

ACUTE CARDIAC READY HOSPITAL DESIGNATION APPLICATION

Division of Emergency Medical Systems
 1720 Burlington Dr – Suite A • Bismarck ND 58504-7736
 701-328-2388 • 701-328-0357 (f) • dems@nd.gov • health.nd.gov
 SFN (12/2021)

INSTRUCTIONS: This form must be submitted in its entirety with all required documentation to be considered for designation.

Facility Name		Telephone Number	
Street Address / PO Box	City	State	Zip Code
Mailing Address	City	State	Zip Code
The above-named facility is requesting <input type="checkbox"/> Designation <input type="checkbox"/> Re-designation <input type="checkbox"/> Not eligible for designation as an Acute Cardiac Ready Hospital (ACRH) in the state of North Dakota. If applicant is not eligible for designation, they are required to only complete page 1.			
CEO/Administrator			
Chief Medical Officer			
Medical Director of Cardiac Program			
Director of Nursing/CNO			
Telephone Number		Email	
STEMI Coordinator (name, credentials, and title)			
Telephone Number		Email	
Address	City	State	Zip Code
Email		Telephone Number	

For DEMS Use Only

Designation Number	
Date Issued	
Approved By	
Processed By	Process Date

Facility Name	
Does this facility have an emergency department? Yes No	
List all physicians taking ED call and their specialty.	
Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty
List all advanced practice providers (nurse practitioners and physician assistants) taking ED call and their specialty.	
Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty
Name	Specialty
List EMS services transporting patients to the ED or transferring patients from this facility to a higher level of care (PCI capable center/STEMI Receiving Center). Specify their level of care.	
EMS Agency	Level of Care
EMS Agency	Level of Care
EMS Agency	Level of Care
EMS Agency	Level of Care
EMS Agency	Level of Care

Facility Name		
Do local EMS personnel have the ability to communicate 12-lead ECGs?	Yes	No
Can your facility receive transmitted 12-lead ECGs from EMS?	Yes	No
If no, explain why?		
Is the facility STEMI policy/protocol reviewed and revised annually?	Yes	No
Does this facility participate in the North Dakota State Cardiac Registry?	Yes	No
Do members of the STEMI Team and all emergency personnel receive annual STEMI and Tenecteplase education?	Yes	No
Are all members of the STEMI Team ACLS certified?	Yes	No
Does this facility have a STEMI activation log?	Yes	No
Does this facility have a written transfer agreement with at least one PCI-capable or STEMI receiving center that has coverage on a 24/7 basis?	Yes	No
Does this facility have a STEMI quality improvement program?	Yes	No
Does this facility use telemedicine services?	Yes	No
Telemedicine provider response time after being deemed medically necessary:		
Describe your STEMI cardiology consult process. Which facility(ies) do you consult on STEMI care?		
Is this facility a designated smoke free campus?	Yes	No

Lab Department

Does this facility have a lab department?	Yes	No
If yes, does this lab department have 24-hour coverage?	Yes	No
Hours staffed in-house:		
Coverage when not in-house:		
Response Time:		
Standard analysis of cardiac biomarkers	Yes	No

Facility Name

Pharmacy Capabilities

Tenecteplase available	Yes	No
How many doses of Tenecteplase (TNK) do you have available 24/7?		
Brillinta (ticagrelor) available?	Yes	No
Plavix (clopidogrel) available?	Yes	No
Heparin available?	Yes	No
What are your protocols for Heparin, Brillinta, and Plavix administration?		

Include the following documentation when submitting completed application:

All STEMI protocols used for the treatment and triage of STEMI patients in the Emergency Department
If not included in your STEMI policy/protocol, submit your STEMI activation protocol
STEMI log or verification of use of nationally recognized stroke data registry
STEMI process improvement program documentation with review of quality metrics
Off hours coverage scheduled for STEMI team (Providers, nurses, lab personnel) for the past month
STEMI treatment guidelines
STEMI protocols used for treatment and triage of acute STEMI patients in the emergency department
Fibrinolytic therapy protocol, including contraindication checklist
Fibrinolytic therapy order set
Copy of EMS triage and transport agreement
Transfer agreement with at least one primary percutaneous coronary intervention (PCI) center
Documentation supporting annual public awareness campaign provided to community