOVA

This report is designed to assist agencies in evaluating the appropriate destination of suspected STEMI patients.

Avg Scene Time for Suspected MI and STEMI

Avg Scene time	16min2s

Avg Scene Time for Suspected MI and STEMI

Time from first medical contact to reperfusion should be closely monitored to improve outcomes.

5.3 ACS - On Scene Time to 12-Lead ECG NOVA

This report shows the percent of patients age 1 year or older with suspected cardiac chest pain/discomfort or other ACS symptoms who received a 12-lead ECG <10 min. from time of arrival on scene by first 12-lead ECG-equipped EMS unit.

Average at Patient to 12-Lead ECG	5min15s

On Scene Time to 12-Lead ECG

Avg on-scene to 12 lead	6min42s

(NHTSA 7.0) 12-Lead ECG Performance NOVA

This report indicates the percentage of patients aged 1 year or older with Chest Pain who received a 12-Lead ECG.

Patient Age >= 1 Year

Run Type = 911 Response

Primary and/or Secondary Impression = Chest Pain / Discomfort, Angina Pectoris, ST elevation (STEMI) myocardial infarction of anterior wall, ST elevation (STEMI) myocardial infarction, ST elevation (STEMI) myocardial infarction of other sites of inferior wall or Protocol Used = Chest Pain / Suspected Cardiac Event

STEMI Alert

Avg time from First Positive 12-Lead STEMI Alert	14m1s

Cardiac - Time to STEMI Alert NOVA

This report indicates the percentage of patients and the time required to issue a field alert (when documented as a "STEMI ALERT" flowchart treatment) from the point in time a patient is suspected of the condition using the first positive 12-Lead. Please note the time series chart includes only cases that resulted in the STEMI Alert, and if a 12 lead indicating a possible STEMI is acquired before the arrival of the ambulance, then the calculation changes to the on-scene timestamp of the transporting agency to STEMI Alert. The calculation also assumes that the first responder presents the 12 Lead to the EMS crew upon their arrival.

Patient Age >= **1 Year**

Primary/Secondary Impression = ST elevation (STEMI) myocardial infarction of anterior wall, ST elevation (STEMI) myocardial infarction, ST elevation (STEMI) myocardial infarction of other sites of inferior wall or MI Suspected

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= **Yes** or ECG Anterior Ischemia Notated = **Yes** or ECG Inferior Ischemia Notated = **Yes** or ECG Lateral Ischemia Notated = **Yes** or ECG Lateral Ischemia Noted = **Yes** or ECG Lateral Ischemia Notated = **Yes**

Aspirin given	31%
Aspirin before EMS	13%
Nitro before EMS	10%

(NHTSA 8.0) Chest Pain - Aspirin Administration NOVA

This report indicates the percentage of patients aged 1 years or older with Chest Pain who received Aspirin in the prehospital setting. Early administration of aspirin is believed to provide a beneficial effect in myocardial ischemia and infarction. This report includes all patients with the following criteria: Aged 1 years or older AND Primary and/or Secondary Impression = "Chest Pain / Discomfort" AND Run Type = "911 Response (Emergency)" Calculating a percentage of patients WHERE Aspirin Administration documented in flowchart or as PTA item.

Chest Pain Primary Impression: 1,207
STEMI Primary Impression: 153

Data retrieved from ESO on 10/17/2023