

STEMI SURVEY

Q1 Contact Information

Answered: 25 Skipped: 0

| ANSWER CHOICES | RESPONSES | |
|----------------------------------|-----------|----|
| Hospital | 100.00% | 25 |
| Name of Person Completing Survey | 100.00% | 25 |
| Email | 100.00% | 25 |

| # | HOSPITAL | DATE |
|----|---|--------------------|
| 1 | Research Medical Center | 9/26/2018 4:22 PM |
| 2 | Centerpoint Medical Center | 9/26/2018 3:49 PM |
| 3 | Freeman Health System | 9/26/2018 2:16 PM |
| 4 | Mosaic Life Care | 9/26/2018 2:16 PM |
| 5 | Capital Region Medical Center | 9/26/2018 1:23 PM |
| 6 | Hedrick Medical Center | 9/26/2018 8:11 AM |
| 7 | Boone Hospital Center | 9/26/2018 7:21 AM |
| 8 | Wright Memorial Hospital | 9/25/2018 3:34 PM |
| 9 | Saint Lukes East Hospital | 9/25/2018 3:06 PM |
| 10 | Saint Luke's North | 9/25/2018 2:55 PM |
| 11 | Saint Luke's Hospital of Kansas City | 9/24/2018 4:30 PM |
| 12 | Ste. Genevieve County Memorial Hospital | 9/24/2018 11:11 AM |
| 13 | St. Mary's Medical Center of Blue Springs, MO | 9/24/2018 9:53 AM |
| 14 | SSM Health Lake St. Louis | 9/24/2018 8:25 AM |
| 15 | Cox Monett Hospital | 9/24/2018 6:33 AM |
| 16 | University Hospital | 9/21/2018 3:05 PM |
| 17 | Truman Medical Center | 9/21/2018 2:32 PM |
| 18 | St. Luke's Hospital | 9/21/2018 11:19 AM |
| 19 | SSM | 9/21/2018 9:05 AM |
| 20 | SSM St. Louis University Hospital | 9/21/2018 8:08 AM |
| 21 | Lake Regional Health System | 9/20/2018 2:24 PM |
| 22 | Cox South Medical Center Springfield | 9/20/2018 12:55 PM |
| 23 | Phelps County Regional Medical Center | 9/20/2018 12:41 PM |
| 24 | Western Missouri Medical Center | 9/20/2018 12:41 PM |
| 25 | Missouri Baptist Medical Center | 9/20/2018 11:57 AM |
| # | NAME OF PERSON COMPLETING SURVEY | DATE |
| 1 | Amy Schumaker, RN | 9/26/2018 4:22 PM |
| 2 | Michelle Meyer | 9/26/2018 3:49 PM |
| 3 | Michelle Wolfe | 9/26/2018 2:16 PM |
| 4 | Stacie Johnson | 9/26/2018 2:16 PM |

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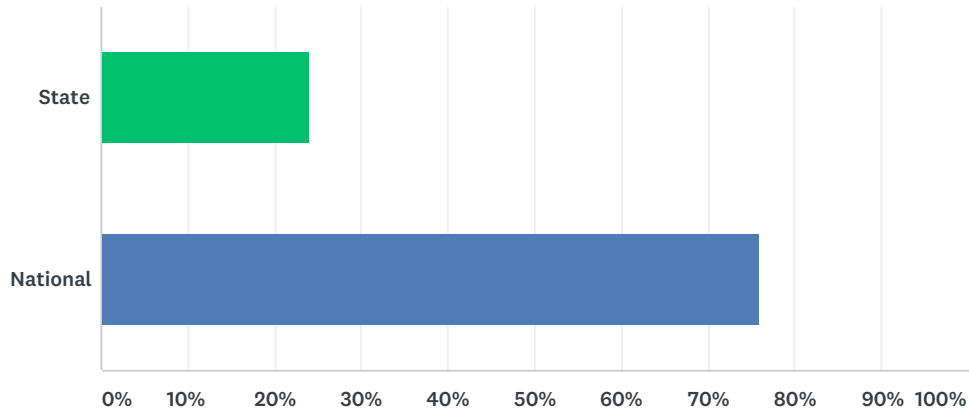
| 5 | Jennifer Thomas, RN | 9/26/2018 1:23 PM |
|----|---------------------------------|--------------------|
| 6 | Aimee Aukshun | 9/26/2018 8:11 AM |
| 7 | Kristi Baden | 9/26/2018 7:21 AM |
| 8 | Danny Perry | 9/25/2018 3:34 PM |
| 9 | Elly Bowman | 9/25/2018 3:06 PM |
| 10 | Tom Modin Jr | 9/25/2018 2:55 PM |
| 11 | joann paul | 9/24/2018 4:30 PM |
| 12 | Laura Bailey | 9/24/2018 11:11 AM |
| 13 | Kim Norris | 9/24/2018 9:53 AM |
| 14 | Crystal D Orf | 9/24/2018 8:25 AM |
| 15 | Shannon Hobson RN | 9/24/2018 6:33 AM |
| 16 | Michelle Lester | 9/21/2018 3:05 PM |
| 17 | Maury Belino | 9/21/2018 2:32 PM |
| 18 | Mary Randazzo | 9/21/2018 11:19 AM |
| 19 | Diane Poole | 9/21/2018 9:05 AM |
| 20 | Sally Bradshaw | 9/21/2018 8:08 AM |
| 21 | Julia Hudler | 9/20/2018 2:24 PM |
| 22 | Leah Cook | 9/20/2018 12:55 PM |
| 23 | Suzanne Weckman | 9/20/2018 12:41 PM |
| 24 | Patricia Richey | 9/20/2018 12:41 PM |
| 25 | Elizabeth Thomas | 9/20/2018 11:57 AM |
| # | EMAIL | DATE |
| 1 | amy.schumaker@hcahealthcare.com | 9/26/2018 4:22 PM |
| 2 | michelle.meyer3@hcamidwest.com | 9/26/2018 3:49 PM |
| 3 | mlwolfe@freemanhealth.com | 9/26/2018 2:16 PM |
| 4 | stacie.johnson@mymlc.com | 9/26/2018 2:16 PM |
| 5 | jthomas6@crmc.org | 9/26/2018 1:23 PM |
| 6 | aaukshun@saint-lukes.org | 9/26/2018 8:11 AM |
| 7 | KBaden@BJC.org | 9/26/2018 7:21 AM |
| 8 | jperry@saint-lukes.org | 9/25/2018 3:34 PM |
| 9 | ebowman@saintlukeskc.org | 9/25/2018 3:06 PM |
| 10 | tmodin@saint-lukes.org | 9/25/2018 2:55 PM |
| 11 | jpaul@saint-lukes.org | 9/24/2018 4:30 PM |
| 12 | lbailey@sgcmh.org | 9/24/2018 11:11 AM |
| 13 | Knorris@phsi.us | 9/24/2018 9:53 AM |
| 14 | crystal.orf@ssmhealth.com | 9/24/2018 8:25 AM |
| 15 | shannon.hobson@coxhealth.com | 9/24/2018 6:33 AM |
| 16 | bradleymic@health.missouri.edu | 9/21/2018 3:05 PM |
| 17 | Maury.Belino@tmcmcd.org | 9/21/2018 2:32 PM |
| 18 | mary.randazzo@stlukes-stl.com | 9/21/2018 11:19 AM |
| 19 | Dlane.Poole@ssmHealth.com | 9/21/2018 9:05 AM |

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| | | |
|----|--------------------------------|--------------------|
| 20 | sally.a.bradshaw@ssmhealth.com | 9/21/2018 8:08 AM |
| 21 | jhudler@lakeregional.com | 9/20/2018 2:24 PM |
| 22 | leah.cook@coxhealth.com | 9/20/2018 12:55 PM |
| 23 | sweckman@pcrmc.com | 9/20/2018 12:41 PM |
| 24 | prichey@wmmc.com | 9/20/2018 12:41 PM |
| 25 | elizabeth.thomas@bjc.org | 9/20/2018 11:57 AM |

Q2 Does your facility use the state registry for STEMI or a national registry?

Answered: 25 Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|----------------|-----------|----|
| State | 24.00% | 6 |
| National | 76.00% | 19 |
| TOTAL | | 25 |

STEMI SURVEY

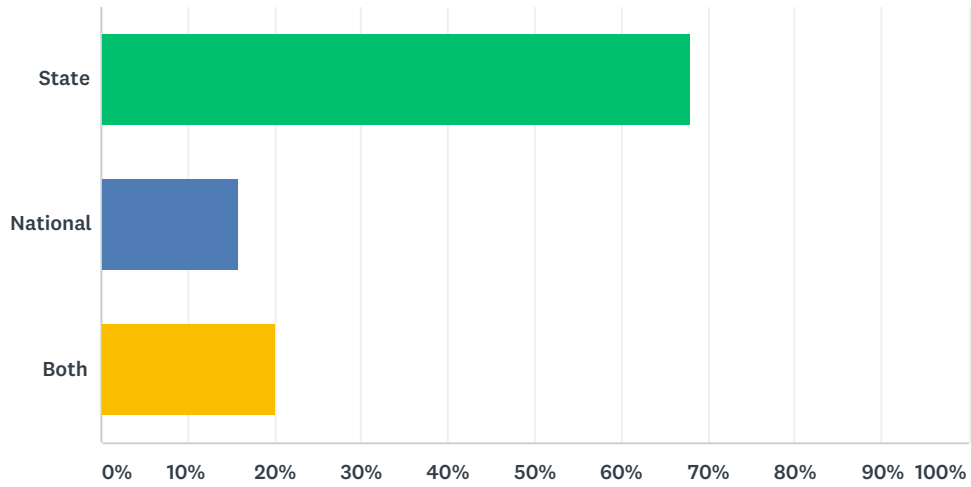
Q3 If national, which one?

Answered: 22 Skipped: 3

| # | RESPONSES | DATE |
|----|--|--------------------|
| 1 | NCDR | 9/26/2018 4:22 PM |
| 2 | NCDR | 9/26/2018 3:49 PM |
| 3 | NCDR | 9/26/2018 2:16 PM |
| 4 | NCDR | 9/26/2018 2:16 PM |
| 5 | National Cardiovascular Data Registry-Chest Pain MI Reigstry (Action Registry) | 9/26/2018 1:23 PM |
| 6 | Get With The Guidelines | 9/26/2018 8:11 AM |
| 7 | GWTG-CAD | 9/26/2018 7:21 AM |
| 8 | na | 9/25/2018 3:34 PM |
| 9 | NCDR Action Registry | 9/25/2018 3:06 PM |
| 10 | NCDR Action Registry | 9/25/2018 2:55 PM |
| 11 | ACC ACTION Registry | 9/24/2018 4:30 PM |
| 12 | National Cardiovascular Data Registry | 9/24/2018 9:53 AM |
| 13 | NCDR | 9/24/2018 8:25 AM |
| 14 | PCI | 9/21/2018 3:05 PM |
| 15 | NCDR | 9/21/2018 2:32 PM |
| 16 | NCDR CathPCI | 9/21/2018 11:19 AM |
| 17 | NCDR Action Registry | 9/21/2018 8:08 AM |
| 18 | NCDR CathPCI | 9/20/2018 2:24 PM |
| 19 | NCDR | 9/20/2018 12:55 PM |
| 20 | GWTG-CAD | 9/20/2018 12:41 PM |
| 21 | Get with the Guidelines | 9/20/2018 12:41 PM |
| 22 | ACC/NCDR Cath PCI Registry | 9/20/2018 11:57 AM |

Q4 Which survey program does your facility use to get your program designated by the state?

Answered: 25 Skipped: 0



| ANSWER CHOICES | RESPONSES | |
|-----------------------|-----------|----|
| State | 68.00% | 17 |
| National | 16.00% | 4 |
| Both | 20.00% | 5 |
| Total Respondents: 25 | | |

STEMI SURVEY

Q5 If your program is nationally designated, which national program do you use?

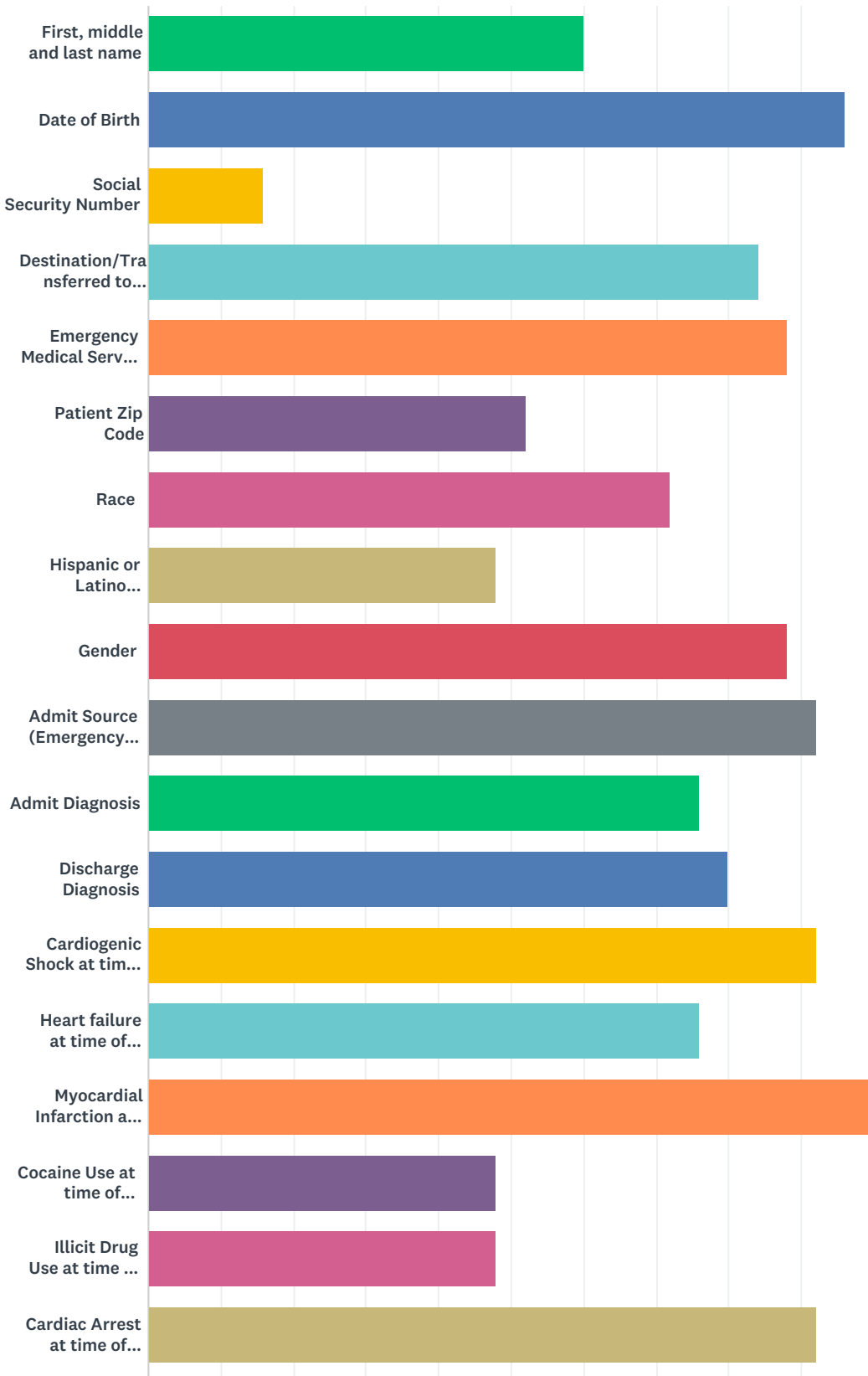
Answered: 14 Skipped: 11

| # | RESPONSES | DATE |
|----|---|--------------------|
| 1 | NCDR | 9/26/2018 2:16 PM |
| 2 | na | 9/26/2018 8:11 AM |
| 3 | na | 9/25/2018 3:34 PM |
| 4 | The Joint commission | 9/25/2018 3:06 PM |
| 5 | TJC | 9/25/2018 2:55 PM |
| 6 | The Joint Commission | 9/24/2018 4:30 PM |
| 7 | Accredited American College of Cardiology Chest Pain Center Primary PCI | 9/24/2018 9:53 AM |
| 8 | n/a | 9/24/2018 8:25 AM |
| 9 | NA | 9/21/2018 3:05 PM |
| 10 | NCDR | 9/21/2018 2:32 PM |
| 11 | would like to use Action | 9/21/2018 9:05 AM |
| 12 | n/a | 9/21/2018 8:08 AM |
| 13 | NA | 9/20/2018 12:41 PM |
| 14 | na | 9/20/2018 11:57 AM |

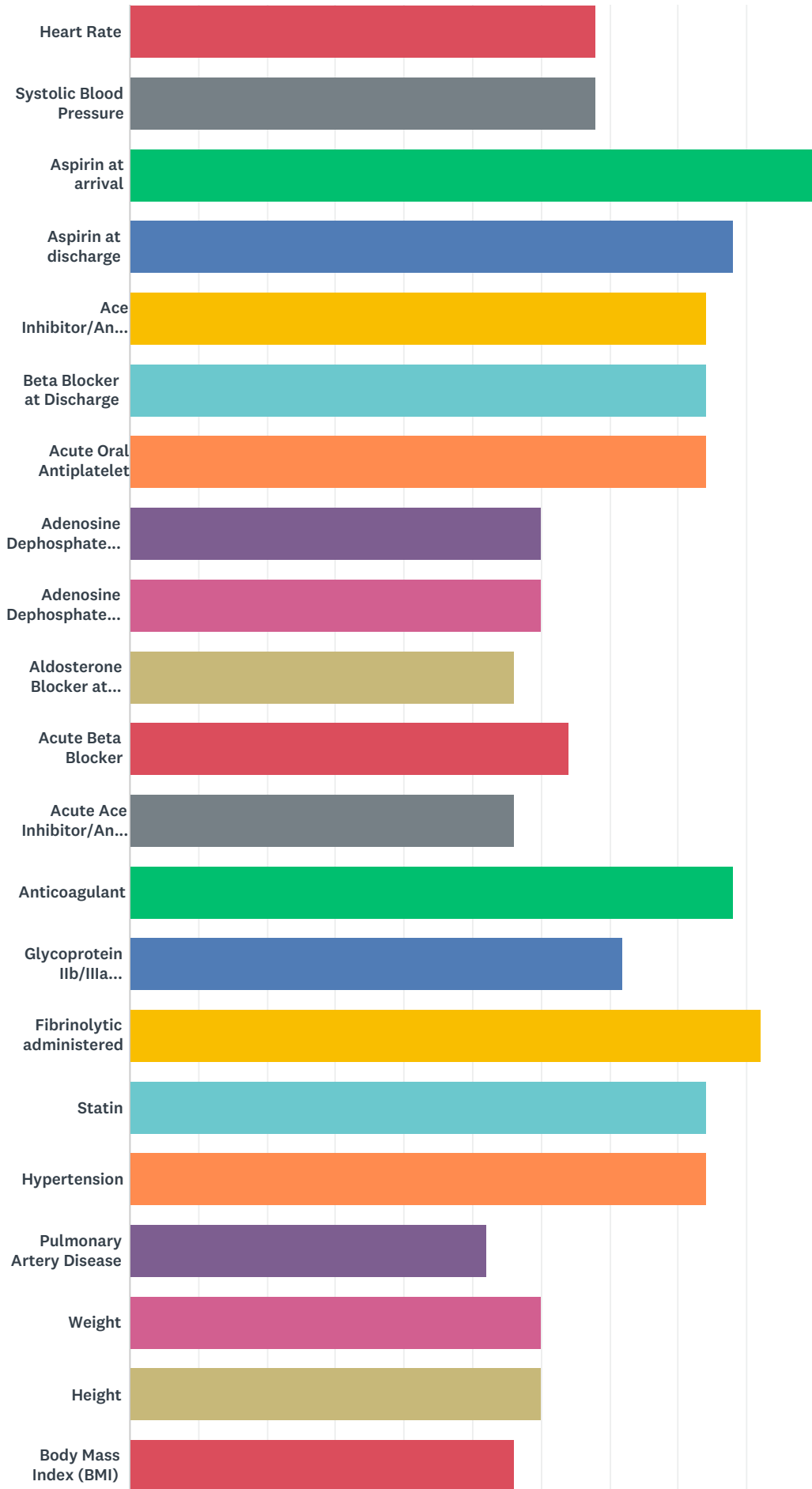
STEMI SURVEY

Q6 Which data elements are essential to have in order to evaluate quality performance? Check all that apply.

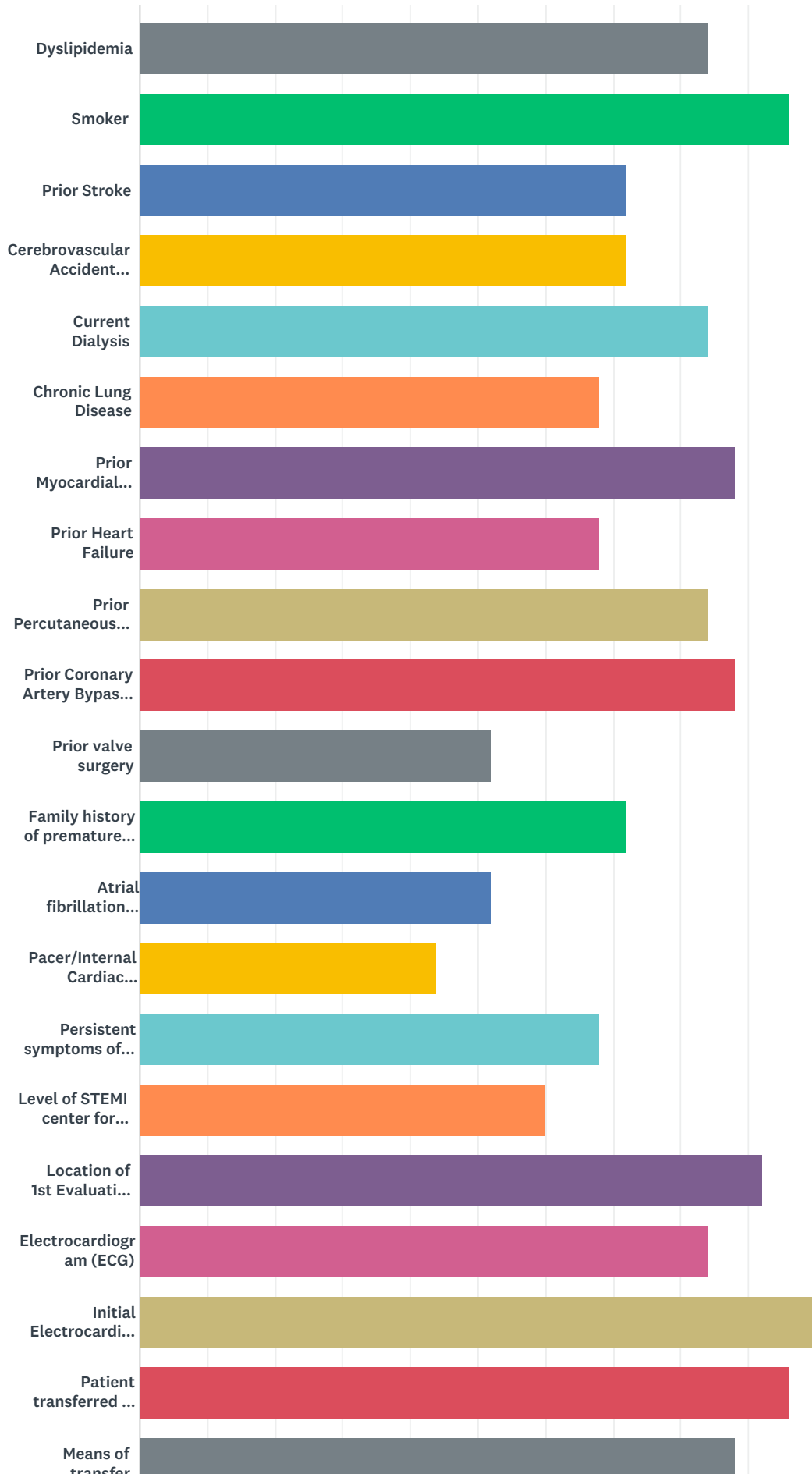
Answered: 25 Skipped: 0



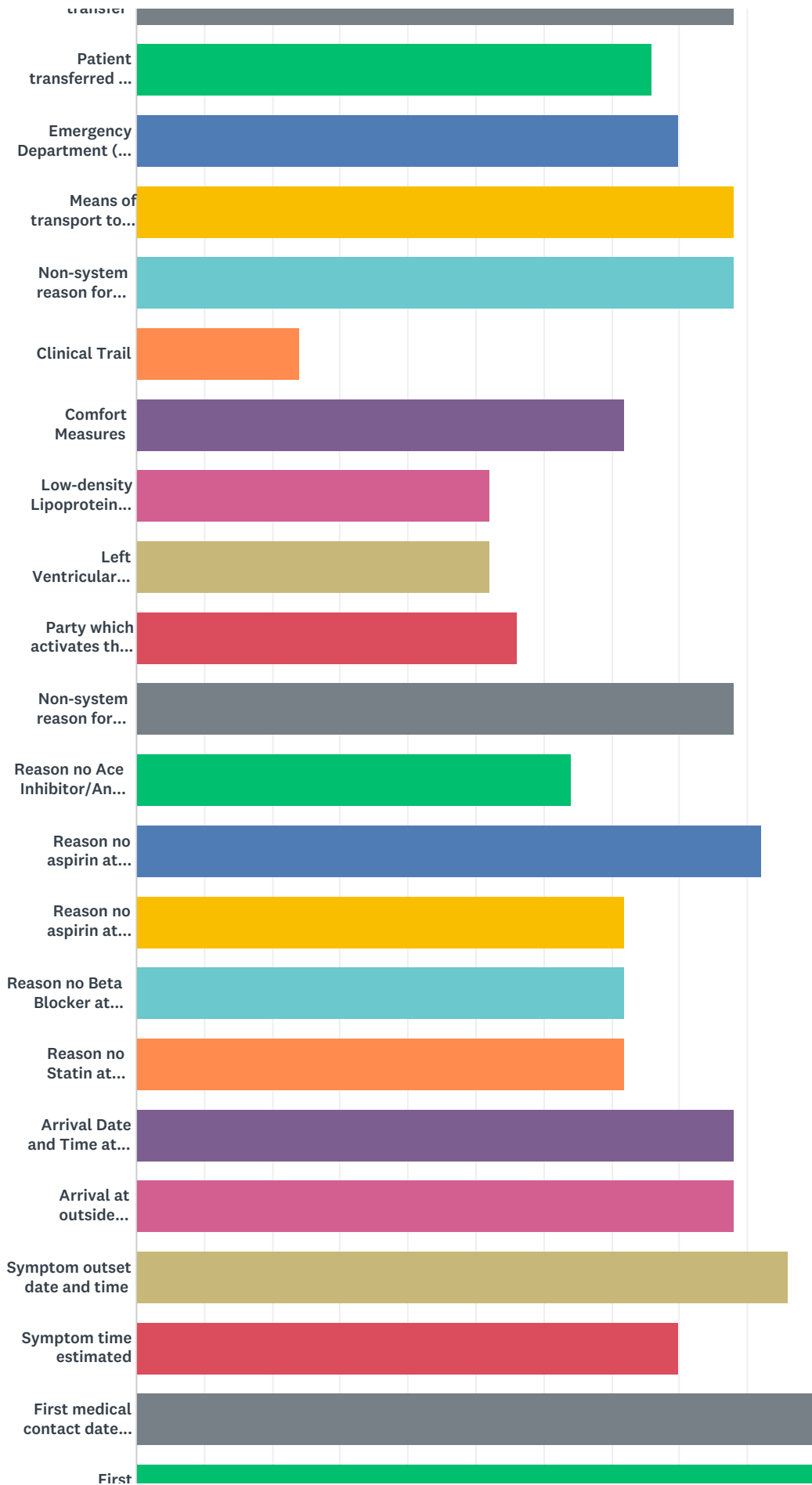
STEMI SURVEY



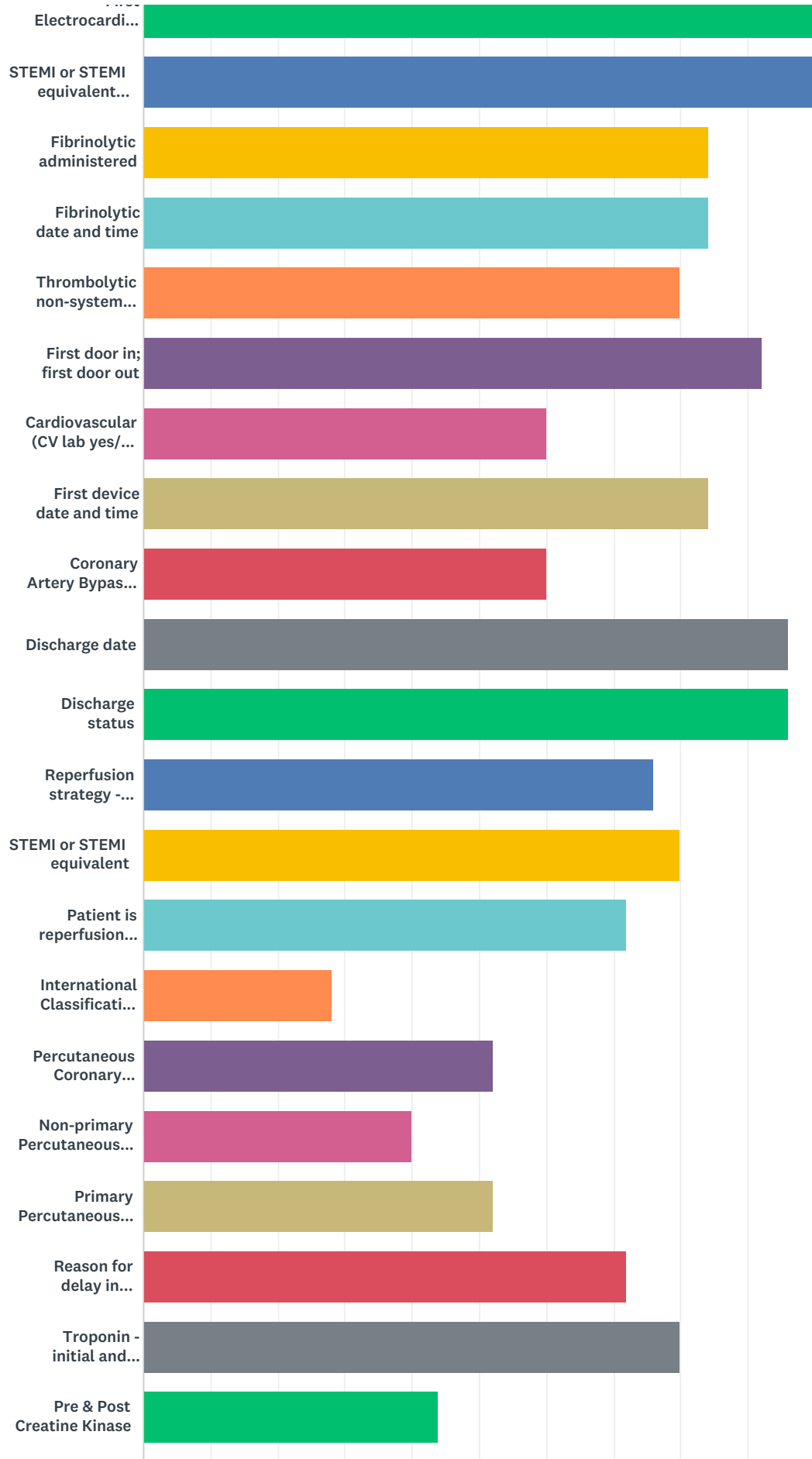
STEMI SURVEY



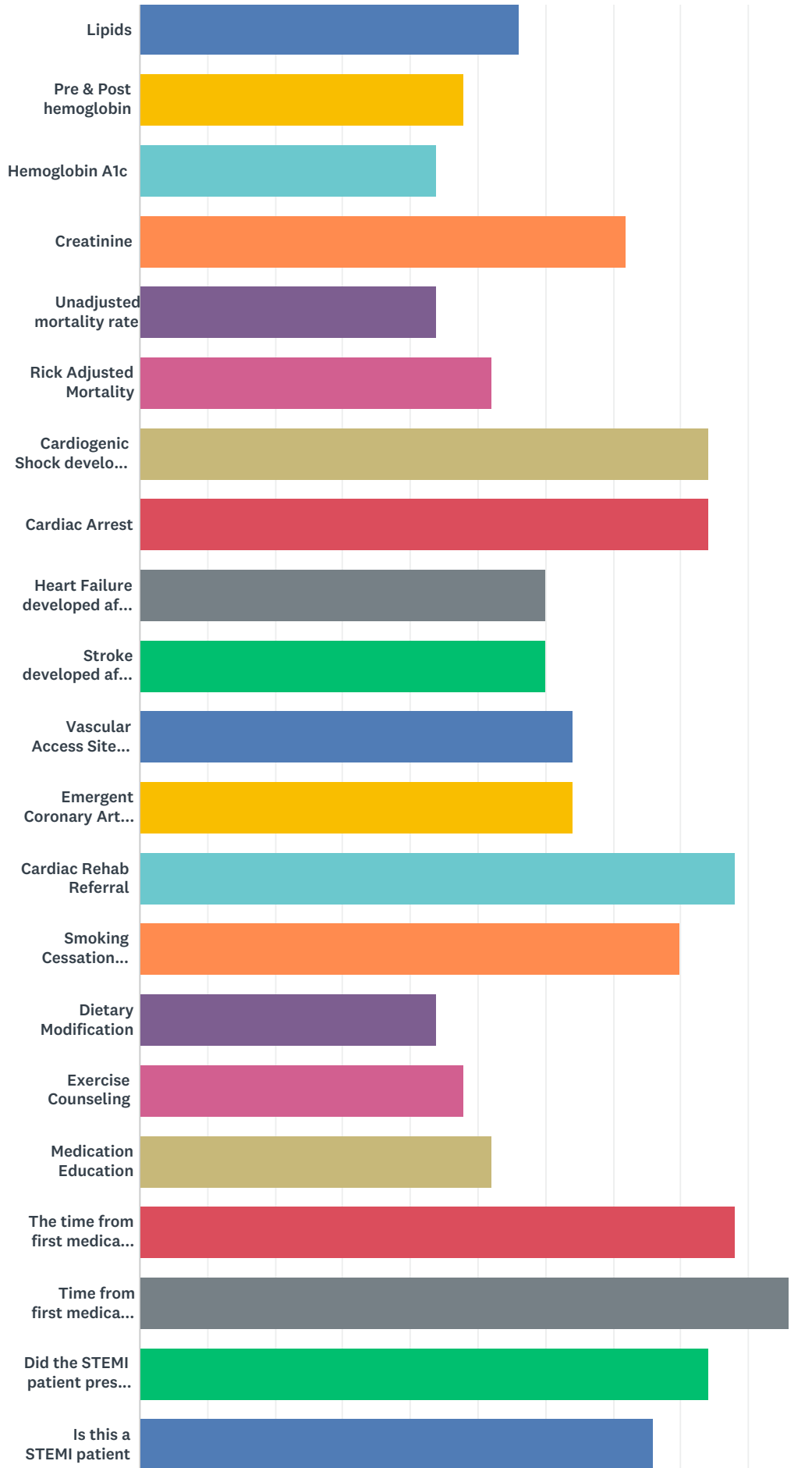
STEMI SURVEY



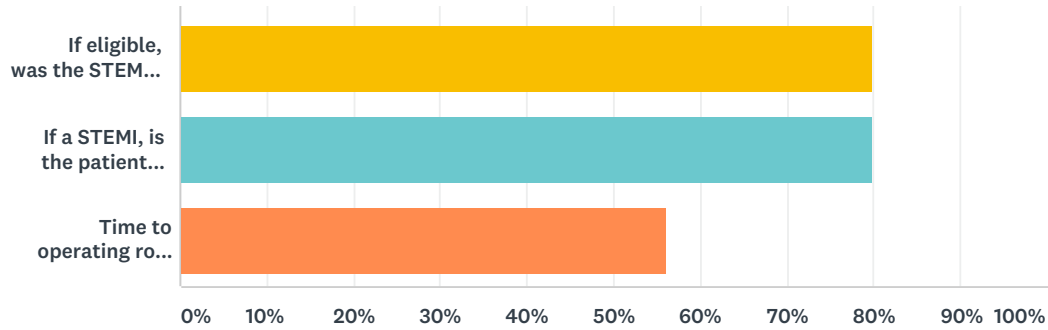
STEMI SURVEY



STEMI SURVEY



STEMI SURVEY



| ANSWER CHOICES | RESPONSES | |
|--|-----------|----|
| First, middle and last name | 60.00% | 15 |
| Date of Birth | 96.00% | 24 |
| Social Security Number | 16.00% | 4 |
| Destination/Transferred to Primary Facility Secondary Facility | 84.00% | 21 |
| Emergency Medical Service (EMS) Service | 88.00% | 22 |
| Patient Zip Code | 52.00% | 13 |
| Race | 72.00% | 18 |
| Hispanic or Latino Ethnicity | 48.00% | 12 |
| Gender | 88.00% | 22 |
| Admit Source (Emergency Department (ED) versus transfer from another facility) | 92.00% | 23 |
| Admit Diagnosis | 76.00% | 19 |
| Discharge Diagnosis | 80.00% | 20 |
| Cardiogenic Shock at time of presentation | 92.00% | 23 |
| Heart failure at time of presentation | 76.00% | 19 |
| Myocardial Infarction at time of presentation | 100.00% | 25 |
| Cocaine Use at time of presentation | 48.00% | 12 |
| Illicit Drug Use at time of presentation | 48.00% | 12 |
| Cardiac Arrest at time of presentation, pre-hospital, outside facility | 92.00% | 23 |
| Heart Rate | 68.00% | 17 |
| Systolic Blood Pressure | 68.00% | 17 |
| Aspirin at arrival | 100.00% | 25 |
| Aspirin at discharge | 88.00% | 22 |
| Ace Inhibitor/Angiotensin II Receptor Blocker at Discharge | 84.00% | 21 |
| Beta Blocker at Discharge | 84.00% | 21 |
| Acute Oral Antiplatelet | 84.00% | 21 |
| Adenosine Diphosphate Receptor Inhibitor (ADP) receptor at arrival | 60.00% | 15 |

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| | | |
|--|---------|----|
| Adenosine Dephosphate Receptor Inhibitor (ADP) receptor at discharge | 60.00% | 15 |
| Aldosterone Blocker at Discharge | 56.00% | 14 |
| Acute Beta Blocker | 64.00% | 16 |
| Acute Ace Inhibitor/Angiotensin II Receptor Blocker | 56.00% | 14 |
| Anticoagulant | 88.00% | 22 |
| Glycoprotein IIb/IIIa Inhibitor | 72.00% | 18 |
| Fibrinolytic administered | 92.00% | 23 |
| Statin | 84.00% | 21 |
| Hypertension | 84.00% | 21 |
| Pulmonary Artery Disease | 52.00% | 13 |
| Weight | 60.00% | 15 |
| Height | 60.00% | 15 |
| Body Mass Index (BMI) | 56.00% | 14 |
| Dyslipidemia | 84.00% | 21 |
| Smoker | 96.00% | 24 |
| Prior Stroke | 72.00% | 18 |
| Cerebrovascular Accident (CVA)/Cerebral Vascular Disease | 72.00% | 18 |
| Current Dialysis | 84.00% | 21 |
| Chronic Lung Disease | 68.00% | 17 |
| Prior Myocardial Infarction (MI) | 88.00% | 22 |
| Prior Heart Failure | 68.00% | 17 |
| Prior Percutaneous Coronary Intervention (PCI) | 84.00% | 21 |
| Prior Coronary Artery Bypass Graft (CABG) | 88.00% | 22 |
| Prior valve surgery | 52.00% | 13 |
| Family history of premature Coronary Artery Disease (CAD) | 72.00% | 18 |
| Atrial fibrillation/flutter (optional) | 52.00% | 13 |
| Pacer/Internal Cardiac Defibrillator (optional) | 44.00% | 11 |
| Persistent symptoms of ischemia | 68.00% | 17 |
| Level of STEMI center for first facility | 60.00% | 15 |
| Location of 1st Evaluation (Emergency Department, In-Patient, Field) | 92.00% | 23 |
| Electrocardiogram (ECG) | 84.00% | 21 |
| Initial Electrocardiogram (ECG) Interpretation | 100.00% | 25 |
| Patient transferred for Percutaneous Coronary Intervention (PCI) | 96.00% | 24 |
| Means of transfer | 88.00% | 22 |

STEMI SURVEY

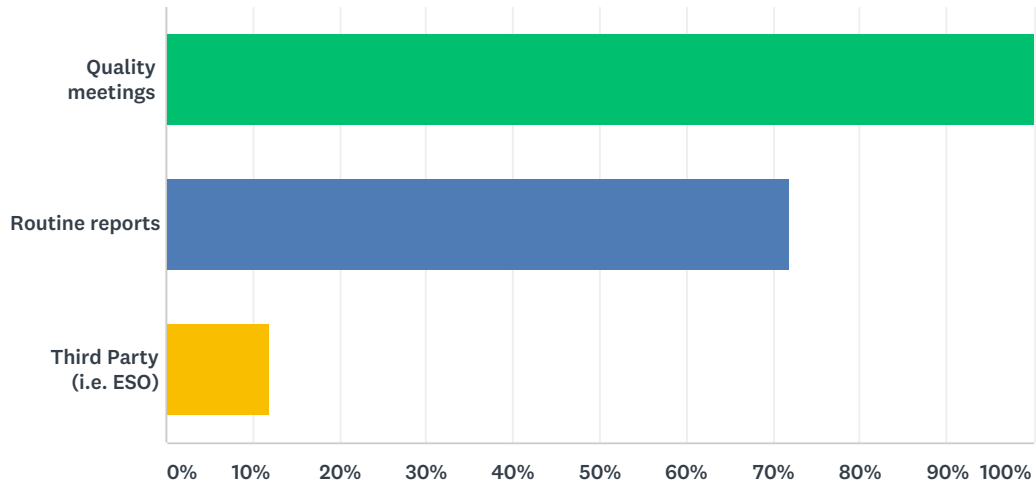
| | | |
|--|---------|----|
| Patient transferred for Coronary Artery Bypass Graft (CABG) | 76.00% | 19 |
| Emergency Department (ED) presentation at referring facility | 80.00% | 20 |
| Means of transport to first facility | 88.00% | 22 |
| Non-system reason for delay to Percutaneous Coronary Intervention (PI) | 88.00% | 22 |
| Clinical Trail | 24.00% | 6 |
| Comfort Measures | 72.00% | 18 |
| Low-density Lipoprotein (LDL) less than 100 | 52.00% | 13 |
| Left Ventricular Systolic Dysfunction | 52.00% | 13 |
| Party which activates the hospital STEMI team | 56.00% | 14 |
| Non-system reason for delay in lytic therapy | 88.00% | 22 |
| Reason no Ace Inhibitor/Angiotensin II Receptor Blocker at discharge | 64.00% | 16 |
| Reason no aspirin at arrival | 92.00% | 23 |
| Reason no aspirin at discharge | 72.00% | 18 |
| Reason no Beta Blocker at discharge | 72.00% | 18 |
| Reason no Statin at discharge | 72.00% | 18 |
| Arrival Date and Time at Cardiovascular (CV) lab | 88.00% | 22 |
| Arrival at outside facility date and time | 88.00% | 22 |
| Symptom outset date and time | 96.00% | 24 |
| Symptom time estimated | 80.00% | 20 |
| First medical contact date and time | 100.00% | 25 |
| First Electrocardiogram (ECG) date and time | 100.00% | 25 |
| STEMI or STEMI equivalent first noticed | 100.00% | 25 |
| Fibrinolytic administered | 84.00% | 21 |
| Fibrinolytic date and time | 84.00% | 21 |
| Thrombolytic non-system delay | 80.00% | 20 |
| First door in; first door out | 92.00% | 23 |
| Cardiovascular (CV lab yes/no level | 60.00% | 15 |
| First device date and time | 84.00% | 21 |
| Coronary Artery Bypass Graft (CABG) date and time | 60.00% | 15 |
| Discharge date | 96.00% | 24 |
| Discharge status | 96.00% | 24 |
| Reperfusion strategy - thrombolytics, Percutaneous Coronary Intervention (PCI), Coronary Artery Bypass Graft (CABG) or not revascularized and reason | 76.00% | 19 |
| STEMI or STEMI equivalent | 80.00% | 20 |
| Patient is reperfusion candidate? | 72.00% | 18 |

STEMI SURVEY

| | | |
|---|--------|----|
| International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Principal Procedural Code | 28.00% | 7 |
| Percutaneous Coronary Intervention (PCI) Indication | 52.00% | 13 |
| Non-primary Percutaneous Coronary Intervention (PCI) | 40.00% | 10 |
| Primary Percutaneous Coronary Intervention (PCI) | 52.00% | 13 |
| Reason for delay in Percutaneous Coronary Intervention (PCI) | 72.00% | 18 |
| Troponin - initial and peak | 80.00% | 20 |
| Pre & Post Creatine Kinase | 44.00% | 11 |
| Lipids | 56.00% | 14 |
| Pre & Post hemoglobin | 48.00% | 12 |
| Hemoglobin A1c | 44.00% | 11 |
| Creatinine | 72.00% | 18 |
| Unadjusted mortality rate | 44.00% | 11 |
| Rick Adjusted Mortality | 52.00% | 13 |
| Cardiogenic Shock developed after STEMI | 84.00% | 21 |
| Cardiac Arrest | 84.00% | 21 |
| Heart Failure developed after STEMI | 60.00% | 15 |
| Stroke developed after STEMI | 60.00% | 15 |
| Vascular Access Site Injury | 64.00% | 16 |
| Emergent Coronary Artery Bypass Graft (CABG) due to complication from STEMI or percutaneous Coronary Intervention (PCI) | 64.00% | 16 |
| Cardiac Rehab Referral | 88.00% | 22 |
| Smoking Cessation Advice | 80.00% | 20 |
| Dietary Modification | 44.00% | 11 |
| Exercise Counseling | 48.00% | 12 |
| Medication Education | 52.00% | 13 |
| The time from first medical contact or pre-hospital Electrocardiogram (ECG) STEMI identification to hospital door to device or balloon time | 88.00% | 22 |
| Time from first medical contact or pre-hospital Electrocardiogram (ECG) STEMI identification to hospital door or needle time (thrombolytic administration time) | 96.00% | 24 |
| Did the STEMI patient present within the treatment window for percutaneous coronary interventions and/or thrombolytic administration | 84.00% | 21 |
| Is this a STEMI patient | 76.00% | 19 |
| If eligible, was the STEMI patient treated with percutaneous coronary intervention and/or thrombolytic | 80.00% | 20 |
| If a STEMI, is the patient eligible for Percutaneous Coronary Intervention (PCI) and/or thrombolytic | 80.00% | 20 |
| Time to operating room from STEMI patient presentation at receiving STEMI center | 56.00% | 14 |
| Total Respondents: 25 | | |

Q7 How do you currently loop other stakeholders into data outcomes to make quality changes?

Answered: 25 Skipped: 0



| ANSWER CHOICES | RESPONSES |
|------------------------|------------|
| Quality meetings | 100.00% 25 |
| Routine reports | 72.00% 18 |
| Third Party (i.e. ESO) | 12.00% 3 |
| Total Respondents: 25 | |

STEMI SURVEY

Q8 If third party, which one?

Answered: 10 Skipped: 15

| # | RESPONSES | DATE |
|----|--|--------------------|
| 1 | ESO, Lifenet | 9/26/2018 2:16 PM |
| 2 | NCDR Outcome Reports, QHIP, Cardiology POE/POR | 9/26/2018 1:23 PM |
| 3 | na | 9/26/2018 7:21 AM |
| 4 | na | 9/25/2018 3:34 PM |
| 5 | ESO | 9/24/2018 4:30 PM |
| 6 | n/a | 9/24/2018 8:25 AM |
| 7 | NA | 9/21/2018 3:05 PM |
| 8 | N/A | 9/21/2018 2:32 PM |
| 9 | n/a | 9/21/2018 8:08 AM |
| 10 | na | 9/20/2018 11:57 AM |

STEMI SURVEY

Q9 Comments

Answered: 7 Skipped: 18

| # | RESPONSES | DATE |
|---|---|-------------------|
| 1 | Hold quarterly EMS performance improvement meetings and case reviews to share information | 9/26/2018 3:49 PM |
| 2 | none | 9/26/2018 2:16 PM |
| 3 | ICD9 Code are obsolete, use ICD 10 codes | 9/26/2018 1:23 PM |
| 4 | Any state created registry needs to have very specific specifications and definitions for any data point requested. Definitions need to be consisted and current with clinical guidelines of care. | 9/25/2018 3:06 PM |
| 5 | any state created registry needs to have very specific specifications and definitions for any data point requested. Definitions must be updated to reflect current evidence-based practice. | 9/25/2018 2:55 PM |
| 6 | Any state created registry needs to have very specific specifications and definitions for any data point requested. Somehow the registry would need to remain consistent with current evidenced-based practices. The state registry should also align with the national registries which can then provide risk adjusted metrics for evaluating a PCI lab performance. | 9/24/2018 4:30 PM |
| 7 | Believe Action MI would be a great asset | 9/21/2018 9:05 AM |