



**IDAHO TIME SENSITIVE
EMERGENCY SYSTEM**
TRAUMA | STROKE | STEMI

Level I STEMI 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

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Application Process

To apply for designation as a Level I STEMI Center in Idaho **using the Society of Cardiovascular Patient Care (SCPC)**:

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 SCPC 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, SCPC 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 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.:
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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 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 I STEMI Center. We will work with emergency medical services and other hospitals 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 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 STEMI 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 a cardiac care coordinator? 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 a cardiac medical director that is board-certified in cardiology? Yes No

Attach a copy of the director's job description and CV. Label as "Attachment #3".

1.4 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

Explain:

1.5 Do you have an interventional cardiologist on-site within 30 minutes of cardiac care team activation with an 80% achievement rate? Yes No

Attach supporting documentation for the most recent 12-month period. Label as "Attachment #4".

1.6 Do you have cardiac cath lab staff on-site within 30 minutes of cardiac care team activation with an 80% achievement rate? Yes No

Attach supporting documentation for the most recent 12-month period. Label as "Attachment #5".

2. Training and Education

2.1 Are the physicians, midlevel providers, and RNs on the cardiac 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 of your interventional cardiologists who perform cardiac caths have a minimum of 45 hours of interventional CME every three years?

Yes No

Attach a table supporting your answer. Label as "Attachment #6".

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. Label as "Attachment #7".

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

If yes, describe the process.

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. Label as "Attachment #8".

2.8 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 #9".

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

Attach supporting documentation. Label as "Attachment #10".

3. Cardiac Services

3.1 Do you have diagnostic and interventional cardiac cath available 24/7? Yes No
Explain:

3.2 Do you have laboratory or point-of-care testing available 24/7? Yes No
Explain:

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

3.4 Do you have FDA-approved fibrinolytic therapy available 24/7? Yes No
Explain:

3.5 Are your centers' post cardiopulmonary arrest care protocols based on current AHA guidelines? Yes No

Attach a copy of your care protocols. Label as "Attachment #11".

3.6 Do you have cardiac surgery? Yes No
If no, do you have a transfer protocol with a cardiac surgery hospital via critical care ground or air? Yes No

Explain:

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 protocols. Label as “Attachment #12”.

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

3.10 Do you have written protocols with regional Level II STEMI Centers to accept all STEMI referrals? Yes No

Explain:

3.11 Do you have a policy for referral to cardiac rehabilitation services? Yes No

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

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

4. Minimum Requirements

4.1 Do you perform a minimum of 36 PCI procedures for STEMI during the most recent rolling 12-month period? Yes No
Attach supporting documentation. Label as "Attachment #13".

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

Note: Participation in the National Cardiovascular Registry's ACTION Registry-Get with the Guidelines and/or CARES is recommended, but not required.

Attach a letter from the TSE Registry (Idaho Trauma Registry) supporting your answer. Label as "Attachment #14".

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

5.3 Do you achieve door-to-balloon time in less than 90 minutes with an 85% achievement rate?

Yes No

Attach supporting documentation for most recent 12-month period. Label as "Attachment #15".

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

American College of Cardiology—Quality Improvement for Institutions

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