

# STEMI Receiving Center Designation

A STEMI Receiving Center is a hospital with personnel, infrastructure, and expertise to diagnose and treat STEMI patients who require intensive medical and surgical care, specialized tests, or interventional therapies. The types of patients who might use and benefit from a STEMI Receiving Center include, but are not limited to, patients with ST-elevation myocardial infarction (STEMI), and other acute coronary sydromes (ACS), including Non-ST-elevation myocardial infarction (N-STEMI) and unstable angina.

The Minnesota Department of Health (MDH) has the authority to designate hospitals as STEMI Receiving Centers through [Minnesota Statute 144.4941 (https://www.revisor.mn.gov/statutes/cite/144.4941)](Minnesota%20Statute%20144.4941%20%28https%3A//www.revisor.mn.gov/statutes/cite/144.4941%29). The criteria for state designation of STEMI Receiving Centers is determined by nationally-recognized certification bodies. MDH will utilize evidence of certification by these bodies for state designation. Currently, MDH recognizes the certification programs listed below as consistent with the Minnesota STEMI Receiving Center designation:

* ACC Chest Pain Center with Primary PCI
* ACC Chest Pain Center with Primary PCI and Resuscitation
* ACE Cath/CPI
* DNV Healthcare Chest Pain Program (Chest Pain & STEMI Receiving Programs/PCI-Capable)
* The Joint Commission/AHA Primary Heart Attack Center Certification
* The Joint Commission/AHA Comprehensive Cardiac Center Certification

Before initiating the certification process with a nationally-recognized certification body, contact the MDH CVH Unit (health.heart@state.mn.us) to verify that your chosen certification program is consistent with Minnesota STEMI Receiving Center criteria.

New or modified certification programs must be consistent with the following key criteria:

* Certification or Designation by an independent certification body with national reach
* Protocols for triage, diagnosis and cath lab activation for emergency STEMI
* Collaboration with EMS for pre-notification
* Collaboration with STEMI-referring hospitals, if receiving patients from other hospitals
* 24 hour/7 days a week emergency PCI availability with no diversion of STEMI patients
* STEMI receiving centers and interventional cardiologists should meet ACC/AHA criteria for volume
* Quality improvement program in place, including data collection and participation in a registry
* Multi-disciplinary team with regular meeting schedule to evaluate patient outcomes

Minnesota’s STEMI Receiving Center designation is effective for a three-year period, or until the end of the certification period as defined by the certification body, whichever is shorter.

## Step-by-Step Guide for the Minnesota STEMI Receiving Center Designation Application

### Identifying Primary and Secondary Contacts

* Choose two representatives from your hospital to be contact persons for the application. The primary contact is responsible for completing the application and fielding follow-up questions from the Minnesota Department of Health. A secondary contact is required in case the primary contact is unavailable.
* If changes occur to your primary or secondary contacts during the designation period, please immediately notify MDH at health.heart@state.mn.us.

### Completing the Application

* Complete the application form indicating which nationally-recognized certification for STEMI care your hospital currently holds. If your certification is not on this list, contact the Minnesota Department of Health’s CVH unit ([health.heart@state.mn.us](file://DATA1GR/DATA/HPCD/CHP/CHPshared/CVH/Projects/STEMI/Accreditation/health.heart%40state.mn.us)) to verify that your chosen certification meets MDH’s standards for STEMI Receiving Hospital designation.
* The application must be submitted as a Word document.

### Provide Documentation of Certification

* Include a copy of your hospital’s certificate and/or official certification letter for STEMI care which includes the following:
	+ Name of the certification body
	+ Name of the certification received
	+ Date of certification
	+ Date certification expires
* This certificate and/or official certification letter must be submitted in PDF format.

### CEO Attestation Letter

* To accompany the application and STEMI care certificate and/or official certification letter, your hospital CEO or administrator must sign provide a letter attesting to the contents of the STEMI Receiving Center application.
* Copy the language in the CEO Attestation letter template which is attached to the end of this guide. You can make edits to this language you would like to change, add, or delete.
* This letter must be printed on hospital letterhead and must include the handwritten signature of your CEO or administrator.
* The CEO Attestation Letter must be submitted in PDF format.

### Submitting the Application

* Once all three items are compiled, please submit to health.heart@state.mn.us.
* MDH will follow-up with any questions on an application within one week of submission.
* Applications will be reviewed immediately and Minnesota STEMI Receiving Center Designation certificates issued on a monthly basis.
* Certificates will be mailed to the primary contact listed on this application.
* Minnesota STEMI Receiving Centers will be recognized on the [STEMI Receiving Centers (https://www.health.state.mn.us/diseases/cardiovascular/stemi/stemicenters.html)](https://www.health.state.mn.us/diseases/cardiovascular/stemi/stemicenters.html) web page.

Minnesota Department of Health
PO Box 64882
St. Paul, MN 55164-64882
651-201-5405
health.state@state.mn.us
<https://www.health.state.mn.us/diseases/cardiovascular/index.html>

2/10/2022

To obtain this information in a different format, call 651-201-5405.

## Minnesota STEMI Receiving Center Designation Application

Today’s Date: Please fill in the blank

Hospital Name (will appear on certificate and MDH website): Please fill in the blank

Hospital Street Address: Please fill in the blank

City: Please fill in the blank

State: Please fill in the blank

Zip Code: Please fill in the blank

Hospital CEO Name: Please fill in the blank

Primary Contact Name: Please fill in the blank

Title/Position: Please fill in the blank

Primary Contact Email: Please fill in the blank

Phone: Please fill in the blank

Secondary Contact Name: Please fill in the blank

Title/Position: Please fill in the blank

Secondary Contact Email: Please fill in the blank

Phone: Please fill in the blank

| **Certification Program Name** | **Certification** | **Date Received** |
| --- | --- | --- |
| American College of Cardiology (ACC) Chest Pain Center with Primary PCI | fill in the blank | fill in the blank |
| ACC Chest Pain Center with Primary PCI and Resuscitation | fill in the blank | fill in the blank |
| Accreditation for Cardiovascular Excellence (ACE) Cath/PCI | fill in the blank | fill in the blank |
| DNV Healthcare Chest Pain Program (Chest Pain & STEMI Receiving Programs/PCI-Capable) | fill in the blank | fill in the blank |
| The Joint Commission (TJC)/American Heart Association (AHA) Primary Heart Attack Center Certification | fill in the blank | fill in the blank |
| The Joint Commission/AHA Comprehensive Cardiac Center Certification | fill in the blank | fill in the blank |
| Other Certification (Please contact MDH at health.heart@state.mn.us before selecting this option) | fill in the blank | fill in the blank |

Once completed, please submit as pdf document with Documentation of Certification and CEO Attestation Letter to health.heart@state.mn.us.

## Draft CEO Attestation Letter

*COPY THE LANGUAGE BELOW INTO A LETTER USING YOUR HOSPITAL’S LETTERHEAD*

<DATE>

James M. Peacock, PhD, MPH
Cardiovascular Health Unit
Minnesota Department of Health
P.O. Box 64882
St. Paul, MN 55164-0882

Dear Dr. Peacock:

In 2016, the Minnesota legislature authorized the Minnesota Department of Health (MDH) to designate hospitals in Minnesota as “STEMI Receiving Centers.” A hospital that meets the criteria for a STEMI Receiving Center may voluntarily apply to the Commissioner of Health for designation, and upon MDH’s review and approval of the application, shall be designated as a STEMI Receiving Center for a three-year period, or until the end of the certification period as defined by the certifying organization, whichever is shorter.

As the president, I hereby attest that the application submitted by <**HOSPITAL NAME>** for STEMI Receiving Center designation is accurate and current to the best of the hospital’s ability, and I declare that the certification documentation provided is a true representation of the hospital’s processes, protocols and capabilities as outlined by the designation criteria in Minnesota statute 144.4941.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

President, <HOSPITAL NAME>

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Handwritten Signature Date