

Attachment A

Massachusetts Department of Public Health Division of Health Care Quality

Special Project to perform primary angioplasty without onsite open-heart surgery

Letter of application to participate in the Special Project

For a letter of application to participate in the Special Project include the following information:

- Date of initiation of cardiac catheterization services, within a “fixed site” lab, at the applicant hospital.
- Hours of operation of the cardiac catheterization service.
- Proposed hours of availability of primary angioplasty services. Will staff be “on call” to respond to any emergent patients during “off hours” of the cardiac catheterization service? If yes, what hours?
- Description of availability of anesthesiology services relative to the provision of primary angioplasty services.
- Number of patients presenting at the ED for each of the last two years, prior to application, with an ECG reading that showed an AMI through:
 - ST-segment elevation in 2 or more contiguous ECG leads, or
 - LBBB (ST-segment infarction group), or
 - ST-segment depression in V1 and V2 consistent with true posterior infarction.
- Number of thrombolytic medication doses issued through the applicant hospital’s pharmacy for each of the two years prior to application.
- Number of diagnostic cardiac catheterization procedures performed in each of the two years prior to application.
- Attach a completed log (See Attachment C) for eight consecutive weeks of all patients that present at the Emergency Room with a diagnosis of AMI.
- Names and phone numbers of “Physician Director”, “Nurse Coordinator” and “Data Coordinator” of the Special Project, at this hospital.
- For interventional cardiologists that will staff the Special Project and perform primary angioplasty procedures, if approved, at the applicant hospital, include the following:
 - Names of physicians;
 - Date of original granting of privileges at applicant hospital, of each physician;
 - List each hospital at which each physician has privileges;
 - Number of diagnostic procedures performed for each of the last two years, by each physician at each site at which s/he has privileges;
 - Number of therapeutic procedures performed for each of the last two years, by each physician at each site at which s/he has privileges.

- Copy of the hospital's policies and procedures regarding the establishment, maintenance and monitoring of the proficiency of all interventional cardiologists as a member of the team performing primary angioplasty at the Special Project hospital.
- Detail the applicant hospital's compliance with the staff competencies, available equipment and services recommended in the **Clinical Practice Guideline Number 10 "Unstable Angina: Diagnosis and Management"** published by the Agency for Health Care Policy and Research (See Section IV, A, 8).
- Describe the applicant hospital's proposed plan to correct any deficiencies identified in staff competencies, available equipment and services.
- Describe any additional staff, equipment, etc. necessary to provide primary angioplasty services at the applicant hospital.
- A statement that all staff, including all interventional cardiologists, participating in the "Special Project: Primary Angioplasty" are currently ACLS certified.
- A statement by an authorized agent of the Special Project hospital that the hospital agrees to pay all fees and expenses incurred in the implementation of the Special Project at the hospital.
- Detail the projected volume of primary angioplasty procedures for the first 6 months of operation and each 6 month period, for the first two years of operation. What is the projected timeframe for meeting the requirement of 36 primary angioplasties/year? Please include a description of the assumptions used for this projection.