



IDAHO TIME SENSITIVE EMERGENCY SYSTEM

TRAUMA | STROKE | STEMI

Level IV Trauma Center

2020 Renewal Application – State Verification



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
Website: <https://tse.idaho.gov/>

Table of Contents

About the Idaho TSE System	Page 3
Application Process	
State Verification	Page 5
Application:	
Facility and Personnel Profile	Page 6
Certification Statement	Page 8
Pre-Survey Questionnaire	Page 9

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 \$1,500 and must be submitted with the application. Once the center is designated, the designation fee can be paid in three annual payments of \$4,000.

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

<https://tse.idaho.gov>

Program Supervisor Melissa Ball

Melissa.Ball@dhw.idaho.gov

(208) 334-2124

Program Specialist Maegan Kautz

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

State Verification

To apply for a designation as a Level IV Trauma 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 (\$1,500) 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:
Trauma Program Manager	
Phone:	Email:
Trauma 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 Trauma 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 IV Trauma Center. We will work with Emergency Medical Services (EMS) and other facilities in our area to streamline triage and transport of trauma patients and participate in our Regional Time Sensitive Emergency Committee.

We attest that the facility has sufficient infrastructure, staff, equipment, and support to the trauma program to provide adequate provision of care. We provide initial resuscitation of the trauma patient and immediate intervention to control hemorrhage and to assure maximum stabilization prior to referral to an appropriate higher level of care.

We have the human and physical resources to properly administer care consistent with ATLS. All Trauma Team physicians and midlevel providers are credentialed by the medical staff and governing board. Radiology and Laboratory services are available 24/7 in house or on call with a 30-minute required response time. Nutrition and social services are available. The facility meets all requirements in the current edition of the TSE Standards Manual for a Level IV Trauma Center designation. We will notify the Time Sensitive Emergency Program Manager immediately if we are unable to provide the level of trauma service we have committed to in this application.

Chair, Governing Entity

Date

Chief Executive Officer

Date

Trauma Medical Director

Date

Trauma Program Manager

Date

Center Mission

Attach a copy of the current resolution supporting the trauma center from the medical staff.

Medical Staff Resolution (always attached)

Attach a copy of the current resolution supporting the trauma center from the hospital board.

Hospital Board Resolution (always attached)

Trauma Leadership

Trauma Medical Director

Attach a copy of the Trauma Medical Director's job description. It must include the following:

- Have the authority and administrative support to lead the program.
- Must work with APPS to ensure appropriate orientation, credentialing, and skill maintenance.
- Responsible for developing and directing the quality improvement program.
- Accountable for all trauma care and exercise administrative authority for the trauma program.
- Must be current in ATLS.
- Participate in the internal trauma QI process by attending at least 50% of meetings.
- Involvement in patient care, staff education, and professional organizations.
- Must be member of the disaster committee.

Trauma Medical Director's Job Description (if changes, attached)

Trauma Medical Director's CV (if changes, attached)

Trauma Medical Director's PIPS Attendance (always attached)

Trauma Program Manager

Attach a copy of the Trauma Program Manager's job description. It must include the following:

- Responsible for the use of internal trauma registry data for quality improvement and trauma education.
- Educational preparation and clinical experience caring for injured patients.
- Must collaborate with Trauma Medical Director to address the multidisciplinary needs of the trauma program.
- Serve as a liaison to local EMS agencies and accepting centers.

Trauma Program Manager's CV (if changes, attached)

Trauma Program Manager's Job Description (if changes, attached)

Clinical Functions

Criteria for graded activation (priority level) must be clearly defined and continuously evaluated by the PIPS program.

Criteria for Graded Activation (always attached)

Defined criteria for which providers respond for each level of Trauma Team activation.

Trauma Team Graded Activation Response Criteria (always attached)

The physician or advanced practice provider (APP) must be in the emergency department within 30 minutes of notification or patient arrival (whichever is shorter) with an 80% achievement rate.

Data point: Percentage of physician or APP response less than 30 minutes.

Protocols to ensure immediate and appropriate care of adult and pediatric trauma patient following ATLS.

Immediate Care Protocol (always attached)

All trauma/general surgeons, emergency providers on the Trauma Team must complete ATLS at least once. Trauma Medical Director and APP's on the trauma team must be current in ATLS.

ATLS Tracking Log (always attached)

Written protocols outlining which types of trauma patients the facility is capable of providing inpatient services for.

Patient and Admit Protocol (if changes, attached)

Laboratory services must be available 24/7 (or on call with 30min response time) for the standard analysis of blood, urine, and other body fluids, including micro sampling when appropriate and the blood bank is capable of blood typing and cross-matching. The rapid transfusion protocol is developed collaboratively between the trauma service and the blood bank.

Rapid Transfusion Protocol (if changes, attached)

All trauma patients must be screened, using a screening tool, for alcohol use and must be provided referral resources, if appropriate.

Alcohol Screening Tool and Intervention (if changes, attached)

Prehospital Trauma Care

Participate in prehospital care protocol development and assume the responsibility for providing training for prehospital providers.

Prehospital Trauma Care Training (always attached)

Inter-hospital Transfer

Decisions to transfer an injured patient to a specialty care facility in an acute situation must be based solely on the needs of the patient. The facility must have written transfer agreements in place with higher level trauma centers including burn, pediatric, and rehabilitation centers. There must be a mechanism for direct physician-to-physician contact for arranging patient transfer.

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

Performance Improvement and Patients Safety (PIPS)

The PIPS program must ensure optimal care and continuous improvement of care.

It must include the following:

- A reliable method of data collection (internal registry) that consistently gathers valid and objective information necessary to analyze and identify opportunities for improvement.
- Review of system and process issues (such as documentation and communication), clinical care issues (including identification and treatment of immediate life-threatening injuries), and transfer decisions.
- Use of evidence based, current clinical practice guidelines and protocols.
- Documentation of all process and outcome measures annually.
- Meets at regular intervals to meet the needs of the program.
- Demonstrate problem resolution (i.e. loop closure).
- Separately identify the trauma patient for review.
- Have audit filters to review and improve pediatric and adult patient care.
- Use of an internal trauma registry.
- Categorize deaths as unanticipated mortality with opportunity for improvement, anticipated mortality with opportunity for improvement, or mortality without opportunity for improvement.
- Review the organ donation rate.
- Calculate number and percentage of Trauma Team Activations by priority level.
- Work with receiving facilities to provide and obtain feedback on all transferred patients.
- Review the care of injured children.
- Review all admissions and transfers.

- Have a diversion policy and track the occurrence of diversion. The diversion policy must have a mechanism to notify dispatch and EMS agencies when on divert status.

In centers with surgical capabilities, the PIPS program must include:

- Have defined conditions requiring the surgeon's immediate hospital presence.
- ensure that the PACU has the necessary equipment to monitor and resuscitate patients.
- Evaluate OR availability and delays when an available on-call team is used.
- Monitor delays in trauma surgeon response time and review for cause of delay and opportunities for improvement.
- Admissions of more than 10% of injured patients to nonsurgical services must demonstrate the appropriateness of that practice.
- Monitor ICU for appropriate, timely care and transfers to a higher level of care reviewed to determine the rationale for transfer, adverse outcomes, and opportunities for improvement.

PIPS documentation from the last 12 months (always attached)

Trauma Program Operational Process Performance Committee
(TPOPPC)

This multidisciplinary committee must address, assess, and correct global trauma program and system issues. This committee must handle process, include all program-related services, meet regularly, take attendance, have minutes, and work to correct all overall program deficiencies to continue to optimize patient care.

TPOPPC documentation from the last 12 months (always attached)

TSE Registry

The facility must submit trauma data to the Idaho TSE Registry within 180 days of treatment at least 80% of the time. Data submission must be valid and accurate, with confidentiality measures in place. Please contact the IHA for a letter verifying the facility is compliant.

Idaho TSE Registry Letter (always attached)

Outreach and Education

The facility must be engaged in public and professional education specific to trauma, this includes hospital and pre-hospital-based providers and the public.

Trauma Education and Outreach from the last 12 months (always attached)

Prevention

The facility must participate in traumatic injury prevention, prevention activities should be based on local data. It is recommended to have a fall prevention program, but not required.

Injury Prevention Documentation from the last 12 months (always attached)

The facility must have someone in a trauma leadership position that has injury prevention as part of his or her job description.

Injury Prevention's Job Description (if changes, attached)

Disaster Planning and Management

The facility must meet the disaster-related National Incident Management System requirements, participate in regional disaster management plans and exercises and have a disaster plan described in your Disaster Manual. The Trauma Medical Director must be a member of your disaster committee.

[Disaster Planning documents must be available at the time of the on-site survey.](#)

Organ Procurement

The facility must have written protocols for declaration of brain death.

Brain Death Protocol (if changes, attached)