



Community Health Systems
PO Box 47853
Olympia WA, 98504-7853

Level 2 Cardiac Center Certification Statement

I, _____ (CEO/COO), on behalf of _____ (hospital), voluntarily agree to participate in the Washington State Emergency Cardiac and Stroke System as a Level II Cardiac Center. We will work with emergency medical services and other hospitals in our area to streamline triage and transport of cardiac patients and participate in regional quality improvement activities, as available.

I certify that:

- A. The information and documentation provided in this application is true and accurate.
- B. This hospital meets the criteria to be categorized as a Level II Cardiac Center as defined in the criteria checklist and provides these services 24/7.
- C. Our hospital is committed to improving emergency response and treatment of acute coronary syndrome, heart attack, and cardiac arrest.
- D. We will participate in a national, state, or local data collection system that measures cardiac and stroke system performance from patient onset of symptoms to treatment or intervention, as required by [RCW 70.168.150](#).
- E. We will notify the Department of Health immediately if we are unable to provide the level of cardiac service we've committed to in this application.

Chair, Governing Entity (Hospital Board)

Date

Chief Executive Officer

Date

Cardiac Service Director

Date

Cardiac Care Coordinator

Date

Emergency Department Medical Director

Date

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