Designation Criteria for TSE ILS EMS Agency

Criteria for designation of a TSE Intermediate Life Support (ILS) EMS Agency are the recommendations based upon the EMS Advisory Committee. Criteria verify the services and systems are in place to ensure optimal care of a patient exhibiting either trauma, stroke or heart attack (a.k.a. STEMI) symptoms. Each standard must be met for approval as a TSE EMS designated agency.

Criteria Element
1. The agency must be in compliance with all requirements for EMS agency licensure by the Bureau of Emergency Medical Services and Preparedness as specified in IDAPA 16.01.03.
2. The agency must have policies, protocols, and/or procedures addressing trauma, stroke, and STEMI care including transport to the closest appropriate facility and provide annual training on such.
3. The agency must be an active and participating member of their TSE Regional Committee and participate in the regional QI process. An agency representative or designee must attend 50% of these meetings either by call-in or in-person.
4. The agency must demonstrate their local QI process that clearly evaluates trauma, stroke, and STEMI patients.
5. The agency must demonstrate collaborative relationships with a local facility and/or regional TSE designated facilities.
6. The agency must demonstrate consistent medical director involvement working to achieve TSE standards.
7. The agency must collect, track, and provide TSE with the following data annually to their TSE Regional Committee. The agency must create a QI process that demonstrates compliance with the following goals:
a. documented use of a recognized stroke scale and LVO assessment on patients with primary impression of CVA at least 90% of the time;
b. documented "Last Known Well" time for patients with primary impression of CVA at least 90% of the time;
c. aspirin administration or documentation of contraindications, within 10 minutes of patient contact, for cardiac-related chest pain (suspected MI) at least 75% of the time;
d. on scene times less than 15 minutes or documented delays with cardiac-related chest pain (suspected MI) at least 90% of the time; or acquisition of a 12-lead EKG, within 10 minutes of patient contact, at least 75% of the time for cardiac-related chest pain (suspected MI) *applicable for transport agencies only;
e. on scene times less than 15 minutes or documented delays for full trauma activations at least 75% of the time *applicable for transport agencies only;
f. on scene times less than 15 minutes or documented delays for stroke activations at least 90% of the time *applicable for transport agencies only;

g. documentation that field providers are notifying receiving facility/agency of trauma, stroke, and STEMI activation at least 90% of the time; and
h. obtain and document blood glucose level in suspected stroke patients at least 90% of the time.
8. The agency must provide documentation that all EMS personnel obtain CPR training at least once every two years. Advanced '85s must be trained in aspirin administration optional module.