



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY**
Serving
San Bernardino, Inyo & Mono Counties

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**ST ELEVATION MYOCARDIAL INFARCTION
CRITICAL CARE SYSTEM DESIGNATION
APPROVAL APPLICATION**

Application Fee: \$5,000

I. HOSPITAL INFORMATION

Name: _____

Address: _____
Number & Street City State Zip

Contact: _____
Name Title

Phone #: _____ E-mail: _____

II. STAFFING REQUIREMENTS

Medical Directors (Attach resumes, copies of board certification and medical staff privileges)

Proposed STEMI Program Co-Medical Director:

Name: _____

Phone #: _____ E-mail: _____

Board certified in Emergency Medicine? Yes No

Board certified in Cardiology? Yes No

Proposed STEMI Program Co-Medical Director:

Name: _____

Phone #: _____ E-mail: _____

Board certified in Emergency Medicine? Yes No

Board certified in Cardiology? Yes No

Proposed STEMI Program Nurse Manager: (Attach resume)

Name: _____

Phone #: _____ E-mail: _____

Proposed Catheterization Lab Contact (if different from Nurse Manager): (Attach resume)

Name: _____

Phone #: _____ E-mail: _____

III. STEMI CENTER REQUIREMENTS

- A. Is the hospital licensed by the California Department of Health Services and **approved** for emergency percutaneous coronary interventions (PCI)? (Provide copy of CDPH license) Yes No
- B. Does the hospital have a special permit for cardiovascular surgery? (Provide copy of CDPH license) Yes No
- C. Is the hospital currently accredited by the American College of Cardiology? or The Joint Commission (TJC) as an Advanced Primary Heart Attack Center (Provide copy of current accreditation documentation) Yes No
- D. Is the hospital currently accredited with PCI? (Provide copy of current accreditation documentation) Yes No
- E. Does the hospital meet all requirements of the current ICEMA Reference #6070 - ST Elevation Myocardial Infarction Critical Care System Designation? Yes No
- F. Does the hospital meet all requirements of the California Code of Regulations, Title 22, Division 9, Prehospital Emergency Medical Services, Chapter 7.2, STEMI Critical Care System? Yes No
- G. 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.)
- H. Does the hospital have a cardiovascular surgical call panel? (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) Yes No
- I. Does the hospital have a Cath Lab Team? (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) Yes No
- J. Number of cardiovascular surgeries per year: _____
- K. Does the hospital have a Cardiovascular Surgeon? (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) Yes No

- L. Does the hospital have a on full-time equivalent registrar dedicated to the Registry to process the data capturing the ICEMA identified data sets for each 500 - 750 patients in the Registry? (Provide policy and/or on-call process or schedule) Yes No
- M. Does the hospital have a dedicated phone line, capable of being answered 24 hours per day, seven (7) days per week, 365 days per year, for paramedic notification of STEMI patients? (A recorded phone line is mandatory for hospitals.) (Provide policy and/or on-call process or schedule) Yes No

IV. INTERNAL HOSPITAL POLICIES (Provide copy of policy/policies for each Item A - E below)

- A. Does the hospital have a 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. Does the hospital have a policy regarding prompt acceptance of STEMI patients from other STEMI Referral Hospitals that do not have PCI capability? Yes No
- D. Does the hospital have a policy for Cath Lab activation? Yes No
- E. Does the hospital have policies for data collection and quality improvement that meet requirements outlined in ICEMA Reference # 6070 - ST Elevation Myocardial Infarction Critical Care System Designation? 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

On behalf of the above named hospital and physicians, I agree to all provisions identified in ICEMA Reference #6070 - ST Elevation Myocardial Infarction Critical Care System Designation.

Signature - Chief Executive Officer

Date

Print Name

Submit the completed application and fee to ICEMA, attention to Loreen Gutierrez, Specialty Care Coordinator. Questions may be directed to her at (909) 388-5803, or via e-mail at loreen.gutierrez@cao.sbcounty.gov.