



# IDAHO TIME SENSITIVE EMERGENCY SYSTEM

TRAUMA | STROKE | STEMI

## Level II Stroke Center

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2020 Application & Resource Toolkit



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 \$3,000 and must be submitted with the application. Once the center is designated, the designation fee can be paid in three annual payments of \$4,000.

**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](mailto:tse@dhw.idaho.gov)

<https://tse.idaho.gov>

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(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

## National Verification

To apply for a designation as a Level II Stroke Center in Idaho **using an approved national accredited body 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; and
  - c. A copy of the verification letter.
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 Statement, and verification letter.
4. Mail the completed application and year one designation fee (\$4,000) 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 Process

## State Verification

To apply for a designation as a Level II 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 (\$3,000) 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:

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

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Number of Inpatient ICU Beds:

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Annual ED Volume:

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Annual Stroke Volume:

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Local Population Size the Facility Supports:

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Name of Nearest Tertiary Facility:

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Number of Miles and Approx. Time by Ground:

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# 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 II 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.

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

\_\_\_\_\_  
Chair, Governing Entity

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Executive Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stroke Medical Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Stroke Program Manager

\_\_\_\_\_  
Date

# 1. Personnel

1.1 Do you have a registered nurse Stroke Care Coordinator?

YES NO

Attach a copy of the Stroke Care Coordinator's job description and CV.

*Stroke Care Coordinator's Job Description & CV (attachment)*

1.2 Do you have a Stroke Medical Director? YES NO

Is he or she a physician? YES NO

[You may use a System Medical Director to fulfill this requirement.](#)

Attach a copy of the Stroke Medical Director's job description and CV.

*Stroke Medical Director's Job Description & CV (attachment)*

If he or she oversees more than one center's stroke program, explain how he or she is involved in program decision-making at each hospital.

EXPLAIN:

1.3 Do you have a defined stroke leadership team? YES NO

Does your team consist of, at minimum, a physician and an RN?

YES NO

1.4 Do you have organizational and administrative support for your stroke program? YES NO

Attach supporting documentation.

*Medical Staff/Hospital Board Resolution (attachment)*

1.5 Do you have clinical personnel trained in diagnosing and treating acute stroke on-site 24/7? YES NO

## 2. Training and Education

2.1 Do members of the stroke leadership team have a minimum of 8 hours of annual education on stroke diagnosis and treatment to ensure competence?

YES NO

Attach supporting documentation.

*Stroke Leadership Team Education (attachment)*

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

EXPLAIN:

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

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

EXPLAIN:

## 3. Stroke Services

3.1 Do you have a neurologist or physician experienced in cerebrovascular care available 24/7 on-site or via telemedicine or telephone consult within 20 minutes of patient's arrival with an 80% achievement rate? YES NO

Data point: Percentage neurologist or physician experienced in cerebrovascular care response time less than 20 minutes. \_\_\_\_\_

3.2 Do you have:

- |                          |     |    |
|--------------------------|-----|----|
| a. An ICU?               | YES | NO |
| b. Physical therapy?     | YES | NO |
| c. Occupational therapy? | YES | NO |
| d. Speech therapy?       | YES | NO |

3.3 Do you have a CT tech available 24/7?

Attach a copy of the radiology schedule and on-call policy.

*Radiology Schedule & On-call Policy (attachment)*

3.4 Do you perform CT or MRI within 25 minutes of patient's arrival with an 80% achievement rate? YES NO

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

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

\_\_\_\_\_

3.5 Do you have 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?

YES NO

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

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

\_\_\_\_\_

3.6 Do you have intracranial and extracranial vascular imaging?

YES NO

3.7 Do you have EKG and chest x-ray capability 24/7? YES NO

3.8 Do you have laboratory or point-of-care testing 24/7 with results for CBC and coagulation labs in 45 minutes or less from patient arrival with an 80% achievement rate? YES NO

Lab tests required are CBC, PT, and INR.

Data point: Percentage laboratory results less than 45 minutes. \_\_\_\_\_

3.9 Do you have FDA-approved IV thrombolytic therapy for stroke available 24/7? YES NO

3.10 Does the center perform mechanical thrombectomy? YES NO

Do you collect the following data:

a. Arrival at interventional hospital to groin puncture? YES NO

b. Symptomatic intracranial hemorrhage within 36 hours of the procedure? YES NO

c. Mortality within 72 hours of the procedure (all cause)? YES NO

3.11 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

The above protocols must be available at the time of the on-site survey.

3.12 Is your pharmacy adequately staffed by qualified personnel to ensure effective medication management services including emergency services available 24/7? YES NO

Attach a copy of the pharmacy schedule and on-call policy.

*Pharmacy Schedule & On-call Policy (attachment)*

3.13 Do you have transfer protocols that include criteria specific to transferring stroke patients including hemorrhagic stroke patients, stroke patients outside of the IV t-PA treatment window, etc.?      YES              NO

Attach supporting documentation.

*Stroke Transfer Protocol (attachment)*

3.14 Do you have written transfer agreements with at least one Level I Stroke Center?      YES              NO

[Transfer agreements must be available at the time of the on-site survey.](#)

3.15 Do you coordinate with EMS on stroke care and transport policy and procedures, system activation, training, data collection, and quality improvement?      YES              NO

EXPLAIN:
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3.16 Do you provide 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?      YES              NO

Attach supporting documentation.

*Stroke Public Education (attachment)*

3.17 Do you provide stroke education to stroke patients and their caregivers?  
            YES              NO

Attach supporting documentation.

*Stroke Patient Education (attachment)*

## 4. Minimum Requirements

4.1 Does the stroke program identify clinical practice guidelines used to facilitate evidence-based clinical care?    YES            NO

EXPLAIN:

4.2 Does the stroke program have an organized process, or a designated response team, for rapid evaluation and treatment of inpatients that develop stroke symptoms?    YES            NO

Attach supporting documentation.

*Inpatient Stroke Protocol (attachment)*

4.3 Does the stroke program collect data on door-in-door-out times for patients transferred for endovascular therapy and hemorrhagic strokes?

YES            NO

4.4 Does the center use NIH Stroke Score in the emergency department (ED) and inpatient setting as a way to quantify neurological deficits?

YES            NO

## 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 Idaho TSE Registry supporting your answer.

*Idaho TSE Registry Letter (attachment)*

5.2 Do you meet the benchmark of door-to-needle time in less than 60 minutes with a 75% achievement rate?    YES            NO

Data point: Percentage of door-to-needle time less than 60 minutes. \_\_\_\_\_

5.3 Do you participate in your Regional TSE Committee?    YES            NO

EXPLAIN:
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5.4 Do you have a clearly defined performance improvement (PI) program to ensure optimal care and continuous improvement of care?    YES            NO

[Please attach your PIPS policy.](#)

[PIPS Policy \(attachment\)](#)

5.5 Is the PI program supported by a reliable method of internal data collection that consistently gathers valid and objective information necessary to analyze and identify opportunities for improvement?    YES            NO

5.6 Are system and process issues, clinical care issues, and transfer decisions reviewed by the PI program?    YES            NO

5.7 Does the stroke program use current clinical practice guidelines, protocols, and algorithms derived from evidence-based validation resources to achieve benchmark goals?            YES            NO

5.8 Are all process and outcome measures documented in a written PI plan and updated annually?    YES            NO

5.9 Does the process of analysis occur at regular intervals to meet the needs of the program?            YES            NO

5.10 Does the process demonstrate problem resolution (loop closure)?

YES NO

5.11 Is the center able to identify the stroke patient population?

YES NO

5.12 Does the PI program have audit filters to review and improve patient care?

YES NO

5.13 Does the PI program work with receiving and transferring facilities to provide and obtain feedback on transfer patients? YES NO

5.14 Does the PI program evaluate OR availability and delays?

YES NO

5.15 If available, are delays in surgeon's/interventionalist's response time monitored and reviewed for cause of delay and opportunities for improvement?

YES NO

5.16 Are all transfers within 24 hours to a higher level of care reviewed to determine rationale, adverse outcomes, and opportunities for improvement?

YES NO

5.17 Is the PI program review inclusive of all stroke admissions and transfers?

YES NO

5.18 Does the center have a policy to notify dispatch and Emergency Medical Services (EMS) agencies when on divert status? YES NO

# MODIFIED RANKIN SCALE

**Patient Name:** \_\_\_\_\_

**Rater Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b><u>Score</u></b>	<b><u>Description</u></b>
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 SCORE:** \_\_\_\_\_

#### References

Rankin J. "Cerebral vascular accidents in patients over the age of 60."

# Additional Resources

## **Joint Commission**

[https://www.jointcommission.org/certification/primary\\_stroke\\_centers.aspx](https://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://docplayer.net/28115984-Minnesota-stroke-system-hospital-designation-toolkit.html>