IDAHO TIME SENSITIVE EMERGENCY SYSTEM
TRAUMA | STROKE | STEMI

Level II STEMI Center

Application & Resource Tool Kit

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

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

E-mail: tse@dhw.idaho.gov
Website: http://tse.idaho.gov/

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 $1,500 and must be submitted with the application. Designation is valid for three years. The designation fee may be paid in three annual payments of $500 or in one payment of $1,500.

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 II STEMI 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 II STEMI 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:
STEMI Care Coordinator:	
Phone:	E-Mail:
STEMI 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 II STEMI Center. We will work with emergency medical services and other hospitals in our area to streamline triage and transport of trauma 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 II STEMI 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 trauma service we have committed to in this application.

_____	_____
Chair, Governing Entity (Hospital Board)	Date
_____	_____
Chief Executive Officer	Date
_____	_____
STEMI Medical Director	Date
_____	_____
STEMI 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 an individual responsible for coordination of cardiac care? ◯ Yes ◯ No

Attach a copy of the coordinator's job description and CV. Label as "Attachment #1".

1.2 Do you have a defined cardiac care team that responds to cardiac emergencies? ◯ Yes ◯ No

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

1.3 Do you have an ACLS-certified physician who oversees cardiac care? ◯ Yes ◯ No

Attach a copy of the job description and his or her CV. Label as "Attachment #3"

2. Training and Education

2.1 Are the physicians, midlevel providers, and RNs on the cardiac care team current in ACLS or equivalent?

◯ Yes ◯ No

2.2 Are all of your ED RNs current in ACLS or equivalent? ◯ Yes ◯ No

2.3 Do all of your ED RNs complete annual education on signs and symptoms of ACS?

◯ Yes ◯ No

2.4 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

2.5 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. Label as "Attachment #4".

2.6 Do you provide annual public education on cardiovascular disease prevention, the signs and symptoms of heart attack, and the importance of learning CPR and calling 911 in cardiac emergencies?

◯ Yes ◯ No

Attach supporting documentation. Label as "Attachment #5".

2.7 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

Attach supporting documentation. Label as "Attachment #6".

3. Cardiac Services

3.1 Do you have laboratory or point-of-care testing available 24/7? ◯ Yes ◯ No

Explain:

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

Explain:

3.3 Do you have FDA-approved fibrinolytic therapy available 24/7? ◯ Yes ◯ No

Explain:

3.4 Are you center's post cardiopulmonary arrest care protocols based on current AHA guidelines?

◯ Yes ◯ No

Attach a copy of your care protocols. Label as "Attachment #7".

3.5 Do you provide resuscitation and stabilization of cardiac patients prior to transfer to a higher level of care 24/7? ◯ Yes ◯ No

3.6 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 protocols. Label as "Attachment #8".

3.7 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

3.8 Do you have transfer protocols in place for rapid transfer of patients requiring a higher level of care? ◯ Yes ◯ No

3.9 Do you coordinate with local EMS agencies on cardiac care, transport policies and procedures, training, and quality improvement? ◯ Yes ◯ No

5. Performance Measurement and Quality Improvement

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

Are at least 80% of cases entered into the TSE registry within 180 days of treatment? ◯ Yes ◯ No

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

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

Explain:

5.3 Do you participate in your Regional TSE Committee? ◯ Yes ◯ No

Explain:

Additional Resources

American Heart Association

http://my.americanheart.org/professional/ScienceNews/2013-STEMI-Guideline_UCM_447550_Article.jsp#.Vmh0SE2FODY

ACC/AHA Guidelines for the Management of Patients with ST-Elevation MI

http://circ.ahajournals.org/content/110/5/588.full

The American Journal of Cardiology—Putting the Guidelines into Practice

http://www.ajconline.org/issue/S0002-9149(15)X0002-6

American College of Cardiology—Quality Improvement for Institutions

http://cvquality.acc.org/