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**Step-by-Step Guide for Recognition in the** **Kentucky Statewide System for Heart Attack Response and Treatment**

The Kentucky Department for Public Health (KDPH) is authorized to recognize hospitals as Level I Comprehensive Cardiac Centers, Level II Primary Heart Attack Centers or Level III Acute Heart Attack Ready hospitals through [Kentucky Revised Statute (KRS) 211.341](https://apps.legislature.ky.gov/law/statutes/statute.aspx?id=52795).

The criteria for state recognition shall be via one or both of two paths:

1. Recognition by a nationally recognized guidelines-based organization that specifically provides certification or accreditation for heart attack care; or
2. A state approved certificate of need (CON) for percutaneous coronary intervention (PCI) and open-heart surgery may be acknowledged as CON recognition only.

For a list of certification programs currently recognized by KDPH as consistent with the Kentucky Statewide System for Heart Attack Response and Treatment Recognition, please see Section B of the application on pages 4 through 5.

**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 KDPH. A secondary contact is required in case the primary contact is unavailable.
* If changes occur to your primary or secondary contacts during the recognition period, please immediately notify KDPH at KHDSP@ky.gov.

**Completing the Application**

* The application shall be completed in its entirety and include all required documentation.
* The application and all required documentation shall be submitted as an Adobe PDF document.

**Provide Documentation of Designation**

**Option 1:**

* Include a copy of the hospital’s certification or accreditation letter for cardiac care recognition that is from a nationally recognized guidelines-based organization that includes:
  + Name of the certifying or accrediting organization;
  + Type of certification or accreditation received;
  + Date of certification or accreditation; and
  + Expiration date of certification or accreditation; and
* Include a copy of the hospital’s full executive summary.

**Option 2: For Certificate of Need Only**

* Include a copy of the state approved certificate of need (CON) acknowledgement and documentation of service details for percutaneous cardiac intervention (PCI) or open-heart surgery.

**Submitting the Application**

* Please submit the completed application electronically to [KHDSP@ky.gov](mailto:KHDSP@ky.gov).
* KDPH will follow-up with any questions.
* Recognized hospitals will be notified via email and listed on the [Kentucky Heart Disease and Stroke Prevention Program (KHDSP)](https://chfs.ky.gov/agencies/dph/dpqi/cdpb/Pages/heartdiseasestroke.aspx) webpage per KRS 211.342.

**Annual Confirmation**

* Annually, by May 15th, recognized hospitals shall verify continuation of accreditation/certification by a national recognized guidelines-based organization or state approved certificate of need for percutaneous cardiac intervention or open-heart surgery.

Kentucky Department for Public Health  
275 E. Main St.

Frankfort, KY 40621  
(502) 564-3970  
KHDSP@ky.gov  
<https://chfs.ky.gov/agencies/dph/Pages/default.aspx>

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| **SECTION A** | | |
| In accordance with KRS 211.341, this application is hereby submitted for review and recognition as Level I Comprehensive Cardiac Center, Level II Primary Heart Attack Center, or Level III Acute Heart Attack Ready hospital.  Please complete all information applicable to the requested recognition level. | | RECOGNITION LEVEL REQUESTED:  Level I  Level II  Level III |
| **HOSPITAL INFORMATION** | | |
| NAME OF HOSPITAL (NAME TO APPEAR ON RECOGNITION LIST) | | TELEPHONE NUMBER |
| ADDRESS (STREET AND NUMBER) | CITY | ZIP CODE |
| **PRIMARY CONTACT INFORMATION** | | |
| NAME | | TITLE |
| EMAIL ADDRESS | | TELEPHONE NUMBER |
| **SECONDARY CONTACT INFORMATION** | | |
| NAME | | TITLE |
| EMAIL ADDRESS | | TELEPHONE NUMBER |

|  |  |  |
| --- | --- | --- |
| **SECTION B** | | |
| NAME OF HOSPITAL | | |
| **LEVEL III: ACUTE HEART ATTACK READY** | | |
| **ACCREDITING/CERTIFYING ORGANIZATION NAME** | **ACCREDITATION/**  **CERTIFICATION** | **DATE RECEIVED** |
| American College of Cardiology Chest Pain Center Accreditation |  |  |
| The Joint Commission/American Heart Association Acute Heart Attack Ready Certification |  |  |
| Other: |  |  |
| **LEVEL II: PRIMARY HEART ATTACK CENTERS** | | |
| **ACCREDITING/CERTIFYING ORGANIZATION NAME** | **ACCREDITATION/**  **CERTIFICATION** | **DATE RECEIVED** |
| American College of Cardiology Chest Pain Center with Primary PCI Accreditation |  |  |
| Center for Improvement in Healthcare Quality (CIHQ) Primary Heart Attack Center Accreditation |  |  |
| DNV Healthcare Chest Pain Program (Chest Pain & STEMI Receiving Programs/PCI-Capable) Certification |  |  |
| The Joint Commission/American Heart Association Primary Heart Attack Center Certification |  |  |
| Other: |  |  |
| **LEVEL I: COMPREHENSIVE CARDIAC CENTERS** | | |
| **ACCREDITING/CERTIFYING ORGANIZATION NAME** | **ACCREDITATION/**  **CERTIFICATION** | **DATE RECEIVED** |
| American College of Cardiology Chest Pain Center with Primary PCI and Resuscitation Accreditation |  |  |
| American College of Cardiology HeartCARE Center of Excellence Recognition |  |  |
| DNV Healthcare Cardiac Center of Excellence Designation |  |  |
| The Joint Commission/American Heart Association Comprehensive Cardiac Center Certification |  |  |
| The Joint Commission/American Heart Association Comprehensive Heart Attack Center Certification |  |  |
| Other: |  |  |
| **STATE APPROVED CERTIFICATE OF NEED** | **LIST CAPABILITIES AND HOURS OF SERVICE** | **DATE CERTIFICATE OF NEED RECEIVED** |
| State Approved Certificate of Need (CON) for Percutaneous Coronary Intervention (PCI) |  |  |
| State Approved Certificate of Need (CON) for Open-Heart Surgery |  |  |