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 catherization laboratory at your institution? ☐ Yes   ☐ No

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.