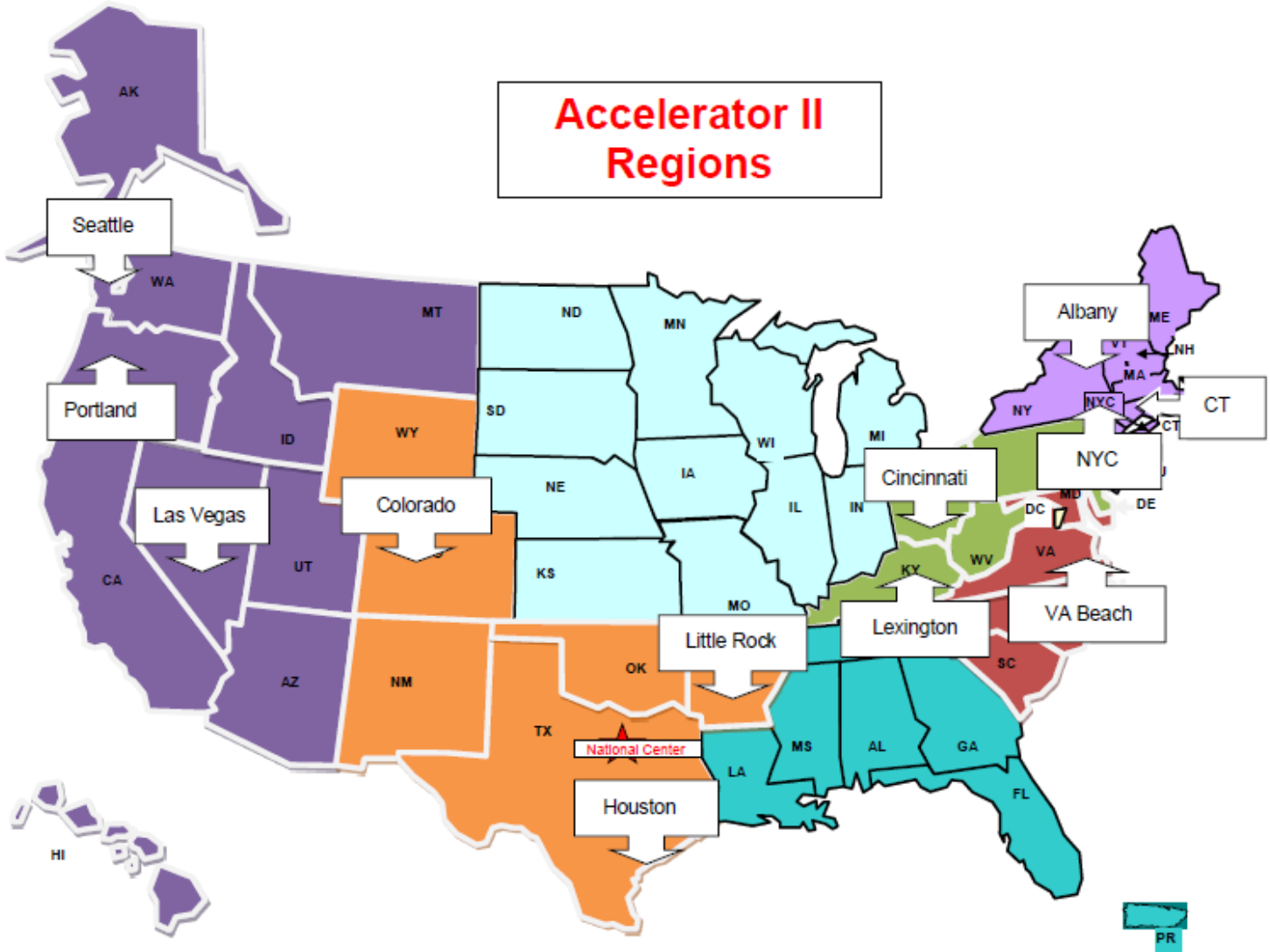


**Capital Region Mission: Lifeline STEMI Project
Baseline and Final Data
December 13, 2017**

**Regional Data Review
Q3 2015 & Q2 2017**

Accelerator II Regions



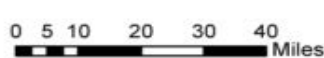
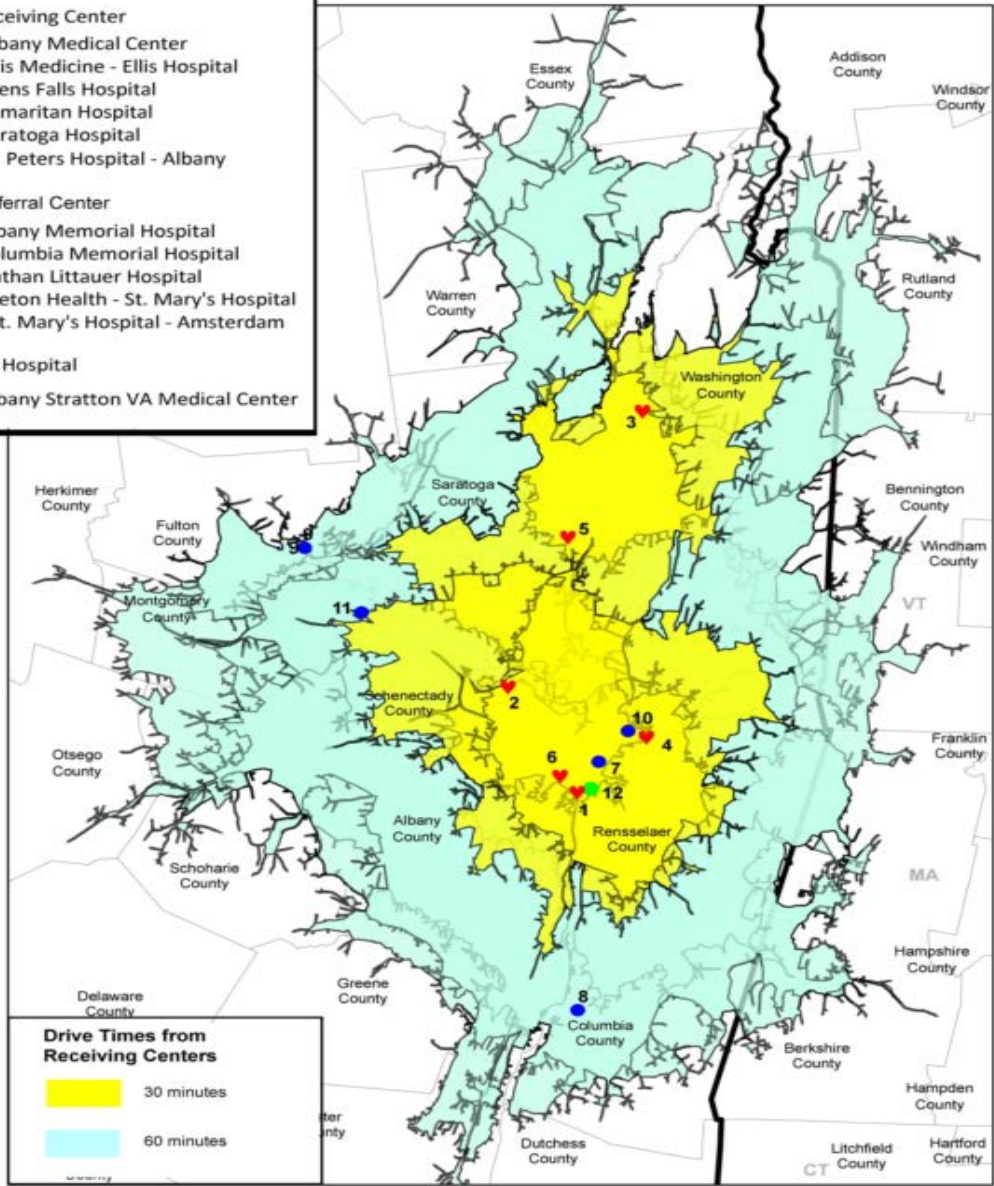
Capital Region New York
30 and 60 Minute Drive Times Around STEMI Receiving Centers



MISSION:
LIFELINE

Hospitals by PCI Status

- ♥ Receiving Center
 - 1 Albany Medical Center
 - 2 Ellis Medicine - Ellis Hospital
 - 3 Glens Falls Hospital
 - 4 Samaritan Hospital
 - 5 Saratoga Hospital
 - 6 St. Peters Hospital - Albany
- Referral Center
 - 7 Albany Memorial Hospital
 - 8 Columbia Memorial Hospital
 - 9 Nathan Littauer Hospital
 - 10 Seton Health - St. Mary's Hospital
 - 11 St. Mary's Hospital - Amsterdam
- VA Hospital
 - 12 Albany Stratton VA Medical Center



Data as of 03-01-2015

Accelerator 2.0 in the Capital Region: Program Metrics

1. First Medical Contact to Balloon (beyond Door to Balloon)

Target: $\geq 75\%$ cases within 90 minutes

2. Transfer times for patients who present at non-PCI Centers

Target: $\geq 75\%$ cases within 120 minutes/DIDO within 30 minutes

3. Walk-in Patients (EKG within 10 minutes)

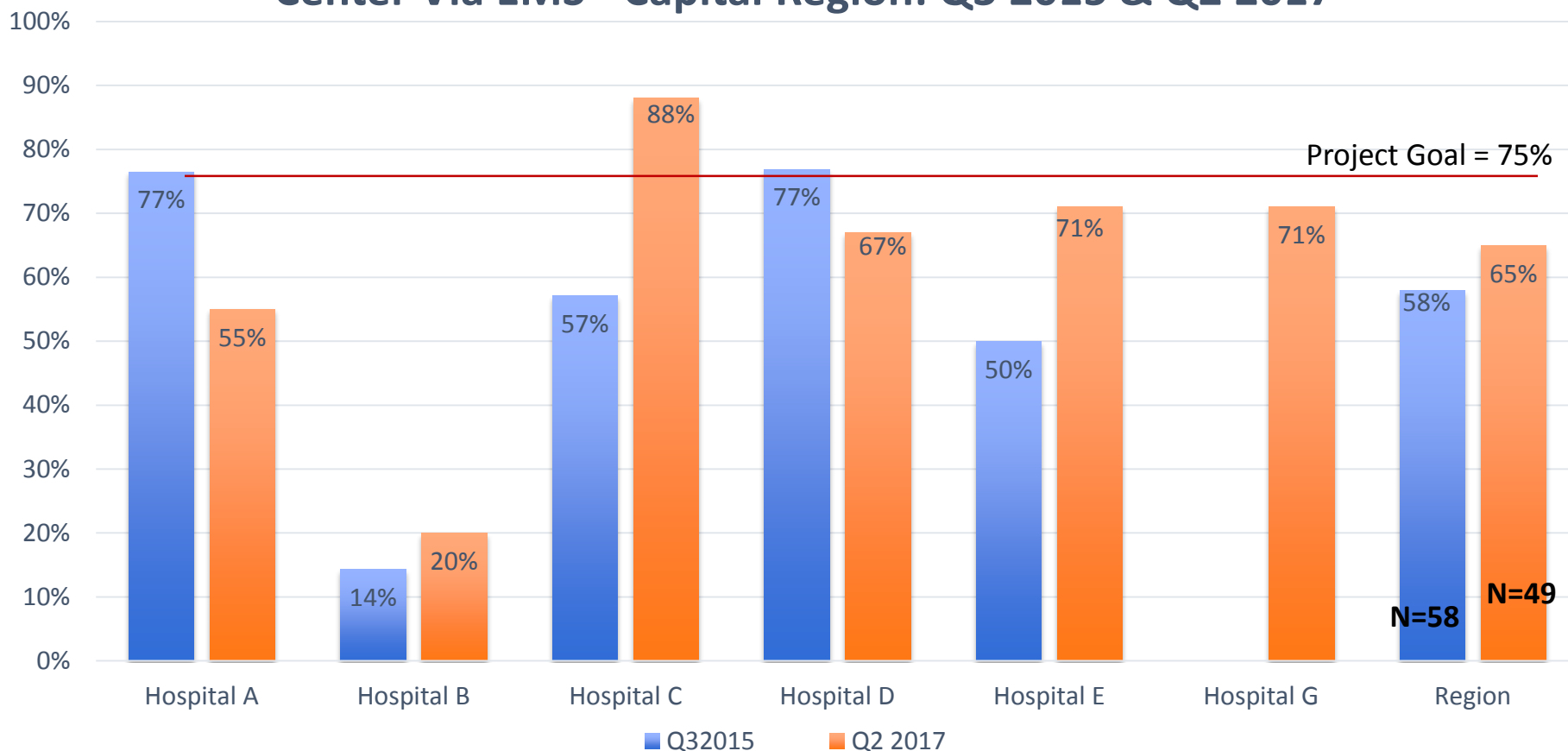
Target: $\geq 75\%$ cases within 10 minutes

4. Feedback to EMS to facilitate quality improvement

Target: 100% of cases within 2 business days

5. Ensure that all true STEMI patients eligible/appropriate for PCI receive it, regardless of where they initially present for care.

% FMC to Device ≤ 90 mins in Patients Presenting Directly to PCI Center Via EMS - Capital Region: Q3 2015 & Q2 2017



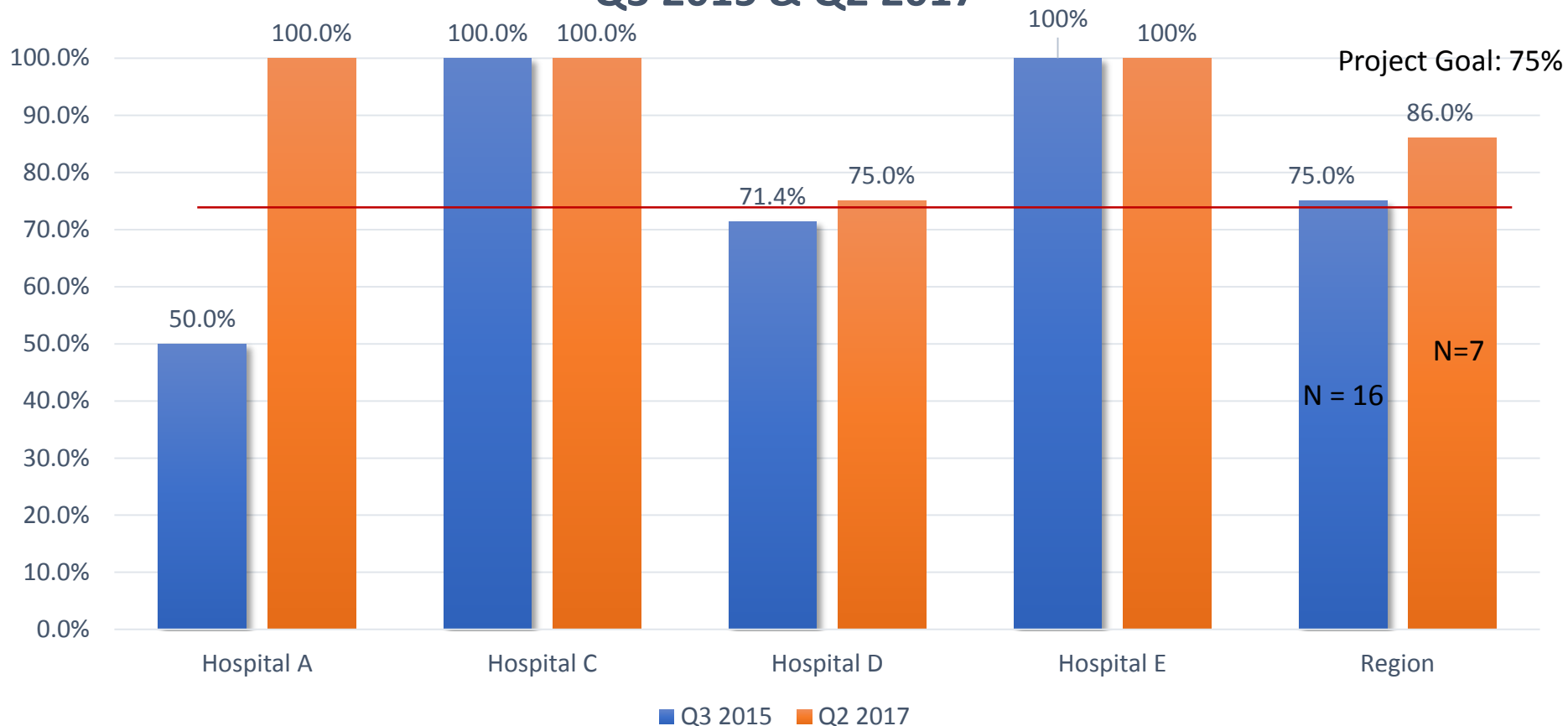
*Note: Patients who did not arrive via EMS were excluded. Patients whose initial ECG did NOT show STEMI are excluded. N/D are purposefully omitted for blinding. Created using live data from ACTION-Registry GWTG. The actual quarterly Mission: Lifeline reports may vary slightly as they are run by DCRI stats center after cleansing. This report gives a more real time look at hospital performance to help our region inform improvement efforts. 5

For regional Quality Improvement purposes. Do not share externally.

Mission: Lifeline STEMI

The right treatment for the right patient at the right time.

% Door 1 to Device \leq 120 mins in Transfer Patients Q3 2015 & Q2 2017

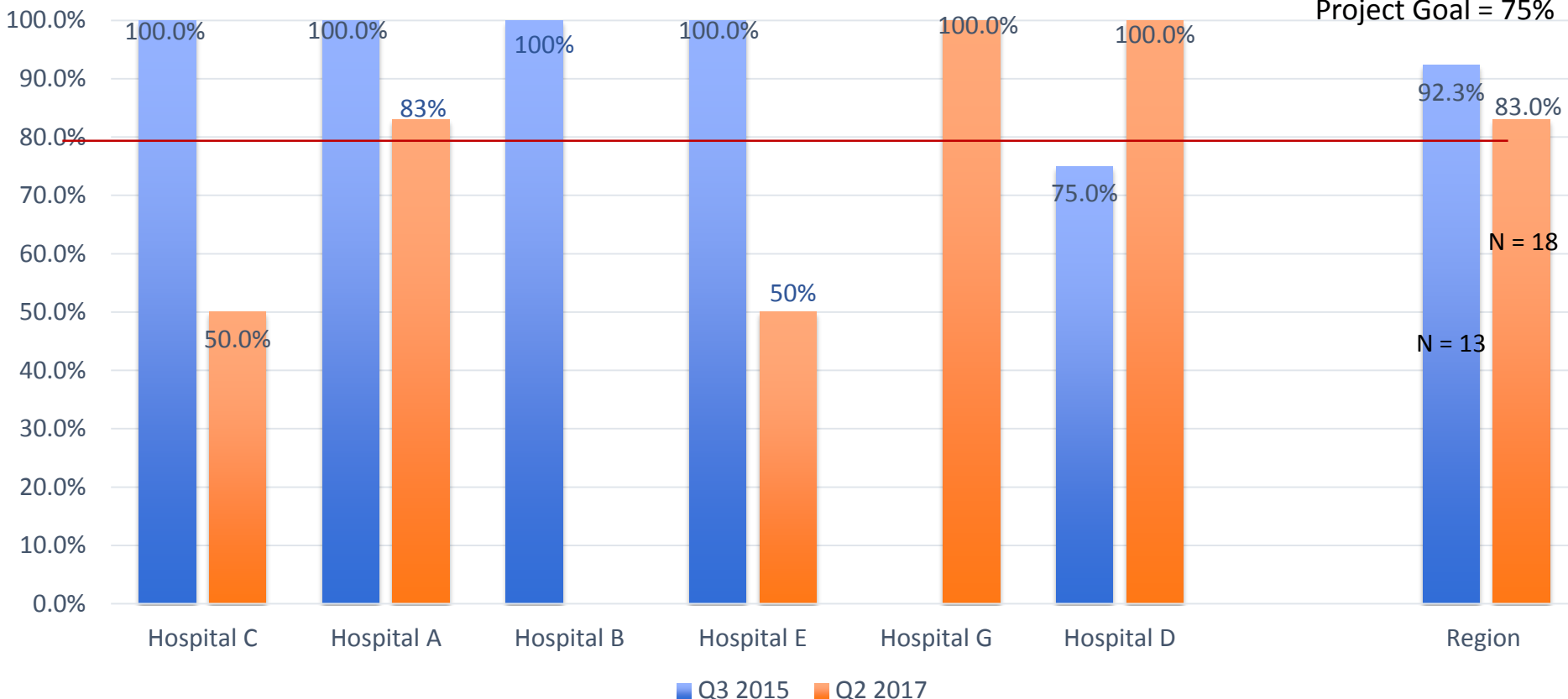


*Note: Patients whose initial ECG did NOT show STEMI are excluded. N/D are purposefully omitted for blinding. Created using live data from ACTION-Registry GWTG. The actual quarterly Mission: Lifeline reports may vary slightly as they are run by DCRI stats center after cleansing. This report gives a more real time look at hospital performance to help our region inform improvement efforts.

For regional Quality Improvement purposes. Do not share externally.

Door to Device ≤ 90 mins in Walk-ins Presenting Directly to PCI Center - Capital Region: Q3 2015 & Q2 2017

Project Goal = 75%



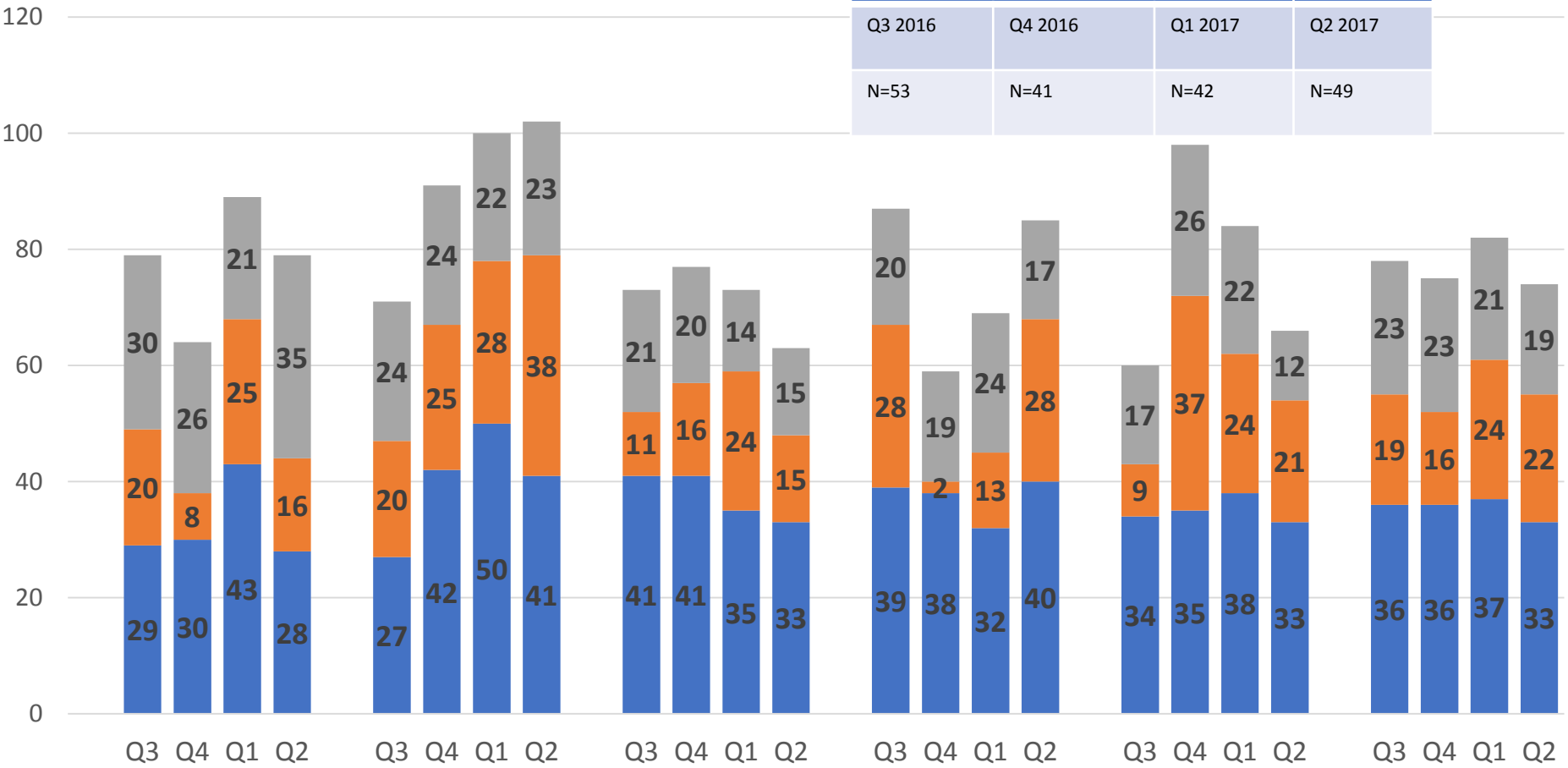
*Note: Patients whose initial ECG did NOT show STEMI are excluded. N/D are purposefully omitted for blinding. Created using live data from ACTION-Registry GWTG. The actual quarterly Mission: Lifeline reports may vary slightly as they are run by DCRI stats center after cleansing. This report gives a more real time look at hospital performance to help our region inform improvement efforts.

Capital Region Mission: Lifeline STEMI Project

System Level Drill Down Data
FMC to Device

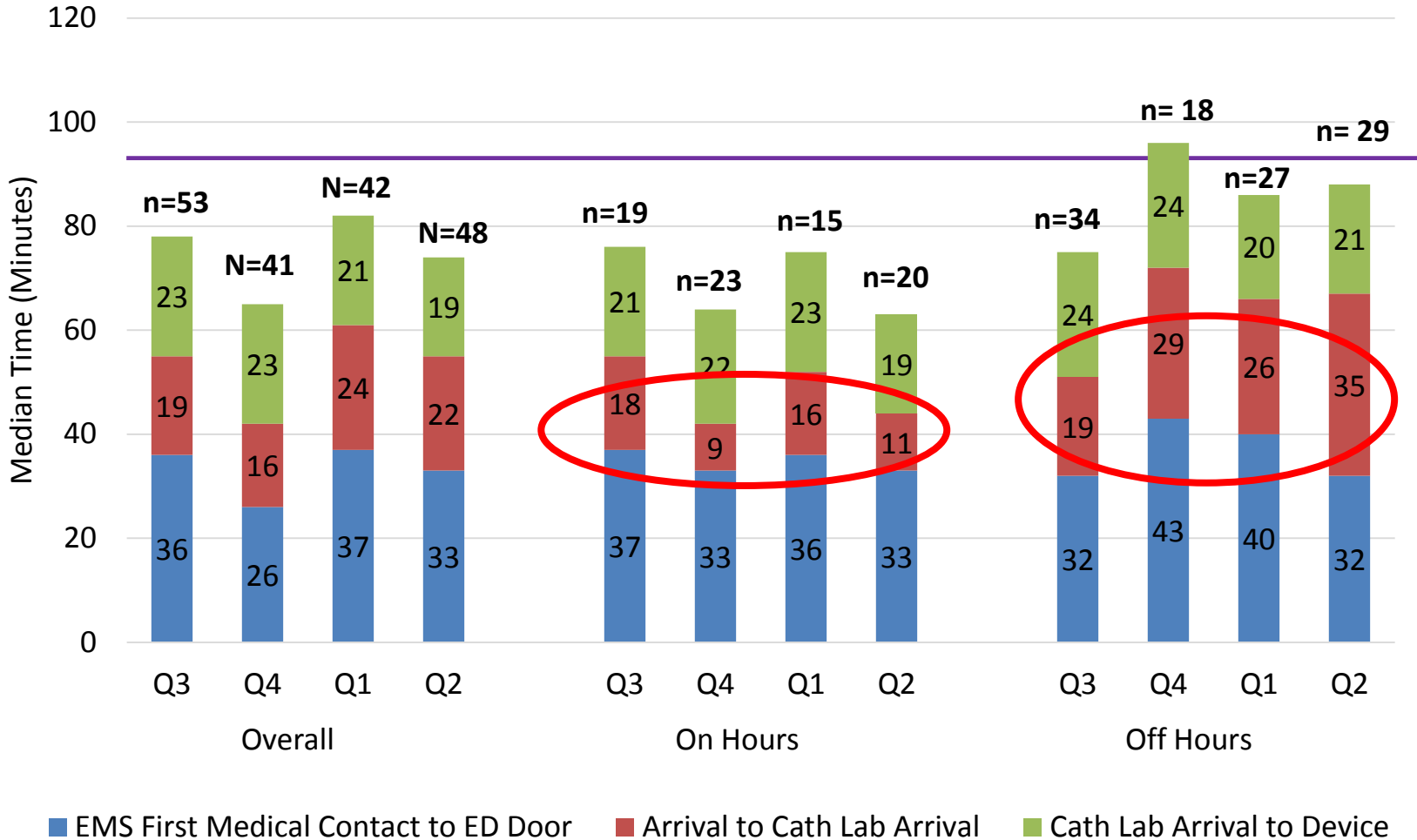
**First Medical Contact to Device
Median Time (minutes)
Direct Presentation, Arriving via EMS
Q3 2016 – Q2 2017**

Region N Values			
Q3 2016	Q4 2016	Q1 2017	Q2 2017
N=53	N=41	N=42	N=49



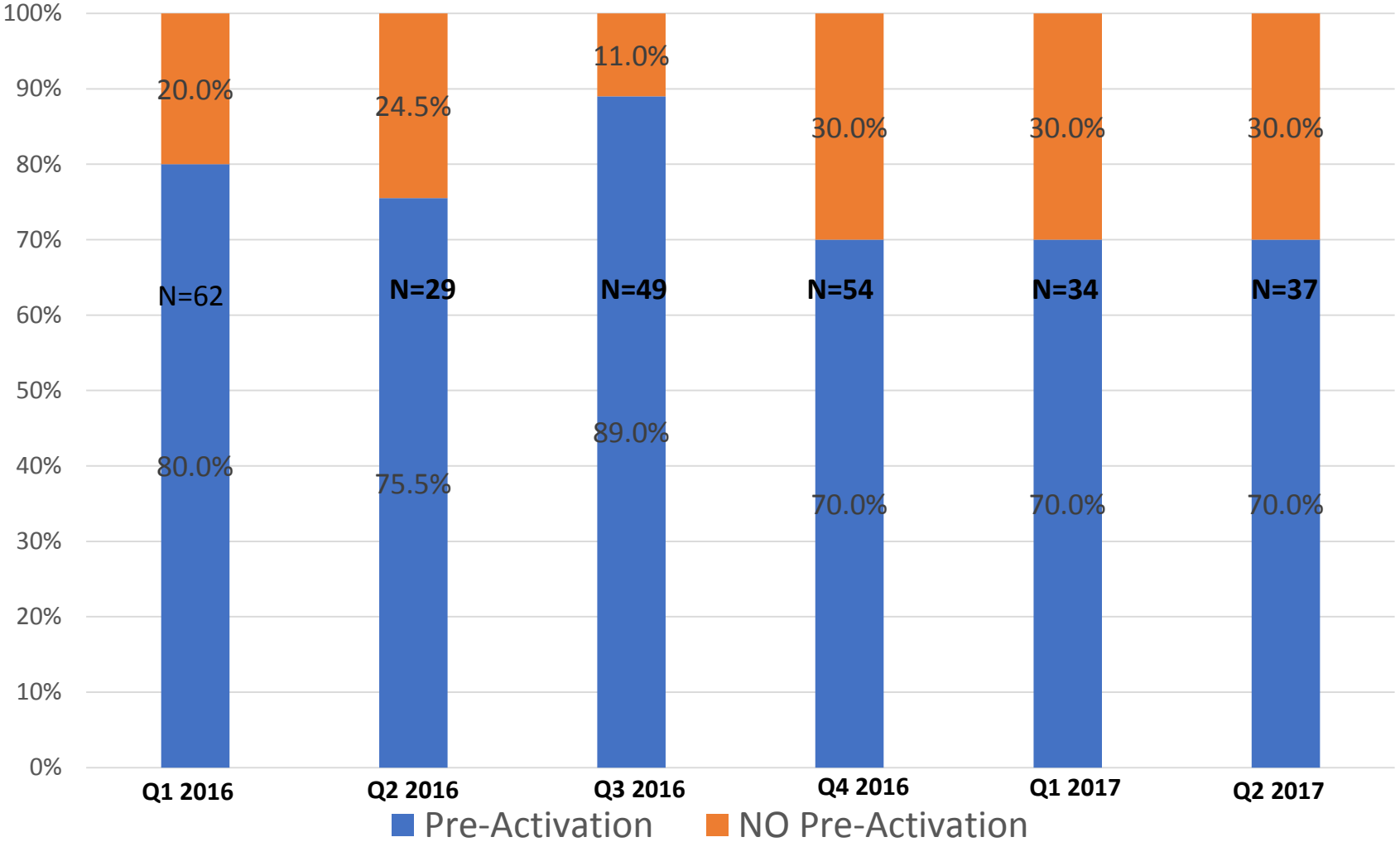
■ FMC to Patient Arrival
 ■ Arrival to Cath Lab (ED Time)
 ■ Cath Lab to Device

**First Medical Contact to Device
Median Time (minutes)
Off Hours v. Regular Hours
Direct Presentation, Arriving via EMS
Q3 2016 – Q2 2017**



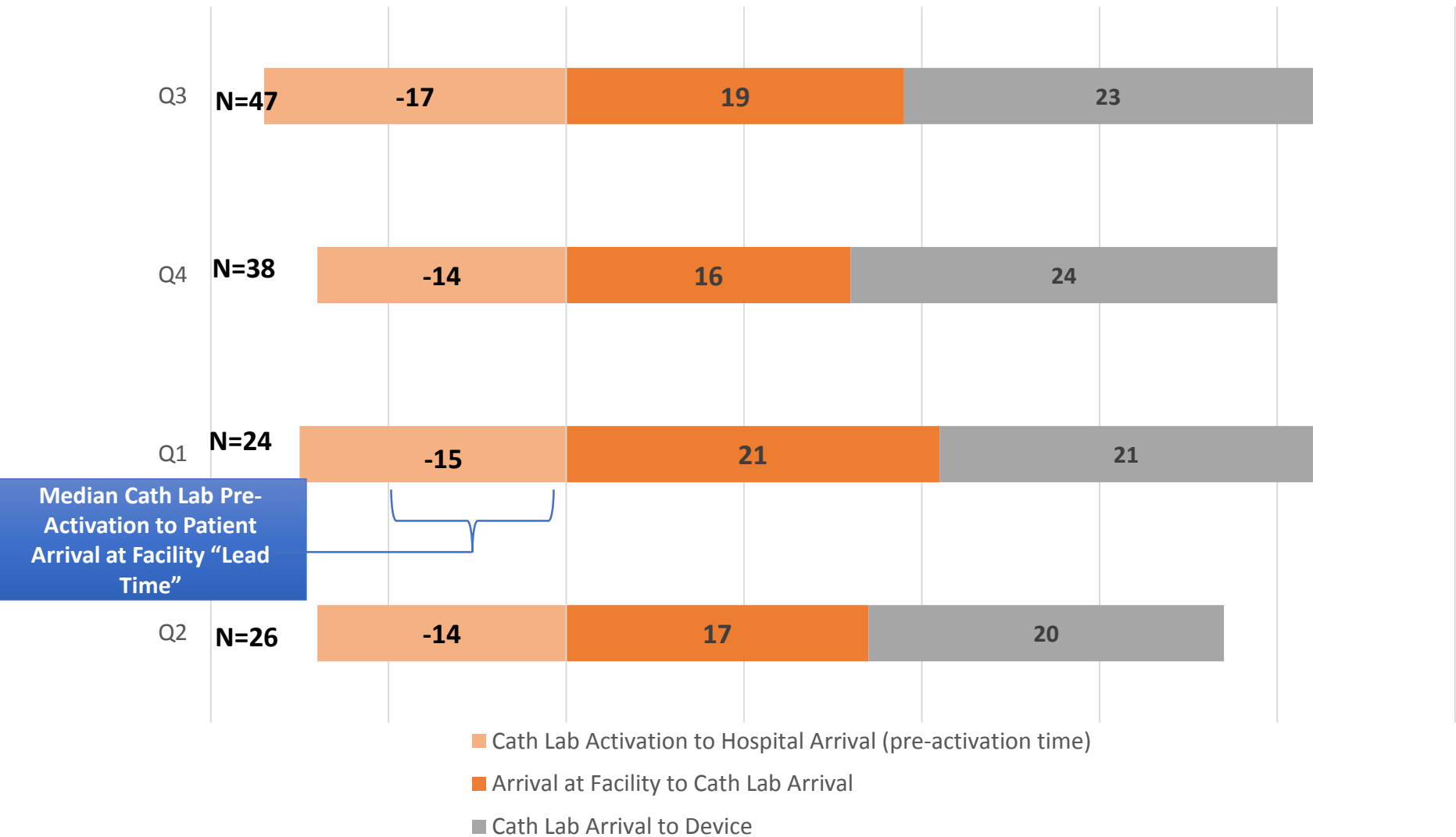
Transferred from outside facility = No; Means transport to first facility = Ambulance

% of Patients Cases Pre-Activated vs. Activation Post Hospital Arrival



Excludes patients with no cath lab arrival date/time. Based on cases that listed a cath lab activation time – N may differ from overall FMC to Device N.

Median Cath Lab Pre-Activation and Cath Lab Arrival Times : Region Q3 2016 – Q2 2017



Note: Lead time and above data based on those cases that were preactivated.

EMS Time
Median Time (minutes)
Direct Presentation, Arriving via EMS
Q3 2016 – Q2 2017

