

VIRGINIA HEART ATTACK COALITION

MEMBER HANDBOOK



2026

EMS Engagement • Data • Regional Collaboration

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VIRGINIA HEART ATTACK COALITION

MEMBER RESOURCE HANDBOOK

Welcome to VHAC

The Virginia Heart Attack Coalition (VHAC) is a voluntary, statewide collaborative dedicated to improving systems of care for patients experiencing ST-elevation myocardial infarction (STEMI) and other acute cardiovascular emergencies. VHAC brings together healthcare professionals and organizations across the full continuum of care—including EMS agencies, hospitals, emergency departments, cardiology, nursing, and health system leadership—to strengthen coordination, reduce time to treatment, and improve outcomes.

VHAC partners with the Virginia Cardiac Services Quality Initiative (VCSQI) and is guided by a shared commitment to timely, equitable, and guideline-driven acute cardiovascular care for every Virginian, regardless of geography or socioeconomic status.

This handbook is intended for VHAC participants — including hospitals, EMS agencies, private practices, regional leaders, workgroups, and affiliates — as well as partner organizations. It serves as a practical guide to VHAC’s structure, expectations, resources, and opportunities for engagement.

Mission & Vision

Our Mission

To continuously improve cardiovascular systems of care in Virginia through education and data-driven collaboration with healthcare professionals and organizations, community partners, and patients.

Our Vision

All individuals seeking care in Virginia should have access to high-quality, patient-centered, equitable cardiovascular care

VHAC’s work is grounded in the belief that every patient experiencing a STEMI deserves timely recognition, coordinated care, and access to evidence-based reperfusion therapy—no matter where they enter the healthcare system.

A Message to Healthcare Professionals

Each year, thousands of individuals in Virginia require immediate care for ST-elevation myocardial infarction (STEMI) and other acute cardiac emergencies, underscoring the need for timely and equitable access to high-quality cardiovascular services. Despite advances in recognition and therapy, preventable disability and death persist. Evidence consistently shows that shorter time to reperfusion reduces mortality and improves outcomes, making rapid reperfusion a central goal of modern STEMI management.

National initiatives such as the American College of Cardiology's Door-to-Balloon (D2B) campaign, the American Heart Association's Mission: Lifeline program, Project Upstart, and numerous efforts by hospitals and EMS agencies have led to meaningful progress. However, substantial gaps remain. Many patients still present to facilities without 24/7 reperfusion capability, and access to rapid, definitive care too often depends on when and where a heart attack occurs. In an ideal system, a patient's chance of survival should not be determined by geography.

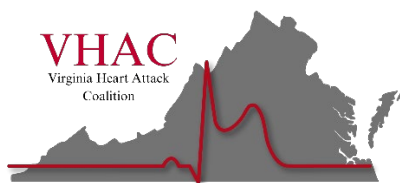
Addressing this challenge requires coordinated, system-wide collaboration. No single discipline or organization can succeed in isolation. Effective STEMI care depends on strong partnerships among EMS, emergency medicine clinicians, cardiologists, nurses, administrators, public health officials, and health system leaders.

VHAC exists to support this collaboration. The coalition brings together diverse stakeholders from academic and community hospitals, private practices, EMS agencies, and professional organizations to share best practices, coordinate regional care, analyze outcomes data, and expand access to education, funding, and resources.

We believe that closing gaps in care is achieved through collaboration and system improvement—not blame, fragmentation, or acceptance of the status quo. We invite you to join healthcare professionals across Virginia and beyond who are committed to improving outcomes for patients with acute cardiovascular emergencies. Together, we can ensure that every Virginian receives the care they deserve—everywhere, every time.

For historical context, VHAC's original founding letter to healthcare providers is available here:

 <https://www.vaheartattackcoalition.org/dear-healthcare-professional>



The Role of Leadership and the Three Strategic Pillars

Heart attacks and other acute cardiovascular emergencies are time-critical. Delays in recognition, activation, and transfer for definitive care directly impact patient outcomes. Improving survival and recovery requires more than individual clinical excellence—it requires coordinated systems of care that function reliably across EMS, emergency departments, and hospitals.

VHAC's Strategic Plan is organized around three core pillars:

EMS Engagement

- Educate, resource, and empower EMS agencies to improve early recognition, treatment, and rapid transfer of patients experiencing STEMI and other acute cardiovascular emergencies

Regional System Development

- Recruit and support Regional Leadership Teams
- Develop shared protocols
- Convene regular stakeholder meetings
- Align EMS, emergency department, and hospital processes to strengthen regional systems of care

Data-Driven Improvement

- Partner with the Virginia Cardiac Services Quality Initiative (VCSQI)
- Collect and disseminate performance and outcome metrics across hospitals and transfer agencies
- Identify gaps and variation in care and transfer processes
- Use data to drive continuous improvement

Through these pillars, VHAC provides the structure, tools, and statewide forum needed to:

- Identify system gaps and variation
- Share best practices across regions
- Align protocols and response strategies
- Use data to drive meaningful improvement

Strong leadership is essential to keeping this work focused, measurable, and sustainable. VHAC's founders and current leaders guide statewide efforts by:

- Championing EMS engagement and early recognition
- Advancing consistent, high-quality data collection and use
- Supporting regional collaboration tailored to local realities
- Aligning VHAC initiatives with national best practices, including ACC/AHA guidelines

Together, VHAC's mission, leadership, and collaborative model enable system-level improvements that no single organization could achieve alone.

Founders, Governance & Leadership

VHAC emerged from a grassroots effort by clinicians and system leaders across Virginia who recognized the need to connect regional STEMI improvement efforts into a coordinated, statewide collaborative.

- **Peter O'Brien, MD** – Co-Founder and current leader; interventional cardiologist and national expert in myocardial infarction systems of care
- **Michael C. Kontos, MD** – Co-Founder; clinical leader and national expert in acute coronary syndromes and emergency cardiology
- **David R. Burt, MD (Emeritus)** – Founding member and STEMI advocate; creator of Project UPSTART

Board of Directors

VHAC is governed by a Board of Directors that provides strategic oversight, organizational accountability, and long-term direction for the coalition. The Board supports VHAC's mission by ensuring alignment with statewide priorities, promoting sustainability, and reinforcing a culture of collaboration and continuous improvement.

The Board works in partnership with VHAC leadership, Regional Leads, and workgroups to:

- Guide strategic direction and priorities
- Support alignment with partner organizations, including VCSQI
- Provide oversight of major initiatives and partnerships
- Ensure the coalition remains mission-driven and responsive to member needs

Board members bring clinical, operational, and systems-level expertise across emergency cardiac care and related disciplines.

 <https://www.vaheartattackcoalition.org/board>

Affiliated Partners & Collaborative Network

VHAC's impact is strengthened through partnerships with organizations that contribute clinical expertise, operational infrastructure, and statewide reach, including:

- Virginia Chapter of the American College of Cardiology
- American Heart Association – *Mission: Lifeline*
- Virginia Office of Emergency Medical Services
- Virginia Hospital & Healthcare Association
- Virginia College of Emergency Physicians
- Virginia Department of Health

These partnerships help ensure VHAC's work is aligned with broader state and national cardiovascular priorities.

VHAC and VCSQI: A Strategic Partnership

VHAC works in close partnership with the Virginia Cardiac Services Quality Initiative (VCSQI) to align emergency cardiac systems with in-hospital quality improvement efforts.

- VHAC focuses on EMS engagement, emergency response, regional coordination, and system activation.
- VCSQI focuses on in-hospital care, registry data, benchmarking, and continuous quality improvement.

Together, this partnership creates a continuous improvement ecosystem—from first medical contact through definitive treatment and post-acute care—ensuring that improvements at one stage of care are reinforced across the entire system.

Participation Structure & Expectations

VHAC participation is structured to reflect the different ways organizations and individuals contribute to improving emergency cardiac care at the local, regional, and statewide levels. Engagement may include participation in hospital- or system-based STEMI councils, regional coordination and leadership activities, and statewide meetings, workgroups, and initiatives.

Categories of Participants

Hospitals – Data Submitting Participants

Hospitals or health systems that maintain active VCSQI membership, submit registry data, and actively engage in VHAC initiatives. These organizations form VHAC’s core data-driven participants, supporting benchmarking and collaborative improvement.

Hospitals – Non-Data Submitting (Supporting Participants)

Hospitals that contribute through education, meetings, and collaborative projects without formal data submission requirements.

EMS Agencies

Ground or air medical transport services, including interfacility transfer providers, that contribute to pre-hospital quality improvement, data sharing, and coordinated emergency cardiac response.

Affiliates

Healthcare clinicians, administrators, and quality professionals who participate independently in VHAC initiatives and are not directly affiliated with a hospital or health system, contributing expertise to support statewide improvement in emergency cardiac care.

Participation Expectations

Participation expectations promote engagement and continuity, not enforcement. Members are encouraged to attend statewide and regional meetings and participate in at least one workgroup or initiative, as operational capacity allows.

Category	Council Meetings	Regional Meetings	Workgroup / Initiative
Hospitals – Data Submitting	≥ 75%	≥ 75%	≥ 1
Supporting Hospitals – Non-Data Submitting	≥ 75%	≥ 75%	≥ 1
EMS Agencies	≥ 75%	≥ 75%	≥ 1
Affiliates	≥ 50%	≥ 50%	≥ 1

These engagement benchmarks are intended to promote continuity, shared learning, and meaningful collaboration while recognizing the operational realities of participating organizations.

How VHAC Sets Priorities

VHAC priorities are informed by member feedback, regional and statewide data, workgroup recommendations, and partner collaboration. Leadership and the Board work together to ensure initiatives align with VHAC’s mission and statewide needs.

Regional Structure & Leadership

VHAC operates through a regional engagement model that allows statewide recommendations to be implemented locally.

Each region is supported by a Primary and Alternate Regional Lead, who:

- Convene quarterly regional meetings
- Maintain participation rosters
- Support data submission and reporting
- Facilitate communication among EMS and hospitals
- Promote regional education sessions and training opportunities
- Elevate regional challenges and successes to statewide leadership

 <https://www.vaheartattackcoalition.org/regional-leads>

 [Regional Map](#)  [Regional Lead Job Description](#)

Regional collaboration ensures that statewide priorities reach every corner of Virginia in a way that fits local systems, builds leadership and trust, enhances communication and coordination, and supports shared learning and system improvement. VHAC’s Regional Leads and regional meetings are central to this model, creating a strong, connected network of emergency cardiac care across the Commonwealth.

Collaborative Council Meetings

Collaborative Council Meetings serve as the primary working forum for VHAC's statewide collaborative efforts. These meetings focus on active coordination, implementation, and continuous improvement across regions and workgroups, bringing together EMS agencies, hospitals, clinicians, regional leaders, and affiliates to support shared learning, system coordination, and data-informed improvement.

Collaborative Council Meetings are designed to:

- Review statewide and regional performance trends
- Share updates from clinical workgroups and regional initiatives
- Identify system gaps and opportunities for improvement
- Align EMS agencies, hospitals, and affiliates around shared priorities
- Highlight successful interventions and emerging best practices

To support consistent engagement and accountability, Collaborative Council Meetings follow a structured annual cadence aligned with VHAC's strategic priorities:

Annual Meeting Focus (Cadence maintained when possible; advance notice provided if rescheduled.)

- **January, April, July, October:** Council-focused discussions on system challenges, leadership priorities, and strategic initiatives
- **February, May, August, November:** Workgroup reporting and progress updates
- **March, June, September, December:** Regional reporting, including quarterly [VHAC Incident Report](#) submissions and review of data and performance trends

This structure ensures a balanced focus on data review, regional system development, workgroup accountability, and strategic leadership throughout the year, while allowing flexibility to address emerging issues and opportunities.

Statewide Meetings

VHAC Statewide Meetings are large-scale convenings that bring together stakeholders from across the Commonwealth to share progress, elevate priority issues, and reinforce collective commitment to improving emergency cardiovascular care. These meetings provide a broader forum for connection, visibility, and strategic alignment across regions and disciplines.

 <https://www.vaheartattackcoalition.org/meetings>

 <https://www.vaheartattackcoalition.org/meeting-archive>

Statewide Meetings are designed to:

- Present high-level statewide trends and emerging priorities
- Showcase regional successes and innovative system-level interventions
- Feature subject matter experts, including nationally recognized leaders, to provide perspective on evolving best practices in emergent and urgent cardiovascular care
- Promote cross-regional learning and relationship-building
- Reinforce shared goals and statewide direction for VHAC initiatives

Clinical Workgroups, Protocols & Resources

VHAC's work is carried out through active, multidisciplinary workgroups and task-oriented initiatives that translate shared goals into practical, system-level improvements.

VHAC-supported protocols emphasize patient-centered destination decisions, including transport to the closest appropriate PCI-capable facility, independent of health system affiliation, when clinically indicated.

 <https://www.vaheartattackcoalition.org/workgroups>

 <https://www.vaheartattackcoalition.org/category/all-products>

Resources include:

- Direct to Cath Lab
- Shock Care Protocol
- Pulmonary Embolism Response (PERT) Protocol
- Thrombolytic Treatment Guidance
- ECG education and case review tools
- Data collection and review templates

These resources are designed to support real-world decision-making, shared learning, and consistent practice across regions.

Data Collection & Use

VHAC promotes timely, bidirectional feedback of system performance data to EMS agencies, emergency departments, and referring facilities to support shared learning and continuous improvement.

VHAC's work is grounded in a non-punitive, system-focused approach that emphasizes collaboration and improvement rather than individual blame. Data collection and sharing are intended to be fair, accurate, and improvement-focused, with appropriate use of blinded or de-identified data to promote trust and meaningful collaboration.

Data is foundational to VHAC's improvement efforts. Standardized data collection allows the coalition to identify variation, track progress, and focus improvement where it matters most.

VHAC supports data collection related to:

- NCDR CPMI
- AHA Get With The Guidelines (GWTG)

While registry data provide foundational performance insights, VHAC also utilizes standardized, coalition-developed data collection tools to capture system-level processes and support targeted quality improvement.

Shock Data Collection Form

Used to capture key clinical and system-of-care data for patients experiencing cardiogenic shock. This form supports evaluation of early recognition, escalation pathways, interfacility coordination, and outcomes, helping regions identify gaps and improve shock response systems.

 <https://form.jotform.com/243504510972049>

Pulmonary Embolism Response Team (PERT) Data Collection Form

Captures system-level and clinical data related to acute pulmonary embolism cases requiring coordinated response. This form supports evaluation of activation processes, multidisciplinary collaboration, and timeliness of care.

 <https://form.jotform.com/243504491071047>

VHAC Incident Report

A standardized reporting tool used by regions to summarize key system-of-care metrics and discussion points from regional or statewide case reviews. This form supports shared learning, trend analysis, and identification of improvement opportunities across regions.

 <https://www.jotform.com/form/223036474860153>

 [VHAC JotForm Instructions](#)

Data is used to inform discussion, guide workgroup priorities, and support system-level improvement, not to penalize individual providers or organizations.

Getting the Most Out of VHAC

Members are encouraged to:

- Subscribe to VHAC communications
- Connect with the Regional Leaders
- Attend statewide and regional meetings
- Participate in relevant workgroups
- Submit applicable data and feedback

Members Page

A secure hub where members access shared resources, internal tools, workgroup materials, and collaborative updates.

 <https://www.vaheartattackcoalition.org/members>

Partner & Promote

A collection of branding assets, messaging tools, and promotional materials that help members highlight their involvement in VCSQI.

 <https://www.vcsqi.org/partner-promote>

VHAC evolves through member input, shared experience, and continuous refinement of systems and strategies.

Member Profile & Site Access

Your Member Profile provides secure access to VCSQI's digital resources and ensures you receive updates relevant to your work.

What Your Profile Allows You to Do:

- Update your contact information and organizational affiliation
- Manage notifications and communication preferences
- Access protected documents, data dashboards, and meeting archives
- Participate in forums, workgroups, and site member interactions

How to Update Your Profile:

1. Log in via the Member Login button on the site
2. Click your user icon in the upper-right corner
3. Select My Account
4. Update your details and save changes

Keeping your profile current ensures smooth communication across the collaborative.

Email Subscription & Communications

VHAC communicates important updates, meeting reminders, and new resources through our mailing list. Members are encouraged to subscribe via the website's [Subscribe](#) section to ensure they receive all relevant communications.

 <https://www.vaheartattackcoalition.org/subscribe>

Email Deliverability & Whitelisting

To ensure you receive VHAC communications—including meeting reminders, protocol updates, announcements, and collaborative opportunities—please whitelist our email addresses within your organization’s email system. Adding VCSQI and VHAC to your safe-sender list helps prevent messages from being filtered into spam or blocked by security settings.

Recommended action:

Share our primary email addresses with your IT department and request that they be added to your organization's safe-sender or approved domain list.

 <https://www.vcsqi.org/whitelist>

A Living Resource

This handbook is a living document and will evolve as VHAC initiatives, workgroups, and statewide priorities develop. Members are encouraged to revisit this guide regularly and stay connected through VHAC communications.

Thank you for your commitment to improving cardiovascular care in Virginia. Through EMS engagement, shared data, and regional collaboration, VHAC members are strengthening systems of care, supporting healthcare professionals, and improving outcomes for patients across the Commonwealth. Your participation helps ensure this work continues to grow, adapt, and save lives.

