Application for the Certification Chest Pain Unit (CPU)

A   **Applicant and center partner in charge**

1.   **General structural and performance data of the hospital**

2.   **General structural and performance data of the CPU**

3.   **Space requirements of the CPU**

4.   **Technical requirements of the CPU**

5.   **Diagnostic procedures of the CPU**

6.   **Therapeutic strategies of the CPU**

7.   **Cooperation requirements and partners of the CPU**

8.   **Staff training requirements of the CPU**

9.   **Other documentation - check list**

Overview list   **Audit reports**

Impressum/Copyright

Applicant	
(if different) CPU director in charge	
Date of application	
Name of hospital	
Department/clinic	
Street address	
ZIP code & city	
Contact	
Membership main applicant	☐ DGK
Phone	
Fax	
Email	
Website of applicant	

Specialization of the inpatient center partner in the areas of heart surgery, intensive care, and radiology (including address and medical management):

Associated partner of the CPU (please include the SIGNATURES of ALL applicants and partners on the proof printout!)

Name of the organizing institution
of the hospital   *

Type of hospital   * Free Nonprofit Hospital

University teaching hospital   * ○ No   ○ Yes

if 'University teaching hospital': Name of university:

Care level   * Cardiac center

Total hospital bed capacity according §§ 108/109 SGB V (ref date Dec 31 of reporting year):

*

Cardiological department   * ○ No   ○ Yes

Integration in regional plan/infarct network   * ○ No   ○ Yes

Number of beds

    Number of beds cardiology   *

    Number of beds intensive care   *

    Number of beds IMC ward   *

    Number of beds CPU   *

Transfer times (in min)

    From CPU to general emergency room   *

    From CPU to intensive care unit   *

    From CPU to cath lab   *

Area of care region

    Population   *

3. Space requirements of the CPU

A defined CPU area exists (either as a separate unit or within an emergency room)   *   ○ No   ○ Yes

At least 4 monitored beds or 1 additional bed per 50,000 patients in the care region   *   ○ No   ○ Yes

The CPU is available 24/7 on 365 days   *   ○ No   ○ Yes

The institution has a cath lab   *   ○ No   ○ Yes

The cath lab is available 24/7 and 365 days a year **   *   ○ No   ○ Yes

An outage plan for the cath lab exists **   *   ○ No   ○ Yes

The institution offers a trauma room   *   ○ No   ○ Yes

Close dovetailing with resuscitation/emergency plan   *   ○ No   ○ Yes

** Suspension only due to instrumental technical reasons

Remarks:

12 lead ECG permanently available   * ○ No   ○ Yes

Non-invasive blood pressure monitoring per table available   * ○ No   ○ Yes

Transthoracic echocardiogram (TTE) on-site 24/7 and 365 days a year, response time < 30 min   * ○ No   ○ Yes

Transesophageal echocardiogram (TOE/TEE) 24/7 and 365 days a year, response time < 30 min   * ○ No   ○ Yes

Rhythm monitoring at each bed   * ○ No   ○ Yes

Fully equipped resuscitation facility including a defibrillator permanently available   * ○ No   ○ Yes

Transport ECG monitoring permanently available (e.g. from the intensive care unit)   * ○ No   ○ Yes

Transport ventilator permanently available (e.g. from the intensive care unit)   * ○ No   ○ Yes

The following parameters are permanently available via a 24/7 emergency lab with a turn-around time of 45-60 min: full blood count, Troponin T or Troponin I quantitative, electrolytes, creatinine, CRP, glucose, coagulation status, D-dimers   * ○ No   ○ Yes

If not: A POCT device is permanently available for the following parameters: Troponin T or Troponin I quantitative   * ○ No   ○ Yes

A blood gas analysis is permanently available with a turn-around time of < 15 min   * ○ No   ○ Yes

An external pacemaker is constantly accessible (e.g. from the intensive care unit)   * ○ No   ○ Yes

Exercise stress tests (ergometry, stress echo, stress scintigraphy, stress MR, CT) can be performed within 3 working days   * ○ No   ○ Yes

Remarks:

Cardiac biomarkers (Troponin T or Troponin I) measured at 0 + 6-9 h after admission	* ○ No ○ Yes
Electrolytes, creatinine, full blood count, CRP, coagulation at admission and D-dimers if clinically indicated	* ○ No ○ Yes
12-lead ECG recorded and interpreted within 10 mint	* ○ No ○ Yes
ECG time points 0 + 3-6 h after admission and at symptom recurrence	* ○ No ○ Yes
Transthoracic echocardiogram for all patients with suspected ACS or other clinical indication 24/7 and 365 days a year	* ○ No ○ Yes
Exercise tests after exclusion of ACS as soon as possible for all patients (preferably in cooperation with external partners)	* ○ No ○ Yes
Sonography is available 24/7 and 365 days a year	* ○ No ○ Yes
GRACE score at admission	* ○ No ○ Yes

Remarks:

Algorithms exist for:

STEMI (pre-announced)	*	○ No ○ Yes
STEMI (unannounced)	*	○ No ○ Yes
NSTEMI	*	○ No ○ Yes
unstable angina pectoris	*	○ No ○ Yes
stable angina pectoris	*	○ No ○ Yes
hypertensive crisis	*	○ No ○ Yes
acute pulmonary embolism	*	○ No ○ Yes
acute aortic syndrome	*	○ No ○ Yes
cardiogenic shock	*	○ No ○ Yes
resuscitation	*	○ No ○ Yes
ICD discharge	*	○ No ○ Yes
pacemaker dysfunction	*	○ No ○ Yes
atrial fibrillation	*	○ No ○ Yes
cardiovascular prevention	*	○ No ○ Yes

Every STEMI is treated within 90-120 min contact-to-balloon time or according to currently effective guideline   * ○ No ○ Yes

Every NSTEMI/IAP with very high risk is treated immediately; with high risk (GRACE > 140) within 24 h; with low risk within 72 h or according to the currently effective guideline   * ○ No ○ Yes

Remarks:

Transfer to a general emergency room is possible 24/7 and 365 days a year * ○ No ○ Yes

Transfer time < 5 min * ○ No ○ Yes

The institution is integrated in the regional EMS model * ○ No ○ Yes

Preclinical STEMI program with the direct transfer of the patient to the cath lab * ○ No ○ Yes

Intensive care unit is available 24/7 on 365 days * ○ No ○ Yes

Transfer time to the intensive care unit < 15 min * ○ No ○ Yes

Transfer time to the cath lab < 15 min * ○ No ○ Yes

Chest X-ray is possible 24/7 and 365 days a year * ○ No ○ Yes

CT is possible 24/7 and 365 days a year * ○ No ○ Yes

Cooperations exist with:

vascular surgery ○ No ○ Yes

cardio surgery ○ No ○ Yes

external cardiologists ○ No ○ Yes

Remarks and short description of possible cooperations:

8.   Staff training requirements of the CPU

Presence of a physician 24/7 and 365 days a year   *   ○ No   ○ Yes

The physicians in charge have at least 2 years internal medicine/cardiology experience, adequate   *   ○ No   ○ Yes
intensive care experience, and adequate echocardiography training

A cardiologist consultant is on call 24/7 and 365 days a year, response time < 30 min   *   ○ No   ○ Yes

Presence of nursing staff members with dedicated CPU training   *   ○ No   ○ Yes

Emergency training frequently   *   ○ No   ○ Yes

Case conferences frequently   *   ○ No   ○ Yes

CPU training at least twice a year   *   ○ No   ○ Yes

The CPU is managed by a cardiologist   *   ○ No   ○ Yes

Feedback mechanisms for the quality of diagnosis and therapy   *   ○ No   ○ Yes

Remarks:

Please have the following material/certificates/documents available for the audit:

- training authorization

- certificates/credentials for the following focus points, additional further training or also European consultant certificates:

    - internal medicine
    - cardiology
    - emergency medicine
    - intensive care

- diagnostic and therapeutic algorithms

- outage plan for the cath lab

- emergency training

- case conferences

- rosters of the last quarter for the participating cardiologists in the CPU in the cath (we reserve the right to audit extended periods, if necessary)