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American  
Heart  
Association®

MISSION:  
LIFELINE® 

# Welcome to Mission: Lifeline® 101

## *PRESENTERS:*



### **Gray Ellrodt, MD**

- Chair, Mission: Lifeline Advisory Working Group
- Chief of Medicine, Berkshires Medical Center, Pittsfield, MA
- Disclosures:



### **Chris Bjerke, BSN, MBA**

- Mission: Lifeline, National Director
- Disclosures:



# Outline

## Mission: Lifeline Background

- What is Mission: Lifeline
- Statistics
- Program History
- Addition of Cardiac Resuscitation
- Quality Improvement

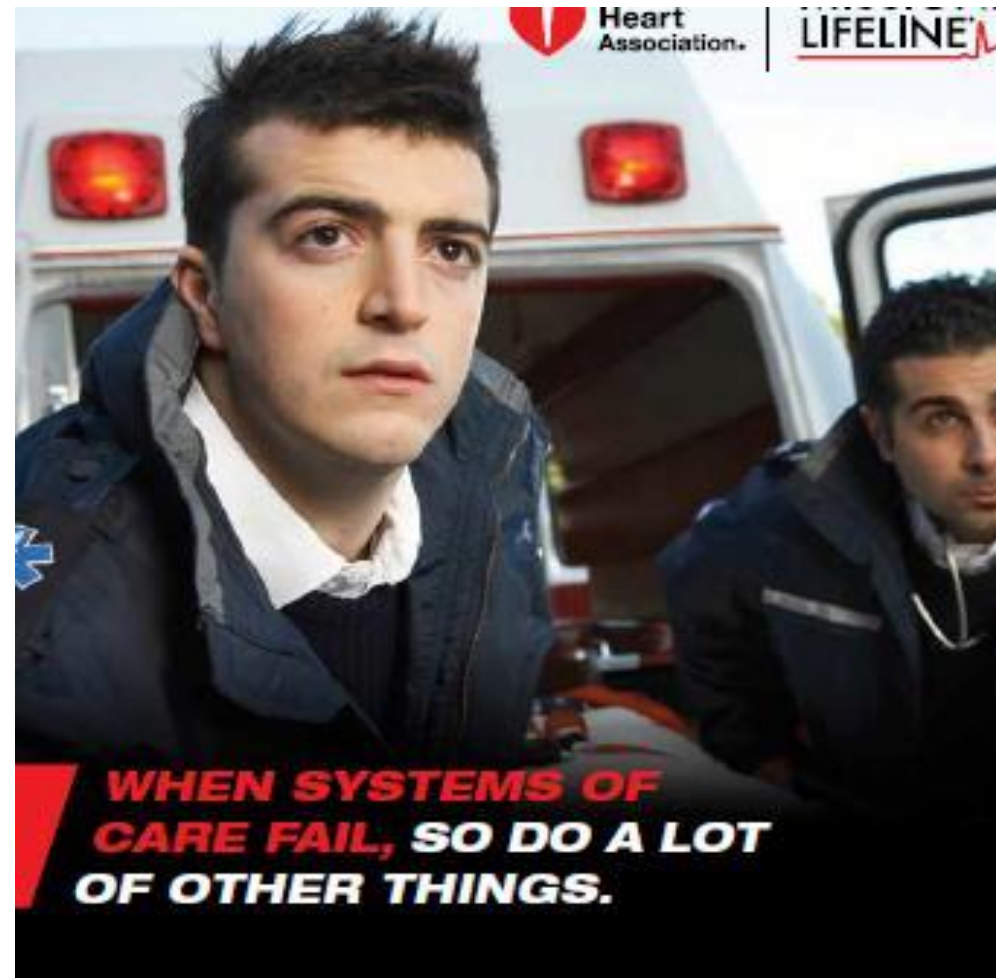
## Getting Involved with Mission: Lifeline

- Participation
- Recognition
- Accreditation

## Upcoming Webinars

- EMS Recognition – June 18<sup>th</sup>, 1pm CDT

## Questions and Answers



## What is Mission: Lifeline?



**Mission: Lifeline** is the American Heart Association's **national** initiative to advance the **systems of care** for patients with ST-segment elevation myocardial infarction (STEMI) and Out-of-Hospital Cardiac Arrest.

The overarching goal of the initiative is to **reduce mortality and morbidity** for STEMI and Out of Hospital Cardiac Arrest patients and to **improve their overall quality of care**

## Mission: Lifeline Goals

- Promote the ideal STEMI and Cardiac Resuscitation systems of care
- Help STEMI and Cardiac Arrest patients get the life-saving care they need in time
- Bring together healthcare resources into an efficient, synergistic system
- Improve overall quality of care



# Acute Myocardial Infarction (AMI) Statistics

- This year, ≈635,000 Americans will have an AMI and ≈280,000 will have a recurrent attack. It is estimated that an additional 150,000 silent MIs occur each year.  
**TOTAL: 1,065,000**
- Over 340,000 of those are STEMIs
- 1 of 6 deaths (>400,000 per year) is from coronary disease
- Coronary heart disease is the single largest killer
- It is estimated that the combination of direct and indirect health care costs of coronary heart disease reached over \$195.2 billion (2009)

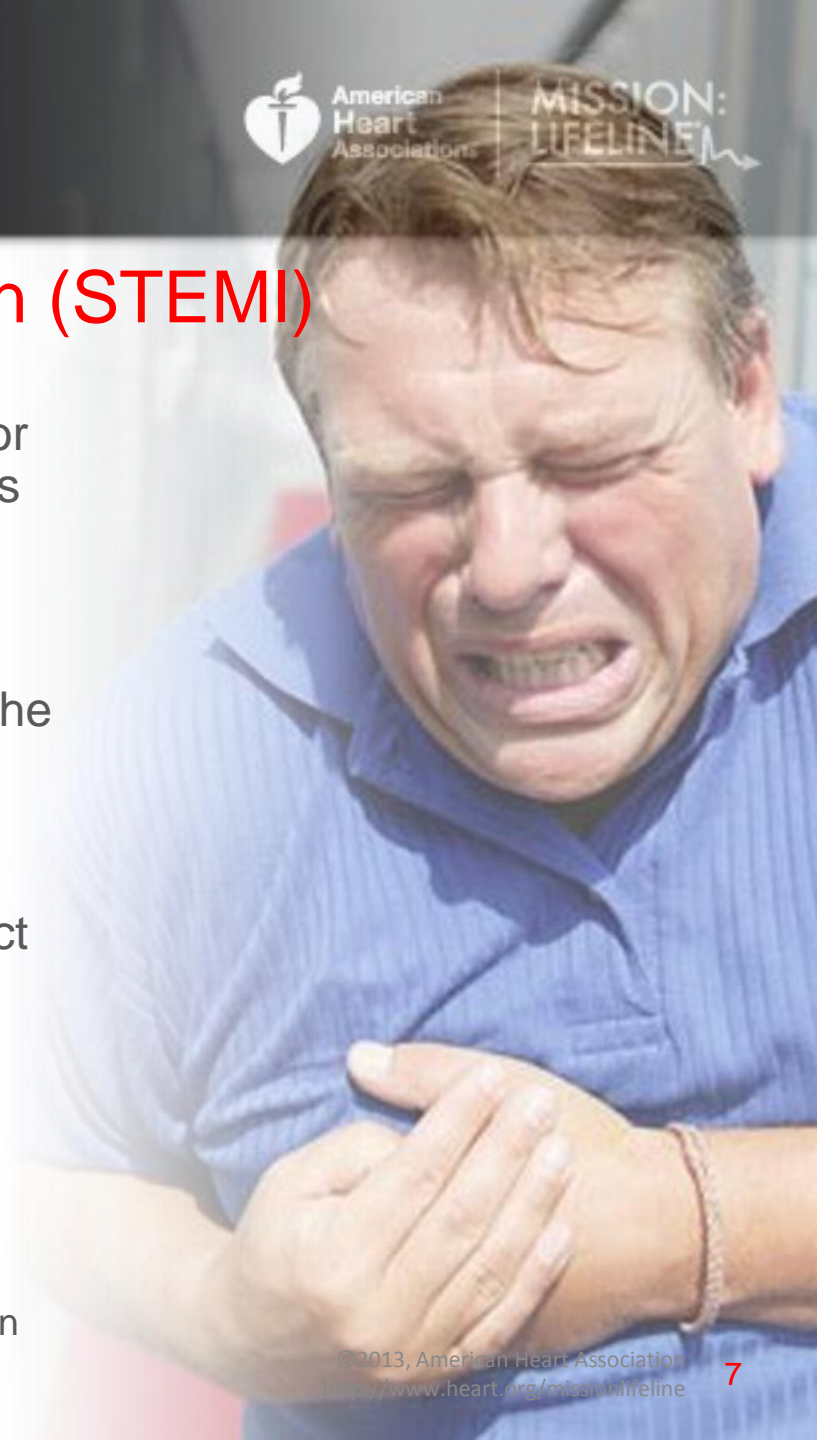
*Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics— 2013 update: a report from the American Heart Association. Circulation. 2013;127:e6-e245.*



# ST Elevation Myocardial Infarction (STEMI)

- Early diagnosis and rapid reperfusion therapy for ST-segment myocardial infarction (STEMI) limits infarct size and improves survival
- Door-to-balloon is <90 minutes in 95% of cases (non-transfer) in ACTION Registry<sup>®</sup>- Get With The Guidelines<sup>™</sup>
- Current guidelines recommend reperfusion therapy within 90 minutes of first medical contact and within 120 minutes for hospital transfers
- Delay in symptom onset to treatment increases mortality

2013 ACCF/AHA guideline for the management of ST-elevation myocardial infarction. *Circulation*. 2013;127:



# History 2004-2006

MAY 2004

AHA recruited an Advisory Working Group (AWG)

JUNE 2005

Price Waterhouse Coopers presents its market research to AWG

MARCH 2006

AWG Consensus Statement appears in *Circulation*

Stakeholders called to action

AWG develops a set of guiding principles

AHA held a conference of multidisciplinary groups involved in STEMI patient care

## Circulation

JOURNAL OF THE AMERICAN HEART ASSOCIATION

### AHA Consensus Statement

**Recommendation to Develop Strategies to Increase the Number of ST-Segment-Elevation Myocardial Infarction Patients With Timely Access to Primary Percutaneous Coronary Intervention**

**The American Heart Association's Acute Myocardial Infarction (AMI) Advisory Working Group**

Alice K. Jacobs, MD, FAHA, Chair; Elliott M. Antman, MD, FAHA; Gary Ellrodt, MD; David P. Faxon, MD, FAHA; Tammy Gregory; George A. Mensah, MD, FAHA\*; Peter Moyer, MD; Joseph Ornato, MD, FAHA; Eric D. Peterson, MD, FAHA; Larry Sadwin; Sidney C. Smith, MD, FAHA



# History 2007-2008

## EARLY 2007

Drafts of STEMI Systems of Care manuscripts are finalized

Action items for the AHA begin to take shape

## APRIL 2007

A cross-functional team was recruited to spearhead Mission: Lifeline

## MAY 2007

Eleven manuscripts are published in *Circulation*

Mission: Lifeline was formally launched

## JULY 2008

Affiliate Staff Kick-Off was held



Development of Systems of Care for ST-Elevation
Development of Systems of Care for ST-Elevation
Development of Systems of Care for ST-Elevation
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**Development of Systems of Care for ST-Elevation Myocardial Infarction Patients**  
Executive Summary

Endorsed by Aetna, the American Ambulance Association, the American Association of Critical-Care Nurses, the American College of Emergency Physicians, the Emergency Nurses Association, the National Association of Emergency Medical Technicians, the National Association of EMS Physicians, the National Association of State EMS Officials, the National EMS Information System Project, the National Rural Health Association, the Society for Cardiovascular Angiography and Interventions, the Society of Chest Pain Centers, and UnitedHealthcare Network.

Alice K. Jacobs, MD, FAHA, Chair; Elliott M. Antman, MD, FAHA; David P. Faxon, MD, FAHA; Tammy Gregory; Penelope Solis, JD

# History 2009-2011

## SPRING 2009

Completion of a national EMS Assessment for STEMI Systems represents 91% of US population

## FALL 2009

Accreditation requirements for STEMI Systems, hospitals and EMS Agencies are released

## 2010

Hospital recognition program and reports are released

## 2011

AHA collaborates with SCPC and hospital accreditation program released



**American Heart Association  
ACCREDITATION**  
Meets standards for  
**Heart Attack Receiving Center**



**American Heart Association  
ACCREDITATION**  
Meets standards for  
**Heart Attack Referring Center**

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# 2012 – 2013 Present

## WINTER 2012

Mission: Lifeline Task Forces compose “ideal” components of cardiac resuscitation systems of care to support program development

## APRIL 2012

Mission: Lifeline announces the addition of Cardiac Resuscitation systems of care to the program

Mission: Lifeline launches new user-friendly website

## FALL /WINTER 2012

Mission: Lifeline EMS Task Force defines EMS recognition program requirements

## MID 2013

EMS recognition program is developed and initial launch communications begin

EMS recognition applications can be submitted starting Jan 1 2014 for data collected in the 2013 calendar year.

Data will be self-reported



*Coming Soon!*

# Why Add Cardiac Resuscitation to Mission: Lifeline STEMI ?

## STATISTICS

- 382,000 individuals with out of hospital cardiac arrest assessed by EMS annually
  - Roger Circulation 2012
- About 50% of cardiac arrest victims have acute occlusion on coronary angiography
  - Nichol Circulation 2010
- 11.4% of those treated by EMS for cardiac arrest survive to discharge
  - Roger Circulation 2012
- 41% received bystander CPR
  - Roger Circulation 2012
- 2.1% had an AED applied by lay persons before EMS arrival
  - Weisfeldt JACC 2010

# Why Add Cardiac Resuscitation to Mission: Lifeline STEMI ?

## OPPORTUNITIES

- Increase community response and action
  - Bystander CPR
  - Public access to AEDs
- Improve coordination by First Responder Professionals, EMS, Emergency Departments and Hospital providers
  - Effective and Continuous CPR
  - Induction of Therapeutic Hypothermia
  - Prompt PCI when indicated
  - Multidisciplinary Approach throughout the continuum of care
- Develop and implement regional system of care for patients resuscitated from OHCA
- Increase in continuous monitoring and reporting of OHCA incidence, process variables and outcomes

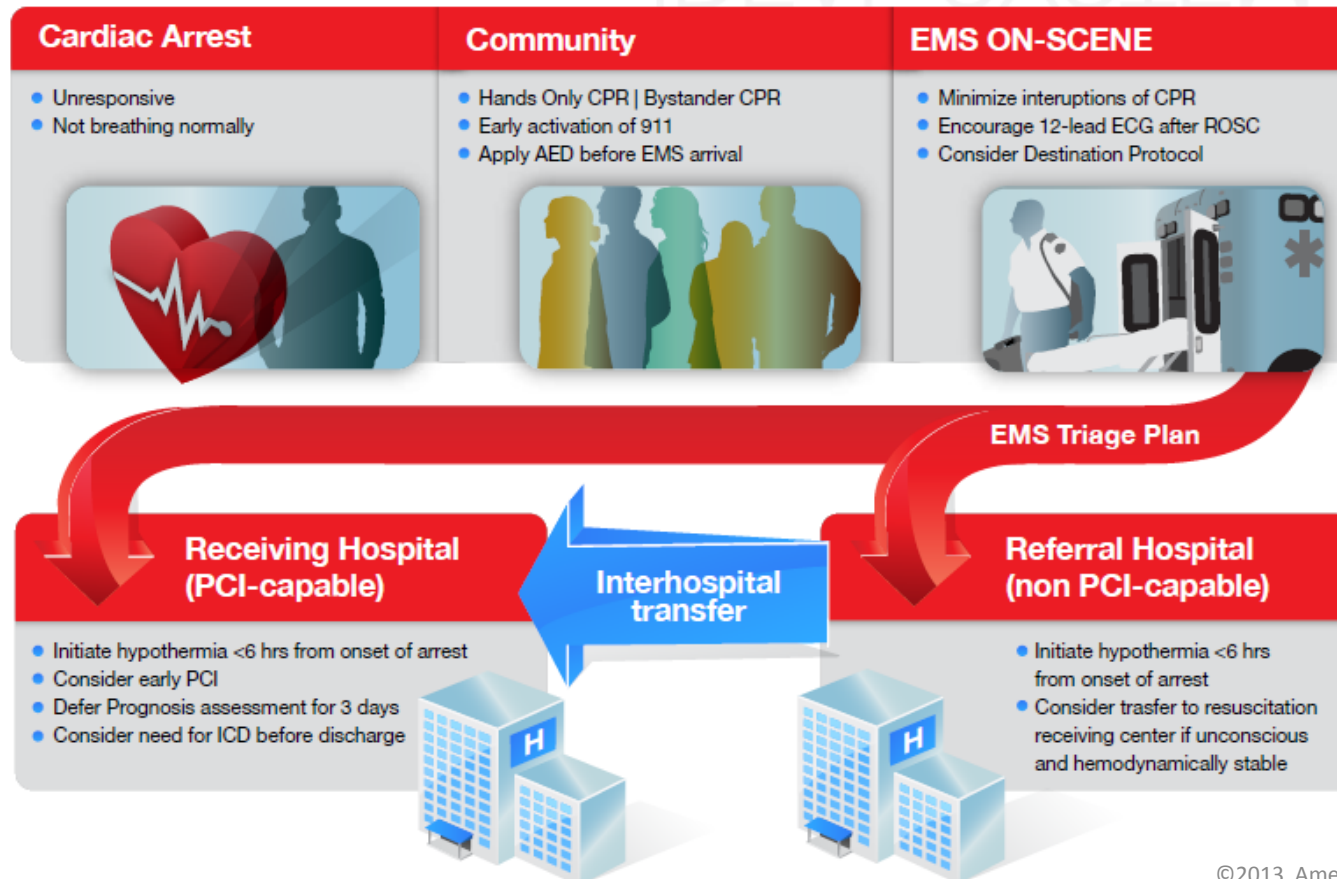




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## STEMI & CARDIAC RESUSCITATION

# IDEAL SYSTEM



## Cardiac Resuscitation

### Community

- Designated Community Champion for Cardiac Resuscitation
- Community has a multidisciplinary group to monitor, provide feedback and improve Cardiac Resuscitation care process and outcome.
- Uses multiple strategies to increase skills and awareness of CPR, including but not limited to CPR in schools, Hands-Only CPR, public awareness campaign, credentialed CPR courses, with a goal of achieving >50% bystander CPR
- Implements and maintains public access defibrillation program including training, regular maintenance and usage tracking
- External certification not self-designation as part of cardiac resuscitation system of care

### EMS

- Must meet criteria for ideal STEMI EMS
- Medical director actively participates in multidisciplinary team including but not limited to EMS, emergency medicine, nursing, cardiology, neurology and critical care personnel, referral center staff and receiving center staff to monitor, provide feedback and improve Cardiac Resuscitation care processes and outcomes
- Implements and maintains destinations protocols for triage of patients to hospitals able to care for Cardiac Resuscitation patients
- Emergency medical dispatchers provide bystanders CPR instruction
- Provides audit and feedback of cardiac arrest process and outcome to provider and EMS
- Ambulances dispatched to suspected Cardiac Resuscitation have 12-lead ECG and manual defibrillator equipment where permitted by law and transport highest priority to appropriate receiving center
- Field triage of patients with return of circulation after arrest to Cardiac Resuscitation Receiving Center, when feasible (including transport time < 45 minutes longer than nearest hospital)
- Able to communicate ECG results to the Cardiac Resuscitation Receiving Center when possible
- Send patient to the closest, most appropriate Cardiac Resuscitation Referral or Receiving Center
- External certification not self-designation as part of cardiac resuscitation system of care
- Should include at least compression-only CPR training for all employees.

### Referral Center (no PCI)

- Must meet criteria for ideal STEMI Referral Center
- Designated hospital champion for Cardiac Resuscitation
- Actively participates in multidisciplinary team meetings to monitor, provide feedback and improve Cardiac Resuscitation care process and outcome
- Implements and maintains standard triage and treatment protocols for Cardiac Resuscitation patient consistent with ACC/AHA guidelines
- Implements and maintains a plan with EMS to ensure inter-hospital transfers receive priority response
- Initiates hypothermia as soon as possible, when indicated
- Not capable of PPCI.
- Transports early patients resuscitated from OHCA to Cardiac Resuscitation Receiving Center to allow angiography of cath eligible/appropriate patients as soon as possible, to achieve goal of first door to device within 120 minutes
- Implements and maintains ability to treat re-arrest including mechanical CPR AND/OR pharmacological support if indicated
- Provides CPR training for community, with goal of achieving bystander CPR rates > 50%
- Provides CPR and ACLS training for appropriate staff
- External certification not self-designation as part of cardiac resuscitation system of care
- Should include at least compression-only CPR training for all employees.

### Receiving Center (PCI-capable)

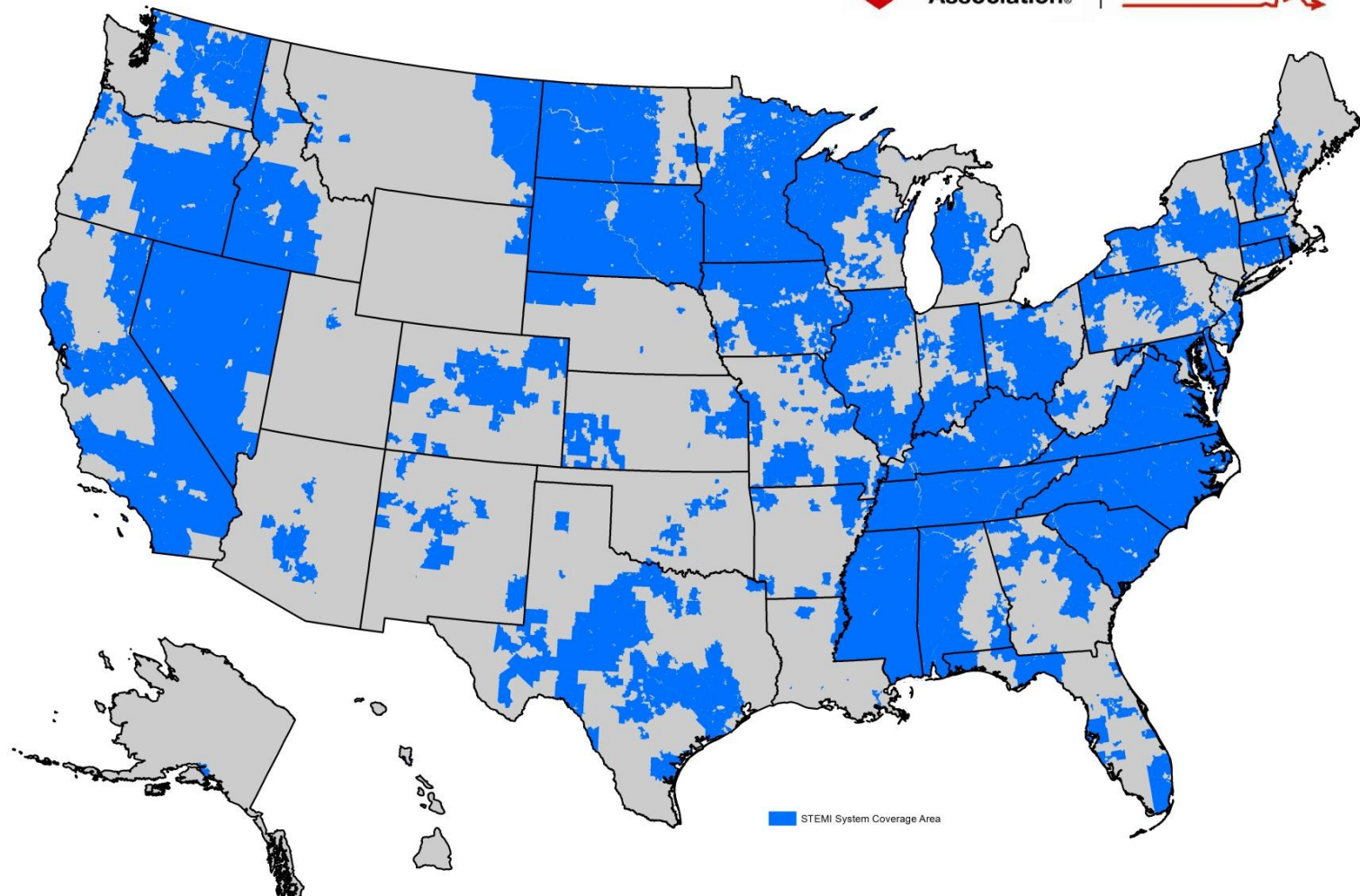
- Must meet all requirements of a STEMI Receiving Center
- Designated hospital champion for Cardiac Resuscitation
- Actively participates in multidisciplinary group to monitor, provide feedback and improve Cardiac Resuscitation process and outcome
- Implements and maintains standard triage and treatment protocols for Cardiac Resuscitation patient consistent with AHA guidelines
- Works with EMS medical direction and cardiac resuscitation referral center to develop Cardiac Resuscitation treatment plan
- Initiates hypothermia as soon as possible when indicated
- Initiates cardiology consult as soon as possible
- Universal 24/7 acceptance of Cardiac Resuscitation patients regardless of diversion status of ED
- Has plan to treat simultaneous Cardiac Resuscitation patients
- Has plan for and ability to treat re-arrest, including mechanical CPR AND/OR pharmacological support
- Capable of assessment of need for ICD placement and providing appropriate follow up
- Defers assessment of prognostication and withdrawal of care for at least 72 hours after Cardiac Resuscitation.
- Participates in regional or national quality improvement program for to monitor and improve Cardiac Resuscitation care processes and outcome
- Integrate plans for return of the patient to the local community for follow-up care following discharge from the Cardiac Resuscitation Receiving hospital on a routine basis
- Provides CPR training for community, with goal of achieving bystander CPR rates > 50%
- Provides CPR, ACLS and PALS training for appropriate staff
- External certification not self-designation as part of cardiac resuscitation system of care
- Should include at least compression-only CPR training for all employees.

### System (all 5 required)

- Must meet ideal STEMI System requirements
- Register with Mission: Lifeline.
- Conduct on-going multidisciplinary team meetings that include Community, EMS, Cardiac Resuscitation Referral Centers, and Cardiac Resuscitation Receiving Center representatives or staff to monitor and improve Cardiac Resuscitation care process and outcomes.
- Has process for pre-hospital identification and activation of STEMI in patients resuscitated from OHCA, destination protocols to Cardiac Resuscitation Receiving Centers
- Has process for transfer of appropriate patients who arrive at Cardiac Resuscitation Referral Centers to Cardiac Resuscitation Receiving Centers
- Each system component (Community EMS, Cardiac Resuscitation Referral Centers, and Cardiac Resuscitation Receiving Centers) meets criteria listed above

## Mission: Lifeline STEMI Systems Coverage

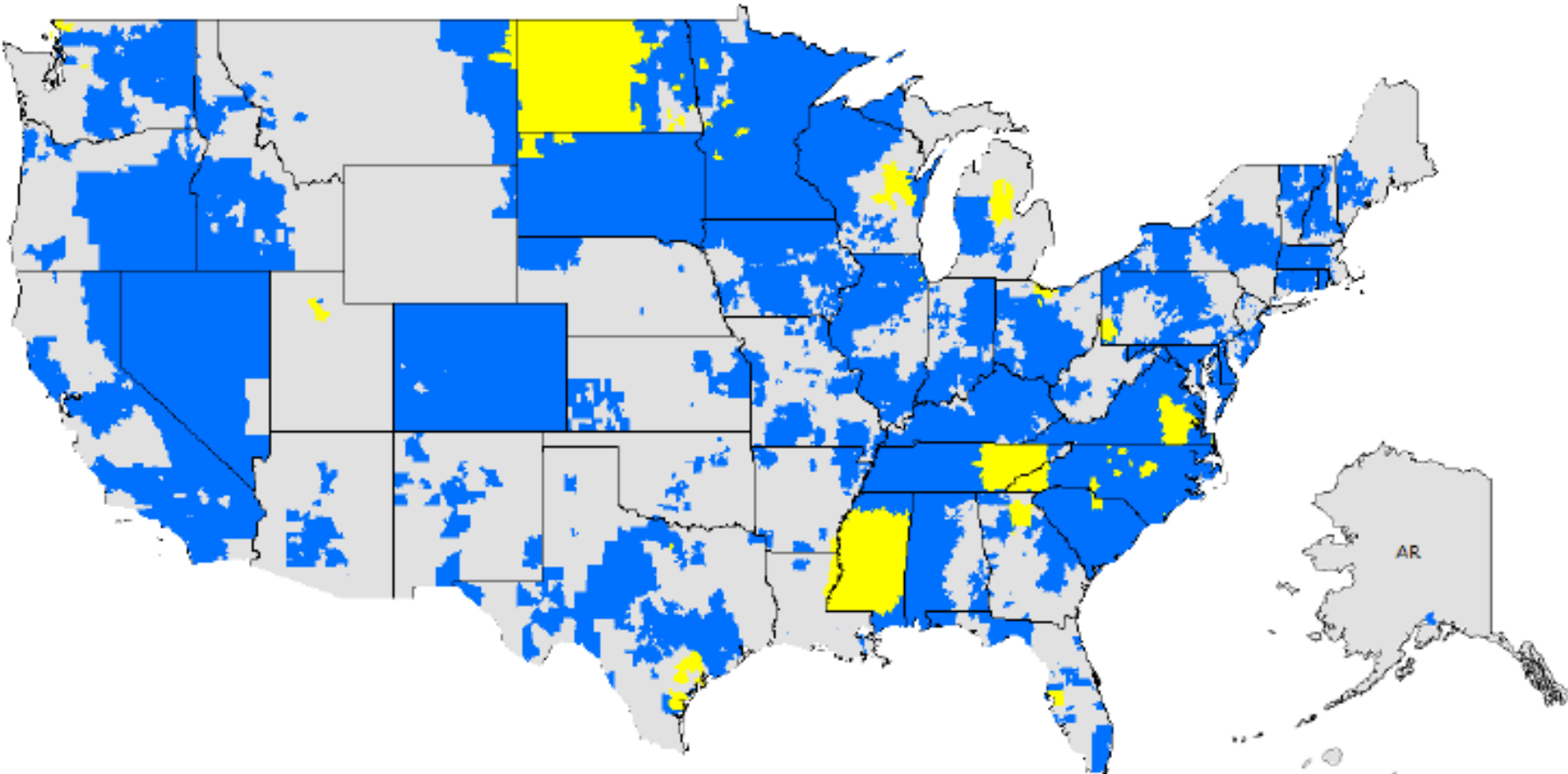
As of 11/29/2012 (656 Systems; 65.0% Population Coverage)





# STEMI + Cardiac Resuscitation System Coverage



As of 04/26/2013  
(665 STEMI Systems - 65.24% Population Coverage)  
(37 Cardiac Resuscitation Systems - 4.76% Population Coverage)



All system data, including coverage area, is self-reported data.

Source:  
Centers for Disease Control and Prevention, National Center for Health Statistics.  
Compressed Mortality File 1999-2006. CDC Wonder Online Database. ICD10 I21-I22.

Note:  
Cardiac Resuscitation Coverage Areas listed are also indicative of a STEMI system in place.  
Mission: Lifeline does not recognize Cardiac Resuscitation Systems that are not also associated with an active STEMI System.

 Cardiac Resuscitation Coverage Area  
 STEMI Coverage Area

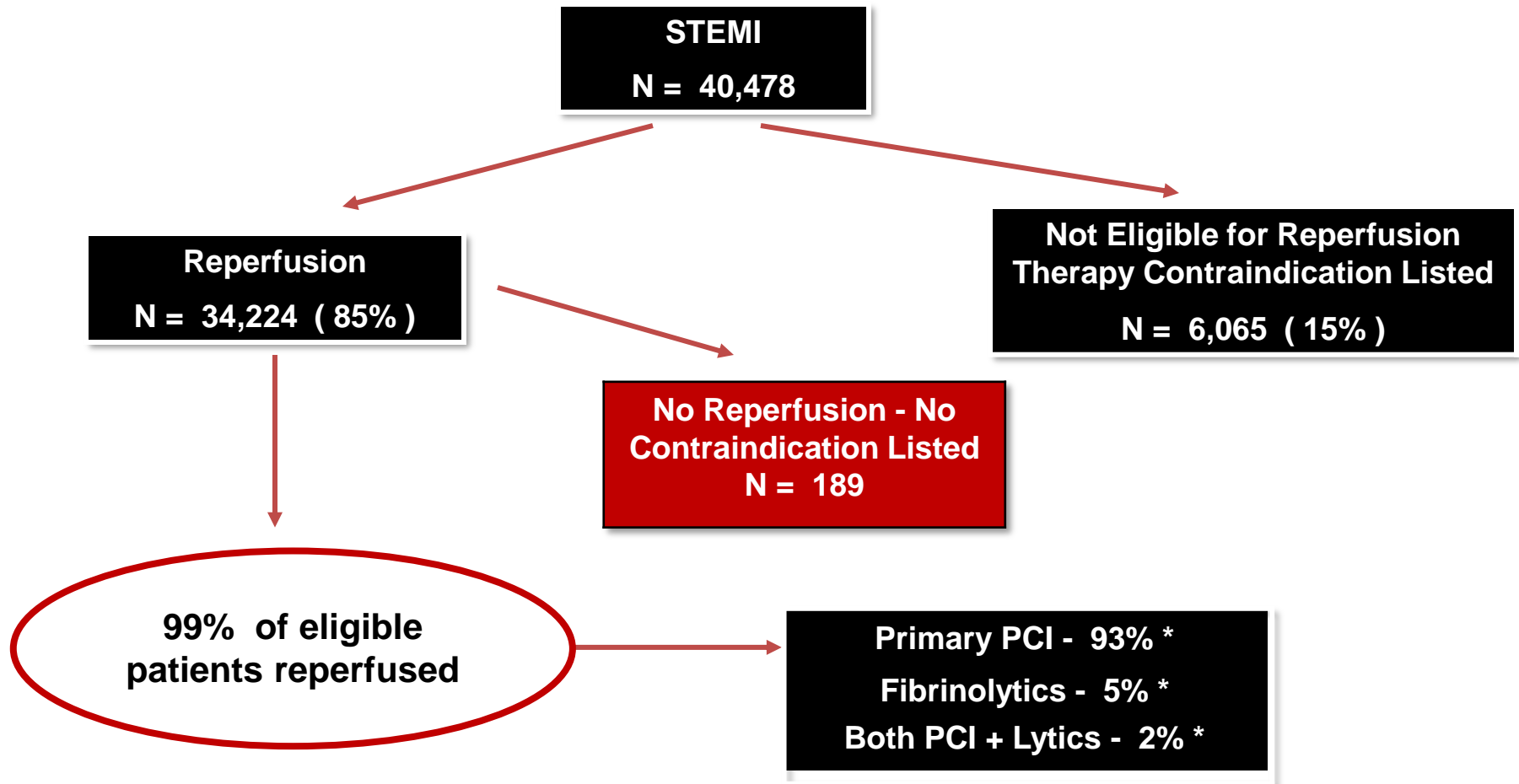
## Mission: Lifeline Data (Premier and Limited)



Measure Metric	National Score Q1 2010	National Score Q4 2012	$\Delta$
Overall Mission: Lifeline Composite Score	94.5%	95.4%	<b>+0.9%</b>
Time to PPCI $\leq$ 90 Minutes	91.5%	95.1%	<b>+3.6%</b>
Mission: Lifeline FMC to PPCI $\leq$ 90 Minutes	56.9%	67.9%	<b>+11.0%</b>
Reperfusion Therapy	93.0%	91.6%	-1.4%
ASA at Arrival	99.1%	99.3%	<b>+0.2%</b>
ASA at Discharge	98.5%	99.0%	<b>+0.5%</b>
Beta Blocker at Discharge	97.2%	98.2%	<b>+1.0%</b>
Statin at Discharge	98.5%	99.0%	<b>+0.5%</b>
ACE-I or ARB for LVSD at Discharge	89.7%	91.3%	<b>+1.6%</b>
Adult Smoking Cessation Advice	98.6%	98.8%	<b>+0.2%</b>



# Use of Reperfusion Therapy for STEMI (Premier Only)



\* Among patients receiving reperfusion

ACTION Registry-GWTG DATA: July 01, 2011 – June 30, 2012

**ACTION** Registry-GWTG™

# In-Hospital Outcomes - STEMI



Variable	STEMI
Death*	6.0%
Re-infarction	0.8%
HF	5.8%
Cardiogenic Shock	6.9%
Stroke	0.7%
RBC Transfusion**	4.4%
Suspected Bleeding Event**	3.6%

ACTION Registry-GWTG DATA: July 1, 2010 – Dec 31, 2012

**ACTION** Registry-GWTG™

\*Unadjusted mortality

\*\* Among non-CABG

# Mission: Lifeline Program Participation



# Mission: Lifeline Levels of Involvement

## PARTICIPATION

Mission: Lifeline System  
Registration

Mission: Lifeline Hospital  
Registration

Quality Improvement/Data Analysis

Join our Facebook site:

<https://www.facebook.com/AHAMissionLifeline>

Join the Mission: Lifeline Network:

<http://MLNetwork.heart.org>

Mission: Lifeline Reports

Access to Mission: Lifeline Tools  
and Regional Staff

## RECOGNITION



## ACCREDITATION



American Heart Association  
**ACCREDITATION**

Meets standards for  
**Heart Attack Receiving Center**



American Heart Association  
**ACCREDITATION**

Meets standards for  
**Heart Attack Referring Center**

# Mission: Lifeline Participation

## PARTICIPATION

Mission: Lifeline Hospital Registration

Mission: Lifeline System Registration

Memorandum of Understanding

Quality Improvement/Data Analysis

Mission: Lifeline Reports

REGISTER YOUR SYSTEM OF CARE.

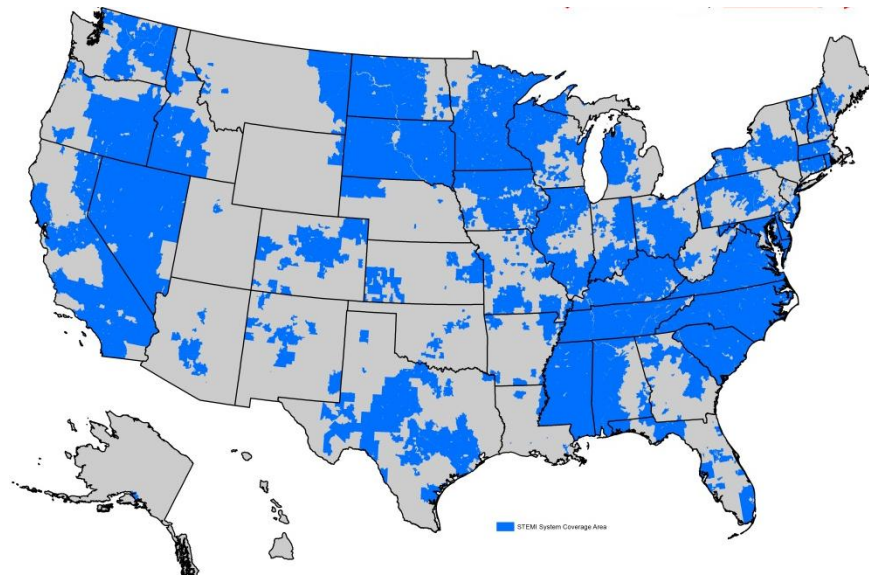


### MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING (this "Agreement") is made by and among the American Heart Association ("AHA") and each of the Emergency Medical Service agencies ("EMS agencies") and hospitals ("Hospital") participating in *Mission: Lifeline* executing a signature page hereto, and is effective as of the date set forth on the signature page below.

### BACKGROUND

In 2004, the American Heart Association (AHA) recruited an Advisory Working Group (AWG) to evaluate the quality of care for all acute myocardial infarction patients and to explore the issue of increasing the number of ST-elevation Myocardial Infarction (STEMI) patients with timely access to primary percutaneous coronary intervention (PCI). As a result, a market research study was conducted in order to understand cardiac services for these patients. The market research suggested that there was a recognized need to improve the systems of care for STEMI patients and that the American Heart Association should play a leading role in bringing together all of the constituents involved in the care of these patients. This research resulted in an AHA AWG Consensus Statement published in *Circulation* in 2006 and a stakeholder "Call to Action". The AWG developed a set of Guiding Principles (below) to lead the initiative.





# Submit Data via ACTION Registry®-GWTG™

- Enroll in ACTION Registry-GWTG
- Complete an ACC/AHA Data Release Consent Form and email to [ncdr@acc.org](mailto:ncdr@acc.org)
- Data submission = Quarterly
- Submission Deadline = 60 days after end of the quarter
- Q1- Jan, Feb, March
- Q2- April, May, June
- Q3- July, Aug, Sept
- Q4- Oct, Nov, Dec

ACTION Registry-GWTG™		NCDR® ACTION Registry®-GWTG™ v2.2 Acute Coronary Treatment and Intervention Outcomes Network Registry	
<b>A. DEMOGRAPHICS</b>			
Last Name <sup>2000</sup>	First Name <sup>2010</sup>	Middle Name <sup>2020</sup>	Birth Date <sup>2060</sup>
SSN <sup>2030</sup>	Patient ID <sup>2040</sup>	Other ID <sup>2045</sup>	
Race: <input type="checkbox"/> White <sup>2070</sup> <input type="checkbox"/> Black/African American <sup>2071</sup> <input type="checkbox"/> Asian <sup>2072</sup>		Hispanic or Latino Ethnicity <sup>2076</sup> : <input type="radio"/> No <input type="radio"/> Yes	
<input type="checkbox"/> American Indian/Alaskan Native <sup>2073</sup> <input type="checkbox"/> Native Hawaiian/Pacific Islander <sup>2074</sup>		Sex <sup>2060</sup> : <input type="radio"/> Male <input type="radio"/> Female	
<b>B. ADMISSION</b>			
Patient Zip Code <sup>2000</sup>		<input type="checkbox"/> Zip Code N/A <sup>3001</sup>	
Means of Transport to First Facility <sup>3100</sup> : <input type="radio"/> Self/Family <input type="radio"/> Ambulance <input type="radio"/> Mobile ICU <input type="radio"/> Air			
→ If Ambulance or Mobile ICU or Air, Pre-Arrival 1st Med. Contact Date/Time <sup>3105, 3106</sup> : _____ <input type="checkbox"/> Time Estimated <sup>3107</sup>			
Transferred from Outside Facility <sup>3110</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, Means of Transfer <sup>3115</sup> : <input type="radio"/> Ambulance <input type="radio"/> Mobile ICU <input type="radio"/> Air			
→ If Yes, Arrival at Outside Facility Date/Time <sup>3120, 3121</sup> : _____ <input type="checkbox"/> Time Estimated <sup>3122</sup>			
→ If Yes, Transfer from Outside Facility Date/Time <sup>3125, 3126</sup> : _____ <input type="checkbox"/> Time Estimated <sup>3127</sup>			
→ If Yes, Name of Transferring Facility/AHA Number <sup>3150, 3151</sup> : _____			
Your Facility	Arrival Date/Time <sup>3200, 3201</sup>		Location of First Evaluation <sup>3220</sup> : <input type="radio"/> ED <input type="radio"/> Cath Lab <input type="radio"/> Other
	Admission Date <sup>3210</sup>		→ If ED, Transfer Out Date/Time <sup>3221, 3222</sup> : _____
	Insurance Payors: <input type="checkbox"/> Private Health Insurance <sup>3300</sup> <input type="checkbox"/> Medicare <sup>3301</sup> <input type="checkbox"/> Medicaid <sup>3302</sup> <input type="checkbox"/> Military Health Care <sup>3303</sup>		
	<input type="checkbox"/> State-Specific Plan (non-Medicaid) <sup>3304</sup> <input type="checkbox"/> Indian Health Service <sup>3305</sup> <input type="checkbox"/> Non-US Insurance <sup>3306</sup> <input type="checkbox"/> None <sup>3307</sup>		
HIC # <sup>3320</sup> : _____			
<b>C. CARDIAC STATUS ON FIRST MEDICAL CONTACT</b>			
Symptom Onset Date/Time <sup>4000, 4001</sup> : _____ <input type="checkbox"/> Time Estimated <sup>4002</sup> <input type="checkbox"/> Time Not Available <sup>4003</sup>			
First ECG Obtained <sup>4010</sup> : <input type="radio"/> Pre-Hospital (e.g. ambulance) <input type="radio"/> After 1st hosp. arrival <input type="radio"/> First ECG Date/Time <sup>4020, 4021</sup> : _____			
STEMI or STEMI Equivalent <sup>4030</sup> : <input type="radio"/> No <input type="radio"/> Yes → If Yes, ECG Findings <sup>4040</sup> : <input type="radio"/> ST elevation <input type="radio"/> LBBB (new or presumed new) <input type="radio"/> Isolated posterior MI			
→ If Yes, STEMI or STEMI Equivalent First Noted <sup>4041</sup> : <input type="radio"/> First ECG <input type="radio"/> Subsequent ECG			
→ If Subsequent ECG, Subsequent ECG with STEMI or STEMI Equivalent Date/Time <sup>4042, 4043</sup> : _____			
→ If No, Other ECG Findings <sup>4044</sup> : <input type="radio"/> New or presumed new ST depression <input type="radio"/> New or presumed new T-Wave inversion			
(demonstrated within first 24 hours of medical contact) <input type="radio"/> Transient ST elevation lasting < 20 minutes <input type="radio"/> None			
Heart Failure <sup>4100</sup> : <input type="radio"/> No <input type="radio"/> Yes	Heart Rate <sup>4120</sup> : _____ (bpm)	Cardiac Arrest <sup>4135</sup> : <input type="radio"/> No <input type="radio"/> Yes	
Cardiogenic Shock <sup>4110</sup> : <input type="radio"/> No <input type="radio"/> Yes	Systolic BP <sup>4130</sup> : _____ (mmHg)	→ If Yes, Pre-Hospital <sup>4140</sup> : <input type="radio"/> No <input type="radio"/> Yes	
Cocaine Use <sup>4115</sup> : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Outside Facility <sup>4145</sup> : <input type="radio"/> No <input type="radio"/> Yes	
<b>D. HISTORY AND RISK FACTORS</b>			
Height <sup>5000</sup> : _____ (cm)	Weight <sup>5010</sup> : _____ (kg)	Prior Heart Failure (previous Hx) <sup>5080</sup> : <input type="radio"/> No <input type="radio"/> Yes	
Current/Recent Smoker (< 1 year) <sup>5020</sup> : <input type="radio"/> No <input type="radio"/> Yes		Prior PCI <sup>5100</sup> : <input type="radio"/> No <input type="radio"/> Yes	
Hypertension <sup>5030</sup> : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Most Recent PCI Date <sup>5101</sup> : _____	
Dyslipidemia <sup>5040</sup> : <input type="radio"/> No <input type="radio"/> Yes		Prior CABG <sup>5110</sup> : <input type="radio"/> No <input type="radio"/> Yes	
Currently on Dialysis <sup>5050</sup> : <input type="radio"/> No <input type="radio"/> Yes		→ If Yes, Most Recent CABG Date <sup>5111</sup> : _____	
Chronic Lung Disease <sup>5060</sup> : <input type="radio"/> No <input type="radio"/> Yes		Atrial Fibrillation or Flutter (past 2 wks) <sup>5120</sup> : <input type="radio"/> No <input type="radio"/> Yes	
Diabetes Mellitus <sup>5070</sup> : <input type="radio"/> No <input type="radio"/> Yes		Cerebrovascular Disease <sup>5130</sup> : <input type="radio"/> No <input type="radio"/> Yes	
→ If Yes, Diabetes Therapy <sup>5071</sup> : <input type="radio"/> None <input type="radio"/> Diet <input type="radio"/> Oral <input type="radio"/> Insulin <input type="radio"/> Other		→ If Yes, Prior Stroke <sup>5131</sup> : <input type="radio"/> No <input type="radio"/> Yes	
Prior MI <sup>5080</sup> : <input type="radio"/> No <input type="radio"/> Yes		Peripheral Arterial Disease <sup>5140</sup> : <input type="radio"/> No <input type="radio"/> Yes	

## Mission: Lifeline Receiving Center Report

AR-G Hospital ID: 999999

Quarter 2, 2012

\*Confidential Information\*

This document contains confidential material, if User desires to publish, present externally or otherwise distribute or use, in whole or in part, any aggregate data or reports provided by Mission: Lifeline, or produced in connection with or derived from Mission: Lifeline reports, with the exception of strictly internal use within User's organization, User must first obtain the prior express written consent of American Heart Association. To the extent User is permitted to publish aggregate data, such aggregate data and any related information published or presented in connection with it must be reviewed and approved by American Heart Association prior to publication.

To request such permission, please contact the Mission: Lifeline Program Coordinator, Katherine Kuban, at 214-706-1825 or katherine.kuban@heart.org.

Data provided by:

ACTION Registry-GWTG

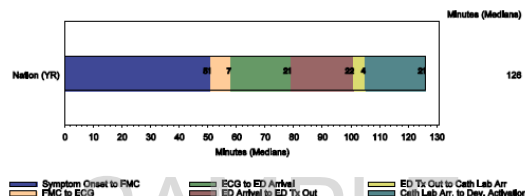
Prepared by:

Duke Clinical Research Institute

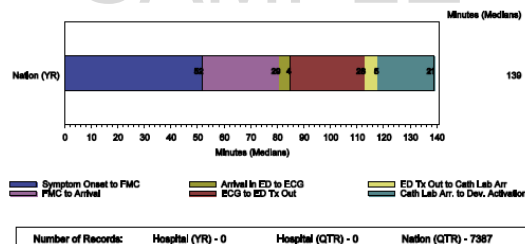
Critical Process Timelines: Non-Transfer In Patients  
Site 999999

Mission: Lifeline Receiving Center Report: Q2/12  
\*Confidential Information\*

### Pre-Hospital ECG (Arrival by EMS)



### ECG after Arrival (Arrival by EMS)



Number of Records: Hospital (YR) - 0 Hospital (QTR) - 0 Nation (QTR) - 7387

\*Bars are not displayed when there are no eligible patients in the time frame. Additionally, specific time intervals with median of 0 are not plotted.  
\*FMC = First Medical Contact; OSH = Outside Hospital

Overall Composite Adherence and Data Submission  
Site 999999

Mission: Lifeline Receiving Center Report: Q1/10  
\*Confidential Information\*

Measure Metric <sup>1</sup>	Care Opportunities <sup>2</sup>	Site Adherence Score <sup>3</sup>	State Adherence Score	Nation Adherence Score	Distribution of Site QI Scores
Overall Mission Lifeline Composite Score	876	92%	95%	89%	<p>First Medical Contact to Primary PCI &lt; 90 Minutes 2009Q1 - 2009Q4</p> <p>Adherence Score</p> <p>2009Q1 91.3% 2009Q2 93.3% 2009Q3 88.2% 2009Q4 90.6%</p> <p>Number of Records: Hospital 12 Months - 250</p>
Time to Primary PCI < 90 Minutes	876	92%	95%	89%	
Time to Primary PCI (First Medical Contact) < 90 Minutes	876	92%	95%	89%	
Reperfusion Therapy	876	92%	95%	89%	
Aspirin at Arrival	876	92%	95%	89%	
Aspirin at Discharge	876	92%	95%	89%	
Beta Blocker at Discharge	876	92%	95%	89%	
Statin at Discharge	876	92%	95%	89%	
ACE Inhibitor / ARB at Discharge in LVSD	876	92%	95%	89%	
Adult Smoking Cessation Counseling	876	92%	95%	89%	

<sup>1</sup> AR-G Mission: Lifeline receiving center patients have 9 Achievement measures for which they may be eligible.

<sup>2</sup> Number of total guideline opportunities among eligible patients within the reporting timeframe

<sup>3</sup> Number of times care matches guideline recommendations / Number of guideline opportunities

# Mission: Lifeline Regional Hospital Report

Quarter 1, 2012  
\*Confidential Information\*

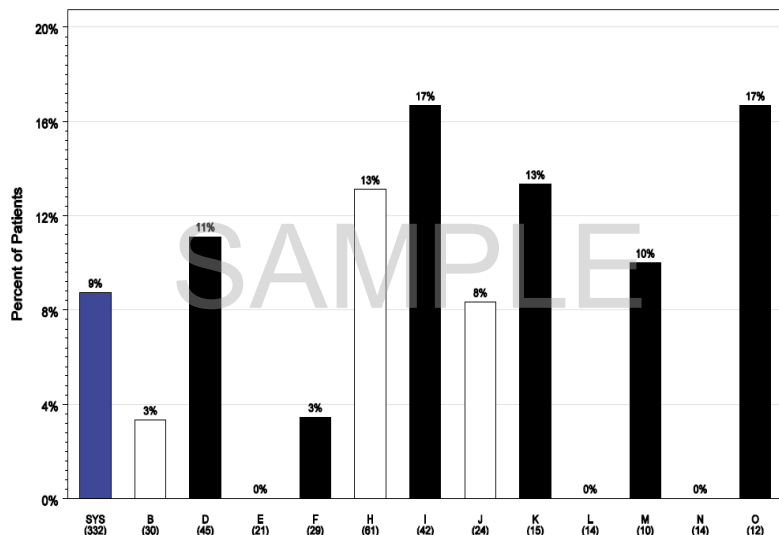
This document contains confidential material, if User desires to publish, present externally or otherwise distribute or use, in whole or in part, any aggregate data or reports provided by Mission: Lifeline, or produced in connection with or derived from Mission: Lifeline reports, with the exception of strictly internal use within User's organization, User must first obtain the prior express written consent of American Heart Association. To the extent User is permitted to publish aggregate data, such aggregate data and any related information published or presented in connection with it must be reviewed and approved by American Heart Association prior to publication.

To request such permission, please contact the Mission: Lifeline Program Coordinator, Katherine Kuban, at 214-706-1825 or katherine.kuban@heart.org.

Data provided by:  
**ACTION Registry-GWTG™**

Prepared by:  
**Duke Clinical Research Institute**

## Eligible Patients Not Receiving Reperfusion

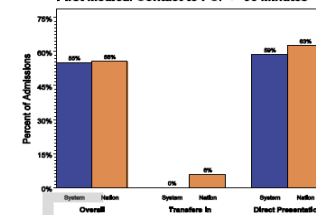


\*Site labels and the corresponding number of patients eligible for the particular measure are displayed on the x-axis  
\*Bars are not displayed when there are fewer than 10 eligible patients in the time frame.

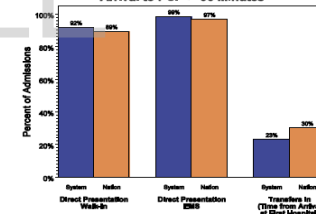
## Primary PCI

	System		State	Nation
	Last Qtr	Last 12 mo		
<b>Median Time from Arrival to Cath Lab Arrival (mins)</b>				
Direct Presentation .....	36.5	41.0	41.0	40.0
Arrived by EMS .....	32.0	36.5	36.5	33.0
Arrived by POV .....	45.5	51.0	51.0	49.0
<b>Transfers In</b>				
From Arrival at First Facility .....	98.0	103.0	106.0	99.0
From Arrival at Receiving Facility ...	13.0	12.5	16.0	10.0
<b>Median Time from Arrival to Primary PCI (mins)</b>				
Direct Presentation .....	56.5	59.0	59.0	57.0
Arrived by EMS .....	47.0	54.0	52.5	51.0
Arrived by POV .....	66.0	68.0	68.5	68.0
<b>Transfers In</b>				
From Arrival at First Facility .....	110.0	110.0	111.0	107.0
From Arrival at Receiving Facility ...	27.0	24.5	25.0	27.0
<b>Median Time from First Medical Contact to Primary PCI (mins)<sup>1</sup> .....</b>				
	81.0	85.0	84.0	83.0
<b>Median Time from Cath Lab Arrival to First Device Activation (mins) .....</b>				
	21.0	22.0	21.0	22.0
<b>Reasons Reperfusion Not Indicated</b>				
No ST elevation/LBBB .....	0%	0%	0%	2%
ST elevation resolved .....	5%	2%	1%	8%
MI Diagnosis Unclear .....	2%	3%	3%	5%
MI Symptoms Onset > 12 hrs .....	0%	3%	3%	13%
Chest pain resolved .....	0%	0%	0%	8%
No chest pain .....	5%	2%	2%	2%
Other .....	35%	35%	30%	36%

## First Medical Contact to PCI <= 90 Minutes



## Arrival to PCI <= 90 Minutes



FOOTNOTES:  
<sup>1</sup>Among direct presenters arriving via EMS

- One time low cost based on number of participating hospital
- Available as Blinded or Identified
- Requires second Data Release Consent form

## Mission: Lifeline Recognition



# Mission: Lifeline Recognition Award Requirements (for Receiving and Referral)

## BRONZE

1 calendar quarter -  
90 consecutive days



## SILVER

4 calendar quarters -  
12 consecutive months



## GOLD

8 consecutive quarters -  
24+ consecutive months



**Must meet 85% or greater composite score with no single measure below 75% for specified periods of time. Bronze must show progression in number of quarters achieved year to year.**



# In a cardiac emergency, you won't have time to find your hospital on our list.



The hospitals on our list got there by demonstrating extraordinary performance in Mission: Lifeline®, a program created by the American Heart Association to foster prompt, effective care for heart attack patients. Learn more about this and other programs that help hospitals deliver ever-better care at [heart.org/missionlifeline](http://heart.org/missionlifeline).



**MISSION:  
LIFELINE®**



These hospitals are recognized for at least 24 months of 80% or higher composite adherence to all STIM National Center Performance Achievement indicators and 75% or higher compliance on all STIM National Center quality indicators to improve the quality of care for STIM patients.

Advocate Christ Medical Center, Oak Lawn, IL  
Aspirus Wausau Hospital, Wausau, WI  
Barnes-Jewish Hospital at Washington University Medical Center, St. Louis, MO  
Baylor Jack and Jane Hamilton Heart and Vascular Hospital, Dallas, TX  
Carrollinas Medical Center, Charlotte, NC  
Carrollinas Medical Center - NorthEast, Concord, NC  
Central Baptist Hospital, Lexington, KY  
Frye Regional Medical Center, Hickory, NC  
High Point Regional Health System, High Point, NC  
John Muir Medical Center, Concord, CA  
Medical University of South Carolina, Charleston, SC  
Mercy Medical Center, Canton, OH  
Methodist Hospital of Southern California, Arcadia, CA  
Pizzardi Medical Center of Fort Worth, Fort Worth, TX  
Prairie Heart Institute at St. John's Hospital, Springfield, IL  
Presbyterian Hospital, Charlotte, NC  
Sankar USD Medical Center, Sioux Falls, SD

Seton Medical Center Austin, Austin, TX  
St. Anthony Hospital, Lakewood, CO  
St. Rita's Medical Center, Lima, OH  
Stromont-Vail HealthCare, Topeka, KS  
Swedish Medical Center, Englewood, CO  
The Chambersburg Hospital, Chambersburg, PA  
University of North Carolina Hospital, Chapel Hill, NC  
WakeMed Health & Hospitals, Raleigh Campus, Raleigh, NC



These hospitals are recognized for at least 12 months of 80% or higher composite adherence to all STIM National Center Performance Achievement indicators and 75% or higher compliance on all STIM National Center quality indicators to improve the quality of care for STIM patients.

Advocate Lutheran General Hospital, Park Ridge, IL  
Aultman Hospital, Canton, OH  
Bon Secours St. Francis Health System, Greenville, SC  
California Pacific Medical Center, San Francisco, CA  
Doctors Medical Center of Modesto, Modesto, CA  
Durham Regional Hospital, Durham, NC  
EMH Healthcare, Elyria, OH  
Essentia Health St. Mary's Medical Center, Duluth, MN  
Georgetown Memorial Hospital, Georgetown, SC

Grant Medical Center, OhioHealth, Columbus, OH  
Hahnemann University Hospital, Philadelphia, PA  
Jefferson Regional Medical Center, Pittsburgh, PA  
John Muir Medical Center, Walnut Creek, CA  
Walnut Creek, CA  
Lakewood Regional Medical Center, Lakewood, CA  
Littleton Adventist Hospital, Littleton, CO  
Magna Regional Hospital, Corvallis, OR  
Medical Center of the Rockies, Loveland, CO  
Memorial Hermann Heart & Vascular Institute - Texas Medical Center, Houston, TX  
Memorial Hospital of Carbonate, Carbonate, FL  
Memorial Medical Center, Springfield, IL  
Ministry Saint Clara's Hospital, Weston, WI  
Ministry Saint Joseph's Hospital, Marshfield, WI  
Morristown Medical Center, Morristown, NJ  
Munroe Heart at Munroe Regional Medical Center, Ocala, FL  
New Hanover Regional Medical Center, Wilmington, NC  
Newark Beth Israel Medical Center, Newark, NJ  
Ocean Springs Hospital - Singing River Health System, Ocean Springs, MS  
OSF Saint Francis Heart Hospital, Peoria, IL  
Providence Alaska Medical Center, Anchorage, AK  
Providence Portland Medical Center, Portland, OR  
Providence St. Vincent Medical Center, Portland, OR  
Scott & White Healthcare - Round Rock, Round Rock, TX  
Scott & White Memorial Hospital, Temple, TX  
Springhill Medical Center, Mobile, AL  
St. David's North Austin Medical Center, Austin, TX  
St. Joseph Regional Health Center, Bryan, TX

St. Luke's, Duluth, MN  
Summa Akron City Hospital, Akron, OH  
Texas Heart Institute at St. Luke's Episcopal Hospital, Houston, TX  
The Reading Hospital and Medical Center, West Reading, PA  
VCU Medical Center, Richmond, VA  
Wellmont Bristol Regional Medical Center, Bristol, TN  
West Jefferson Medical Center, Marrero, LA  
Wuesthoff Medical Center - Rockledge, Rockledge, FL



These hospitals are recognized for at least 30 days of 80% or higher composite adherence to all STIM National Center Performance Achievement indicators and 75% or higher compliance on all STIM National Center quality indicators to improve the quality of care for STIM patients.

Adena Health System, Chillicothe, OH  
Adventist Medical Center, Portland, OR  
Advocate BroMenn Medical Center, Normal, IL  
Advocate Good Samaritan Hospital, Downers Grove, IL  
Advocate Good Shepard Hospital, Barrington, IL  
Affinity Medical Center, Massillon, OH  
Alton General Medical Center, Alton, OH  
Armed Health, Anderson, SC  
Athens Regional Medical Center, Athens, GA  
Aurora BayCare Medical Center, Green Bay, WI  
Avera Heart Hospital of South Dakota, Sioux Falls, SD  
Baltimore Washington Medical Center, Glen Burnie, MD  
Baptist Hospital East, Louisville, KY  
BayHealth Medical Center - Kent General Hospital, Dover, DE  
Baylor Medical Center at Garland, Garland, TX  
Bon Secours Maryview Medical Center, Portsmouth, VA  
Bon Secours Memorial Regional Medical Center, Mechanicsville, VA  
Bon Secours St. Mary's Hospital, Richmond, VA  
Brandon Regional Hospital, Brandon, FL  
Bronson Methodist Hospital, Kalamazoo, MI  
Brookwood Medical Center, Birmingham, AL  
Cape Fear Valley Medical Center, Fayetteville, NC  
Carolinas Medical Center, New Bern, NC  
Carolinas Medical Center - Merck, Charlotte, NC  
Carrollton Hospital / Gaston Memorial Hospital, Gastonia, NC  
Carondelet Health Institute at St. Joseph Medical Center, Kansas City, MO  
Centerpoint Medical Center, Independence, MO  
Central DuPage Hospital, Winfield, IL  
Central Mississippi Medical Center, Jackson, MS  
Christiana Care Health Services, Newark, DE  
Citizens Medical Center, Victoria, TX  
Cleveland Clinic Florida, Weston, FL  
Columbus Regional Hospital, Columbus, IN  
Cone Health, Greensboro, NC  
Cookville Regional Medical Center, Cookeville, TN  
Covington University Medical Center, Omaha, NE  
Crozer Chester Medical Center, Upland, PA  
DePaul Healthcare System, Victoria, TX  
Duke University Hospital, Durham, NC  
Emory Good Samaritan Medical Center, Lafayette, CA  
Fairfield Medical Center, Lancaster, OH  
Fairlane Regional Medical Center, Sandusky, OH  
Florida Hospital/Proton Heart Institute, Tampa, FL  
Fort Sanders Regional Medical Center, Knoxville, TN  
Franciscan St. Francis Health - Indianapolis, Indianapolis, IN  
Geisinger Wyoming Valley, Wilkes Barre, PA

Greenville Hospital System, University Medical Center, Greenville, SC  
Heart Hospital of Austin, Austin, TX  
Hillcrest Hospital, Lafayette, LA  
Hillcrest Hospital, Mayfield Heights, OH  
Holland Hospital, Holland, MI  
Hospital HMA San Pablo - Bayamón, Bayamón, PR  
Houston Northwest Medical Center, Houston, TX  
Indiana University Health Methodist Hospital, Indianapolis, IN  
Inova Alexandria Hospital, Alexandria, VA  
Inova Fairfax Hospital, Falls Church, VA  
Inova Loudoun Hospital, Leesburg, VA  
INTEGRIS Baptist Medical Center, Inc., Oklahoma City, OK  
Jame Phillips Medical Center, Bartlesville, OK  
Johns Hopkins Bayview Medical Center, Baltimore, MD  
Johnson City Medical Center, Johnson City, TN  
Lakeland Regional Medical Center, Lakeland, FL  
Liberty Hospital, Liberty, MO  
Lowell General Hospital, Lowell, MA  
Loyola University Medical Center, Maywood, IL  
Lynchburg Memorial Hospital - Centra Health, Lynchburg, VA  
Manatee Memorial Hospital, Bradenton, FL  
Marion General Hospital, Marion, OH  
MedStar Franklin Square Medical Center, Baltimore, MD  
Memorial Hermann Southwest Hospital, Houston, TX  
Memorial Hermann The Woodlands, The Woodlands, TX  
Memorial Hospital Gulfport, Gulfport, MS  
Memorial Hospital, Las Cruces, NM  
Mercy Medical Center - Sioux City, Sioux City, IA  
Methodist Medical Center, Oak Ridge, TN  
Midland Memorial Hospital, Midland, TX  
Mount Sinai Medical Center, Miami Beach, FL  
North Colorado Medical Center, Greeley, CO  
North Kansas City Hospital, North Kansas City, MO  
North Mississippi Medical Center, Tupelo, MS  
Northside Hospital Forsyth, Cumming, GA  
Northside Hospital, Atlanta, GA  
Northside Hospital and Tampa Bay Heart Institute, St. Petersburg, FL  
Oklahoma Heart Institute at Hillcrest Medical Center, Tulsa, OK  
OSF St. Joseph Medical Center, Bloomington, IL  
Our Lady of the Lake Regional Medical Center, Baton Rouge, LA  
Overland Park Regional Medical Center, Overland Park, KS  
Parker Adventist Hospital, Parker, CO  
Parkland Health & Hospital System, Dallas, TX  
Piedmont Fayette Hospital, Fayetteville, GA  
Piedmont Hospital, Atlanta, GA  
Piedmont Medical Center, Rock Hill, SC  
Presbyterian/St. Luke's Medical Center, Denver, CO  
Provena Saint Joseph Medical Center, Joliet, IL  
Providence Health Center, Waco, TX  
Providence Medical Center, Kansas City, KS  
Providence Regional Medical Center, Everett, WA  
Rapid City Regional Hospital, Rapid City, SD  
Regional Medical Center Bayonet Point, Hudson, FL  
Resurrection Medical Center, Chicago, IL  
Riverside Medical Center, Kankakee, IL  
Riverside Hospital, Noblesville, IN  
Rogue Valley Medical Center, Medford, OR  
Rush Foundation Hospital, Meriden, MS  
Saint Agnes Hospital, Baltimore, MD  
Saint Francis Hospital - Memphis, Memphis, TN  
Saint Francis Hospital and Medical Center, Hartford, CT  
Saint Joseph's Hospital, Atlanta, GA  
Seton Medical Center Hays, Hays, KS  
Shady Grove Adventist Hospital, Rockville, MD  
Sierra Medical Center, El Paso, TX  
Southwest General Health Center, Middleburg Heights, OH  
Sparrow Hospital, Lansing, MI  
Spokane Regional HealthCare System, Spokane, WA  
ST Luke's The Woodlands Hospital, The Woodlands, TX  
St. David's Medical Center, Austin, TX  
St. David's Round Rock Medical Center, Round Rock, TX

St. David's South Austin Medical Center, Austin, TX  
St. Elizabeth's Hospital, Belleville, IL  
St. Joseph Hospital - Orange, Orange, CA  
St. Joseph's Regional Medical Center, Paterson, NJ  
St. Mary's Medical Center, Langhorne, PA  
St. Mary's Health Care System, Athens, GA  
St. Mary's Medical Center, Evansville, IN  
St. Vincent Heart Center of Indiana, Indianapolis, IN  
The Nebraska Medical Center, Omaha, NE  
Trident Medical Center, Charleston, SC  
Trinity Medical Center, Birmingham, AL  
UC Health University Hospital, Cincinnati, OH  
University of Colorado Hospital, Aurora, CO  
University of Mississippi Health Care, Jackson, MS  
Vanderbilt University Medical Center, Nashville, TN  
Vanguard Medical Center, Berwyn, IL  
Vidant Medical Center, Greenville, NC  
Wake Forest Baptist Medical Center, Winston-Salem, NC  
WellStar Cobb Hospital, Austell, GA  
Weaver Medical Center at The Ohio State University, Columbus, OH  
Wheeling Hospital, Wheeling, WV  
Wilkes-Barre General Hospital, Wilkes-Barre, PA  
Winchester Medical Center, Winchester, VA  
Winthrop University Hospital, Mineola, NY  
West Regional Health System, Decatur, TX  
Yakima Regional Medical and Cardiac Center, Yakima, WA



These hospitals are recognized for at least 12 months of 80% or higher composite adherence to all STIM National Center Performance Achievement indicators and 75% or higher compliance on all STIM National Center quality indicators to improve the quality of care for STIM patients.

Hennin Hospital, Hemin, IL  
Presbyterian Hospital Huntersville, Huntersville, NC  
Presbyterian Hospital, Matthews, NC  
St. Francis Medical Center, Colorado Springs, CO  
WellStar Paulding Hospital, Dallas, GA



These hospitals are recognized for 90 days of 80% or higher composite adherence to all STIM National Center Performance Achievement indicators and 75% or higher compliance on all STIM National Center quality indicators to improve the quality of care for STIM patients.

Central Carolina Hospital, Sanford, NC  
Central Texas Medical Center, San Marcos, TX  
Newton - Wellesley Hospital, Newton, MA  
Providence Newburg Medical Center, Newburg, OR  
WellStar Douglas Hospital, Douglasville, GA

# Mission: Lifeline Recognition History

- **77** Total Mission: Lifeline Recognized Hospitals 2010
- **131** Total Mission: Lifeline Recognized Hospitals 2011
- **226** Total Mission: Lifeline Recognized Hospitals 2012

**Approx. 300** Total Mission: Lifeline Recognized Hospitals 2013

	2010	2011	2012	2013
Receiving Bronze	73	92	<b>147</b>	?
Receiving Silver	4	35	<b>44</b>	?
Receiving Gold	0	2	<b>25</b>	?
Referral Bronze	0	3	<b>5</b>	?
Referral Silver	0	0	<b>5</b>	?
Referral Gold	0	0	<b>0</b>	?

# Documents required for Reporting and Recognition

AHA MISSION LIFELINE DATA RELEASE CONSENT FORM  
FIRST ADDENDUM TO THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION  
NATIONAL CARDIOVASCULAR DATA REGISTRY  
AGREEMENT BY AND BETWEEN THE AMERICAN COLLEGE OF CARDIOLOGY  
FOUNDATION

AND \_\_\_\_\_

DATA RELEASE CONSENT FORM  
AUTHORIZING AND DIRECTING THE AMERICAN COLLEGE OF CARDIOLOGY  
FOUNDATION TO TRANSMIT DATA FINDINGS TO DUKE UNIVERSITY

\_\_\_\_\_, ("Participant") and the American College of Cardiology  
Foundation ("ACCF") acknowledge and agree as follows:

- Participant has entered into an agreement with ACCF to provide patient row level data to ACCF's National Cardiovascular Data Registry ("NCDR") ACTION Registry<sup>®</sup>-GWTG<sup>™</sup> and to receive certain comparative reports from ACCF (the "Agreement"). The data provided by Participant to ACCF under the Agreement includes facility, physician, and patient level data. Such data shall be referred to herein as the "ACTION Registry Dataset."
- Participant acknowledges that it has been informed that ACCF and AHA have entered or will enter into an agreement; the purposes of such agreement are to provide the ACTION Registry Dataset on the behalf of Participant for the American Heart Association's ("AHA") Mission Lifeline ("M:L") program.
- Participant acknowledges that it has been informed that ACCF and Duke University ("Duke") have entered or will enter into an agreement; the purposes of such agreement is to provide data to Duke acting as AHA's subcontractor on the behalf of Participant for AHA Mission Lifeline ("M:L") program. Such data shall be used to produce M:L reports and to conduct cardiovascular research using a Limited Dataset as permitted by the Business Associate Agreement and consistent with the limitations imposed.
- Participant has registered with the AHA for participation in the M:L program and such registration contemplates the transmission of the ACTION Registry Dataset by ACCF (on behalf of Participant) to Duke a subcontractor of AHA for M:L.
- Participant authorizes and directs ACCF to transmit the ACTION Registry Dataset to Duke University for the purposes described above.
- This Addendum shall be effective for the duration of M:L or the Agreement, whichever is shorter. This Addendum may be terminated by Participant or ACCF upon written notice at any time. Termination of this Addendum shall not constitute a termination of the Agreement, unless otherwise provided by Participant or ACCF.
- As amended by this Addendum, the Agreement is in all respects ratified and confirmed, and the Agreement and this Addendum shall be read, taken, and construed as one and the same instrument. To the extent any inconsistency exists between the Business Associate Agreement which is attached to the Agreement and this Addendum, the terms of such Business Associate

AHA MISSION LIFELINE  
Agreement shall control. In all respects  
Agreement is hereby ratified, approved,

IN WITNESS WHEREOF, each  
as of the \_\_\_\_\_ day of \_\_\_\_\_

PARTICIPANT

Participant #: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please remit this  
The American  
Attn: N  
P.O. Box 78  
Orlando, FL 32817

Internal AHA use only:  
NCDR Number: \_\_\_\_\_



Mission: Lifeline<sup>®</sup> Hospital Registration Form

Register your hospital with Mission: Lifeline! We are encouraging all hospitals to register in order to receive updated information and Mission: Lifeline Reports\*.

Please complete this form and fax to: 214-706-5256 OR email completed forms to [MissionLifeline@AHA.org](mailto:MissionLifeline@AHA.org)

\*The Mission: Lifeline Reports are only available to hospitals who are currently participating in ACTION Registry<sup>®</sup>-GWTG<sup>™</sup>.

Our facility is a (check one):

☐ STEMI- Receiving Center ☐ STEMI Referral Center

- ☐ Yes, we do measure patient outcomes at our hospital and participate in ACTION Registry- GWTG.
- ☐ Yes, we do measure patient outcomes at our hospital and do not participate in ACTION Registry- GWTG.
- ☐ No, we do not measure patient outcomes at our hospital.

Hospital Name: \_\_\_\_\_ (Please Print)

Hospital Address: \_\_\_\_\_ (City, State, ZIP)

STEMI System Name (if applicable) \_\_\_\_\_

Hospital Representative Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Hospital Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

To learn more about how your hospital can be recognized by Mission: Lifeline, go to  
<http://www.americanheart.org/missionlifeline>



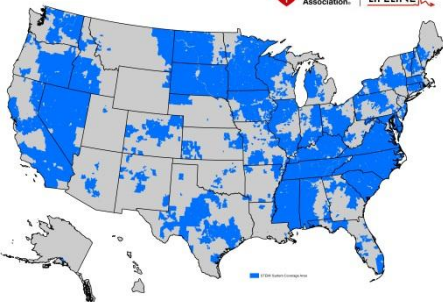
# Mission: Lifeline Accreditation

PARTICIPATION

REGISTER YOUR SYSTEM OF CARE.



Mission: Lifeline STEMI Systems Coverage  
As of 11/29/2012 (656 Systems; 65.0% Population Coverage)



RECOGNITION



ACCREDITATION



American Heart Association  
**ACCREDITATION**

Meets standards for  
**Heart Attack Receiving Center**



American Heart Association  
**ACCREDITATION**

Meets standards for  
**Heart Attack Referring Center**



## Mission: Lifeline Accreditation

- Offered in collaboration with Society of Cardiovascular Patient Care (formerly Society of Chest Pain Centers)
- Available for both **STEMI Receiving** and **STEMI Referring** Hospitals
- **ONLY** hospitals with a current Mission: Lifeline recognition award (Bronze, Silver or Gold) may apply for accreditation. Eligibly for accreditation lasts 1 year.



Received Award in 2012  
May, 2012 – May, 2013

Received Award in 2013  
May 1, 2013 – May, 2014



**American Heart Association**  
**ACCREDITATION**

Meets standards for

**Heart Attack Referring Center**



**American Heart Association**  
**ACCREDITATION**

Meets standards for

**Heart Attack Receiving Center**

# Why Achieve Mission: Lifeline Accreditation?

- **IMPROVE CARDIAC CARE** by providing a standardized, team approach to the treatment of STEMI patients.
- **NATURAL PROGRESSION** for Mission: Lifeline recognized hospitals to achieve accreditation status.
- **FORWARD THE MISSION** of both organizations with a combined goal to improve the consistency of cardiac care.
- **STRENGTHENS COMMUNITY CONFIDENCE** in the quality and safety of care, treatment and services by the distinguished recognition of the AHA brand.
- Hospitals will be able to use the **AHA'S ACCREDITATION HEART CHECK MARK** to promote their accomplishment.

**HEART-TO-HEART  
COLLABORATION**



**MISSION:  
LIFELINE**

Learn more at [heart.org/accreditation](http://heart.org/accreditation)

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<http://www.heart.org/missionlifeline>



# Application Process



- Determine which American Heart Association's Mission: Lifeline® Accreditation tracks you will be applying for:
  - **Track 1:** STEMI Referring Center – for those facilities that transfer their STEMI patients to a PCI STEMI Receiving Center
  - **Track 2:** STEMI Receiving Center – for facilities that perform onsite primary PCI for STEMI patients 24/7
- Purchase the American Heart Association's Mission: Lifeline® Accreditation Manual provided by the Society of Cardiovascular Patient Care at [www.scpcp.org](http://www.scpcp.org).
- Complete all application documents and mail to the Society of Cardiovascular Patient Care.

# Upcoming Webinar – Mark Your Calendars!

## Mission: Lifeline® EMS Recognition

Tuesday, June 18th, 2013 1:00 pm CDT (60 min)

Mission: Lifeline® is adding EMS Recognition to its existing hospital recognition program. This new program will award its first class of EMS agencies in the spring of 2014 based on 2013 calendar year data. Join us to learn more about the criteria and achievement measures for EMS Recognition, data collection requirements, and what to expect as we launch this new opportunity for EMS agencies and providers. Time will be reserved for Q&A at the end of the presentation.

**Pre-registration will be required.** Please check the “Hot Topics” section of our website ([www.heart.org/missionlifeline](http://www.heart.org/missionlifeline)) or the upcoming May Focus on Quality E-Newsletter.

From the American Heart Association, Mission: Lifeline® Team:

Thank you for attending the Mission: Lifeline 101 Webinar

If you would like further information on Mission: Lifeline or how to get started, email us at:

[Missionlifeline@heart.org](mailto:Missionlifeline@heart.org)

