



IDAHO TIME SENSITIVE EMERGENCY SYSTEM

TRAUMA | STROKE | STEMI

Level I Stroke Center

2020 Renewal Application – State Verification



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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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 \$500.

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 Manager 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 III Stroke 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:
Stroke Program Manager	
Phone:	Email:
Stroke 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 Stroke 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 I Stroke Center. We will work with Emergency Medical Services (EMS) and other facilities in our area to streamline triage and transport of stroke patients and participate in our Regional Time Sensitive Emergency Committee.

We attest that the facility has sufficient infrastructure, staff, equipment, and support to the stroke program to provide adequate provision of care. There is 24/7 coverage in the ED, ICU, and stroke unit by physicians and personnel trained in diagnosing and treating acute stroke. A board-certified vascular neurologist or an ABPN-certified neurologist is available. Qualified staff to perform laboratory testing and medical management (e.g. pharmacists) including FDA-approved IV thrombolytic therapy are available 24/7. EKG, x-ray, CT, and MRI are available 24/7. Ancillary services such as physical therapy, occupational therapy, and speech therapy are also available. We have physical medicine and rehabilitation physicians and post discharge stroke services.

The facility has written agreements with regional Level II and III Stroke Centers to accept all stroke referrals as well as a no-divert policy for all patients who meet stroke team activation criteria and a backup plan for situations when the facility's stroke resources are temporarily unavailable.

The facility coordinates with the local EMS agencies on stroke care, transport policies and procedures, system activation, training, data collection, and performance improvement. The facility meets all requirements in the current edition of the TSE Standards Manual for a Level I Stroke Center designation. 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

Date

Chief Executive Officer

Date

Stroke Medical Director

Date

Stroke Program Manager

Date

Center Mission

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

Medical Staff Resolution (attachment)

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

Hospital Board Resolution (attachment)

Stroke Leadership

Stroke Medical Director

Attach a copy of the Stroke Medical Director's job description. Must be a neuro-specialist (i.e. neurosurgeon, neurologist, or neurointensivist).

Stroke Medical Director's Job Description (attachment)

Stroke Medical Director's CV (attachment)

Stroke Care Coordinator

Attach a copy of the Stroke Coordinator's job description. Must be a registered nurse with 8 hours of annual continuing education in stroke care.

Stroke Coordinator's CV (attachment)

Stroke Coordinator's Job Description (attachment)

Stroke Leadership Team

A defined stroke leadership team that is responsible for education, protocols, Performance Improvement, program development, and outreach and education. All members of stroke leadership team must have 8 hours of annual education on stroke diagnosis and treatment.

Attach supporting documentation (i.e. charter, scope, etc.).

Stroke Leadership Team, Responsibilities and Education (attachment)

Personnel

Acute Stroke Team

Acute stroke team (i.e. the team of physicians and nurses that respond to assess and treat acute stroke)? must be designated by the stroke medical director and on-site 24/7 within 15 minutes of activation with an 80% achievement rate.

Provide the following data points for the last 12 months.

Data point: Percentage of acute stroke team response less than 15 minutes.

Data point: Average of acute stroke team response time. _____

Neurologist available 24/7 on-site or available via telemedicine within 15 minutes of stroke team activation with an 80% achievement rate.

Provide the following data points for the last 12 months.

Data point: Percentage of neurologist response time less than 15 minutes.

Data point: Average of neurologist response time. _____

If neurologist is contacted via telemedicine, are they on-site within 45 minutes, if needed, with an 80% achievement rate.

Data point: Percentage of neurologist response time less than 45 minutes.

Data point: Average of neurologist response time. _____

Vascular surgeon available 24/7 that is on-site within 30 minutes when requested with an 80% achievement rate.

Provide the following data points for the last 12 months.

Data point: Percentage of vascular surgeon response time less than 30 minutes.

Data point: Average of vascular surgeon response time. _____

Interventional physicians available 24/7 that are on-site within 30 minutes when requested with an 80% achievement rate.

Provide the following data points for the last 12 months.

Data point: Percentage of interventional physicians' response time less than 30 minutes. _____

Data point: Average of interventional physicians' response time. _____

Critical care or neurocritical care physicians available 24/7 that are on-site within 30 minutes when requested with an 80% achievement rate.

Provide the following data points for the last 12 months.

Data point: Percentage of critical care physicians' response time less than 30 minutes. _____

Data point: Average of critical care physicians' response time. _____

Neurosurgeon available 24/7 that is on-site within 30 minutes when requested with an 80% achievement rate.

Provide the following data points for the last 12 months.

Data point: Percentage of neurosurgeon response time less than 30 minutes.

Data point: Average of neurosurgeon response time. _____

Training and Education

All center staff, not just clinical staff, must complete annual education on signs and symptoms of stroke and the process to activate the stroke team.

Attach supporting documentation.

All Center Staff Stroke Education (attachment)

Stroke Services

CT or MRI performed within 25 minutes of patient's arrival with an 80% achievement rate.

[This does not include transfer patients with appropriate imaging already completed.](#)

Provide the following data points for the last 12 months.

Data point: Percentage of CT or MRI obtained within 25 minutes of patient's arrival.

Staff on-site or via telemedicine to read and report CT/MRI results within 45 minutes of patient's arrival 24/7 with an 80% achievement rate.

This does not include transfer patients with appropriate imaging already completed.

Provide the following data points for the last 12 months.

Data point: Percentage of CT or MRI read within 45 minutes of patient's arrival.

Laboratory or point-of-care testing 24/7 with results for CBC and INR in 45 minutes or less from patient arrival with an 90% achievement rate.

Lab tests required are CBC and coagulation.

Provide the following data points for the last 12 months.

Data point: Percentage of laboratory results less than 45 minutes. _____

OR coverage 24/7 that is ready within 30 minutes of notification with an 80% achievement rate.

Provide the following data points for the last 12 months.

Data point: Percentage of OR coverage ready within 30 minutes. _____

Interventional services coverage 24/7 on-site within 30 minutes of notification with an 80% achievement rate.

Provide the following data points for the last 12 months.

Data point: Percentage of interventional services ready within 30 minutes.

Care for minimum of 12 non-traumatic subarachnoid (SAH) patients per year.

Data Point: Number of non-traumatic subarachnoid patients in the last 12 months.

Perform a minimum of 15 clippings or endovascular procedures per year for aneurysmal disease.

Data Point: Number of clippings or endovascular procedures in the last 12 months.

Attach a current copy for the following protocols:

Stroke team activation process

Initial diagnostic tests

Administration of medication

Swallowing assessment prior to oral intake

The following services must be available 24/7:

CT angiography, MRI with diffusion, MR angiography/MR venography, diagnostic radiology and neuroradiology services, digital subtraction cerebral angiography, transcranial doppler, IA recanalization, surgical treatment of intracranial cerebrovascular disease, placement of ventriculostomy and intracranial pressure transducer, transesophageal echo, and carotid artery duplex ultrasound imaging.

The facility must have the ability to perform carotid endarterectomy, endovascular treatment of vasospasm and intracranial aneurysms/arterial venous malformations, and stenting and or angioplasty of extracranial and intracranial vessels.

Attach a copy of your current scope of services.

Scope of Services (attachment)

Patient Education and Community Outreach

Annual public education on stroke-related topics such as prevention, risk factors, signs & symptoms, and the importance of getting treatment right away and calling 911.

Attach supporting documentation.

Stroke Public Education (attachment)

Stroke education to stroke patients and their caregivers.

Attach supporting documentation.

Stroke Patient Education (attachment)

Performance Improvement (PI)

The PI program must ensure optimal care and continuous improvement of care. It must be clearly defined and include the following:

- A reliable method of internal data collection that consistently gathers valid and objective information necessary to analyze and identify opportunities for improvement.
- Review of system and process issues, clinical care issues, all admissions, and transfers decisions to a higher level of care are reviewed to determine rational, adverse outcomes, and opportunities for improvement.
- Use of current clinical practice guidelines, protocols, and algorithms derived from evidence-based resources to achieve benchmark goals.
- Documentation of all process and outcome measures including loop closure annually.
- Meets at regular intervals to meet the needs of the program.
- Ability to identify the stroke patient and use audit filters to review and improve patient care.
- Evaluation of surgeon/interventionalist response time and interventional suite availability and delays. Corrective actions must be documented.
- Have a policy to notify dispatch and EMS agencies when on divert status
- Work with transferring facilities to provide and obtain feedback on all transferred patients.
- Measure performance on at least two relevant patient care benchmarks each year

Attach a copy of your PI documentation.

Performance Improvement Plan (attachment)

TSE Registry

Participation in the Idaho TSE Registry is required with at least 80% of cases entered within 180 days of treatment. Please contact the IHA for a letter verifying the facility is compliant.

Attach a copy of your Idaho TSE Registry compliance letter.

Idaho TSE Registry Letter (attachment)