



IDAHO TIME SENSITIVE EMERGENCY SYSTEM

TRAUMA | STROKE | STEMI

IGEMS USER GUIDE

***Your How to Guide
For Usability in IGEMS***

2020 Edition



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/>

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PURPOSE

The Idaho Gateway for EMS (IGEMS) is an internet-based license management system for EMS personnel and agencies and NOW hospital providers. This software is designed to streamline processes and effectively track statuses. The TSE Program implemented this management system to eliminate the paperwork and allow hospital providers to upload, edit, and access application documents at any time. The purpose of the TSE IGEMS User Guide is to assist our users in successfully submitting an online application.

As with any significant change, software glitches are to be expected. Please help us identify issues by communicating those to us as you encounter them. The TSE Program staff's contact information is listed below. We will do our best to resolve any issue as soon as possible. We hope you will find this management system user-friendly and enhance your TSE application experience.

Please don't hesitate to reach us via email or phone.

Questions regarding a TSE application contact...
Program Manager Melissa Ball melissa.ball@dhw.idaho.gov
or 208-334-2124

Questions regarding a IGEMS system contact...
Program Specialist Maegan Kautz maegan.kautz@dhw.idaho.gov
or 208-334-4904

ACCESS

To access the public portal for IGEMS, please visit the Idaho TSE System website <https://tse.idaho.gov>. The IGEMS link can be found on the main tab **Resources** under section **Applications**. Refer to the screenshot below.

The screenshot shows the website header with the logo for the Idaho Time Sensitive Emergency System (Trauma | Stroke | STEMI) and a search bar. The navigation menu includes Home, TSE Council, TSE Regions, Education, Resources, and TSE Designated. A red arrow points to the Resources tab. Below the navigation menu, the Resources section is displayed, featuring a sub-menu with tabs for Idaho TSE Registry, TSE Standards Manual, Applications, Fee Schedule, TSE Surveys, Trauma Activation Fee, PIPS(QA/QI), TPOPPC, and Websites. A red arrow points to the Applications tab. The main content area contains text about TSE Applications for facility designation, contact information for Melissa Ball, and a call to action for online applications. A red arrow points to a blue button labeled IGEMS.

After clicking on the link, a new window will open to the IGEMS login page. An account has already been created for each facility. Please contact Program Specialist Maegan Kautz to obtain your login username and password. Refer to the screenshot below.

IGEMS
IDAHO'S GATEWAY FOR EMERGENCY MEDICAL SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES & PREPAREDNESS

IdahoEMS.org NREMT CHU Background Check EMS Licensure Education EMSPC EMSAC IGEMS-PCR TRAIN Idaho

Account Login
Training
Lookup

Welcome to the Idaho Gateway for EMS (IGEMS) license management system for EMS Personnel and Agencies in the State of Idaho.

We are very excited about our new licensure system and the efficiencies it has created. As with any significant change, complications are to be expected. We ask that you will help us identify issues by communicating those to us as you experience them. Contact information is at the bottom of each page. With your help, we can streamline processes within IGEMS to make it the most user-friendly license management system.

****If you have been a student or licensed as an EMS provider prior to October 24th, 2016 you can use the Claim Account option to match your imported information to your IGEMS account.****

Check to see if you have information already imported to IGEMS. [Personnel Lookup](#)

If you do, then claim your account. [Claim my Account](#)

[IGEMS User Guide](#)

Login
Username
Password
[Forgot Username or Forgot Password?](#)
[Login](#) [Create Account](#)

BEGIN AN APPLICATION

Once logged into your account, you will begin a TSE application by clicking on the purple **Application** button. Then you will select the **Service Applications** option and click on the purple **Apply Now** button for the type of designation you are interested in applying for. Refer to the screenshots on the next page.



Welcome, Clinic* Salmon River | Logout

- My Account
 - Profile
- Applications
- Training
- Agency
- Lookup

My Account

Personnel Tools	Applications	Check App Status	Training Report
	Pay Fees	What's New? New	Submit CE Hours New

Clinic* Salmon River
Number:
Issued:
Expiration:

No forms pending
0 Application to be reviewed

0 New training added
0 Upcoming training this week
0 Upcoming test this week

I am looking for...
Personnel
Last Name County City/Town



Welcome, Clinic* Salmon River | Logout

- My Account
- Applications
 - Continue
 - Checkout
 - Transaction
 - Review
- Training
- Agency
- Lookup

Available Applications

Click "Apply Now" next to one of the licenses to apply to that license for this service.

My Applications | Service Applications

Salmon River Clinic
110 Niece Ave, Stanley, Idaho 83278

Applications	Action
TSE - Trauma Designation Trauma Designation - Apply for a new or renew an Idaho TSE - Trauma Designation.	Apply Now
TSE - Stroke Designation Apply for a new TSE - Stroke Designation or Renew a current TSE - Stroke Designation.	Apply Now
TSE - STEMI Designation Apply for a new TSE - STEMI Designation or Renew a current TSE - STEMI Designation.	Apply Now

Records 1-3 of 3

From here, an application will generate (see the screenshot below) beginning at the **Designation & Profiles** tab. Please select if you are “**applying for a new level of designation, or renewing an existing designation**”. You will not be able to continue until all the questions have been answered.

Note: Any fields marked with a red asterisk * must be filled out.

IdahoEMS.org NREMT CHU Background Check EMS Licensure Education EMSPC EMSAC IGEMS-PCR TRAIN Idaho

Welcome, Clinic* Salmon River | Logout

TSE Trauma Designation

Designation & Profiles Certification Statement Stop - Incomplete Associated Fees

Facility

Trauma Designation Application

*Are you applying for a new level of designation, or renewing an existing designation?

Applying for a new level of designation

Renewing an existing designation

Save Save & Next

Any fields marked with a red asterisk must be filled out.

After you have answered these questions, the page will expand for you to enter and verify information under the following sections: [Trauma, Stroke, or STEMI] Center Information, Personnel Profile, and Hospital Profile. Then click the **Save & Next** button (located at the bottom of the page) once the data fields have been completed. Refer to the screenshot on the next page.

Note: Under the Personnel Profile section, please select the blue **Edit** button next to each hospital position to replace the **Name** and **Email** text fields that already exist. Then click the **Done** button once finished. **DO NOT** click the **Remove** button.

Personnel Profile

Personnel Profile

Update the Names and Email addresses IF there have been changes to those Personnel or no information is currently listed.*
 *Replace the Name and Email in the text fields that already exist, **DO NOT click the Remove button.**

Title	Name	Email
<input checked="" type="checkbox"/> Hospital Administrator/CEO	Enter Name	
<input checked="" type="checkbox"/> Trauma Program Manager	Enter Name	
<input checked="" type="checkbox"/> Trauma Medical Director	Enter Name	
<input checked="" type="checkbox"/> Stroke Program Manager	Enter Name	
<input checked="" type="checkbox"/> Stroke Medical Director	Enter Name	
<input checked="" type="checkbox"/> STEMI Program Manager	Enter Name	
<input checked="" type="checkbox"/> STEMI Medical Director	Enter Name	

Hospital Profile

Hospital Profile

Number of ED Beds

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

Number of Inpatient Beds



Next, you will move on to the **Certification Statement** tab. Hover over the document to display your **Menu Bar** to print. Obtain the required signatures and upload the completed document by clicking the **READY TO UPLOAD** radio button. You will know when the upload is successful when the file's name appears next to the **Upload File** button. Then click the **Save & Next** button (located at the bottom of the page) once finished. Refer to the screenshots on the next two pages.

Applications

- Continue 1
- Checkout
- Transaction
- Review 1
- Training
- Agency
- Lookup

TSE Trauma Designation

Designation & Profiles | Certification Statement | Stop - Incomplete | Renewal - Trauma Leadership | Renewal - Clinica

Download Certification Statement

Required Document

Download the Certification Statement and select READY TO UPLOAD when it's complete

READY TO UPLOAD

2 → **Download a copy of the Certification Statement.**

Obtain the required signatures, and upload the completed document below.

1 → **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.

Applications

- Continue 1
- Checkout
- Transaction
- Review 1
- Training
- Agency
- Lookup

TSE Trauma Designation

Designation & Profiles | Certification Statement | Stop - Incomplete | Renewal - Trauma Leadership | Renewal - Clinica

Upload Certification Statement

Upload the completed Certification Statement.

*Certification Statement Upload

1 → **Upload File**

*Name
Certification Statement

Document Type
TSE Certification Statement

2 → **Browse**

3 → **Save**

C:\Users\kautzm\OneDrive - IDHW\Documents\IGEMS\Certification Stater
BMP, css, doc, docx, htm, jpeg, jpg, mht, mp4, msg, odt, pdf, pipeg, png, ppt, pptx, rtf, rtx, tif, tiff, xls, xlsx, xml - application

Continue 1

Checkout

Transaction

Review 1

Training

Agency

Lookup

Designation & Profiles Certification Statement Renewal - Trauma Leadership Renewal - Clinical Functions Renew

Download Certification Statement

Required Document

Download the Certification Statement and select READY TO UPLOAD when it's complete

READY TO UPLOAD

Upload Certification Statement

Upload the completed Certification Statement.

*Certification Statement Upload

Upload File Certification Statement.pdf

*Name

Certification Statement

Document Type

TSE Certification Statement

Save & Next

As you work through the application, please diligently read the criteria/questions in each tab:

Then click on the **Required** radio button acknowledging, **“I understand the requirement of the supporting documentation.”** The page will expand for you to provide one of the following in each section: **upload the required documentation, enter data points, or write a response in a text box.** See examples on the next two pages. Once completed, click the **Save & Next** button (located at the bottom of the page) to move on to the next tab.

Note: Transfer agreements must be available at the time of the on-site survey.

Note: Please continue to scroll down until you have reach the end of the web page to ensure each section has been filled out.

Note: Only one file can be uploaded for the sections requiring documentation upload. Therefore, scan multi documents together into one file, if needed, and then upload.

- Continue 1
- Checkout
- Transaction
- Review 1
- Training
- Agency
- Lookup

Renewal - Trauma Leadership
Renewal - Clinical Functions
Renewal - PIPS
Renewal - Data, Education, Plannii

TABS

Trauma Designation Application

Center Mission
 Supporting Resolutions
Attach a copies of the current resolutions supporting the trauma center.
 Medical Staff Resolution
 Hospital Board Resolution

Trauma Leadership
 Trauma Medical Director
Attach a copy of the Trauma Medical Director's Job Description & CV.
 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 Program Manager
Attach a copy of the Trauma Program Manager's Job Description & CV.
 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

*Required: I have read the requirements and I'm ready to attach supporting documentation.

*Required: I have read the requirements and I'm ready to attach supporting documentation.

Supporting Resolution - Documents

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

Upload File

*Name

Document Type

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

Upload File

*Name

Document Type

Page expanded and ready for you to upload documents, enter data points, or write a response in a text box.

EXAMPLE OF DOCUMENT UPLOAD

▼ Trauma Leadership - Documents

We realize that some documents might not change once policies, protocols, and procedures have been established. Some requirements allow you to report that there have been no changes since the previous application.

***Report changes to Job Descriptions and/or CVs**

No Changes- job descriptions & CVs are current from previous application

Trauma Medical Director Job Description or CV changed

Trauma Program Manager Job Description or CV changed

***Trauma Program Manager's Job Description & CV**

[Upload File](#)

***Name**
Trauma Program Manager's Job Description & CV

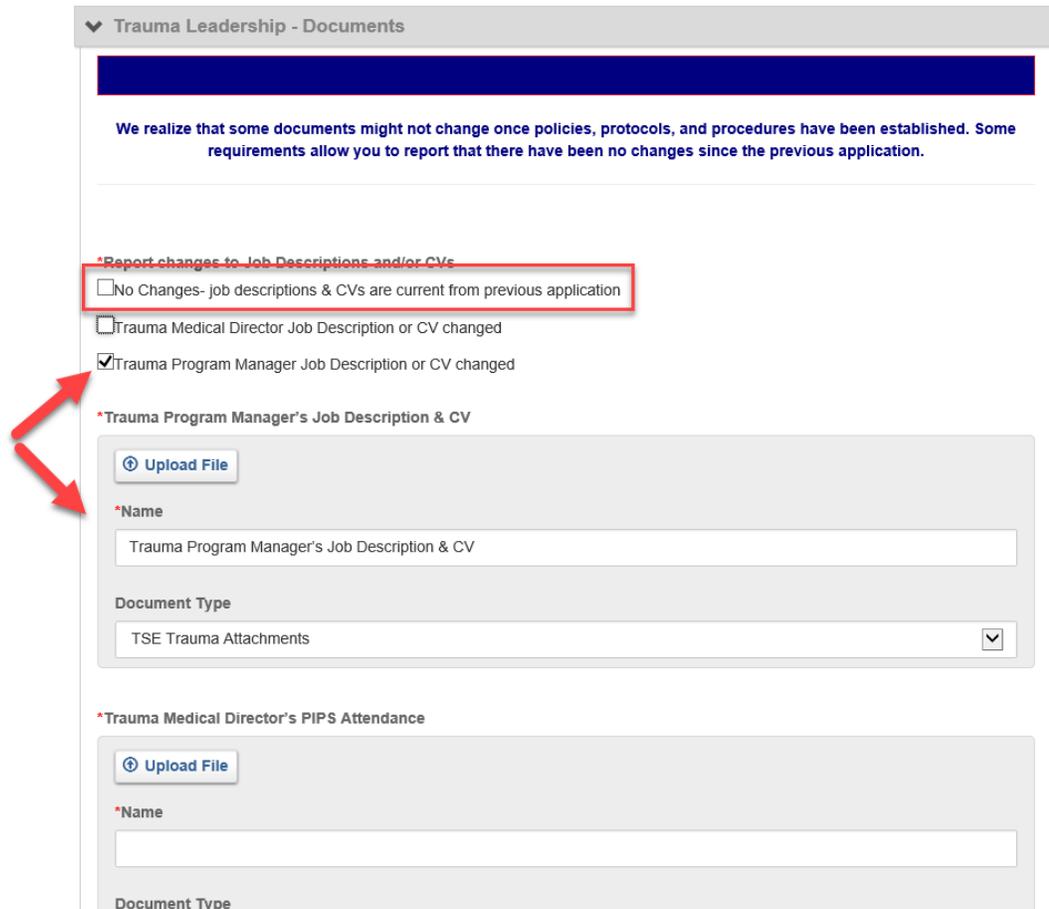
Document Type
TSE Trauma Attachments

***Trauma Medical Director's PIPS Attendance**

[Upload File](#)

***Name**

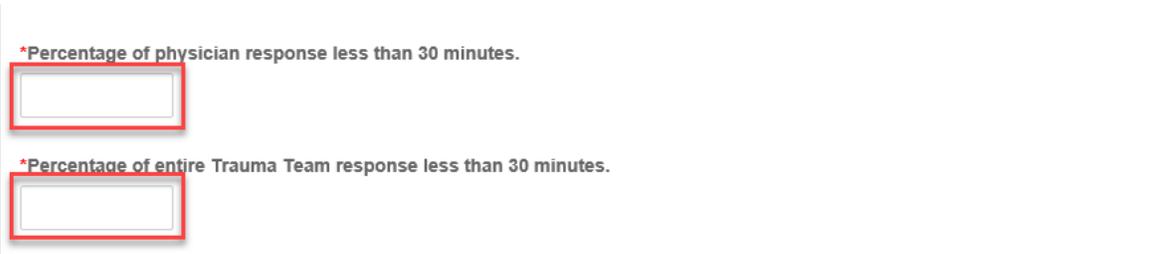
Document Type



EXAMPLE OF DATA POINT ENTRY

***Percentage of physician response less than 30 minutes.**

***Percentage of entire Trauma Team response less than 30 minutes.**



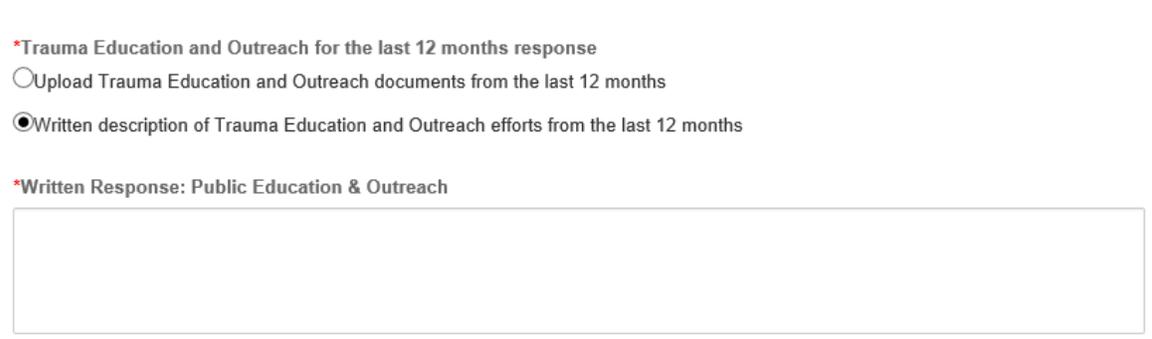
EXAMPLE OF WRITTEN RESPONSE

***Trauma Education and Outreach for the last 12 months response**

Upload Trauma Education and Outreach documents from the last 12 months

Written description of Trauma Education and Outreach efforts from the last 12 months

***Written Response: Public Education & Outreach**



After you have gone through all the tabs, the last tab you reach will always be the **Associated Fees** tab. On this tab is where you will submit the completed application. Refer to the screenshot below.

Leadership | Renewal - Clinical Functions | Renewal - PIPS | Renewal - Data, Education, Planning | **Associated Fees**

Section 1



Trauma Designation Application

Fees

Level IV designation is valid for three years with a fee of \$12,000. The designation fee is split into three annual payments of \$4,000.
TSE On-Site Survey Fee of \$1,500 is due prior to the survey.
Mail the \$5,500 payment of the first year designation & site survey fee to:

Make checks payable to: Bureau of EMS and Preparedness
Idaho Department of Health & Welfare
Bureau of EMSP-TSE Program c/o Revenue Operations
PO Box 83720
Boise, ID 83720

Please contact the TSE Program staff if an invoice is needed to generate a check.

TSE Program staff will notify you within 10 business days of receipt of the application and confirm that the application is complete.

INCOMPLETE APPLICATION

You will not be able to submit your application if you have skipped over unanswered questions and/or not attached documentation. See an example on the next page of an incomplete application if the **Submit** button is clicked.

Note: If you believe you have received this message in error, please contact the TSE Program staff to help resolve the issue.



IGEMS

IDAHO'S GATEWAY FOR EMERGENCY MEDICAL SERVICES

BUREAU OF EMERGENCY MEDICAL SERVICES & PREPAREDNESS

IdahoEMS.org NREMT CHU Background Check EMS Licensure Education EMSPC EMSAC IGEMS-PCR TRAIN Idaho

Welcome, Clinic* Salmon River | Logout

My Account

Applications

Continue 1

Checkout

Transaction

Review 1

Training

Agency

Lookup

TSE Trauma Designation

Validation Failed! Please supply all required information.

- Acknowledge
- Percentage of physician response
- Percentage Trauma Team response
- Criteria for Graded Activation
- Trauma Team Graded Activation Response Criteria
- Immediate care protocols
- ATLS tracking log
- Report Changes Admit, Transfusion, Alcohol
- Prehospital Trauma Care Reporting Options
- PIPS documentation
- TPOPPC documentation
- Public Education & Outreach Written
- Idaho TSE Registry Letter
- Injury Prevention Documentation
- Report Changes- Injury Prevention, Brain Death Protocol

< leadership Renewal - Clinical Functions Renewal - PIPS Renewal - Data, Education, Planning Associated Fees >

Section 1

CONTINUE AN APPLICATION

You can continue working on the application at any time. Please make sure you select the **Save** button (located at the bottom of the page) before logging out. To pick up where you last left off, simply login to your account and select the **1 Form pending completion** option. From here, you will select the **Continue** button to open the application. Refer to the screenshots on the next page. The application will open to the **Designation & Profile** tab first.

- My Account
 - Profile
- Applications
- Training
- Agency
- Lookup

Welcome, Clinic* Salmon River | Logout

My Account

Personnel Tools	Applications	Check App Status	Training Report
	Pay Fees	What's New? New	Submit CE Hours New

Clinic* Salmon River
Number:
Issued:
Expiration:

1 Form pending completion
1 Application to be reviewed

0 New training added
0 Upcoming training this week
0 Upcoming test this week

I am looking for...

Personnel

Last Name County City/Town

GO

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If you have any questions or concerns while using IGEMS, you can contact the Idaho Bureau of EMS & Preparedness at EMSPROVLIC@dhw.idaho.gov or 1-877-554-3367 toll free.

- My Account
- Applications
 - Continue 1
 - Checkout
 - Transaction
 - Review 1
- Training
- Agency
- Lookup

Welcome, Clinic* Salmon River | Logout

Continue My Applications

This section allows you to work with the forms for applications you have already started. Click *Start* to work with forms you have not yet started filling out, *Continue* for forms that are still in progress or the *PDF* icon to view a form you already completed.

You can click the grey header bar for any license application to expand or collapse the list of forms associated with that license. Additionally, you can use the filters and search box at the top of the page to narrow down which licenses are displayed on this page. After you have entered search criteria, click *Go* to search for licenses matching your criteria. If you want to view all licenses again, click *Clear*.

Search box with CLEAR button

▼ TSE - Trauma Designation - (Salmon River Clinic)

Status: Initiated Initiated On: Jun 10, 2020
Number: Issue Date:
Level(s): Level IV - Trauma Expiration Date:
Forms: 0 of 1 completed

Forms	Requested	Completed	Action
TSE Trauma Designation	Jun 10, 2020		Continue

▼ TSE - Trauma Designation - (Salmon River Clinic)

Status: Initiated Initiated On: May 15, 2020
Number: Issue Date:

You will notice that the **Name** and **Document Type** fields have been cleared out because documentation was not uploaded and saved previously in that section. In the **Name** field, simply copy the section's name.

Then click the drop-down arrow to select the **Document Type**. For example, "**TSE Trauma Attachments**." Refer to the screenshot below. Please ensure the **Document Type** field is always selected. Continue working through the application until every question is answered and/or documentation is uploaded.

We realize that some documents might not change once policies, protocols, and procedures have been established. Some requirements allow you to report that there have been no changes since the previous application.

***Report changes to Job Descriptions and/or CVs**

No Changes- job descriptions & CVs are current from previous application

Trauma Medical Director Job Description or CV changed

Trauma Program Manager Job Description or CV changed

***Trauma Medical Director's PIPS Attendance**

[Upload File](#)

***Name**

Document Type

- Select Document Type
- TSE Trauma Attachments

APPLICATION SUBMISSION

Once the application has been submitted, an invoice will be generated with the designation's associated fees and emailed to the hospital's program manager. The check should include a site survey fee (if applicable) and the first-year designation fee. Please mail the check with invoice to the address listed below.

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

**Idaho Department of Health & Welfare
Bureau of EMSP C/O Revenue Operations
PO Box 83720
Boise, ID 83720**

Note: TSE Surveyor's will present their recommendations at the State TSE Council Meeting after the on-site survey. The TSE Council will not officially designate until payment is received.

DOCUMENTATION UPLOAD AFTER SUBMISSION

The TSE Program staff will review your submitted application and email you if additional explanation and/or documentation is needed. Please respond back with the additional documentation attached to the email. The TSE Program staff will upload the documentation to your online application for you.

If you have any questions or concerns regarding the online application process, please don't hesitate to reach out. We are happy to assistance you!