



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

Level 2 Cardiac Center Documentation Checklist

Please reference this checklist prior to submitting your application to ensure all information and materials are submitted for a complete application.

- ☐ Description of the cardiac team.
- ☐ Cardiac team activation policy and criteria based on EMS pre-arrival notification.
- ☐ Evidence of coordination with Emergency Medical Services providers, including:
 - Prehospital assessment (e.g., EKG, fibrinolytic checklist)
 - Prehospital notification language and system activation (e.g., Code STEMI, cardiac arrest with ROSC)
 - Prehospital treatment protocols (e.g., medications, IVs, AED; can be EMS protocols)
 - Prehospital destination planning/transport procedures (e.g., the county level transport guidance, such as in county operating procedures)
- ☐ No divert policy for all patients who meet the "Immediate" or "High Risk" criteria as described in the Washington State Prehospital Cardiac Triage Destination Procedure and a back-up plan for situations when the hospital's cardiac care resources are temporarily unavailable.
- ☐ Chest discomfort protocol.
- ☐ Other acute coronary syndrome symptoms.
- ☐ Triage protocol for ED walk-ins presenting with symptoms of acute coronary syndrome, including atypical symptoms.
- ☐ Targeted temperature management protocol for appropriate post-cardiopulmonary arrest patients with return of spontaneous circulation.
- ☐ Fibrinolytic checklist to assess for contraindications and immediate transfer process for situations when the cath lab is temporarily unavailable and fibrinolytics might be used.
- ☐ Transfer protocols or guidelines for patients in need of specialized care via ground or air at the highest level of care available, preferably critical care.
- ☐ Referral policy or protocol for cardiac rehabilitation, including referral criteria (AMI, CABG, PCI, stent, valve replacement, etc.) and how referral is to occur, e.g., prescription given to patient, paper or electronic referral sent to rehab program for follow up with patient, etc.
- ☐ Documentation or description of data collection system.
- ☐ Method to measure performance on door-to-balloon time.
- ☐ Internal multi-disciplinary quality improvement activities or plan. Include who's involved, how care is evaluated (e.g., case reviews, data review), what's done about problems identified, and how often the activities occur.

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email doh.information@doh.wa.gov.