

## Mission: Lifeline Baseline Assessment Inter-facility Transport Provider

Please return completed Assessments by email or fax to:

\*This assessment is for ambulance and air medical organizations who transport/transfer STEMI patients from one hospital to another (typically a non-PCI hospital to a PCI hospital).

<b>Transport Provider Name:</b>	
<b>Cities &amp; Hospitals to which you provide transfer service</b>	
<b>Key Contact Name:</b>	
<b>Contact Email Address:</b>	
<b>Contact Position/Title:</b>	

<b>1. Describe the staffing of the vehicles/aircraft that are designated to transport/transfer suspected STEMI patients from one facility to another. Select all that apply.</b>	
a. All EMT Basic	b. All EMT Intermediate
c. All EMT Paramedic	d. Paramedic and RN
e. Combination with at least one Paramedic	f. Other, please describe
<b>2. Approximately what percentage of active inter-facility transport capable vehicles/aircraft have 12 lead ECG devices?</b>	
a. 100%	d. 26%-50%
b. 76%-99%	e. 1%-25%
c. 51%-75%	f. 0%
<b>3. How many hours of 12 lead ECG interpretation training/education does your inter-facility transport staff typically receive each year?</b>	
a. 0	b. 1-4
c. 5-8	d. > 8
<b>4. Who provides this training/education?</b>	
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

<b>5. Is your inter-facility transport service included in the written STEMI Care plans developed by non-PCI hospitals in your transport area?</b>	
a. Yes, for some hospital STEMI plans	b. Yes, for all hospital STEMI plans
c. No	d. Not sure
<b>6. Does your inter-facility transport service routinely measure and record the interval from the time a request for transfer of a STEMI patient is received to the time the STEMI patient is delivered to the receiving ED staff?</b>	
a. Yes	b. No
<b>7. Does your inter-facility transport service have a goal for the maximum total time at hospital for STEMI patients being transferred from a non-PCI hospital to a PCI hospital?</b>	
a. Yes.	b. No.
<b>8. If your inter-facility transport crew acquires an additional 12 lead ECG during transport, does the crew leave a copy of the 12 lead ECG in the ED?</b>	
a. Yes, every time	b. No/Never
c. Yes, sometimes	d. Don't have 12 lead ECG capability
<b>9. If no to question 8, please explain. Select all that apply.</b>	
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:
<b>10. Does your service have the capability to provide fibrinolytic therapy and/or continue fibrinolytic therapy during transport?</b>	
a. Yes, we can initiate and maintain fibrinolytic therapy prior to or during transport	b. Yes, we can only maintain fibrinolytic therapy initiated by the transferring hospital
c. Yes, we can only initiate our own fibrinolytic therapy prior to or during transport	d. No, we can not initiate or maintain fibrinolytic therapy
<b>11. Does your service's transport destination decision consider high/low risk patient, time from symptom onset, or other factors?</b>	
a. Yes, our protocol/guideline allows us to alter the destination based on such factors	b. Yes, but only in consultation with the transferring physician
c. Yes, but only in consultation with the receiving physician	d. No, we always use the hospital's destination decision
<b>12. Does your service participate in multidisciplinary QI team meetings with all non-PCI and PCI hospitals to which you transport STEMI patients?</b>	
a. Yes, with all non-PCI hospitals	b. Yes, with all PCI hospitals
c. Yes, with some non-PCI & PCI hospitals	d. No, not with any hospitals
<b>13. Does your service routinely receive feedback and patient outcome information from all transferring and receiving hospitals?</b>	
a. Yes, all transferring hospitals	b. Yes, all receiving hospitals
c. Yes, both transferring & receiving hospitals	d. No, not with any hospitals

## **Instructions for Completing the Baseline Assessment**

1. We would like to have the contact information for the person responsible for coordinating clinical aspects of your Organization's STEMI care.
2. For each question, provide an answer consistent with how your Organization ROUTINELY practices. Exceptions or rare practices should generally not be included.
3. If more than one selection applies for a specific question, you may select more than one response choice.
4. If you would like to provide clarification for any response, please feel free to make a note on the question or in a separate document.
5. For the purposes of this baseline assessment, STEMI only includes those patients diagnosed with an acute ST segment elevation MI based on at least one diagnostic ECG.
6. For question #5, we are interested in knowing whether your Organization is specifically included (by name) in a non-PCI hospital's written plan for STEMI Care. This plan would address how the Hospital will transfer the STEMI patient from their hospital to a PCI capable hospital.
7. Question #7 is seeking to learn whether your Organization seeks to minimize the time at the transferring hospital by limiting the total time to less than an established target/goal.
8. Question #11 is simply clarifying how your Organization decides on the destination PCI hospital. In some Organizations, protocols may allow consideration of other factors. In others, the referring or receiving hospitals make the destination decision and transferring Organizations do not alter the decision. There is no right or wrong answer; we simply want to know your current practice.