



Sacramento County EMS Agency STEMI Receiving Center (SRC) Application Packet

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Emergency Medical Services Agency

9616 Micron Ave, Suite 960
Sacramento, California 95827
916.875.9753

<http://www.dhs.saccounty.net/PRI/EMS/Pages/EMS-Home.aspx>

Sacramento County EMS Agency STEMI Receiving Center (SRC) Application for Designation Instructions

Thank you for your interest in applying to be designated as a STEMI Receiving Center for Sacramento County. Please carefully review the application instructions prior to submitting your application packet.

As part of our STEMI Critical Care System in Sacramento County, we offer hospitals a designation process which identifies the hospital as a “STEMI receiving center”. A STEMI receiving center is a hospital that receives prehospital patients from Sacramento County and has Chest Pain Certification by The Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Patient meeting STEMI alert criteria will be appropriately triaged to the appropriate STEMI-receiving center.

The process for application as a STEMI Receiving Center in Sacramento County includes:

Step 1:

- ❖ Completion of the STEMI Receiving Center Designation Application (attached)
- ❖ Documentation of Chest Pain Certification by The Joint Commission (TJC)

Step 2. Once SCEMSA receives and reviews the application the following will be sent to the appropriate personnel for review and signatures:

- ❖ Agreement to abide by the Sacramento County STEMI Designation Policy
- ❖ Documentation of all items listed as required in the STEMI Designation Policy
- ❖ Signed contracts that define roles and responsibilities of stakeholders, confidentiality, data access and management as well as the CQI processes
- ❖ Informational site visits by EMS Agency staff
- ❖ Fees of **\$13,000** annually per designated STEMI center for supporting STEMI system oversight, data management, and community educational efforts. Fees will be collected by Sacramento County EMS with the first installment due with signed contract.
- ❖ Fees of **\$6,500** annually per designated STEMI Center, out of county, for supporting STEMI system oversight, data management, and community education efforts. Fees will be collected by Sacramento County EMS Agency with the first installment due with signed contract.

A completed application including all supporting documents can be submitted via mail to:

Sacramento County EMS Agency
9616 Micron Ave, Suite 960
Sacramento, California 95827
916.875.9753

Or can be emailed to: SCEMSAINFO@saccounty.net



Sacramento County Emergency Medical Services Agency (SCEMSA)
9616 Micron Avenue, Suite 960
Sacramento CA 95827
Tel: (916) 875-9753 / Fax: (916) 854-9211
Email: SCEMSAInfo@saccounty.net

STEMI RECEIVING CENTER DESIGNATION APPLICATION

Please check one:

Initial In County Designation \$13,000

Re-Designation In County \$13,000

Initial Out of County Designation \$6,500

Re-Designation Out of County \$6,500

*Application processing requires a minimum of **30 business days** once all materials are received.*

Hospital Name:

Physical Address:

City:

State:

Zip:

Mailing Address:

City:

State:

Zip:

Phone:

Completion Date:

Name and Credentials of Person Completing the Form:

Title:

Hospital Department:

E-mail:

Phone:

Hospital STEMI Program Medical Director Name:

Phone:

Email:

Hospital STEMI Program Coordinator Name:

Phone:

Email:

Does your Hospital currently possess a Chest Pain Certification from The Joint Commission (TJC)? Yes No

- If yes, what was the most recent date of certification? _____
- Attach Documentation of TJC Certification
- Please list the expected date of your next Joint Commission evaluation for Cardiac Care Center re-certification: _____

If no, are you in the process of applying or planning to apply for certification? Yes No

- If yes, when do you anticipate certification completion? _____

FOR SCEMSA USE ONLY

EMS Site Visit to STEMI Receiving Center:
 Written Contract in place:

Staff initials _____ Date of visit _____
 Staff initials _____ Expiration _____

*Application will be considered complete once all documents are received and SCEMSA receives payment of the annual designation fee. Please email completed application and all required documents to SCEMSAInfo@saccounty.net



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Hospital Department:

E-mail:

Phone:

Hospital STEMI Program Medical Director Name:

Phone:

Email:

Hospital STEMI Program Coordinator Name:

Phone:

Email:

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