



GHATI

GLOBAL HEART ATTACK
TREATMENT INITIATIVE
Participant

Application for Program Participation

Institution Name: _____

Institution Address: _____

Institution City, State/Province, Country: _____

Clinical Champion* for participation in the program: _____

Clinical Champion email address: _____

Clinical Champion phone number: _____

Administrator Champion* for participation in the program: _____

Administrator Champion email address: _____

Administrator Champion phone number: _____

INSTITUTION INFORMATION (Continues on next page)

1. How many beds are in the institution? _____

1. How many acute myocardial infarction patients are seen/treated at the institution annually? _____

2. Is the institution located in an urban area? Yes No

3. Is there an ambulance or similar transportation service in place in the area where the institution is located? Yes No

4. Do more than 75% of acute myocardial infarction (AMI) patients arrive via ambulance? Yes No

a. If no, what percentage of AMI patients arrive at the institution by ambulance? (estimation is acceptable)

b. Which are some of the most common modes of transportation that AMI patients use to get to the institution?

6. Is there a catheterization laboratory at your institution? Yes No

* Administrator Champion (AC) and Clinical Champion

Each participating site must identify two (2) main points of contact for the Program; the Administrator Champion ("AC") and the Clinical Champion (CC), as defined herein. The AC should be capable of managing the volume and frequency of communications from ACCF and the implementation of the Program at the site. The CC should be able to provide oversight and guidance on the clinically relevant components of the Program. It is highly recommended that the Participant identify at least two individuals to lead the Program at each site (provided, however, that the Participant may designate more than two (2) individuals to lead the Program, at its sole discretion).



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7. Does the institution use an electronic health record system? Yes No
 - a. If no, what type of system is currently in place?

8. Does the institution participate in any other program or initiative in which data is collected and reported with the goal of tracking progress, improvement, etc? Yes No
Examples of such programs: country-wide registry for procedures; NCDR registry i.e., CathPCI Registry, etc.

9. Is your institution located in a low- or middle-income country as defined by the World Bank? (more information from the World Bank: <https://datatopics.worldbank.org/world-development-indicators/the-world-by-income-and-region.html>)

10. Is your institution considered to be private non-profit or government-funded?
If so, please confirm which type best describes your institution. If no, please explain.

11. Please explain any reasons why your institution might need financial support in order to participate in the GHATI program.