2017 Mission: Lifeline EMS Recognition Frequently Asked Questions

If you have additional questions, please contact Dave Travis at David.Travis@Heart.org

1. **What is the Mission: Lifeline EMS recognition program?**
   The Mission: Lifeline EMS Recognition program currently acknowledges EMS agencies, STEMI Receiving Centers and STEMI Referring Centers for their efforts to improve the quality of care for STEMI and Acute Coronary Syndrome (ACS) patients. This year, the voluntary reporting measures include stroke and resuscitation patients as well.

2. **What is Mission: Lifeline EMS recognition?**
   Mission: Lifeline EMS Recognition is the American Heart Association's program to recognize EMS Agencies for efforts in improving the Systems of Care through collaboration, with STEMI Receiving Centers and with STEMI Referring Centers, thereby enhancing the quality of care for STEMI patients.

3. **Will EMS representatives submit data annually or quarterly for Mission: Lifeline EMS Recognition?**
   EMS representatives will use an on-line portal to submit the 2017 EMS recognition application. The recognition application will ask for a summary of annual data submitted by quarters for the entire previous calendar year. For 2017, agencies will provide data based on the patients treated and transported throughout the 2016 calendar year. 2015 data may also be used for agencies unable to meet the minimum number of STEMI patients for a Bronze award level. The online portal to apply will be open from January 1, 2017 through March 31, 2017.

4. **How will EMS Agencies be recognized?**
   The American Heart Association will have a Mission: Lifeline EMS Recognition kit available for agencies meeting achievement criteria. The kits will include local press release statements, web widgets and icons containing the AHA and Mission: Lifeline logo. A certificate of achievement will be provided to the agency. Additional recognition items are also being considered.
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5. **Will Mission: Lifeline EMS recognition use measures related to Cardiac Resuscitation Systems of Care?**
   2017 Mission: Lifeline EMS Recognition will only use STEMI/ACS achievement measures. Cardiac Resuscitation systems of care and stroke measures are included within the optional reporting measures this year.
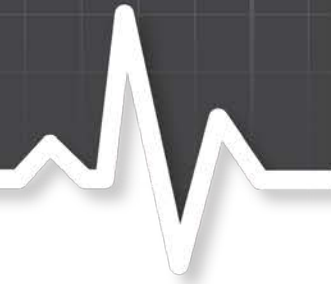
6. **What are the Mission: Lifeline EMS Recognition achievement measures?**
   - Measure 1: Percentage of patients with non-traumatic chest pain > 35 years old, treated and transported by EMS who get a prehospital 12 lead ECG
   - Measure 2: Percentage of STEMI patients transported to an STEMI Receiving Center, with prehospital First Medical Contact (FMC) to Device (PCI) < 90 Minutes
   - Measure 3: Percentage of STEMI patients transported to an STEMI Referring Center, with Arrival (to Referring Center) to Fibrinolytic Therapy administered in < 30 Minutes (Door to Needle)

7. **What percent achievement must be met for the measure(s) to qualify for recognition?**
   A performance score of at least 75% must be met for each recognition measure reported.

8. **Is data submission required for all 3 achievement measures to achieve recognition?**
   - When the EMS agency only transports STEMI patients to an STEMI Receiving Center, only measures 1 and two will need to be reported.
   - When the EMS agency only transports STEMI patients to an STEMI Referring Center, only measures and three will need to be reported.
   - When the EMS agency transports STEMI patients to both STEMI Receiving and STEMI Referring Centers, all three measures will need to be reported.

9. **What patient population is included for Measure 1 (%ECG ≥ 35yo)?**
   This measure looks at the total number of patients treated AND transported AND with a complaint of non-traumatic chest pain. The achievement will be measured on the percentage of those patients who receive a 12 lead ECG in the field.

   A total number of patients treated and transported.
   Of those – patients 35 years of age or over, with the chief complaint of non-traumatic chest pain (s/s consistent with ACS).
   Of those, the number of patients who receive a pre-hospital 12 lead ECG.

10. **What patient population is included for Measure 2 (FMC to Device ≤90 Minutes)?**
    This measure looks at the total number of patients with STEMI identified in the field treated AND transported to an STEMI Receiving Center and who received Primary PCI.

Total number of patients 18 years of age or over who have a prehospital 12 lead ECG
Of those – the patients who have an STEMI identified with the pre-hospital 12 lead ECG
Of those – the patients transported to an STEMI Receiving Center
Of those – the patients who received Primary PCI
Of those – the number of patients who received Primary PCI in 90 minutes or less.

11. What are the exclusions for Measure 2?

The volume of patients with FMC to Primary PCI/Device Activation greater than 90 minutes will be reported as the OUTLIER VOLUME. Of the patients who are reported in the outlier volume, if one of the below exclusions apply, the patient will be excluded from the achievement percentage.

Acceptable delays that may occur between the time of FMC and Primary PCI/Device Activation:

- Delay caused by patient or family providing consent for treatment and/or transport (prehospital/in-hospital)
- Delay caused by patient experiencing cardiac arrest and/or the need for intubation (prehospital/in-hospital)
- Delay caused by initial and/or subsequent ECGs being negative for STEMI (prehospital/in-hospital)
- Delay caused by the patient also being a trauma victim or having other time-sensitive comorbid condition requiring priority care. (prehospital/in-hospital)
- Delay caused by difficulty in accessing femoral or radial artery (in the cath lab)
- Delay caused by difficulty in crossing the coronary lesion (in the cath lab)

12. What is First Medical Contact (FMC)?

This Mission: Lifeline EMS Recognition measure utilizes the time of pre-hospital "First Medical Contact". First Medical Contact (FMC) is broadly defined as the time of eye to eye contact between STEMI patient and caregiver. For the purposes of Mission: Lifeline EMS Recognition - First Medical Contact (FMC) is the time of eye to eye contact between STEMI patient and the first caregiver. (Medical First Responder, Physician at a clinic, or EMS personnel). When the Medical First Responder or physician at a clinic is the first caregiver at the patient's side, and their time of initial contact with the patient is known, the eye to eye contact time between the patient and that first caregiver is preferred. For the patient to be included in the Mission: Lifeline EMS Recognition program, there must have been a prehospital 12 lead, but not necessarily performed by the first caregiver.

13. **What is the patient population for Measure 3 (Arrival to Referring Center to Lytic Administration ≤ 30 Minutes)?**

This measure looks at the total number of patients with STEMI, who are identified in the field, treated, transported to an STEMI Referring Center, and who received Fibrinolytic therapy.

Total number of patients 18 and older who have an STEMI identified by the pre-hospital 12 lead ECG
- *Of those – patients who were transported to an STEMI Referring Center(non-PCI capable facility)*
- *Of those – the patients who received Fibrinolytic therapy*
- *Of those- the number of patients who received Fibrinolytic therapy in 30 minutes or less from the time of arrival at the Referring Center*

14. **How can EMS affect the time from arrival at a Referring Center to Lytic administration in 30 minutes or less?**

The pathway to early reperfusion of the STEMI patient begins with early 12 Lead ECG acquisition. This measure looks at the STEMI patients transported by EMS to the Referring Center and the percentage of those of who receive fibrinolytic therapy within the recommended time of 30 minutes or less. EMS agencies directly affect the achievement of this goal. Early suspicion of a possible STEMI patient →early acquisition of the 12 lead ECG →early notification to the referring center → timely lytic administration.

15. **What is the new Plus Measure?**

Agencies that meet achievement levels for an award and that also report on and achieve 75% compliance with the optional Plus measure, will be qualified for a Plus designation on their award (example: Gold Plus).

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

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

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

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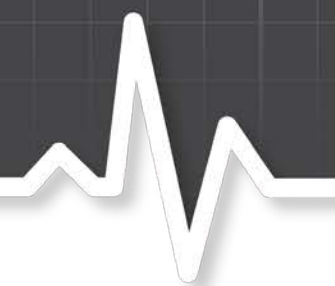
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Numerator: Total number of patients in the denominator who received a prehospital 12 lead ECG within 10 minutes of EMS arrival

Plus Achievement % = $\dfrac{\text{Numerator}}{\text{Denominator}} \times 100$

16. What are the award levels for Mission: Lifeline EMS Recognition?
- Bronze – Meets achievement for at least one calendar quarter
- Silver- Meets achievement for at least one calendar year
- Gold – Meets Silver level achievement for at least 2 consecutive calendar years. Once gold recognition has been achieved it can be repeated in consecutive years.

*Plus designations for each award level are possible for agencies reporting on and achieving the new Plus Measure percentage (e.g. Bronze Plus)**.**

17. Are recognized agencies allowed to repeat the award level in consecutive years or must they advance to the next award level?
- EMS agencies are authorized to repeat the bronze award level.
- EMS agencies that were awarded the Silver recognition award level in 2016 can achieve the bronze level in 2017 if unable to repeat the silver achievement level.
- There is no limit on the number of years that an agency can receive bronze recognition.
- When silver level achievement is repeated, the agency advances to the gold award level.
- The 2017 Gold award can only be achieved if an agency reached Silver or Gold in 2016.

18. What is the volume requirement for each level of Mission: Lifeline EMS Recognition?
- BRONZE Volume: There must be at least 2 STEMI patients in one calendar quarter meeting achievement criteria and at least 4 STEMI patients in the calendar year.If the volume criteria are not fulfilled within the calendar year 2016 data, agencies may use the calendar year 2015 data starting with Q4 2015 as long as none of these patients have been included in a previous EMS Recognition Award application that resulted in an award.
- SILVER Volume: at least STEMI 8 patients in the 2016 calendar year.
- GOLD Volume: at least 8 STEMI patients in 2016 calendar year + SILVER or GOLD achievement in 2016.

19. **Can an EMS agency apply and be eligible for recognition if only one, two or three quarters of data is reported in the application?**
    YES. As long as the bronze volume requirement of 2 STEMI patients in the reported quarter(s) is met and the overall annual volume of at least 4 STEMI patients is met.

20. **Is there an opportunity to view the online application in a PDF format prior to starting the actual online application?**
    Yes. The Mission: Lifeline EMS Application will be available as a download.

21. **What tools/aids are available to assist EMS agencies in collecting follow up data from the hospitals?**
    There are Mission: Lifeline EMS/Hospital Data Worksheets, located at www.heart.org/EMSRecognition, which can be used to assist in organizing the prehospital data in a format that can also be used to collect the follow-up data from destination hospitals that will be necessary for applying for EMS recognition. 2017 Updates will be complete by mid-October.

22. **What platform will be used for submitting data for the Mission: Lifeline EMS Recognition application?**
    The Mission: Lifeline EMS Recognition application will be available as an online application.

23. **What application options are available for 2017?**
    a. Individual Application (Stand Alone)
       - EMS agency meets the volume requirement, acquires the 12 Lead ECG AND provides transport of the STEMI patient.
    b. Individual Application with Team option
       - EMS agency is the "primary applicant".
       - The EMS agency opts to include to list the Medical First Responder agencies/departments that assist with calls that involve a possible STEMI, regardless of the assisting department's ability to acquire a 12 Lead ECG, the level of certification or their ability to transport.
       - The EMS agency meets the volume requirement, receives the 12 Lead ECG AND provides transport of the STEMI patient.
       - The primary applicant will also be asked to provide contact information for the ambulance service as well as the name of and a contact for each Medical First Responder included as a team member.

c. Joint Application
- The joint application is for the prehospital providers that provide treatment and transport of the STEMI patient in collaboration with a second agency. One agency may acquire the 12 Lead ECG and the second agency provides the transport.
- The prehospital providers meet the volume requirement with patients that are treated together
- One of the two joint applicants must meet the % ECG criteria on all patients, 35 years or older, with non-traumatic chest pain
- If an agency meets the volume criteria with 2 or more partnering agencies, one joint application may be submitted for each combination when each one meets the volume requirement.
- If an agency meets the volume criteria with a partnering agency AND meets an additional volume criterion as an individual applicant, the agency may apply via both options. (Concerning volume, an STEMI patient can only fall into one application)

24. **How much time should it take to complete the online application for Mission: Lifeline EMS recognition?**
The online application will take approximately 20 – 45 minutes to complete. The time is minimized by completing the Pre-Application Workbook in preparation for the actual application submission. When the team option is chosen for the Individual application, the application will take longer to complete depending upon the number of Medical First Responders that will be included as STEMI Team Members.

25. **Will data be aggregated annually for the silver/gold achievement level?**
Yes.

26. **At times, there are multiple agencies dispatched to a STEMI call. Can all responding agencies include the STEMI patient in the data denominator for the award application?**
A single STEMI patient should only be captured one time in the overall application process. With the Joint application, although there is shared responsibility among two agencies, only one application should be submitted on behalf of both agencies, and therefore, a STEMI patient should only be captured once.

27. **When there is one agency providing the actual transport of the STEMI patient and another agency is providing the paramedic personnel during this transport, can both agencies include the STEMI patient in the data summary for the award application?**
This is a perfect instance where the two agencies working together may consider applying through the JOINT application process. In this case, one application is submitted on behalf of both agencies and the STEMI patient would only be captured once.

28. **When there are multiple agencies providing transport of the STEMI patient, should all transporting agencies include the STEMI patient for the award application?**
This is another instance where the agencies working together may consider applying through the JOINT application process. In this case, one application is submitted on behalf of both agencies and the STEMI patient would only be captured once.

29. **Can air transport providers apply for Mission: Lifeline EMS Recognition?**
Yes, the patient must be picked up in the field (no inter-facility transfer patients are included this year). In the case of air transport, there may be an opportunity to apply via the JOINT Application when a specific ground agency and the particular air medical program meet the minimum volume criteria on STEMI patients they work on together. If there is more than one ground agency working with the air medical program and the volume criteria are met with ground agency 1, and volume criteria are also met with ground agency 2 – then there is an opportunity to submit 2 JOINT applications by the single air medical program. The Individual application with the Team option may be considered when the joint volume criteria cannot be met.

30. **Will the validity of the data be verified?**
Mission: Lifeline staff will not be checking the data submitted. However, all the data presented will be reviewed by Mission: Lifeline staff and data that seems to be inconsistent or inclusive of error may be questioned. Self-submitted data should be submitted by a qualified and appropriately designated staff person of the EMS agency. At the time of the application submission, a representative of the EMS agency, with administrative authority will be asked to agree to a statement of truth attesting the application submission is complete, without omission, accurate, and truthful. Data entry in other repositories is also based on self-reported data and therefore limited by the same truth in reporting.

31. What is the cost for EMS Agencies participating in Mission: Lifeline EMS Recognition?
There is no cost for the EMS agencies to participate in Mission: Lifeline nor is there a fee for submitting the EMS recognition application.

32. Once the online application is started, can the application be saved and returned to at a later time?
Yes. You can go back to the application at a later time as long as the same computer is used. The application will be closed at 23:59.59CT on March 31, 2017. You will not be able to submit the application after that time.

33. When the application completion process is interrupted, can the application be restarted and submitted?
Yes. You may restart the application as long as you use the same computer.

34. Is there a limit to the number of individual applications one EMS agency can submit?
Yes and No.

- Each EMS agency is allowed to submit one Individual application for EMS recognition.
- If an EMS agency collaborates with medical first responding agencies/departments that provide 12 lead ECG services, the ambulance service submitting the application should include the MFR in a Joint application. (As long as volume criteria are met and the MFR is performing the 12 lead) The EMS agency may include the MFR in a team application if the EMS agency is performing the 12 lead and transporting. There is no limit on the number of Joint award applications, so long as the volume criteria can be met for each applying pair. (An STEMI patient can only be accounted for in one overall application)
- An EMS agency that submits a Joint application may not use the STEMI patients included in the Joint application in any other application. Patients may only be used once.

35. Can the applicant go back and review / edit previous questions in the application?
Yes. Before submitting the application, use the BACK arrow/button at the bottom of each page to navigate back to the application. Do not use the browser back button for this feature. After the application is submitted, you will not be able to make edits to the application.

36. **When the back button is used to show previous pages and answers, will any previously entered items be lost or erased?**
No.

37. **Can the completed form be printed after submission?**
Yes. The applicant will be able to print a PDF version of the application and data submitted.

38. **Will the answers and data entered for each application submission be recorded and stored?**Yes.
Upon submission of the application, each applicant's response is automatically exported into and excel format. This master excel spreadsheet will be housed for AHA National Center staff to regularly review during and after the application submission period. All information submitted is confidential.

39. **How is the applicant notified when the application submission is complete and officially submitted?**
Immediately upon completion of the application, a window opens advising the applicant the application was submitted and thanking the agency for their interest in Mission: Lifeline.

40. **What resources are available for EMS Agencies interested in Mission: Lifeline EMS Recognition?**
The Mission: Lifeline website has a number of resources available to assist with collecting and organizing the data for the purposes of submitting the EMS recognition application. Additionally, local AHA staff are present in every region of the country. If a personal connection is preferred, email Missionlifeline@heart.org and you will be connected to a local AHA staff member who can further assist you.www.heart.org/EMSRecognition

41. **What is the application submission deadline?**
All recognition applications must be submitted by 23:59.59 on March 31, 2017. (CST)

42. **What is the review process for all Mission: Lifeline EMS Recognition application submissions?**
Once the recognition application is submitted, all of the data and information entered is exported into an Excel format. In the Excel format, all data and information will be reviewed for completion and measure adherence by the AHA National Center Mission: Lifeline Staff. This review process may take up to four weeks.

43. **When will agencies be notified of any level of award achievement?**
Award notifications will be made by early June 2017.

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44. How will the agencies receive the award notification?
National Center staff will prepare the list of EMS agencies that achieved Mission: Lifeline EMS recognition and notify AHA staff of the award recipients. The local AHA staff will then notify the EMS agency of achievement via email.

45. Are there any promotional materials for American Heart Association Affiliates to use to promote Mission: Lifeline EMS Recognition?
Yes. The following are available for affiliate use:
- One page criteria document
- EMS Recognition Banner Stand (available for order)

46. What are the optional Reporting Measures for 2017?

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

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

Inclusion Criteria: Patients assessed and transported by EMS, who had an STEMI positive ECG.
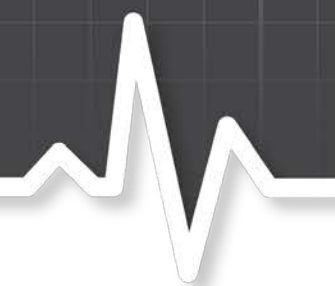
Denominator: Total number of patients that meet the above inclusion criteria

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

Reporting Measure 2:
Percentage of patients with suspected stroke for whom EMS provided advance notification to the receiving hospital

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

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

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

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

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

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

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

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

Inclusion Criteria: Adult patients assessed and transported by EMS, who had an out of hospital cardiac arrest with ROSC maintained to the ED.

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

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

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

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

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

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

Reporting Measure 6:
Percentage of 12 lead ECGs performed on patients in the field with an initial complaint of Acute Coronary Syndrome (ACS) symptoms:
Inclusion Criteria: Patients with symptoms consistent with Acute Coronary Syndrome (ACS) who are 35 years of age or over, and transported by EMS. ACS symptoms include:
- Chest pain, discomfort, pressure, tightness or fullness
- Pain or discomfort in one or both arms, the jaw, neck, back or stomach
- Shortness of breath
- Dizziness or lightheadedness
- Nausea
- Diaphoresis

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

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

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

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

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

Numerator: Total number of patients in the denominator with an FMC time by EMS** to Device Activation/Primary PCI in ≤ 120 Minutes

Reporting Measure 8:
Percentage of patients with non-traumatic chest pain ≥ 35 years, treated and transported by EMS, who received aspirin either by EMS Administration, Dispatch instruction, or patient self-administration.

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

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

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