



- C. Proposed Catheterization Lab Contact (if different from Nursing Coordinator):  
(Attach resume)

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### III. STEMI CENTER REQUIREMENTS

- A. Is hospital licensed by the California Department of Health Services and **approved** for emergency percutaneous coronary interventions (PCI)? Yes  No   
(Provide copy of CDPH License)
- B. Number of PCIs per year: \_\_\_\_\_  
(PCI will be defined as a therapeutic coronary intervention such as angioplasty, stent placement, etc. Total personally performed therapeutic PCIs per year at all institutions, not just this hospital. This would include any PCI as defined above and not restricted to acute myocardial infarction.)
- C. Is there a cardiovascular surgical call panel? Yes  No   
(Provide copies of Interventional Cardiologists daily roster On-Call Schedules (primary and back-up) and proof that physician will be promptly available within 30 minutes of notification)
- D. Cath Lab Team? Yes  No   
(Provide copies of Cath Lab Team daily roster On-Call Schedules (primary and back-up) and proof that team will be promptly available within 30 minutes of notification)
- E. Does hospital have a special permit for cardiovascular surgery? Yes  No   
(Provide copy of CDPH License)
- F. Number of cardiovascular surgeries per year: \_\_\_\_\_
- G. Cardiovascular Surgeon? Yes  No   
(Provide copies of Cardiovascular Surgeons daily roster On-Call Schedules (primary and back-up) and proof that physician will be promptly available within 30 minutes of notification)
- H. Is hospital currently accredited by the Society of Chest Pain Centers? Yes  No   
(Provide copy of current accreditation documentation)
- I. Is hospital currently accredited with PCI? Yes  No   
(Provide copy of current accreditation documentation)
- J. Does hospital have the capability to place Intra-Aortic Balloon Pump (IABP) **AND** have a technician on-call at all times? Yes  No   
(Provide policy and/or on-call process or schedule)
- K. Is there a dedicated phone line, capable of being answered 24 hours per day, seven days per week, for paramedic notification of STEMI patients? (A recorded phone line is mandatory for base hospitals.) Yes  No   
(Provide policy and/or on-call process or schedule)

**IV. INTERNAL HOSPITAL POLICIES**

*(Provide copy of policy for each Items A-F below)*

- A. Is there currently a hospital policy for the treatment of myocardial infarction that define who shall receive emergent angiography and who shall receive emergent fibrinolysis? Yes  No
- B. Does the policy include diversion of STEMI patients *only* during times of Internal Disaster designation? Yes  No
- C. Is there currently a hospital policy regarding prompt acceptance of STEMI patients from other STEMI Referral Hospitals that do not have PCI capability? Yes  No
- D. Is there currently a hospital policy for Cath Lab activation? Yes  No
- E. Are there current hospital policies for data collection and quality improvement that meet requirements outlined in ICEMA Reference # 6070 - Data Collection and Continuous Quality Improvement Program sections? Yes  No
- F. Does the hospital provide continuing education opportunities for EMS personnel in areas of 12-lead ECG acquisition and interpretation, as well as assessment and management of STEMI patients?  
*(Provide copies of schedule or flyers)* Yes  No

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*On behalf of the above named hospital and physicians, I agree to all provisions identified in ICEMA Reference #6070 - Cardiovascular ST Elevation Myocardial Infarction Receiving Centers Criteria and Destination Policy.*

\_\_\_\_\_  
Signature - Chief Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**V. STEMI ON-CALL PHYSICIANS**

**CARDIOLOGISTS PROPOSED  
ON-CALL FOR EMS DELIVERED PATIENTS**

<u>Physician Name</u>	<u>Hospitals Privileged for PCI</u>	<u>PCIs per year</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

**CARDIOVASCULAR SURGEONS PROPOSED  
ON-CALL FOR EMS DELIVERED PATIENTS**

<u>Physician Name</u>	<u>Hospitals Privileged for PCI</u>	<u>PCIs per year</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____

Submit the completed application and fee to ICEMA at the address listed, attention to Christine Yoshida-McMath. Direct questions to her at (909) 388-5803 or via e-mail at Chris.Yoshida-Mcmath@cao.sbcounty.gov.