

Mission: Lifeline Baseline Assessment EMS Agency

Please return completed Assessments by email or fax to:

*For the typical or most likely agency to respond to 911 calls in your city/county.

EMS Agency Name:	
County/Counties Served:	
Key Contact:	
Key Contact Email Address:	
Position Held (eg-EMS Director, Med Director):	

1. Describe the staffing of the EMS transport vehicles that immediately respond to treat patients with chest pain. Circle all that apply.	
a. All EMT Basic	b. All EMT Intermediate
c. All EMT Paramedic	d. Combination with at least one Intermediate
e. Combination with at least one Paramedic	f. Other, please describe
2. Approximately what percentage of active (first out) EMS transport vehicles have 12 lead ECG devices?	
a. 100%	d. 26%-50%
b. 76%-99%	e. 1%-25%
c. 51%-75%	f. 0%
3. How many hours of 12 lead ECG interpretation training/education do your staff typically receive per year?	
a. 0	b. 1-4
c. 5-8	d. > 8

4. Who provides this training/education?	
a. EMS Training Officer/Staff	b. PCI Hospital Staff (ED, cardiology)
c. EMS Medical Director	d. Web based or Distributive education
e. Combination or Other	f. Not Applicable
5. Does your EMS Agency have written AMI/STEMI/chest pain protocols that include "who gets a 12 lead", 12 lead ECG acquisition, criteria for cardiac cath lab activation, and appropriate communication of ECG findings to receiving hospital and treatments?	
a. Yes.	b. No.
c. Our protocol has some of these items but not all	
6. For patients experiencing chest pain, how is the 12-Lead ECG information interpreted and communicated? Circle all that apply.	
a. ECG read by EMS personnel and interpretation called by phone/radio.	
b. ECG read by computer algorithm and called by phone/radio to receiving hospital.	
c. ECG read by EMS personnel and transmitted (electronically) to hospital.	
d. Receiving hospital not notified of ECG results prior to arrival.	
e. ECG acquired by EMS personnel and transmitted (electronically) to hospital for ED interpretation	
f. ECG read by computer algorithm and interpreted by EMS personnel and communicated to receiving hospital	
g. Other, please describe:	
7. If a STEMI patient is identified by your EMS Agency, is there a plan/protocol in place recommending or requiring that these patients be transported to a hospital that has a cardiac cath lab ("destination or bypass protocol")?	
a. Yes.	b. No.
8. Does your EMS Agency plan/protocol designate primary PCI as the preferred reperfusion strategy if first medical contact to balloon (first device) is achievable within 90 minutes?	
a. Yes.	b. No.
9. Does your EMS Agency have a protocol in place to transport STEMI patients to the closest Non-PCI hospital for fibrinolysis if first medical contact to balloon (first device) within 90 minutes is not possible?	
a. Yes.	b. No.
10. For patients transported to hospitals that use fibrinolytics, is a fibrinolytic or reperfusion check sheet completed on all suspected STEMI patients prior to arrival at the ED?	
a. Yes.	b. No.
c. Not applicable.	

11. In your EMS Agency, can EMS personnel activate the cardiac catheterization lab prior to the patient's arrival at the hospital by communicating the EMS findings?	
a. Yes, for all hospitals.	b. Yes, for some hospitals.
c. No.	
12. Does your EMS Agency have an EMS total scene time goal that includes obtaining a 12 lead ECG for patients with STEMI?	
a. Yes.	b. No.
13. Does your EMS crew leave a copy of the run report/patient care report in the ED within a specified period of time?	
a. Yes	b. No.
c. Yes, sometimes	
14. If yes to #13, what method is routinely used to provide the patient care record to the ED?	
a. Paper/Carbon copy	b. Fax copy
c. Electronic file	
15. If yes to #13, within what time period are the patient care records routinely provided to the ED?	
a. Before the crew leaves the ED	b. < 8 hours
c. < 24 hours	d. ≥ 24 hours
16. Does your EMS crew leave a copy of the 12 lead ECG in the ED?	
a. Yes	b. No
c. Yes, sometimes	
17. If no to question 16, please explain. Circle all that apply.	
a. Technology deficiency (there is not a compatible or accessible printer in the ED)	b. We don't have time to leave it (e.g. have another call)
c. The ED does not review/use our records	d. Other, please explain:
18. Do you consistently receive feedback from the receiving hospital regarding the STEMI patient outcome?	
a. Yes	b. No
19. Does a representative from your Agency regularly participate in the STEMI Receiving Hospital's Quality Improvement review of STEMI cases and outcomes?	
a. Yes, with all STEMI receiving hospitals	b. Yes, with some STEMI receiving hospitals
c. Yes, but is variable	d. No

The following question lists several data measures. Although the data measures are grouped by EMS, PCI Hospital, Non-PCI Hospital and System, please read each measure to determine whether it is applicable to your group. If you do not capture or record a measure, please leave the column blank for that measure.

18. Which of the following STEMI related data measures does your Agency / Hospital currently capture/record? Please refer to the following example. No specific data is requested.

- E - Electronic, only capture electronically**
- M - Manual, only capture manually**
- B - Both, use both electronic & manual methods**

EXAMPLES

Data Measure	Capture / Record?	Method	Comment
Arrival at ED	Y	B	Manual then transferred to electronic record

EMS Transport

Data Measure	Capture / Record	Method	Comment
Time interval from EMS dispatch to vehicle arrival at hospital door			
Patient Contact to First 12 Lead ECG			
Time interval from symptom onset to EMS dispatch			
Time from prehospital 12 Lead ECG to balloon inflation (first device used)			
Time from first medical contact to balloon inflation (first device used)			
Percentage of patients confirmed by the Hospital to be STEMI who also had an EMS acquired 12 lead ECG			

PCI / STEMI Receiving Hospital			
Data Measure	Capture / Record?	Method	Comment
Door to first 12 lead ECG (if no EMS ECG)			
Cardiac cath lab staff & interventionalist time interval from notification to arrival			
Interventionalist procedure volume of primary PCI and total PCI			
Facility procedure volume of primary PCI and total PCI			
Track compliance with ACC/AHA Class I therapies			
In hospital mortality of STEMI patients			
Time from prehospital 12 Lead ECG to balloon inflation (first device used)			
Percentage of reperfusion eligible patients who receive any reperfusion therapy (PCI or Fibrinolysis).			
Percentage of STEMI patients with a door to balloon inflation (first device used) < 90 mins (non-transfer)			
Percentage of STEMI patients with first medical contact to balloon inflation (first device used) < 90 mins (non-transfer)			
Percentage of STEMI patients with first medical contact to balloon inflation (first device used) < 90 mins (transfer)			
Percentage of STEMI patients receiving aspirin within 24 hours			
Percentage of STEMI patients on aspirin at discharge			
Percentage of STEMI patients on beta blocker at discharge			
Percentage of STEMI patients with LDL > 100 who receive statins or lipid lowering drugs			
Percentage of STEMI patients with LVSD on ACEI/ARB at discharge			
Percentage of STEMI patients that smoke with smoking cessation counseling at discharge			

PCI / STEMI Receiving Hospital (continued)

Data Measure	Capture / Record?	Method	Comment
Percentage of STEMI patients with a door-to-balloon (first device used) < 90 mins			
Percentage of STEMI patients with a door (referring hospital)-to-balloon (first device used) < 90 mins, transfer			
Percentage of STEMI patients with a referral to cardiac rehabilitation at discharge			

Non- PCI / STEMI Referral Hospital

Data Measure	Capture / Record?	Method	Comment
Percentage of STEMI patients with a door to first ECG time < 10 minutes			
STEMI patient time interval from ED arrival (Non-PCI Center) to ED discharge (Non-PCI Center)			
STEMI patient time interval from ED arrival (Non-PCI Center) to balloon (first device)			
Percentage of PCI eligible STEMI patients with time interval from ED arrival (Non-PCI Center) to balloon (first device) in less than 90 minutes			
In Hospital mortality of STEMI patients			
Percentage of reperfusion eligible patients who receive any reperfusion therapy (PCI or Fibrinolysis)			
Percentage of reperfusion eligible patients with door to needle time within 30 minutes			
Percentage of STEMI patients with LVSD on ACEI/ARB at discharge			
Percentage of STEMI patients that smoke with smoking cessation counseling at discharge			

SYSTEM			
Data Measure	Calculate & Record	Method	Comment
Proportion of STEMI patients who receive reperfusion therapy			
Proportion of patients with field diagnosis of STEMI who receive field activation of cardiac cath lab for intended 1°PCI			
Proportion of patients with field diagnosis of STEMI who do not undergo acute cath due to misdiagnosis			
Proportion of patients with field diagnosis of STEMI who do not undergo acute cath and have no cardiac marker elevation or revascularization in first 24 hrs			
Proportion of suspected cardiac patients > 35 years treated by EMS for whom a 12 Lead ECG was obtained			
Proportion of STEMI patients treated by EMS for whom a 12 Lead ECG was obtained			
Proportion of patients with presumed STEMI and EMS treated VF who are taken to the cardiac cath lab for intended primary PCI			
Survival to hospital discharge for all STEMI patients			
Survival to hospital discharge for all STEMI patients with prehospital VF			
Proportion of transferred STEMI patients with an initial door to balloon (first device used) time within 90 mins			

Notes and Additional Comments