IDAHO TIME SENSITIVE EMERGENCY SYSTEM
TRAUMA | STROKE | STEMI

Level I Stroke Center

Application & Resource Tool Kit

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IDAHO DEPARTMENT OF HEALTH & WELFARE

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TSE Frequently Asked Questions

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. 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 and Welfare provides oversight and administrative support for the day-to-day operation of the program.

A governor-appointed TSE Council made up of health care providers, EMS agencies, and administrators of hospitals representing both urban and rural populations is responsible for establishing Rules and Standards for the 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 Regional TSE Committee made up of EMS providers, hospital 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 Regional TSE Committees will have the ability to establish guidelines that best serve their specific community, as well as providing a feedback loop for EMS and hospital providers.

What guiding principles are the foundation of the TSE system?

- Apply nationally accepted evidence-based practices to time sensitive emergencies;
- Ensure that standards are adaptable to all facilities wishing 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 does a center need to be verified?

Every three years.

How much does it cost to be verified and designated?

Verification is done once every three years. The on-site survey fee is $3,000 and must be submitted with the application. Designation is valid for three years. The designation fee may be paid in three annual payments of $7,000 or in one payment of $21,000.

Whom do I contact if I have questions about the application process?

Idaho Time Sensitive Emergency Program

P.O. Box 83720

Boise, ID 83720-0036

tse@dhw.idaho.gov

http://tse.idaho.gov/

Program Manager

Christian Surjan

surjanc@dhw.idaho.gov

(208) 334-6564

Application Process

To apply for designation as a Level I Stroke Center in Idaho **using Joint Commission or DNV**:

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 JC or DNV site review
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, JC/DNV site review.
4. Mail the completed application and year one designation fee ($7,000) to:

   Make checks payable to: Bureau of EMS and Preparedness

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

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

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

Application Process

To apply for designation as a Level I Stroke Center **using the State of Idaho for verification:**

1. Complete and print the application. Submit one application per facility. A completed application includes:
   A. Facility and Personnel Profile;
   B. Certification Statement;
   C. Pre-Survey Questionnaire; and
   D. Required Attachments.
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, PSQ (Pre-Survey Questionnaire), and Attachments.
4. Mail the completed application and on-site survey fee ($3,000) to:

   Make checks payable to: Bureau of EMS and Preparedness

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

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

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

Application for Level I Stroke Center

A. Hospital and Personnel Profile

Hospital Name:		
Mailing Address:	City:	Zip:
Physical Address:	City:	Zip:
Phone:	County:	
Application Contact and Title:		
Phone:	E-Mail:	

Hospital Administrator/CEO:	
Phone:	E-Mail:
Stroke Care Coordinator:	
Phone:	E-Mail:
Stroke Medical Director:	
Phone:	E-Mail
ED Medical Director:	
Phone:	E-Mail:
ED Nursing Director:	
Phone:	E-Mail:

B. Certification Statement

I, _____ (CEO/COO), on behalf of _____ (hospital), voluntarily agree to participate in the Idaho Time Sensitive Emergency system as an Level I Stroke Center. We will work with emergency medical services and other hospitals in our area to streamline triage and transport of stroke 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 Stroke Center.

C. We will participate in the Idaho TSE Registry; and

D. We will notify the Time Sensitive Emergency Program Manager immediately if we are unable to provide the level of stroke service we have committed to in this application.

_____	_____
Chair, Governing Entity (Hospital Board)	Date
_____	_____
Chief Executive Officer	Date
_____	_____
Stroke Medical Director	Date
_____	_____
Stroke Program Manager	Date

C. Pre-Survey Questionnaire

Answer every question. If you require additional space, please include a separate sheet. Once complete, print and sign the application (Certification Statement). Label all attachments and place them in the "Attachments" section. Do not hesitate to contact the TSE program staff if you have any questions regarding your application. (208) 334-4904

1. Personnel

1.1 Do you have a stroke care coordinator? ◯ Yes ◯ No

Is he or she at minimum an RN? ◯ Yes ◯ No

Attach supporting documentation. Label as "Attachment #1".

1.2 Do you have a stroke medical director? ◯ Yes ◯ No

Is he or she a physician with extensive experience in neurology and cerebrovascular disease? ◯ Yes ◯ No

Attach supporting documentation. Label as "Attachment #2."

1.3 Do you have an acute stroke team (i.e. the team of physicians and nurses that respond to assess and treat acute stroke)? ◯ Yes ◯ No

Is the team designated by the stroke medical director ◯ Yes ◯ No

Is the team on-site 24/7 within 15 minutes of activation with an 80% achievement rate? ◯ Yes ◯ No

Attach supporting documentation for the most recent 12-month period. Label as "Attachment #3".

Explain:

1.4 Do you have a defined stroke leadership team? ◯ Yes ◯ No

Is the stroke leadership team responsible for:

a. Education? ◯ Yes ◯ No

b. Protocol? ◯ Yes ◯ No

c. Quality assurance? ◯ Yes ◯ No

d. Program development? ◯ Yes ◯ No

e. Outreach education? ◯ Yes ◯ No

Attach supporting documentation (charter, scope, etc.) . Label as "Attachment #4".

Explain:

1.5 Do you have a neurologist available 24/7? ◯ Yes ◯ No

Is he or she on-site or available via telemedicine within 15 minutes of stroke team activation with an 80% achievement rate? ◯ Yes ◯ No

Is he or she on-site within 45 minutes if needed, with an 80% achievement rate? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

1.6 Do you have a board-certified vascular neurologist or an ABPN-certified neurologist who have completed 12 months of formal training in vascular neurology, or who devotes a minimum of 25% of practice time to vascular neurology? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

1.7 Do you have a vascular surgeon available 24/7 that is on-site within 30 minutes when requested with an 80% achievement rate? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

1.8 Do you have interventional physicians available 24/7 that are on-site within 30 minutes when requested with an 80% achievement rate? Yes No

Do you have supporting documentation? Yes No

1.9 Do you have critical care or neurocritical care physicians available 24/7 that are on-site when requested with an 80% achievement rate? Yes No

Do you have supporting documentation? Yes No

1.10 Do you have physical medicine and rehabilitation physicians? Yes No

Explain:

1.11 Do you have a neurosurgeon available 24/7 that is on-site within 30 minutes when requested with an 80% achievement rate? Yes No

Do you have supporting documentation? Yes No

1.12 Do you have organizational and administrative support for your stroke program? Yes No

Attach letters of support from your medical staff and hospital board. Label as "Attachment #5".

1.13 Do you have clinical ED personnel trained in diagnosing and treating acute stroke on-site 24/7? Yes No

Do you have supporting documentation? Yes No

2. Training and Education

2.1 Do the members of your stroke leadership team have a minimum of 8 hours of annual education on stroke diagnosis and treatment to ensure compliance? Yes No

Do you have supporting documentation ? Yes No

2.2 Are all of your facility's staff educated annually on the signs and symptoms of stroke and the process to activate the stroke team? Yes No

2.3 Does your stroke unit's clinical staff demonstrate evidence of initial and ongoing training in the care of acute stroke patients? ◯ Yes ◯ No

Note: Stroke units may be defined and implemented in a variety of ways. The stroke unit does not have to be a specific enclosed area, but must be a specified unit to which most stroke patients are admitted.

Explain:

3. Stroke Services

3.1 Do you have neuroradiology services available 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.2 Do you have diagnostic radiology services available 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.3 Do you have:

a. An ICU? ◯ Yes ◯ No

b. Physical therapy? ◯ Yes ◯ No

c. Occupational therapy? ◯ Yes ◯ No

d. Speech therapy? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.4 Do you have stroke nurses available 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.5 Do you have a CT tech on-site 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.6 Do you perform CT or MRI within 25 minutes of patient arrival with an 80% achievement rate? ◯ Yes ◯ No

Note: Do not include transfer patients with appropriate imaging already completed.

Do you have supporting documentation? ◯ Yes ◯ No

3.7 Do you have staff, on-site or via telemedicine, to read and report CT/MRI within 45 minutes of patient arrival 24/7 with an 80% achievement rate? ◯ Yes ◯ No

Note: Do not include transfer patients with appropriate imaging already completed.

Do you have supporting documentation? ◯ Yes ◯ No

3.8 Do you have MRI with diffusion available 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.9 Do you have MR angiography/MR venography available 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.10 Do you have CT angiography available 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.11 Do you have digital subtraction cerebral angiography available 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.12 Do you have transcranial doppler available 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.13 Do you have transesophageal echo? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.14 Do you have carotid artery duplex ultrasound imaging? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.15 Do you have EKG and chest x-ray capability 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.16 Do you have laboratory or point-of-care testing 24/7 with results in 45 minutes or less with a 90% achievement rate? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.17 Do you have FDA-approved IV thrombolytic therapy for stroke available 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.18 Do you have IA recanalization capability available 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.19 Can you perform carotid endarterectormy 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.20 Can you provide surgical treatment of intracranial cerebrovascular disease 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.21 Can you provide placement of intracranial pressure transducer 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.22 Can you provide placement of ventriculostomy 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.23 Can you perform endovascular treatment of intracranial aneurysms/arterial venous malformations 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.24 Can you perform endovascular treatment of vasospasm 24/7? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.25 Can you perform stenting and/or angioplasty of extracranial vessels 24/7? ◯ Yes ◯ No

If no, do you have a referral protocol in place? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.26 Can you perform stenting and/or angioplasty of intraacranial vessels 24/7? ◯ Yes ◯ No

If no, do you have a referral protocol in place? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.27 Do you have OR coverage 24/7 that is ready within 30 minutes of notification with an 80% achievement rate? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.28 Do you have interventional services coverage 24/7 on-site within 30 minutes of notification with an 80% achievement rate? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.29 Do you have post discharge stroke services? ◯ Yes ◯ No

Explain:

3.30 Do you have written stroke protocols, order sets, procedures, and/or algorithms for assessment and treatment of ischemic and hemorrhagic strokes for:

a. Stroke team activation process? ◯ Yes ◯ No

b. Initial diagnostic tests? ◯ Yes ◯ No

c. Administration of medication? ◯ Yes ◯ No

d. Swallowing assessment prior to oral intake? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

3.31 Is your pharmacy adequately staffed by qualified personnel to ensure effective medication management services including emergency services available 24/7? ◯ Yes ◯ No

Explain:

3.32 Do you have transfer protocols or guidelines specific to stroke patients? ◯ Yes ◯ No

Explain:

3.33 Do you coordinate with EMS on stroke care and transport policy and procedures, system activation, training, data collection and quality improvement, and unavailability of services?

Yes No

Explain:

3.34 Do you provide annual public education on stroke-related topics such as prevention, risk factors, signs and symptoms, and the importance of getting treatment right away and calling 911?

Yes No

Attach a list of all public education for the most recent 12-month period. Label as “Attachment #6”.

Explain:

3.35 Do you provide stroke education to stroke patients and their caregivers? ◯ Yes ◯ No

Do you have supporting documentation? ◯ Yes ◯ No

4. Minimum Requirements

4.1 Do you care for a minimum of 12 non-traumatic subarachnoid (SAH) patients per year?

◯ Yes ◯ No

Attach supporting documentation for the most recent 12-month period. Label as "Attachment #7".

4.2 Do you perform a minimum of 15 clippings or endovascular procedures per year for aneurysmal disease?

◯ Yes ◯ No

Attach supporting documentation for the most recent 12-month period. Label as "Attachment #8".

5. Performance Measurement and Quality Improvement

5.1 Do you participate in the Idaho TSE Registry? ◯ Yes ◯ No

Are at least 80% of cases submitted within 180 days of treatment? ◯ Yes ◯ No

Attach a letter from the TSE Registry supporting your answer. Label as "Attachment #9".

5.2 Do you have internal QI activities related to stroke care? ◯ Yes ◯ No

Explain:

5.3 Do you measure performance on at least two relevant patient care benchmarks each year?

Yes No

Explain:

5.4 Do you participate in your Regional TSE Committee?

Yes No

Explain:

Modified Rankin Scale

MODIFIED
RANKIN
SCALE (MRS)

Patient Name: _____

Rater Name: _____

Date: _____

Score	Description
0	No symptoms at all
1	No significant disability despite symptoms; able to carry out all usual duties and activities
2	Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
3	Moderate disability; requiring some help, but able to walk without assistance
4	Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
5	Severe disability; bedridden, incontinent and requiring constant nursing care and attention
6	Dead

TOTAL (0–6): _____

References
Rankin J. “Cerebral vascular accidents in patients over the age of 60.”

Additional Resources

Building the Case for a Primary Stroke Center

http://www.stroke.org/stroke-resources/resource-library/building-case-primary-stroke-center

Joint Commission

http://www.jointcommission.org/certification/primary_stroke_centers.aspx

Recommendations From the American Stroke Association's Task Force on the Development of Stroke Systems

http://www.virginiastrokesystems.org/assets/files/1/files/pdf/recommendationsfortheestablishmentofstrokesystemsofcare.pdf

Minnesota Stroke System Hospital Designation Tool Kit

http://www.health.state.mn.us/divs/healthimprovement/content/documents/MinnesotaStrokeSystemToolkit140920.pdf