



American Heart Association®
Mission:Lifeline®
EMS

QCT – Emergency Medical Services (EMS)

User Manual (For Domestic Customers)



Table of Contents

- 1 Introduction 3
- 2 About this Manual 3
- 3 Technical Overview 3
- 4 Logging in to Emergency Medical Services Tool..... 3
 - 4.1 New User Registration – US and US Territories..... 4
 - 4.1.1 Participating Agreement 11
 - 4.1.2 Permissions Agreement..... 11
 - 4.2 Existing User Logging In..... 13
- 5 Measures 14
 - 5.1 Enter Data..... 15
 - 5.2 Upload Data 19
 - 5.3 Edit Data 22
- 6 Award..... 24
- 7 Organization User Management 25
 - 7.1 Add User 26
 - 7.2 Delete User 28
 - 7.3 View Log 28
- 8 Organization Settings 29
 - 8.1 Organization Details 30
 - 8.2 Program Details 33
 - 8.3 Agreement Details 35

1 Introduction

Welcome and congratulations on your decision to pursue certification and engage in evidence-based quality improvement efforts with the American Heart Association (AHA).

2 About this Manual

This manual is designed as a reference to provide general knowledge to the End User on QCT – Emergency Medical Services (EMS) tool use, functions, and its operability.

This Manual also covers the elements of EMS including logging in to the tool, navigating the features, and managing your certification or quality improvement program requirements.

3 Technical Overview

The QCT-Emergency Medical Services Tool serves as a portal for maintaining compliance with program requirements, quality measure data entry, and as a general resource for your selected Award. The EMS is specifically designed to enable your organization to:

- Register/Apply for the Emergency Medical Services Award
- Electronically sign your Participating Agreement (contract)
- Submit quarterly quality improvement data to support your program's initiative
- Download your Award Certificate and Marketing Toolkit

4 Logging in to Emergency Medical Services Tool

You can access the EMS tool to engage in AHA certification or quality improvement programs by following the link <https://qct.heart.org/>.

1. Click on the Sign in/Sign up button from the home page.

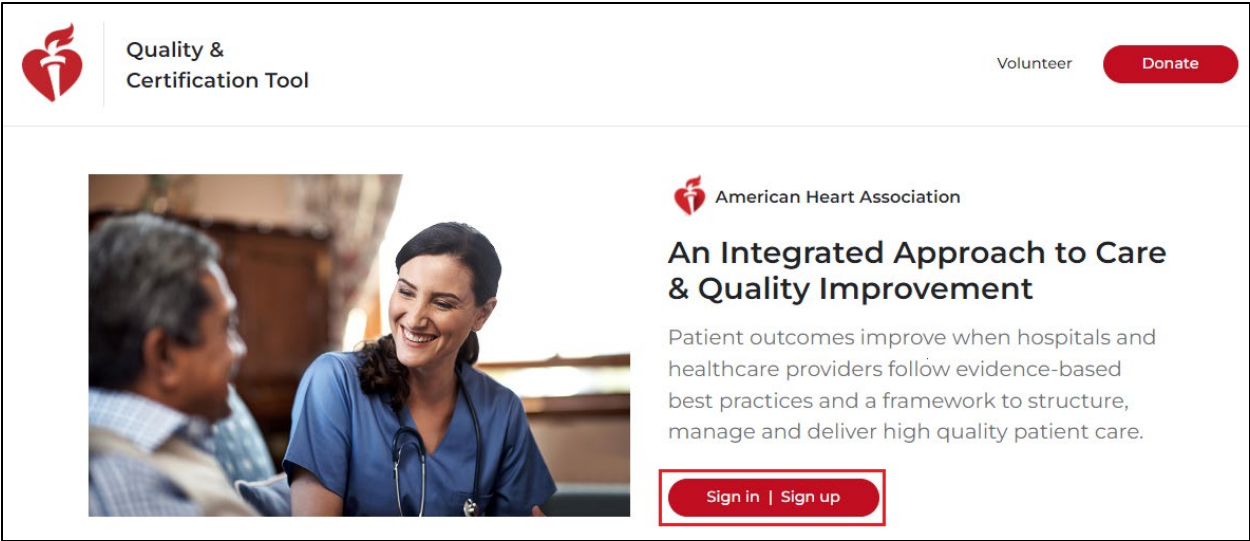


Figure 1 - QCT Login page

4.1 New User Registration – US and US Territories

Follow the steps for registration:

- 1. Click on Create an account.

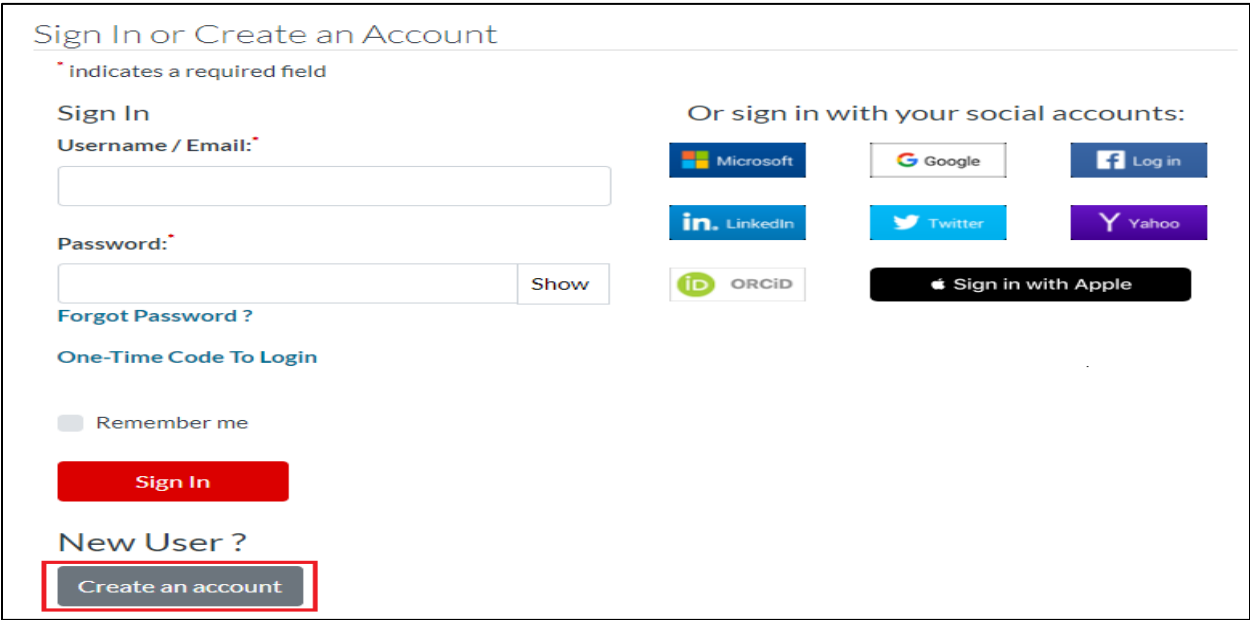


Figure 2 - New User Registration

- 2. Enter the essential required information in the respective fields and click on Continue after checking on the Terms of Use and Privacy Policy box.

Let's get started

Create an account to access great heart and brain health content with one username and password.

NOTE: If you already have an account with us, please call 1-800-242-8721 to access your info. [Learn More](#)

* indicates a required field

Tell us about yourself

Where do you currently live?*

Select Country

First Name:*

Last Name:*

Email:*

Confirm Email:*

Upload Profile Image:

Select an image that meets the following criteria:

File size: max 5 MB

File type: png, jpg/jpeg or gif

File name: does not contain the following special characters: \ / : * ? " < > | ' ; =

Choose File

No file chosen

Mobile Number:

By entering your mobile number, you agree to receive a text message from the American Heart Association for our two-step verification process or to reset your AHA password. Standard call, messaging or data rates may apply.

000 000 0000

Password:*

Your password needs to:

include 7 or more characters

include upper and lower case letters (for English only e.g. Aa)

include a number (e.g. 1234)

Re-enter Password:*

☐ I have read and understood the [Terms of Use](#) and [Privacy Policy](#) *

Continue

Already have an account?

Sign In

Figure 3 – Create Account

Once clicked, you will be navigated to the QCT - EMS welcome page followed by the User Dashboard page.

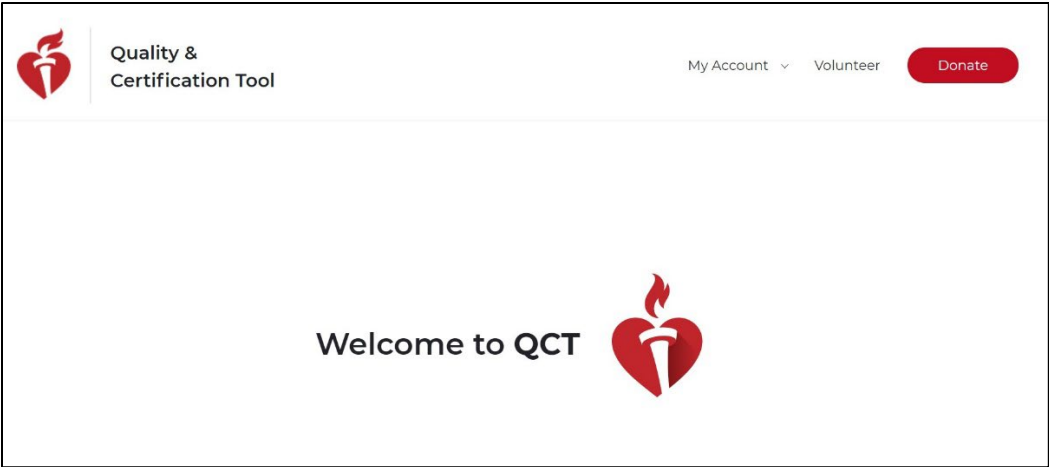


Figure 4 - QCT Welcome Page

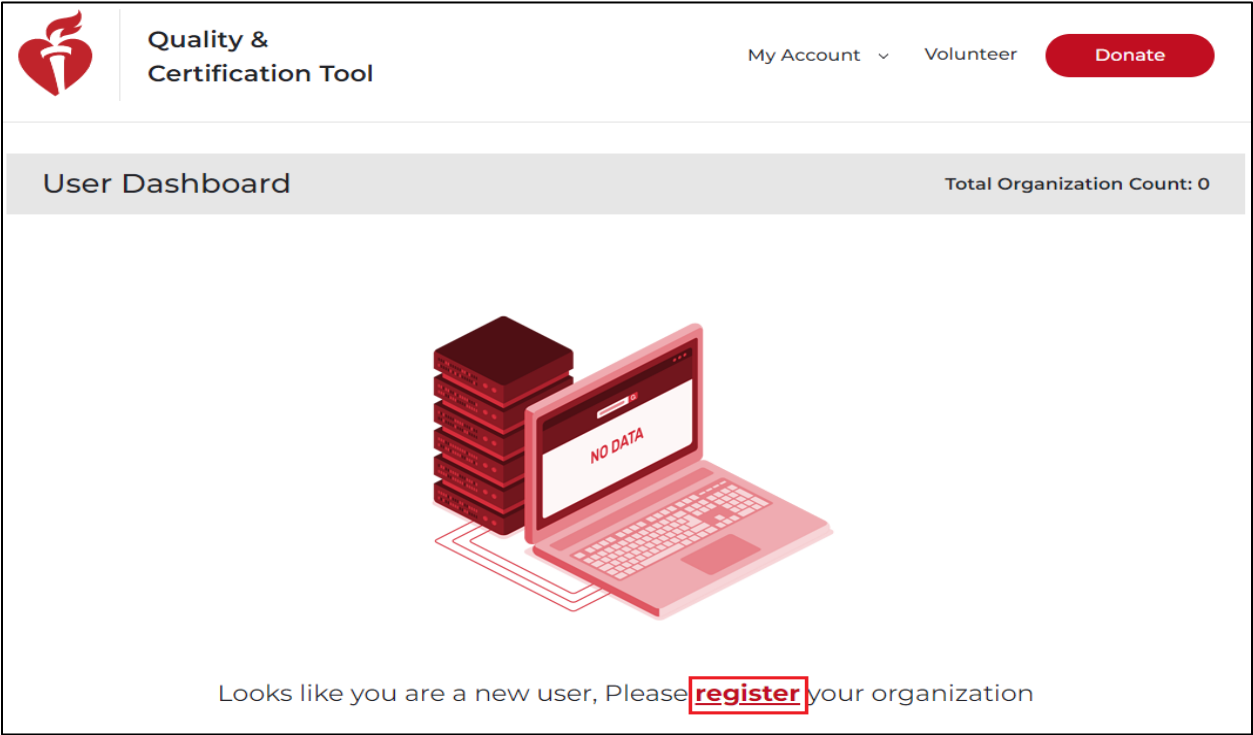


Figure 5 User Dashboard

3. Click on the register link to go to the Registration form.
Or
4. Go to My Account drop down and click on Add New Organization to go to the Registration Form.

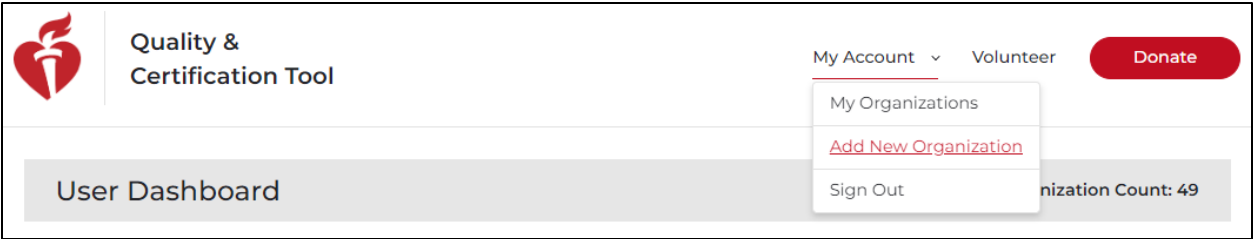


Figure 6 My Account dropdown

Registration Confirmation window appears.

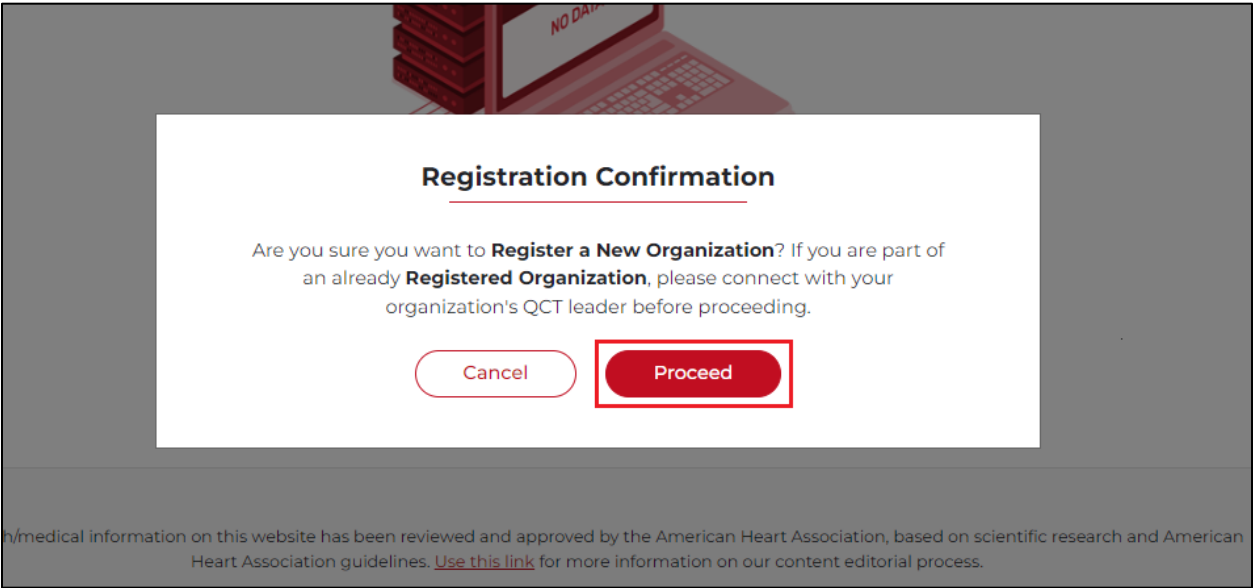


Figure 7 Registration Confirmation

5. Click on Proceed

Note:

- While signing in as an existing user the register hyperlink does not appear. In such cases, the Add New Organization option from My Account dropdown must be chosen.

Registration form opens.

6. Fill out the Registration Form and click on Continue. You must select US and US Territories in the Choose Region field.

Home / Organization Details

Registration

Please complete the following Registration Form

Information

* mandatory fields

Organization Name*

(Enter 3 to 200 characters)

Choose Region*

☒ US and US Territories

☐ International

Mailing Address*

(Enter 2 to 300 characters)

City*

(Enter 2 to 30 characters)

State / Province*

Select State

Zip Code / Postal Code*

(Enter 2 to 9 characters)

Website

(Enter 2 to 30 characters)

Primary Contact Name*

Mr.

(Enter 2 to 30 characters)

Primary Contact Phone Number*

(Enter 10 to 20 characters)

Primary Contact Email*

Signatory Name*

Mr.

(Enter 2 to 30 characters)

Signatory Email*

Medical Director Name (If applicable)

Mr.

(Enter 2 to 30 characters)

Medical Director Email (If applicable)

Does your site use an Electronic Health Record(EHR)?*

☐ Yes

☐ No

(Select NO if you are an EMS organization.)

Continue

Figure 8 - Registration Page

The programs are divided based on their types: Quality and Certification.

Programs that are built for quality purposes are listed under the Quality tab. Similarly, programs built for certification purposes are listed under the Certification tab as shown in the figures below.

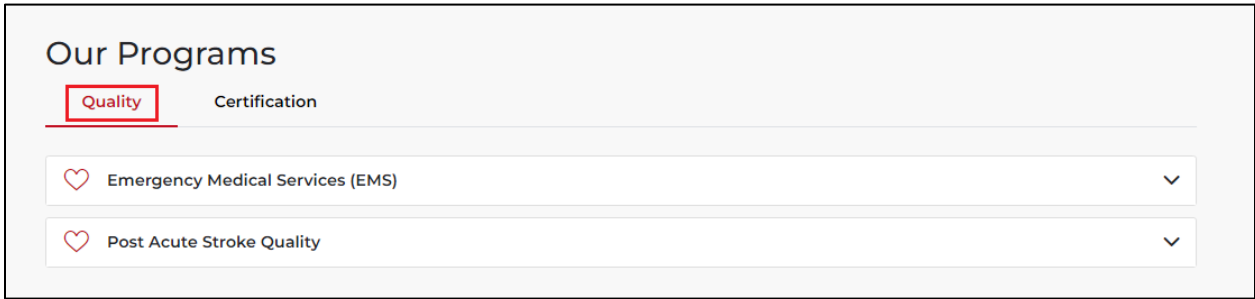


Figure 9 - Program Selection – Quality tab

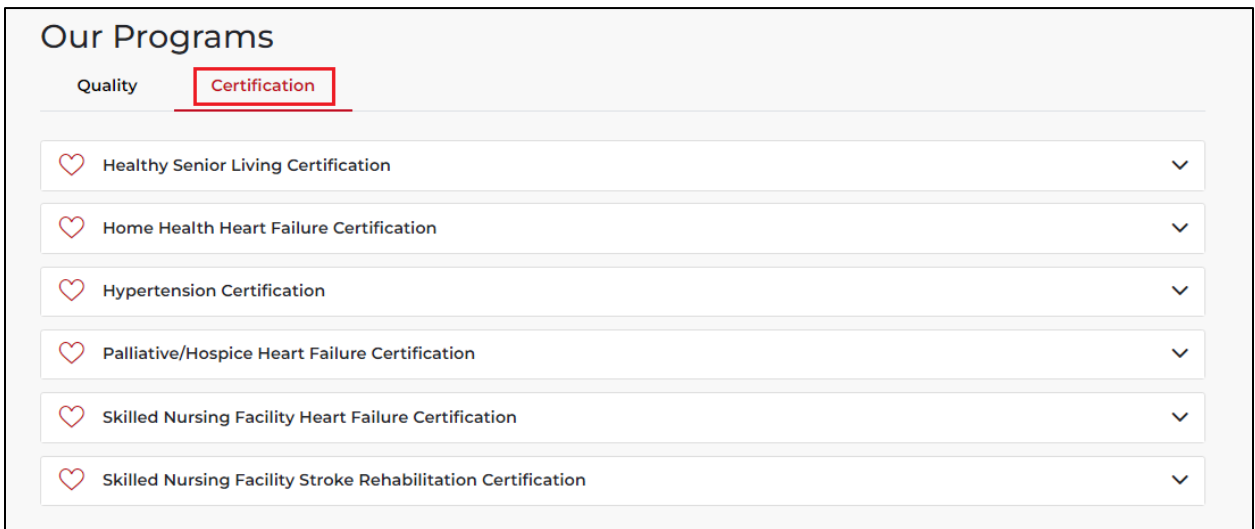


Figure 10 - Program Selection – Certification tab

To select a program:

1. Click on the Emergency Medical Services (EMS) program from the available programs list under the Quality tab and click on the Register button.

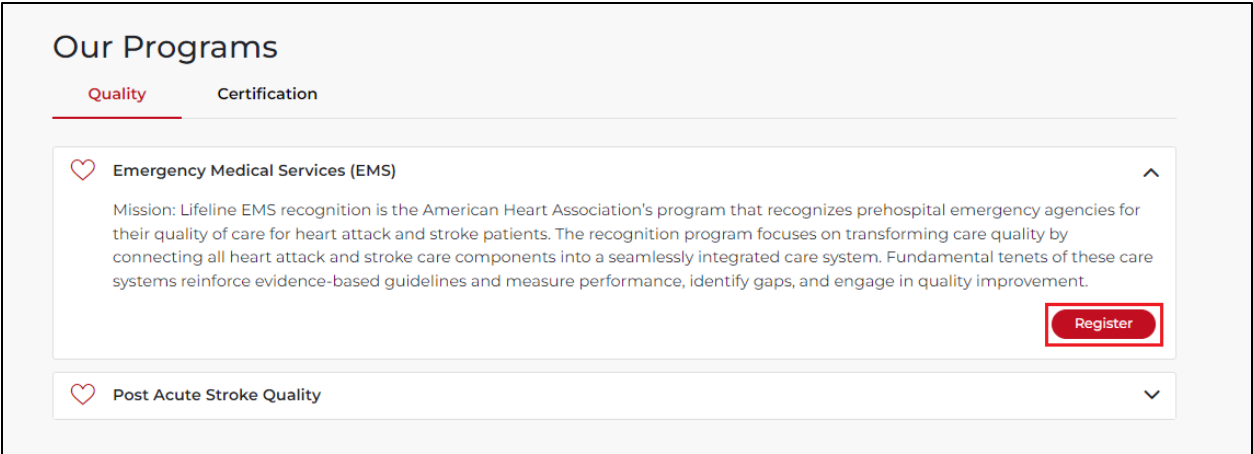



Figure 11 - Program Selection

2. Under Program details:
 - Select the appropriate AHA EMS ID suitable for the organization from the American Heart Association (AHA) EMS ID dropdown.
 - Provide the required essential details in the respective fields using the help texts displayed when hovered over the  icon.
3. Click on the Continue button when all the required details are entered.

The screenshot shows a "Program Details" registration form. At the top right, it says "* mandatory fields". The form contains the following fields:

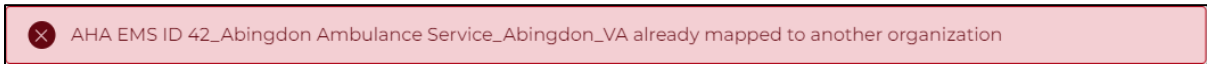
- Selected Program*: A dropdown menu with "Emergency Medical Services (EMS)" selected.
- American Heart Association (AHA) EMS ID*: A dropdown menu.
- EMS Agency State Identification Number*: A text input field.
- State associated with State ID above*: A dropdown menu.
- Prehospital Type*: A dropdown menu.
- Agency Type*: A dropdown menu.
- Agency Level of Service*: A dropdown menu.
- ePCR Vendor*: A dropdown menu.
- Annual volume of suspected stroke patients*: A text input field.
- Annual volume of suspected heart attack patients*: A text input field.

At the bottom of the form, there are two buttons: "Back" and "Continue". The "Continue" button is highlighted with a red border.

Figure 12 – Registration - Program Details

Note:

- *Only one organization can be mapped against one AHA EMS ID.*
- *If there is any organization mapped with the selected EMS ID, an error message will be displayed as shown below.*



4.1.1 Participating Agreement

Check on the agreement box as an acknowledgment for Participating in the Agreement.

Home / Organization Details / Programs / Program Details / Agreement

Emergency Medical Services (EMS)

Please complete the below agreement process

Click the below statement to accept the Agreement

☐ I agree that the Program Participant will be bound by the Terms and Conditions of the Agreement, and that I have full authority to bind the Program Participants to the terms and conditions of such Agreement. Signature of Authorized Program Participant Representative

Figure 13 - Participation Agreement Acceptance

4.1.2 Permissions Agreement

The AHA may recognize the Center’s Certified status on our website or in its program materials only with your organization's permission.

Kindly de-select the permissions those your organization does not agree to allow the AHA to publish.

1. Enter the required essential details and click on Submit.

Permissions Agreement:

I Agree to give the American Heart Association/American Stroke Association permission to use our name for the following recognition opportunities. Remove checks for any situations which your organization does not give permission.

☒

Recognition Events

☒

AHA website, digital media, mobile apps

☒

Conference banners and signage

☒

Program promotion as permitted

Enter Exact Organization Name for Publications*

(Min length 3 and Max length 200)

Signature of Authorized Program Participant Representative

*mandatory fields

Organization Name*

Test EMS

(Min length 3 and Max length 200)

First and Last Name of Signer*

ABC

Title of Signer*

Email of Signer*

multiuser02@mailinator.com

Date*

2023-Dec-02

Back

Submit

Figure 14 – Permissions Agreement

Note:

- All fields above will be prepopulated except 'Title of Signer'.
2. Once submitted, the registration details will be sent for Admin approval with a completion message on the screen.

Thank you for completing your registration details.

We will review your information and get back as soon as possible. You will receive an email verifying your status and next steps.

Go to User Dashboard

Figure 15 – Registration confirmation window

- 3. Click on Go to User Dashboard to go back to User Dashboard. The newly registered program will be listed under My Organizations with its status as Pending.

User Dashboard

Total Organization Count: 150

My Organizations

Search Organizations

Showing 1 - 25 of 150 Organizations

| Organization Details | Location Details | Program Type | Status |
|--|--|----------------------------------|---------|
| <div>Test EMS</div> <div>Organization Code: TEMS03</div> | Location: United States State: Alaska | Emergency Medical Services (EMS) | Pending |

Figure 16 – User Dashboard

The Status will change to Approved, once the admin approves the organization or will change to In-Review if the admin saves it as a draft.

4.2 Existing User Logging In

If you have a registered account:

- 1. Enter the Sign In credentials in the Sign In or Create an Account page and click on the Sign In button.

Sign In or Create an Account

* indicates a required field

Sign In

Username / Email:*

Password:*

Show

Forgot Password ?

One-Time Code To Login

☐ Remember me

Sign In

New User ?

Create an account

Or sign in with your social accounts:

Google

Log in

LinkedIn

Twitter

Microsoft

Yahoo

ORCID

Sign in with Apple

Figure 17 – Existing User Logging In

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13

Once signed in, the User Dashboard page appears.

- 2. Go to My Account drop down and click on Add New Organization to go to the Registration Form.



Figure 18 – My Account dropdown

- 3. Once clicked, the Registration form opens. Continue with the registration as shown in section 4.1.

5 Measures

Measures are aggregate summary data for comparative analysis captured as Numerator and Denominator values against a listed scenario under a specific program. The measures for an organization can be created only when its status is Approved or In Review.

Follow the steps to create the measures:

- 1. In the User Dashboard, click on the organization name hyperlink under Organization Details column.

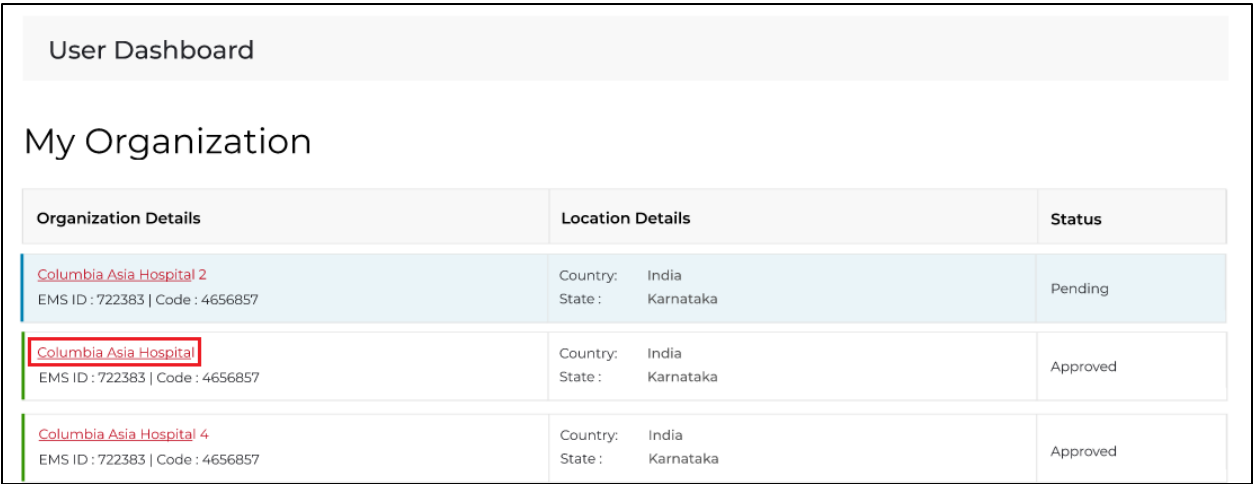


Figure 19 – User Dashboard

2. Under Measures, select the service year from the Select Service Year dropdown and click on the Create Measures button.

The screenshot displays the 'Measures' section of a web application. At the top, there are tabs for 'Measures' and 'Award'. Below the tabs, a breadcrumb trail shows 'Home / Demo 202'. The main heading is 'Measures'. On the right, a dropdown menu labeled 'Select Service Year' is highlighted with a red box, showing '2024'. Below this, a card for 'Demo 202' contains the following information: AHA EMS ID: **Not listed**, Organization Code: **DE0207**, Program: **Mission: Lifeline® EMS Recognition**, Location: **United States**, and Registered on: **2024-Oct-15**. Below the card, the text 'Mission: Lifeline® EMS Recognition' is displayed. A large red folder icon with a white 'X' is shown, indicating no measures are available. Below the icon, the text 'No measures available' and 'Click below to add' is present. At the bottom, a red button labeled 'Create Measures' is highlighted with a red box.

Figure 20 – Create Measures

Once clicked, the Measures page is displayed.

The Measures can be added by two methods:

- Enter Data
- Upload Data

The Select Service Year is a global option. The selected service year is retained in all the tabs (Measures/Awards) until changed in any tabs.

5.1 Enter Data

Enter Data method allows you to enter the required details directly into the provided space and save the inputs. The Enter Data page consists of Measure table that has two set of measures:

- Required: These are mandatory measures.
- Optional: These are optional measures and by default they are enabled for you to assign measure values. To disable, uncheck the checkbox below the headline. The organization will be eligible for awards only for the checked optional measures. The Optional Measures are:
 - Mission: Lifeline Systems of Care Target Heart Attack EMS Award: AHAEMS8, AHAEMS9. You can enter values only for either of the measures and not both.
 - Mission: Lifeline Systems of Care Target Stroke EMS Award: AHAEMS10.
 - Mission: Lifeline EMS Award Reporting Measures: AHAEMS6b and AHAEMS11. You can enter values for both or either of the two measure.

The measure table consists of the following columns.

- Measures ID
- Measures Name
- Description
- Type (N, D, %)
- Quarters (Q1, Q2, Q3, Q4)

To enter data:

1. Go to Enter Data tab.
2. In the measure table, enter the Numerator (N) and Denominator (D) values against each measure under the Quarter (Q1, Q2, Q3, Q4) columns. The % is calculated based on the entered N and D values.
3. Click on the Save as Draft button if you want to save the currently entered data and return later for further editing.

OR

Click on the Submit button to submit the entered data.

Mission: Lifeline® EMS Recognition

Enter Data

Upload Data

Cancel Edit

* Mandatory

N (Numerator), D (Denominator), % (Percentage)

| Measures ID | Measures Name | Description | Type | Q1 | Q2 | Q3 | Q4 |
|---|---|--|------|----------------------|----------------------|----------------------|----------------------|
| Mission: Lifeline EMS Award Achievement Measures (Required) | | | | | | | |
| AHAEMS1 | Pre-Arrival Notification for Suspected Stroke | The percentage of EMS patients aged 18 years and older transported from the scene with a primary or secondary impression of stroke whom a pre-arrival alert for stroke was activated during the EMS encounter. | N* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | D* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | % | | | | |
| AHAEMS2 | Documentation of Last Known Well for Patients with Suspected Stroke | The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom Last Known Well was documented during the EMS encounter. | N* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | D* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | % | | | | |
| AHAEMS3 | Evaluation of Blood Glucose for Patients with Suspected Stroke | The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom blood glucose was evaluated during the EMS encounter. | N* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | D* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | % | | | | |
| AHAEMS4 | Stroke Screen Performed and Documented | The percentage of EMS patients aged 18 years and older transported from the scene with a suspected stroke for whom a stroke screen was performed and documented during the EMS encounter. | N* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | D* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | % | | | | |
| AHAEMS5 | 12-lead ECG performed <= 10 minutes for Suspected Heart Attack | The percentage of EMS patients aged 18 years and older transported from the scene with chest pain or a suspected heart attack for whom a 12-lead ECG was performed <= 10 minutes of first medical contact. | N* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | D* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | % | | | | |
| AHAEMS6 | Aspirin Administration for STEMI-positive ECG | Percent of EMS patients aged 18 years and older transported from the scene with a STEMI-positive ECG who were administered aspirin. | N* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | D* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | % | | | | |
| AHAEMS7 | Pre-Arrival Notification <= 10 Minutes for STEMI-positive ECG | The percentage of EMS patients aged 18 years and older transported from the scene with a STEMI-positive ECG for whom pre-arrival notification was activated <= 10 minutes of positive ECG. | N* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | D* | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | % | | | | |

Figure 21 – Required Measures

Mission: Lifeline Systems of Care Target Heart Attack EMS Award (Optional)

☒ Deselect the checkbox to opt out of these measures.
Note: Please enter values only for either the AHAEMS8 or AHAEMS9 measure.

| | | | | | | | |
|---------|---|--|-----------------|----------------------|----------------------|----------------------|----------------------|
| AHAEMS8 | EMS FMC to PPCI <= 90 minutes for STEM patients | The percent of EMS patients transported to the destination hospital with EMS first medical contact to PPCI time of less than or equal to 90 minutes or EMS first medical contact to PPCI time of less than or equal to 120 minutes when transport time is greater than or equal to 45 minutes and door to PPCI is within 30 minutes. | N ? D ? % | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---------|---|--|-----------------|----------------------|----------------------|----------------------|----------------------|

| | | | | | | | |
|---------|--|---|-----------------|----------------------|----------------------|----------------------|----------------------|
| AHAEMS9 | EMS FMC to Thrombolytic Administration <= 60 Minutes for Patients with STEMI | The percentage of STEMI patients treated and directly transported to the destination center, with EMS first medical contact to thrombolytic time of less than or equal to 60 minutes. | N ? D ? % | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---------|--|---|-----------------|----------------------|----------------------|----------------------|----------------------|

Mission: Lifeline Systems of Care Target Stroke EMS Award (Optional)

☒ Deselect the checkbox to opt out of these measures.

| | | | | | | | |
|----------|---|--|-----------------|----------------------|----------------------|----------------------|----------------------|
| AHAEMS10 | EMS FMC to Thrombolytic Administration <= 90 Minutes for Patients with Stroke | The percentage of stroke patients treated and directly transported to the destination hospital, with EMS first medical contact to thrombolytic time of less than or equal to 90 minutes. | N ? D ? % | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------|---|--|-----------------|----------------------|----------------------|----------------------|----------------------|

Mission: Lifeline EMS Award Reporting Measures (Optional)

☒ Deselect the checkbox to opt out of these measures.

| | | | | | | | |
|----------|---|---|-----------------|----------------------|----------------------|----------------------|----------------------|
| AHAEMS6b | Aspirin Administration for Suspected Heart Attack | The percentage of EMS patients aged 18 years and older transported from the scene with chest pain or a suspected heart attack for who were administered aspirin. | N ? D ? % | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| AHAEMS11 | EMS FMC to EVT <= 120 minutes for STEM patients | The percent of stroke patients transported to the destination hospital with EMS first medical contact to EVT time of less than or equal to 120 minutes or EMS first medical contact to EVT time of less than or equal to 150 minutes when transport time is greater than or equal to 45 minutes and door to EVT is within 30 minutes. | N ? D ? % | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Save as DraftSubmit

Figure 22 – Optional Measures

If you want to cancel the entry of data, click on Cancel Edit.

Mission: Lifeline® EMS Recognition

Enter DataUpload Data


Cancel Edit

* Mandatory N (Numerator), D (Denominator), % (Percentage)

| Measures ID | Measures Name | Description | Type | Q1 | Q2 | Q3 | Q4 |
|-------------|---------------|-------------|------|----|----|----|----|
|-------------|---------------|-------------|------|----|----|----|----|

Figure 23 – Cancel Edit

Note:

- The Numerator (N) value must be always less than the Denominator (D) value.
- All the measures under the Required set of measures must be given N and D values to submit the measures.
- The measures cannot be submitted if there are no measure values added in the checked optional measures.
- A maximum of six digits are allowed in the N and D values. The number can be ≤ 999999.
- Helping texts to fill the N and D values are available for each measure. Click the  icon to view the help texts.
- Save as Draft option only saves the info and does not submit. Only submitted data is visible and not the saved data to the Admin.

5.2 Upload Data

The Upload Data method allows you to upload the data through an excel file which is rendered by the tool and the extracted details are fed to their respective fields.

To upload:

1. Select Upload Data tab.
2. Click on Download Template.

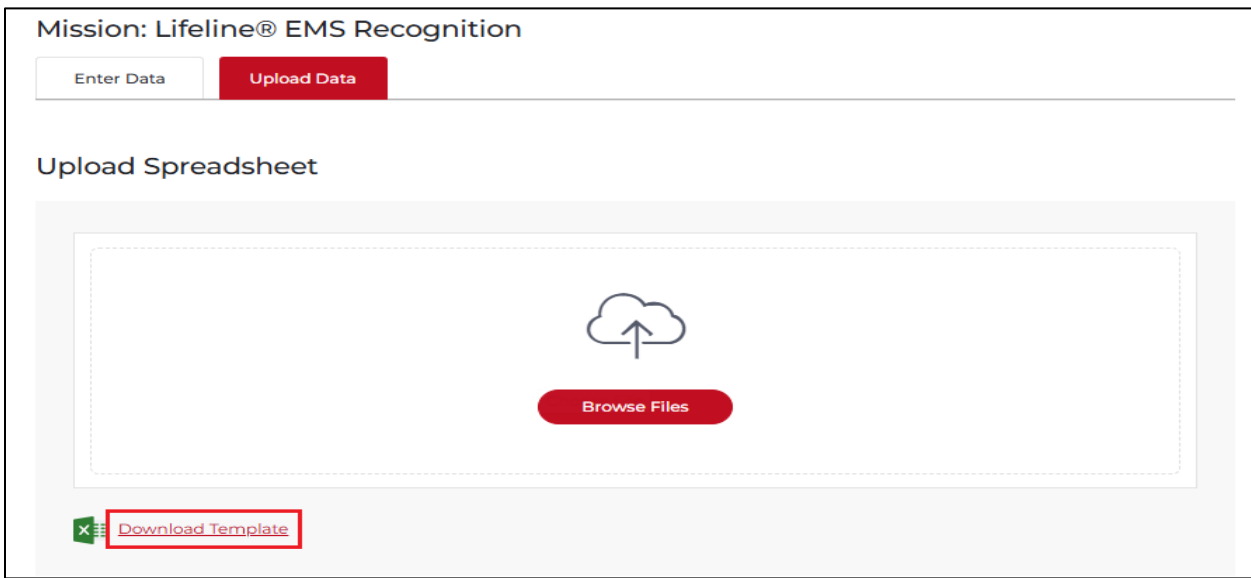


Figure 24 – Upload Data – Download Template

Once clicked, the template spreadsheet file gets downloaded in your system folder.

- 3. Enter the data into the spreadsheet as per the mentioned format and save the filled spreadsheet file in your organization system.
- 4. Click on Browse Files button and upload the saved spreadsheet file from the saved organization system location.

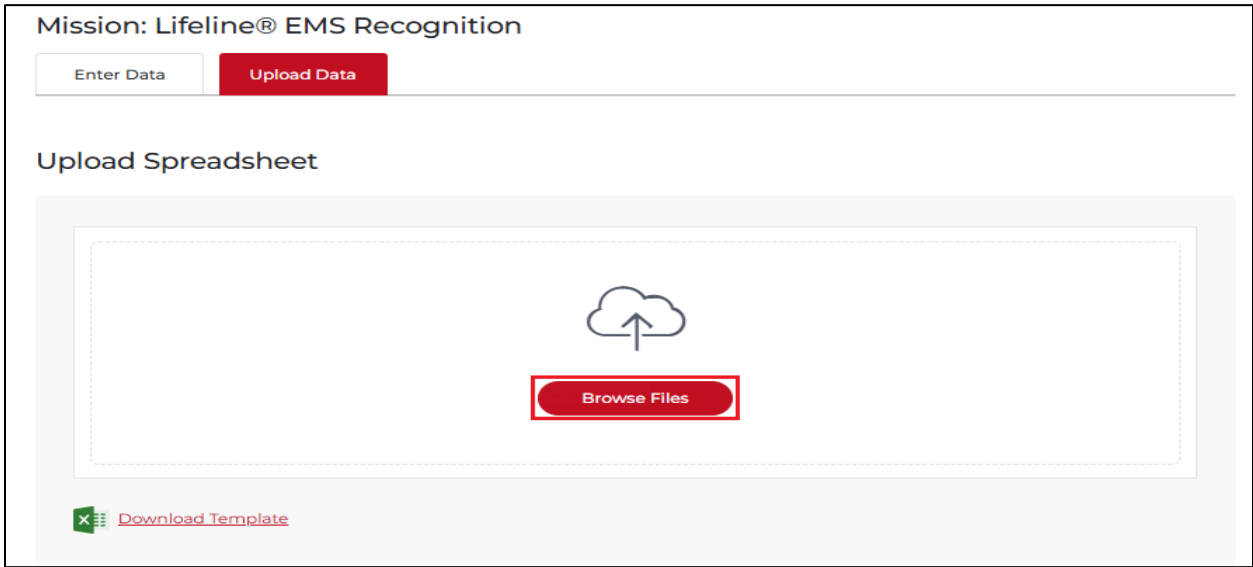


Figure 25 – Upload Data – Browse Files

- 5. Once the uploading is completely processed, click on the Submit button.

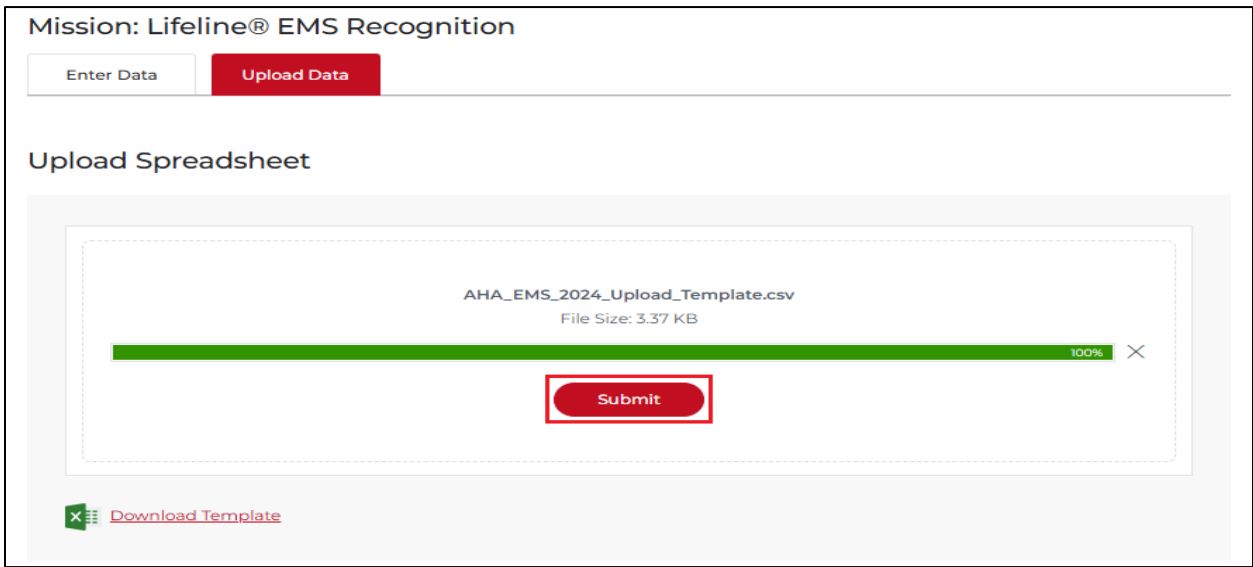



Figure 26 – Upload completion

6. Once clicked, the spreadsheet gets uploaded with a success message on the screen.

✓ AHA_EMS_2024_Upload_Template.csv has been successfully uploaded.

These uploaded spreadsheets are listed under the Uploaded Spreadsheet list to keep track of all the files uploaded. You can download the file to view its details by clicking on the  icon under the Action column.



| Uploaded Spreadsheet | | | |
|--------------------------|----------------------------------|----------|---|
| Showing 1 - 2 of 2 Files | | | |
| Date | File | Status | Action |
| 2024-Jan-22 | AHA_EMS_2024_Upload_Template.csv | Success |  |
| 2024-Jan-22 | AHA_EMS_2024_Upload_Template.csv | Failed ⓘ |  |
| | | | « 1 » |

Figure 27 – Upload Spreadsheet list

7. Once successfully uploaded, the data from the spreadsheet are assigned to their respective fields.

| Enter Data | | Upload Data | | Edit Data | | | |
|---|---|--|------|-----------|--------|--------|--------|
| N (Numerator), D (Denominator), % (Percentage) | | | | | | | |
| Measures ID | Measures Name | Description | Type | Q1 | Q2 | Q3 | Q4 |
| Mission: Lifeline EMS Award Achievement Measures (Required) | | | | | | | |
| AHAEMS1 | Pre-Arrival Notification for Suspected Stroke | The percentage of EMS patients aged 18 years and older transported from the scene with a primary or secondary impression of stroke whom a pre-arrival alert for stroke was activated during the EMS encounter. | N ⓘ | 1 | 3 | 4 | 6 |
| | | | D ⓘ | 3 | 4 | 5 | 9 |
| | | | % | 33.33% | 75.00% | 80.00% | 66.67% |
| AHAEMS2 | Documentation of Last Known Well for Patients with Suspected Stroke | The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom Last Known Well was documented during the EMS encounter. | N ⓘ | 2 | 2 | 3 | 3 |
| | | | D ⓘ | 3 | 5 | 5 | 8 |
| | | | % | 66.67% | 40.00% | 60.00% | 37.50% |
| AHAEMS3 | Evaluation of Blood Glucose for Patients with Suspected Stroke | The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom blood glucose was evaluated during the EMS encounter. | N ⓘ | 2 | 2 | 4 | 4 |
| | | | D ⓘ | 7 | 3 | 6 | 6 |
| | | | % | 28.57% | 66.67% | 66.67% | 66.67% |

Figure 28 – Uploaded data from the spreadsheet

Note:

Make sure the below points are satisfied for measure upload to be a success:

- The measure template downloaded must be of the respective program.
- Enter valid data without modifying the template values (ID, Name, Descriptions).
- Numerator value (N) should be always lesser than the Denominator value (D). A maximum of six digits are allowed to be entered in the N and D values. The highest number can be 999999.
- At least 1 measure or metric value is required to upload the measure file.
- Measures values should be whole number, decimals are not accepted.
- Verify if the Metrics are present for the program for which you are uploading the measures. If metrics are not present, then adding values in the metric column is not required.
- Save the file once data is added.
- The file name should not contain dot(.) in it.
- The file size should be less than 30MB and it should be a CSV file.
- Browse the saved file and upload it to get the SUCCESS status.

5.3 Edit Data

To modify the data entered for the measures; in the Enter Data page:

1. Click on Edit Data link.

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Enter Data

Upload Data

Edit Data

N (Numerator), D (Denominator), % (Percentage)

| Measures ID | Measures Name | Description | Type | Q1 | Q2 | Q3 | Q4 |
|-------------|---------------|-------------|------|----|----|----|----|
|-------------|---------------|-------------|------|----|----|----|----|

Figure 29 – Edit Data link

2. Do the required modification and click on the Submit button.

Emergency Medical Services (EMS)

Enter Data

Upload Data

Cancel Edit

N (Numerator), D (Denominator), % (Percentage)

| Measures ID | Measures Name | Description | Type | Q1 | Q2 | Q3 | Q4 |
|---|---|--|------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Mission: Lifeline EMS Award Achievement Measures (Required) | | | | | | | |
| AHAEMS1 | Pre-Arrival Notification for Suspected Stroke | The percentage of EMS patients aged 18 years and older transported from the scene with a primary or secondary impression of stroke whom a pre-arrival alert for stroke was activated during the EMS encounter. | N ? | <input type="text" value="1"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="6"/> |
| | | | D ? | <input type="text" value="3"/> | <input type="text" value="4"/> | <input type="text" value="5"/> | <input type="text" value="9"/> |
| | | | % | 33.33% | 75.00% | 80.00% | 66.67% |
| AHAEMS2 | Documentation of Last Known Well for Suspected Stroke | The percentage of EMS patients aged 18 years and older transported from the scene with suspected stroke for whom Last Known Well was documented during the EMS encounter. | N ? | <input type="text" value="2"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="3"/> |
| | | | D ? | <input type="text" value="3"/> | <input type="text" value="5"/> | <input type="text" value="5"/> | <input type="text" value="8"/> |
| | | | % | 66.67% | 40.00% | 60.00% | 37.50% |
| AHAEMS9 | FMC to Thrombolytic Administration ≤ 30 Minutes for Patients with STEMI | The percentage of patients with STEMI treated and directly transported to the destination hospital, with a door-to-thrombolytic time of ≤ 30 minutes. | N ? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | D ? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | | % | | | | |
| | | | | | | | <div>Submit</div> |

Figure 30 – Edit Data

To disable an added optional measure with measure values, uncheck the checkbox as shown below and click on the Confirm button in the confirmation popup.

Mission: Lifeline Systems of Care Target Stroke EMS Award (Optional)

☒ Deselect the checkbox to opt out of these measures.

| | | | | | | | |
|----------|--|--|-----|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| AHAEMS10 | EMS FMC to Thrombolytic Administration ≤ 90 Minutes for Patients with Stroke | The percentage of stroke patients treated and directly transported to the destination hospital, with EMS first medical contact to thrombolytic time of less than or equal to 90 minutes. | N ? | <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text" value="1"/> |
| | | | D ? | <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text" value="1"/> | <input type="text" value="1"/> |
| | | | % | 100.00% | 100.00% | 100.00% | 100.00% |

Figure 31 – Optional Measure Checkbox

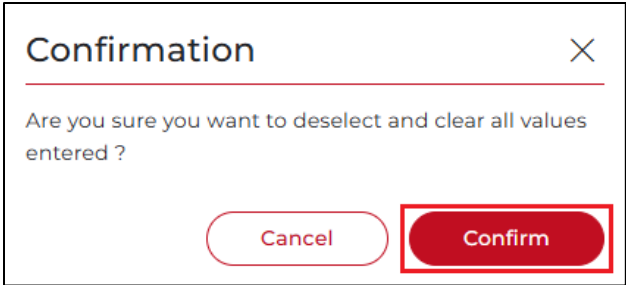


Figure 32 – Uncheck Confirmation popup

Once confirmed, all the entered measure values will be cleared out and the optional measure will be deselected.

Note:

- *The Measures tab is restricted to modify when the Measure Lock is enabled. Contact the admin to disable the Measure Lock to modify the measures.*

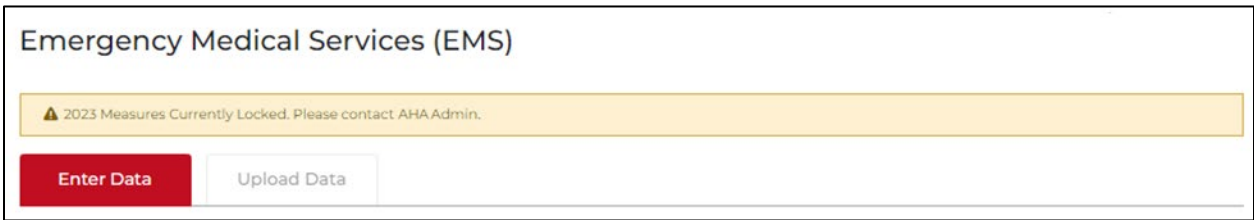


Figure 33 – Measure Lock message

6 Award

The Awards certificate generated for the organization based on the measure values is available in this tab. The year for which the certificate was awarded is highlighted under Select Service Year dropdown. You can select any service year from the dropdown to view the certificate for that service year.

Measures

Award

My Organization / Columbia Asia / Award

Select Service Year
2023
Award Year : 2024

Award

Columbia Asia Hospital

Registered Program(s):
Emergency Medical Service (EMS) -2024 Gold Award

Granted on: 2024-Sept-24

The American Heart Association proudly recognizes

Columbia Asia Hospital
Bangalore, Karnataka

Mission: Lifeline®-EMS – GOLD Achievement Award

The American Heart Association/American Stroke Associations recognizes this prehospital provider organization for demonstrating continued success in using the Mission Lifeline program.
Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.*

Nancy Brown
Chief Executive Officer
American Heart Association

Michelle A. Albert, MD, MPH, FACC, FAHA
President
American Heart Association

*For more information, please visit heart.org/MissionLifeline

Mission: Lifeline® EMS Recognition

Figure 34 – Award Certificate

You can download the branding materials allocated with the certificate by clicking on the required branding options in the Download below the certificate.

Downloads

- Award
- Icon
- Print Banner
- Email Banner
- Award Ad
- News Release

Figure 35 – Branding Options

7 Organization User Management

A primary user can add a secondary user. The secondary user can do the further activities or functionalities on behalf of the primary user. A maximum of four users can be added.

The Organization User Management tab is available only for the approved organizations.

- 1. In the User Dashboard, click on the organization name hyperlink in the Organization Details column.

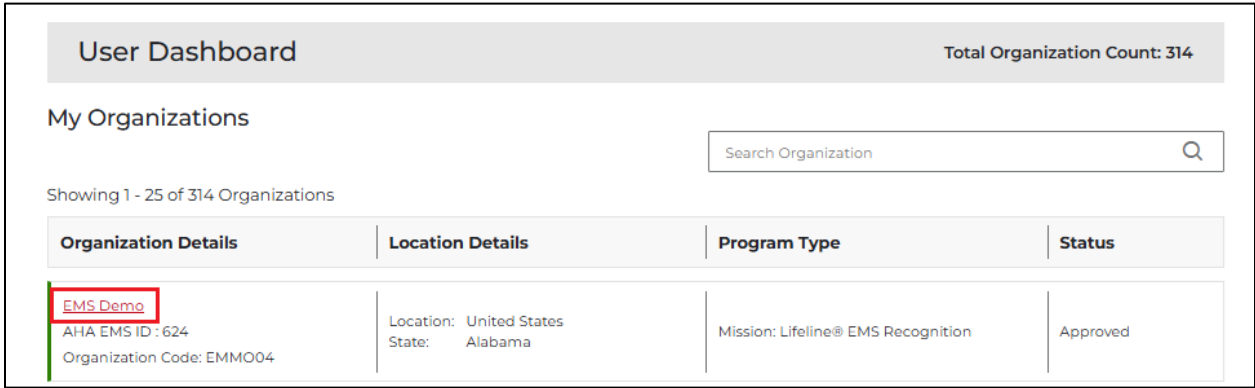


Figure 36 – User Dashboard

- 2. In the organization page, click on Organization User Management from My Account dropdown.

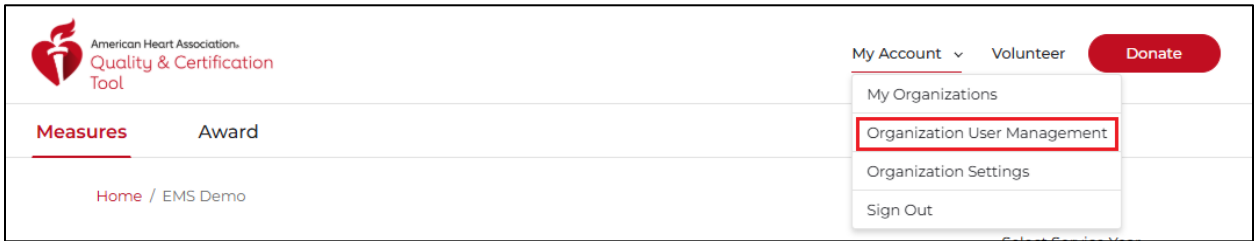


Figure 37 – My Account dropdown

Once clicked, the Organization User Management window opens.

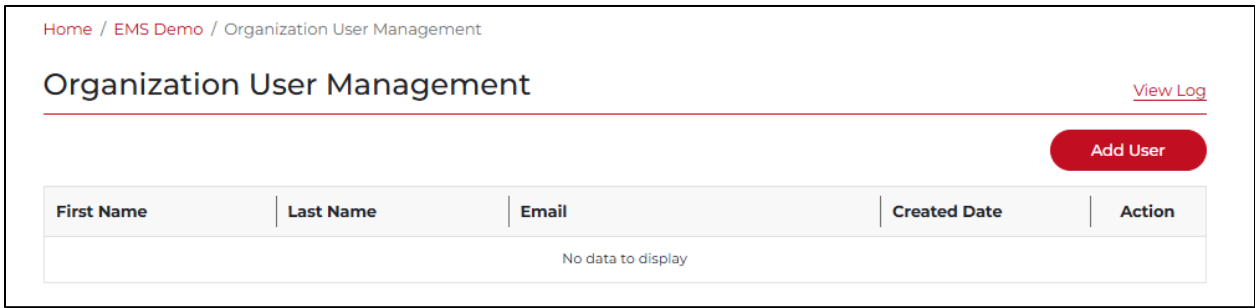


Figure 38 – Organization User Management window

7.1 Add User

To add user:

1. Click on Add User in the User Management page.

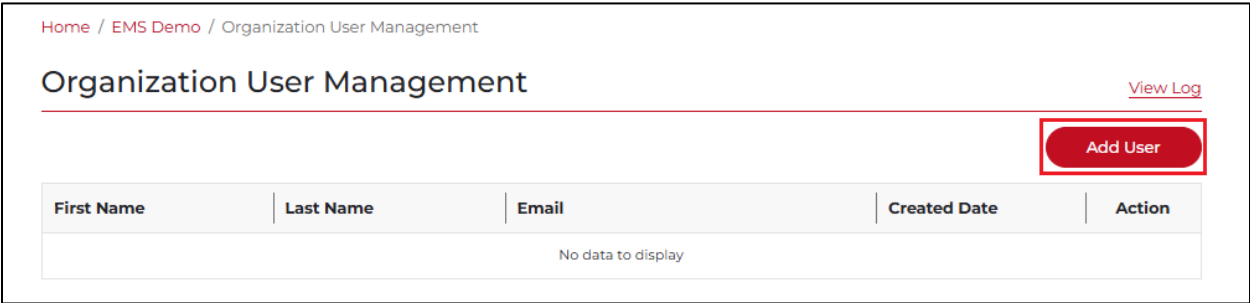


Figure 39 – Add User

2. Enter SSO registered mail ID of the user and click the Validate button.

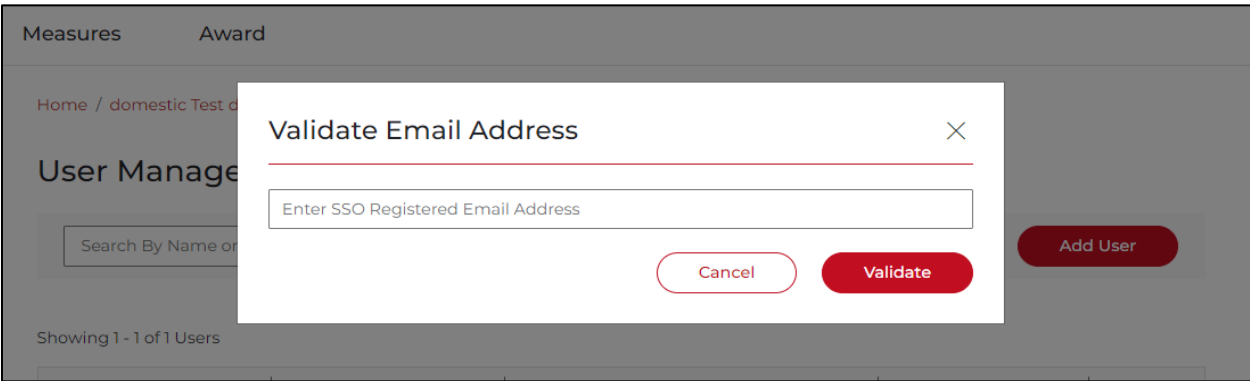


Figure 40 – Email validation popup

On clicking Validate, the user gets added to the list with a success message displayed on the screen.

- If the entered email ID is not valid then an error message 'Please enter a valid organization SSO Email ID to Proceed' is displayed.
- If the user addition limit is reached, an error message 'You have reached the maximum limit' is displayed. You must delete a user to add another user.

Note:

- After the user does the SSO registration, the user must share the credentials with the primary user, so that they get access to the organization and share the ID to the primary user.
- The SSO registration of the user must be completed on the same portal SSO registration page. For example, if the user is to be added to the EUP portal, then the SSO registration must be done on the EUP portal. Users registered on any other portal cannot be added to the EUP portal.
- Already registered email IDs cannot be used to create a user.

7.2 Delete User

User access to the account for a user can be removed by deleting the added user. To delete a user:

To delete a user:

- 1. Select the user from the user list in the Organization User Management window and click on the Delete icon.

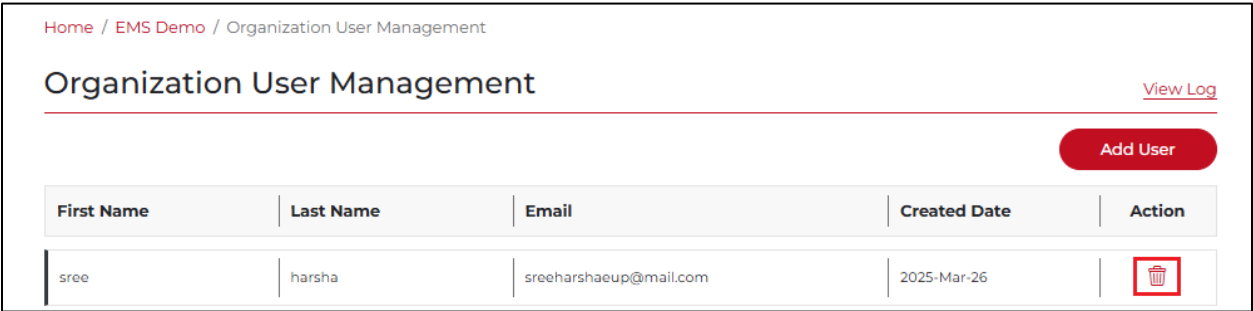


Figure 41 - Delete User

The pop-up message confirming the deletion appears.

- 2. Click on Confirm to delete the user.

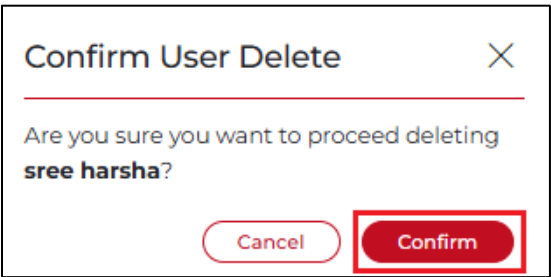


Figure 42 – Delete Confirmation popup

- 3. Once clicked, the user will be successfully deleted with a success message displayed on the screen.

7.3 View Log

All the actions performed to manage the users are logged and can be viewed under View Log. Click on View Log in the Organization User Management window to view the logs.

Home / EMS Demo / Organization User Management

Organization User Management

View Log

Add User

| First Name | Last Name | Email | Created Date | Action |
|------------|-----------|-----------------------|--------------|--------|
| sree | harsha | sreeharshaup@mail.com | 2025-Mar-26 | |

Figure 43 – View Log

Home / EMS Demo / Organization User Management

Organization User Management Logs

Back

Showing 1 - 4 of 4 Logs

| User Details | Action | Date & Time | Executed By |
|--------------------------------------|--------------|---------------------------|--------------------------------|
| sree harsha sreeharshaup@mail.com | User Deleted | 2025-Mar-26 08:58:28 AM | sumana ks Organization User |
| sree harsha sreeharshaup@mail.com | User Added | 2025-Mar-26 08:54:23 AM | sumana ks Organization User |
| EUPuser a eupuserstage@mail.com | User Added | 2025-Mar-26 08:54:13 AM | sumana ks Organization User |

Figure 44 – Organization User Management Logs

The user, action type, date and time of the action and the action executed by details are captured under View Logs. To close the logs, click on Back.

8 Organization Settings

The Organization Settings displays the organization details and all the registered programs. This tab is available only for the approved organizations.

- 1. In the User Dashboard, click on the organization name hyperlink in the Organization Details column.

User Dashboard

Total Organization Count: 150

My Organizations

Showing 1 - 3 of 3 Organizations

| Organization Details | Location Details | Program Type | Status |
|---|--|--|----------|
| domestic Test data Organization Code: DOTA05 | Location: United States State: Pennsylvania | Skilled Nursing Facility Heart Failure Certification | Pending |
| domestic Test data Organization Code: DOTA02 | Location: United States State: Oregon | Emergency Medical Services (EMS) | Approved |

Figure 45 - User Dashboard

2. In the organization page, click on Organization User Management from My Account dropdown.

100 YEARS

Bold Hearts

Quality & Certification Tool

Measures

Award

Home / [domestic Test data](#) / User Management

My Account

Volunteer

Donate

My Organizations

Organization User Management

Organization Settings

Sign Out

Figure 46 – My Account dropdown

Once clicked, the Organization Settings page opens.

8.1 Organization Details

All the details about the organization are available in the Organization Details tab. You can view the organization details and edit them if required.

Home / domestic Test data / Organization Settings

Organization Settings

domestic Test data

Registered Program(s): **Emergency Medical Services (EMS)** AHA EMS ID: **2072**

Organization Details

Program Details

Agreement Details

Organization Details

Organization Name

domestic Test data

Location

United States

Mailing Address

Baltimore, MD 21218, United States

City

Maryland

State / Province

Oregon

Zip Code / Postal Code

44657789

Website

N/A

Primary Contact Name

Miss. John

Primary Contact Phone Number

01234567890

Primary Contact Email Address

john@mailinator.com

Signatory Name

Mrs. Smith

Signatory Email Address

john@mailinator.com

Medical Director Name

Dr. tttttt

Medical Director Email Address


N/A

Electronic Health Record

No

Figure 47 – Organization Details

To edit the organization details:

1. Click on the Edit  icon.
2. Edit the required details and click on the Save button.

Home / domestic Test data / Organization Settings

Organization Settings

domestic Test data

Registered Program(s): **Emergency Medical Services (EMS)** AHA EMS ID: **2072**

Organization Details

Program Details

Agreement Details

Organization Details

Cancel Edit

Organization Name*

domestic Test data

(Enter 3 to 100 characters)

Location*

United States

Mailing Address*

Baltimore, MD 21218, United States

City*

Maryland

State / Province*

Oregon

Zip Code / Postal Code*

44657789

(Enter 2 to 9 characters)

Website

Primary Contact Name*

Miss

John

Phone*

01234567890

(Enter 10 to 20 characters)

Email*

john@mailinator.com

Signatory Name*

Mrs.

Smith

Email*

john@mailinator.com

Medical Director Name (if applicable)

Dr.

tttttt

Email

Does your site use an Electronic Health Record(EHR)?*

(Select NO if you are an EMS organization.)

Yes No

Cancel

Save

Figure 48 – Edit Organization Details

- 3. Once clicked, the changes will be saved throughout the application with a success message displayed on the screen.

Note:

- *Organization Name and Location fields are not editable.*

8.2 Program Details

This tab displays the details of programs associated with the organization. You can view the details of the program and edit them if required.

Home / domestic Test data / Organization Settings

Organization Settings

domestic Test data

Registered Program(s): **Emergency Medical Services (EMS)** AHA EMS ID: **2072**

Organization Details

Program Details

Agreement Details

Program Details

Selected Program

Emergency Medical Services (EMS)

American Heart Association(AHA) EMS ID

2072_Chesterfield Fire and Emergency Medical Services_Chesterfield_VA

Prior Year Award (2023)

Gold

EMS Agency State Identification Number

demo1234^&&8%\$

State associated with State ID above

Alabama

Pre-hospital Type

Governmental, Non-Fire

Agency Type

Response (Scene) without Transport Capability

Agency Level of Service

Licensed Practical Nurse (LPN)

ePCR Vendor

Documed Systems International, Inc.

Annual volume of suspected stroke patients


1

Annual volume of suspected heart attack patients

2

Figure 49 – Program Details

To edit the program details,

- 1. Click on the Edit  icon.
- 2. Do the required changes and click on the Save button.

Home / domestic Test data / Organization Settings

Organization Settings

domestic Test data

Registered Program(s): **Emergency Medical Services (EMS)** AHA EMS ID: **2072**

Organization Details


Program Details

Agreement Details

Program Details

Cancel Edit


* mandatory fields

American Heart Association(AHA) EMS ID  *

2072_Chesterfield Fire and Emergency ...

Prior Year Award (2023) *


Gold

EMS Agency State Identification Number  *


demo1234^&%\$

State associated with State ID above *


Alabama

Pre-hospital Type  *


Governmental, Non-Fire

Agency Type  *


Response (Scene) without Transport Capa...

Agency Level of Service  *


Licensed Practical Nurse (LPN)

ePCR Vendor  *

Documed Systems International, Inc.

Annual volume of suspected stroke patients  *

1

Annual volume of suspected heart attack patients  *

2

Cancel

Save

Figure 50 – Edit Program Details

- 3. Once clicked, the changes will be saved throughout the application with a success message displayed on the screen.

Note:

- *American Heart Association (AHA) EMS ID and Prior Year Award fields are not editable.*

8.3 Agreement Details

This tab displays all the agreement details registered with the organization. You can view the details and edit them if required.

Home / domestic Test data / Organization Settings

Organization Settings

domestic Test data

Registered Program(s): **Emergency Medical Services (EMS)** AHA EMS ID: **2072**

Organization Details

Program Details

Agreement Details

Agreement Details

First and Last Name of Signer

Smith edit bug ok admin

Title of Signer

Testing

Email of Signer

john@mailinator.com

Date

2023-Nov-20

Permissions Agreement:

☒ Recognition Events

☒ AHA website, digital media, mobile apps

☒ Conference banners and signage

☒ Program promotion as permitted


Exact Organization Name for Publications

test123rjgsdchd

Figure 51 – Agreement Details

To edit the agreement details:

1.

Click on the Edit  icon.
2.

Do the required changes and click on the Save button.

Home / domestic Test data / Organization Settings

Organization Settings

domestic Test data

Registered Program(s): **Emergency Medical Services (EMS)** AHA EMS ID: **2072**

Organization Details

Program Details

Agreement Details

Agreement Details

Cancel Edit

* mandatory fields

First and Last Name of Signer*

Smith edit bug ok admin

Title of Signer*

Testing

Email of Signer*

john@mailinator.com

Date

2023-Nov-20

Permissions Agreement:

☒ Recognition Events

☒ AHA website, digital media, mobile apps

☒ Conference banners and signage

☒ Program promotion as permitted

Enter exact agency name for publications*

test123rjgsdchd

(Enter 3 to 200 characters)

Cancel

Save

Figure 52 – Edit Agreement Details

3. Once clicked, the changes will be saved throughout the application with a success message displayed on the screen.

Note:

- Date and Permissions Agreement fields are not editable.

Version Control

| Title | Version Number | Version Date | Revision History | Created By | Reviewed By |
|---|----------------|--------------|--|-------------------|-------------|
| Quality and Certification Tool – User Manual (For Domestic Customers) | 1.0 | 11/12/2023 | | Girish Malagimani | Abijith M |
| | 1.1 | 24/01/2024 | | Girish Malagimani | Abijith M |
| | 1.2 | 15/02/2024 | | Girish Malagimani | Abijith M |
| | 1.3 | 21/05/2024 | | Girish Malagimani | Abijith M |
| | 1.4 | 08/08/2024 | | Girish Malagimani | Abijith M |
| | 1.5 | 26/11/2024 | | Girish Malagimani | Abijith M |
| | 1.6 | 23/01/2025 | Updated Measures section | Girish Malagimani | Abijith M |
| | 1.7 | 26/03/2025 | Updated Organization User Management section | Girish Malagimani | Abijith M |

END OF THE DOCUMENT