

**CARDIOVASCULAR RECEIVING CENTER APPLICATION (# 5501)**

This form can be completed electronically. Place your cursor next to "hospital name" and tab through the remaining fields

**Hospital Name:**

**Date:** / /

**Dedicated phone number for paramedic call-ins:** -

**Do you have a special permit for cardiac catheterization?**  Yes  No

**Number of percutaneous coronary interventions (PCI)<sup>1</sup> per year:**

**Do you have a special permit for cardiovascular surgery?**  Yes  No

**Name of proposed medical director:**

Meets the requirements for medical director in section 2.2?  Yes  No

**Name of nursing director for this program:**

Meets the requirements for nursing director in section 2.2  Yes  No

**Catheterization lab contact:** name: phone: -

Cardiologists proposed for on-call list:	
Name	Number of PCIs per year <sup>2</sup>

**Do you participate in the Alameda County NCDR?**  Yes  No

**Do you have a cardiovascular surgical on-call panel available at all times?**  Yes  No

**Do you have the capability to place an intra-aortic balloon pump (IABP)?**  Yes  No

Do you have a technician on-call at all times?  Yes  No

**Do you have a policy on the treatment of myocardial infarction that includes emphasis on rapid treatment?**  Yes  No

**Do you have data and quality improvement policies that meet the requirements of sections 2.4 and 2.5?**  Yes  No

**Do you have a data system that identifies the time the cath lab team was notified and time of stent placement / balloon inflation?**  Yes  No

<sup>1</sup> PCI is defined as a therapeutic coronary intervention such as angioplasty, stent placement etc.

<sup>2</sup> Total personally performed PCIs per year at all institutions, not just this center. This would include any PCI as defined above and not restricted to acute myocardial infarction.