



# IDAHO TIME SENSITIVE EMERGENCY SYSTEM

TRAUMA | STROKE | STEMI

## Level I STEMI Center

---

2020 Application & Resource Toolkit



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

P.O. Box 83720  
Boise, ID 83720-0036

Phone: (208) 334-4000  
Fax: (208) 334-4015

Email: [tse@dhw.idaho.gov](mailto:tse@dhw.idaho.gov)  
Website: <https://tse.idaho.gov/>

# Table of Contents

About the Idaho TSE System	Page 3
Application Process	
National Verification	Page 5
State Verification	Page 6
Application:	
Facility and Personnel Profile	Page 7
Certification Statement	Page 9
Pre-Survey Questionnaire	Page 10
Additional Resources	Page 18

# About the Idaho TSE System

## **Why a TSE program?**

The 2014, Idaho Legislature approved and funded a plan to develop a statewide Time Sensitive Emergency (TSE) system of care that addresses three of the top five causes of deaths in Idaho: trauma, stroke, and heart attack (a.k.a. STEMI). Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable death, and improve the quality of life of the patient.

## **How does the TSE program work?**

The Idaho Department of Health & Welfare provides oversight and administrative support for the day-to-day operation of the program.

A governor-appointed TSE Council made up of healthcare providers and administrators and EMS agencies representing both urban and rural populations is responsible for establishing Rules and Standards for the Idaho TSE System. The Council is the statewide governing authority of the system.

The state has been divided into six regions. Each of these has a TSE Regional Committee made of EMS providers, healthcare providers and administrators, and public health agencies. The regional committees will be the venue in which a wide variety of work is conducted such as education, technical assistance, coordination, and quality improvement. The TSE Regional Committees will have the ability to establish guidelines that best serve their specific community as well as providing a feedback loop for EMS and healthcare providers.

## **What guiding principles are the foundation of the Idaho TSE System?**

- Apply nationally accepted evidence-based practices to time sensitive emergencies;
- Ensure that standards are adaptable to all facilities wanting to participate;

- Ensure that designated centers institute a practiced, systematic approach to time sensitive emergencies;
- Reduce morbidity and mortality from time sensitive emergencies;
- Design an inclusive system for time sensitive emergencies;
- Participation is voluntary; and
- Data are collected and analyzed to measure the effectiveness of the system.

**How often is a center verified, and how much does it cost?**

A center is verified every three years and an onsite survey is required for every verification process. The onsite survey fee is \$3,000 and must be submitted with the application. Once the center is designated, the designation fee can be in three annual payments of \$7,000.

**Whom do I contact about the application process?**

**Idaho Time Sensitive Emergency Program**

P.O. Box 83720

Boise, ID 83720-0036

[tse@dhw.idaho.gov](mailto:tse@dhw.idaho.gov)

<https://tse.idaho.gov>

**Program Supervisor Melissa Ball**

[Melissa.Ball@dhw.idaho.gov](mailto:Melissa.Ball@dhw.idaho.gov)

(208) 334-2124

**Program Specialist Maegan Kautz**

[Maegan.Kautz@dhw.idaho.gov](mailto:Maegan.Kautz@dhw.idaho.gov)

(208) 334-4904

Please do not hesitate to contact us with any questions or concerns. We would be happy to help in any way we can to assist you in meeting these standards.

# Application Process

## National Verification

To apply for a designation as a Level I STEMI Center in Idaho **using an approved national accredited body for verification**, please do the following:

1. Print and complete the application. Submit one application per facility. A completed application includes:
  - a. Facility and Personnel Profile;
  - b. Certification Statement; and
  - c. A copy of the verification letter.
2. Obtain the required signatures on the Certification Statement.
3. Put the application in a binder with labeled, tabbed dividers between each section: Profile, Certification Statement, and verification letter.
4. Mail the completed application and year one designation fee (\$7,000) to:  
[Make checks payable to Bureau of EMS & Preparedness](#)

Bureau of EMS & Preparedness  
Time Sensitive Emergency Program  
P.O. Box 83720  
Boise, ID 83720-0036

Or for FedEx, UPS, etc.  
2224 E. Old Penitentiary Rd.  
Boise, ID 83712

The TSE Program staff will notify you within 10 business days to confirm the receipt of the application and check.

# Application Process

## State Verification

To apply for a designation as a Level I STEMI Center in Idaho **using the State of Idaho for verification**, please do the following:

1. Print and complete the application. Submit one application per facility. A completed application includes:
  - a. Facility and Personnel Profile;
  - b. Certification Statement;
  - c. Pre-Survey Questionnaire (PSQ); and
  - d. Required attachments.
2. Obtain the required signatures on the Certification Statement.
3. Use the current edition of the TSE Standards Manual as a reference to understand the designation criteria.
4. Put the application in a binder with labeled, tabbed dividers between each section: Profile, Certification Statement, and verification letter.
5. Mail the completed application and onsite site survey fee (\$3,000) to:

[Make checks payable to Bureau of EMS & Preparedness](#)

Bureau of EMS & Preparedness  
Time Sensitive Emergency Program  
P.O. Box 83720  
Boise, ID 83720-0036

Or for FedEx, UPS, etc.  
2224 E. Old Penitentiary Rd.  
Boise, ID 83712

The TSE Program staff will notify you within 10 business days to confirm the receipt of the application and check.

# Application

Answer every question (circle either yes or no) and label all attachments. If you require additional space, please include a separate sheet. Once completed, print and sign the application (i.e. Certification Statement). Please contact the TSE Program staff if you have any questions or concerns regarding your application (208) 334-2124.

## Personnel Profile:

Facility Name:		
Mailing Address:	City:	Zip:
Physical Address:	City:	Zip:
Phone:	County:	
Application Contact:		
Phone:	Email:	

Hospital Administrator/CEO:	
Phone:	Email:
STEMI Program Manager	
Phone:	Email:
STEMI Medical Director	
Phone:	Email:

## Facility Profile:

Number of ED Beds:

---

Number of ED Beds Designated for Critical Patients (Trauma, Stroke, STEMI):

---

Number of Inpatient ICU Beds:

---

Annual ED Volume:

---

Annual STEMI Volume:

---

Local Population Size the Facility Supports:

---

Name of Nearest Tertiary Facility:

---

Number of Miles and Approx. Time by Ground:

---

# CERTIFICATION STATEMENT

I, \_\_\_\_\_ (CEO/COO), on behalf of \_\_\_\_\_ (facility), voluntarily agree to participate in the Idaho Time Sensitive Emergency System and Idaho TSE Registry as an Level I STEMI Center. We will work with Emergency Medical Services (EMS) and other facilities in our area to streamline triage and transport of STEMI patients and participate in our Regional Time Sensitive Emergency Committee.

I certify that:

- A. The information and documentation provided in this application is true and accurate.
- B. The facility meets the State of Idaho criteria to be designated as a Level I STEMI Center.
- C. We will notify the Time Sensitive Emergency Program Manager immediately if we are unable to provide the level of service we have committed to in this application.

\_\_\_\_\_  
Chair, Governing Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
STEMI Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
STEMI Program Manager

\_\_\_\_\_  
Date

# 1. Personnel

1.1 Do you have organizational and administrative support for your STEMI program?    YES            NO

Attach supporting documentation.

*Medical Staff/Hospital Board Resolution (attachment)*

1.2 Do you have a cardiac care coordinator?    YES            NO

Attach a copy of the Cardiac Care Coordinator's job description and CV.

*Cardiac Care Coordinator's Job Description & CV (attachment)*

1.3 Do you have a defined rapid response team that responds to cardiac emergencies within the facility?    YES            NO

Attach supporting documentation.

*Rapid Response Team (attachment)*

1.4 Do you have a cardiac medical director that is board-certified in cardiology or emergency medicine?    YES            NO

Attach a copy of the Cardiac Medical Director's job description and CV.

*Cardiac Medical Director's Job Description & CV (attachment)*

1.5 Do you have physicians in the ED 24/7 who are board-certified in emergency medicine?    YES            NO

If no, do you have physicians in the ED 24/7 who are board-certified in a specialty and practicing emergency medicine as their primary practice with special competence in cardiac care?    YES            NO

1.6 Do you have an interventional cardiologist on-site within 30 minutes of cardiac care team activation with an 80% achievement rate? YES            NO

Provide the following data points for the last 12 months.

Data point: Percentage interventional cardiologist response less than 30 minutes.

\_\_\_\_\_

Data point: Average interventional cardiologist response time. \_\_\_\_\_

1.7 Do you have cardiac cath lab staff on-site within 30 minutes of cardiac care team activation with an 80% achievement rate?

Provide the following data points for the last 12 months.

Data point: Percentage cath lab staff response less than 30 minutes. \_\_\_\_\_

Data point: Average cath lab staff response time. \_\_\_\_\_

## 2. Training and Education

2.1 Are the physicians, midlevel providers, and RNs on cardiac care team current in ACLS or equivalent?    YES            NO

2.2 Are all your ED RNs current in ACLS or equivalent?    YES            NO

2.3 Do all facility staff including non-clinical complete annual education on signs & symptoms of ACS?    YES            NO

EXPLAIN:

2.4 Do all your interventional cardiologists who perform cardiac caths have a minimum of 45 hours of interventional CME every three years?

YES            NO

Attach supporting documentation.

*Interventional Cardiologists' CME (attachment)*

2.5 Does your cardiac care coordinator have a minimum of 18 hours of continuing education in cardiac care every three years?    YES            NO

Attach supporting documentation.

*STEMI Program Manager's CE (attachment)*

2.6 Do all RNs on the cardiac care team complete annual education or training in identifying dysrhythmias, symptoms of ACS, and current AHA ACS guidelines?

YES NO

EXPLAIN:

2.7 Do you offer tobacco cessation, nutrition, and other heart-health education for your employees and your community at least annually? YES NO

Attach supporting documentation.

*Cardiac Health Community Education (attachment)*

2.8 Do you provide annual public education on cardiovascular disease prevention, the signs & symptoms of heart attack, and the importance of learning CPR and calling 911 in cardiac emergencies? YES NO

Attach supporting documentation.

*Cardiac Awareness Community Education (attachment)*

2.9 Do you provide assistance with training and clinical education for EMS in coordination with the EMS Medical Directors, as needed and upon request (e.g. reading ECG for STEMI patients, appropriate activation of the cardiac care team, etc.)? YES NO

EXPLAIN:

### 3. Cardiac Services

3.1 Do you have diagnostic and interventional cardiac cath available 24/7?

YES NO

3.2 Do you have laboratory or point-of-care testing available 24/7?

YES NO

*Laboratory Schedule and On-call Policy (attachment)*

3.3 Is your pharmacy adequately staffed by qualified personnel to ensure effective medication management services 24/7?

*Pharmacy Schedule and On-call Policy (attachment)*

3.4 Do you have FDA-approved fibrinolytic therapy available 24/7?

YES NO

3.5 Are your center's post cardiopulmonary arrest care protocols based on current AHA guidelines? YES NO

Attach a copy of the cardiopulmonary arrest care protocols.

*Cardiopulmonary Arrest Care Protocol (attachment)*

3.6 Do you have cardiac surgery? YES NO

If no, do you have a transfer agreement with a cardiac surgery hospital via critical care ground or air? YES NO

3.7 Do you have an ICU or CCU? YES NO

3.8 Do you have protocols for activating the cardiac care team for patients who arrive via EMS and patients who "walk-in"? YES NO

Attach a copy of the cardiac care activation protocols.

*Cardiac Care Activation Protocol (attachment)*

3.9 Do you have protocols for:

- a. ACS?      YES      NO
- b. STEMI?   YES      NO
- c. Triage for “walk-ins” presenting with ACS symptoms? YES      NO
- d. Fibrinolytic therapy?      YES      NO
- e. Initiation of post arrest care based on AHA guidelines? YES      NO
- f. Transfer guidelines?      YES      NO

The above protocols must be available at the time of the on-site survey.

3.10 Do you have written agreements with regional Level II STEMI Centers to accept all STEMI referrals?      YES      NO

Written agreements must be available at the time of the on-site survey.

3.11 Do you have a policy for referral to cardiac rehabilitation services?

- YES      NO

Attach supporting documentation.

*Cardiac Rehab Referral Policy (attachment)*

3.12 Do you coordinate with the local EMS agencies on cardiac care, transport policies and procedures, training, and quality improvement? YES      NO

EXPLAIN:

3.13 Do you have a no-divert policy for all patients who meet cardiac care team activation criteria and a backup plan with a communication strategy for situations when the hospital’s cardiac care resources are temporarily unavailable?

- YES      NO

Attach supporting documentation.

*No Divert Policy (attachment)*



Please attach your PIPS policy.

*PIPS Policy (attachment)*

5.5 Is the PI program supported by a reliable method of internal data collection that consistently gathers valid and objective information necessary to analyze and identify opportunities for improvement?    YES            NO

5.6 Are system and process issues, clinical care issues, and transfer decisions reviewed by the PI program?    YES            NO

5.7 Does the STEMI program use current clinical practice guidelines, protocols, and algorithms derived from evidence-based validation resources to achieve benchmark goals?            YES            NO

5.8 Are all process and outcome measures documented in a written PI plan and updated annually?    YES            NO

5.9 Does the process of analysis occur at regular intervals to meet the needs of the program?            YES            NO

5.10 Does the process demonstrate problem resolution (loop closure)?  
          YES            NO

5.11 Is the center able to identify the STEMI patient population?  
          YES            NO

5.12 Does the PI program have audit filters to review and improve patient care?  
          YES            NO

5.13 Does the PI program work with transferring facilities to provide feedback on transfer patients?    YES            NO

5.14 Does the PI program evaluate cardiac cath lab availability and delays?

YES NO

5.15 Are delays in cardiologist's response time monitored and reviewed for cause of delay and opportunities for improvement? YES NO

5.16 Are all transfers within 24 hours to a higher level of care reviewed to determine rationale, adverse outcomes, and opportunities for improvement?

YES NO

5.17 Is the PI program review inclusive of all STEMI admissions and transfers?

YES NO

# Additional Resources

**American Heart Association**

[http://my.americanheart.org/professional/ScienceNews/2013-STEMI-Guideline\\_UCM\\_447550\\_Article.jsp#.Vmh0SE2FODY](http://my.americanheart.org/professional/ScienceNews/2013-STEMI-Guideline_UCM_447550_Article.jsp#.Vmh0SE2FODY)

**American Heart Association**

<https://www.ahajournals.org/doi/full/10.1161/01.cir.0000134791.68010.fa>

**American Heart Association**

[https://www.ajconline.org/issue/S0002-9149\(15\)X0002-6](https://www.ajconline.org/issue/S0002-9149(15)X0002-6)

**American Heart Association**

<https://cvquality.acc.org/>