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**Bureau of Emergency Medical Services and Preparedness**

**Utah STEMI/PCI Center Designation Application**

**Application Date:**

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| --- | --- |
| **Hospital Name:** | **Address:** |
| **Administrator:** | **Phone Number:** |
| **Email Address** |
| **Emergency Department Medical Director:** | **Phone Number:** |
| **Email Address:** |
| **Emergency Department Nurse Manager:** | **Phone Number:** |
| **Email Address:** |
| **Person Completing this Application:** | **Phone Number:** |
| **Email Address:** |
| **Number of Licensed Beds:** |  |

THE RESPONSES TO THESE QUESTIONS AND ALL SUBMITTED DATA ARE REQUIRED IN ACCORDANCE WITH STATE RULE: R426-1200 AND WILL BE USED EXCLUSIVELY FOR STATE DESIGNATION AND PERFORMANCE IMPROVEMENT PURPOSES PLEASE RESPOND AS ACCURATELY AS POSSIBLE

If you need information about how to respond to a question, please e-mail Carl Avery, RN, CFRN at carlavery@utah.gov Or Call 385-522-1685

**Rev. 1/2019**

***For Department Use Only***

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| **Cardiovascular/Cath Lab Staffing** | **Yes** | **No** |
| 1. Does the hospital have cardiovascular surgery available in house or by transfer agreement with another hospital? |  |  |
| 2. Is there a designated STEMI/PCI Coordinator? (need not be a full time position) |  |  |
| 3. Does the Hospital have a Cardiovascular/Cath laboratory with 24/7 staffing either in house or on call? |  |  |
| 4 Does the Hospital have 24/7 coverage of the Cath lab by a board certified interventionalist either in house or on call? |  |  |
| 5. Does the Cardiovascular/Cath lab have access 24/7 to echocardiography and an intra-aortic balloon pump? |  |  |
| 6. How many procedures are performed annually? **Procedures \_\_\_\_\_\_** |  |  |
| **Emergency Department Requirements** |  |  |
| 7. Does the hospital have pre-hospital ECG telemetry/fax/e-mail receiving capability? |  |  |
| 8. Is there a call schedule for the Cardiovascular/Cath Lab interventionalist? |  |  |
| **Requirements (Continued)** | **Yes** | **No** |
| 9. Is there a system in place to communicate Cath Lab status and availability to the Emergency Department? |  |  |
| 10. Is there a standard STEMI protocol in place? |  |  |
| 11. Is there an alternate STEMI protocol in place if the cath lab is not available, e.g., thrombolysis? |  |  |
| **Quality Improvement Plan** |  |  |
| 12. Is the hospital able to demonstrate the presence o f at least a Quarterly M&M conference/STEMI Committee meetings with EMS, Cardiology, Emergency Medicine, and CV Surgery? |  |  |
| 13. Can the hospital demonstrate Prompt (<48 hours) feedback to delivering EMS agency regarding patient findings at catherization |  |  |
| 14. Will the hospital collect and report quality improvement data to the DOH Stroke Program on a quarterly basis? |  |  |
| **Survey Checklist** |  |  |
| **The following items should be available in the hospital at the time of the designation visit:**   * + Cardiovascular Interventionalist Call Roster   + Standard STEMI treatment protocol   + Alternate STEMI treatment protocol   + ACLS Certification of Cardiovascular/Cath Lab personnel   + Formal written Cardiovascular/Cath Lab call roster   + STEMI/PCI Quality Data Plan and Elements |  |  |
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If you have any questions concerning this application, please contact Carl Avery, RN, CFRN at carlavery@utah.gov, or 385-522-1685.