



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION OF HEALTH STANDARDS AND LICENSURE
APPLICATION FOR ST-ELEVATION MYOCARDIAL INFARCTION (STEMI)
CERTIFIED HOSPITAL DESIGNATION

SECTION A

In accordance with the requirements of Chapter 190, RSMo, and the applicable regulations, this application is hereby submitted for designation as a STEMI center. Please complete all information.	Organization's STEMI Identification Number
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Current STEMI Certification Organization and Level		
<p align="center">LEVEL I</p> <input type="checkbox"/> Joint Commission, Comprehensive Cardiac Center	<p align="center">LEVEL II</p> <input type="checkbox"/> American Heart Association, Mission Lifeline Percutaneous Coronary Intervention (PCI)/ STEMI Receiving Center <input type="checkbox"/> American College of Cardiology, Chest Pain with PCI Center <input type="checkbox"/> American College of Cardiology, Chest Pain with PCI and Resuscitation Center	<p align="center">LEVEL III</p> <input type="checkbox"/> American Heart Association, Mission Lifeline Non/PCI STEMI Referral Center <input type="checkbox"/> Joint Commission, Chest Pain Center <input type="checkbox"/> Joint Commission, Primary Acute Myocardial Infarction (AMI) Center <input type="checkbox"/> American College of Cardiology, Chest Pain Center

HOSPITAL INFORMATION

Name of Hospital (Name to Appear on Designation Certificate)	Telephone Number	
Address (Street and Number)	City	Zip Code

PROFESSIONAL INFORMATION

Chief Executive Officer	Chairman/President of Board of Trustees
STEMI Medical Director (Name, email, and contact phone number)	STEMI Program Manager (Name, email, and contact phone number)

Section B

The following should be submitted to the department as indicated:

- Proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology with the expiration date of the certification.
- Copy of the final STEMI survey results from the Joint Commission, American Heart Association or American College of Cardiology.

If applying for Level III STEMI Center designation, the following should be submitted to the Department:

- Formal agreement with Level I or Level II STEMI center for physician consultative services for evaluation of STEMI patients.

CERTIFICATION

We, the undersigned, hereby certify that:

A. We will annually and within thirty (30) days of any changes submit to the department proof of STEMI certification with the Joint Commission, American Heart Association or American College of Cardiology.

B. We will annually and within thirty (30) days of any changes submit to the department names and contact information of our medical director and the program manager of the STEMI center.

C. We will submit to the department a copy of our final STEMI certification survey results from the Joint Commission, American Heart Association or American College of Cardiology within thirty (30) days of receiving such results.

D. We will participate in the emergency medical services regional system of STEMI care in our respective emergency medical services region as defined in 19 CSR 30-40.302.

E. We will participate in local and regional emergency medical services systems by reviewing and sharing outcome data and providing training and clinical educational resources.

F. We will submit data to meet the data submission requirements outlined in section 190.241, RSMo, and 19 CSR 30-40.760.

G. We understand that our designation as a STEMI center by the department shall continue only if our hospital remains certified as a STEMI center by the Joint Commission, American Heart Association or American College of Cardiology.

Date of application _____

Signed _____ Chairman/President of Board of Trustees, Owner, or one Partner of Partnership	Signed _____ Hospital Chief Executive Officer
Signed _____ STEMI Medical Director	Signed _____ Director of Emergency Medicine

