Edition 2025

Level I STEMI Center

2025 Paper Application

IDAHO TIME SENSITIVE EMERGENCY SYSTEM
TRAUMA | STROKE | STEMI

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About the Idaho TSE System

Why a TSE Branch?

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 Branch work?

The Idaho Military Division provides support for the day-to-day operation of the Time Sensitive Emergency (TSE) Branch. 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 in three annual payments of $7,000.

Whom do I contact about the application process?

Idaho Time Sensitive Emergency Branch
4732 S. Ingalls St., Bldg. 668
Boise, ID 83705-5004
tse@dhw.idaho.gov
https://tse.idaho.gov

TSE Branch Chief Melissa Ball
Melissa.Ball@dhw.idaho.gov
(208) 334-2124

TSE 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

National Verification

To apply for a designation as a Level I STEMI Center in Idaho **using an approved national accredited body for verification**, please do the following:

1. Complete an online application in IGEMS. Submit one application per facility. A completed application includes:
    a. Personnel and Facility Profiles
    b. Certification Statement
    c. A copy of the verification letter
2. Obtain the required signatures on the Certification Statement.
3. Once the application has been submitted, please contact Maegan Kautz maegan.kautz@dhw.idaho.gov to obtain an invoice.
4. Mail the 1st year designation fee ($7,000) to:

    Make checks payable to Bureau of Emergency Medical Services

    Idaho Military Division
    Bureau of Emergency Medical Services
    Attn: Time Sensitive Emergency Branch
    4732 S. Ingalls St., Bldg. 668
    Boise, ID 83705

The TSE Branch staff will notify you within 10 business days to confirm the receipt of the application and check.

State Verification

To apply for a designation as a Level I STEMI Center in Idaho **using the State of Idaho for verification**, the facility has two options to submit their application.

1. **Option 1**: Print and complete the application in a binder with labeled, tabbed dividers between each section. Mail the binder to address listed below.
2. **Option 2**: Compile the required documents electronically in a folder and ZIP drive the folder and email it. Contact Maegan Kautz maegan.kautz@dhw.idaho.gov if you would like assistance how to ZIP drive a folder.
3. A completed application includes the following:
    a. Personnel and Facility Profiles
    b. Certification Statement
    c. Pre-Survey Questionnaire (PSQ)
    d. Required attachments
4. Obtain the required signatures on the Certification Statement.
5. Use the current edition of the TSE Standards Manual as a reference to understand the designation criteria.
6. Once the application is complete, contact Maegan Kautz to obtain an invoice.
7. Mail the completed application and onsite site survey fee ($1,500) to:

    Make checks payable to Bureau of Emergency Medical Services

    Idaho Military Division
    Bureau of Emergency Medical Services
    Attn: Time Sensitive Emergency Branch
    4732 S. Ingalls St., Bldg. 668
    Boise, ID 83705

The TSE Branch 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. Utilize the STEMI Clarification Document for more details. Once completed, print and sign the application (i.e. Certification Statement). Please contact the TSE Branch staff if you have any questions or concerns regarding your application.

PERSONNEL PROFILE

Facility Name:		
Mailing Address:	City:	Zip:
Physical Address:	City:	Zip:
Phone:	County:	
Application Contact:		
Phone:	Email:	

Hospital Administrator/CEO:	
Phone:	Email:
STEMI Program Manager	
Phone:	Email:
STEMI Medical Director	
Phone:	Email

FACILITY PROFILE

Number of ED Beds:

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

Number of Inpatient Beds:

Number of ICU Beds:

Annual ED Volume:

Annual STEMI Volume:

Number of Cath Lab Suites:

Local Population Size the Facility Supports:

Name of Nearest Tertiary Facility:

Number of Miles and Approx. Time by Ground:

CERTIFICATION STATEMENT

On behalf of _____ (facility), we voluntarily agree to participate in the Idaho Time Sensitive Emergency System and Idaho TSE Registry as a Level I STEMI Center. We will work with Emergency Medical Services (EMS) and other facilities 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 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

PRE-SURVEY QUESTIONNAIRE

1. Personnel

1.1 Does the center have organizational and administrative support for the program? Yes No

The Certification Statement will suffice as supporting documentation.

1.2 Does the center have a Cardiac Care Coordinator that has sufficient resources to complete required tasks? Yes No

Attach supporting documentation.
Cardiac Care Coordinator Job Description & CV

1.3 Does the center have a defined rapid response team that responds to cardiac emergencies within the facility? Yes No

Attach supporting documentation.
Rapid Response Team

1.4 Does the center have a defined cardiac care team that responds to cardiac emergencies within the Emergency Department (ED)? Yes No

This is covered in Criteria 3.4.

1.5 Does the center have a Cardiac Care Medical Director that is board-certified in cardiology or emergency medicine? Yes No

Attach supporting documentation.
Cardiac Care Medical Director Job Description & CV

1.6 Does the center have physicians in the ED 24/7 who are board-certified or board-eligible in emergency medicine? Yes No

1.7 Does the center have an interventional cardiologist on-site within 30 minutes of STEMI activation? Yes No

Attach supporting documentation.
Interventional Cardiologist Response Requirement

1.8 Does the center have cardiac catheterization (cath) lab staff on-site within 30 minutes of STEMI activation? Yes No

Attach supporting documentation.
Cardiac Cath Lab Response Requirement

2. Training and Education

2.1 Are the physicians, advanced practice providers, and registered nurses (RNs) on the rapid response and cardiac care teams current in Advanced Cardiac Life Support (ACLS) or equivalent? Yes No

Provide a current ACLS roster at time of site survey.

2.2 Are all center ED RNs current in ACLS training or equivalent? Yes No

Provide a current ACLS roster at time of site survey.

2.3 Have all center staff completed annual education on the signs and symptoms of Acute Coronary Syndrome (ACS) and the process to activate emergency systems? Yes No

Attach supporting documentation.
All Center Staff Annual ACS Education

2.4 Does the Cardiac Care Medical Director have a minimum of 18 hours in 3 years of cardiac-related continuing education? Yes No

Attach supporting documentation.
Cardiac Care Medical Director CME

2.5 Does the Cardiac Care Coordinator have a minimum of 18 hours in 3 years of education addressing ACS? Yes No

Attach supporting documentation.
Cardiac Care Coordinator CE

2.6 Have RNs on the cardiac care team completed annual education or training in identifying dysrhythmias, symptoms of ACS, and current American Heart Association (AHA) ACS guidelines? Yes No

Attach supporting documentation.
Cardiac Care Team RNs Annual ACS Education

2.7 Does the center offer tobacco cessation, nutrition, and other heart-healthy education for its employees and the community at least annually? Yes No

Attach supporting documentation.
Employee & Community Education

2.8 Does the center provide annual public education on cardiovascular disease prevention, risk factors, the signs and symptoms of heart attack, and the importance of learning CPR and 911 activation? Yes No

Attach supporting documentation.
Public Heart Disease Prevention Education

2.9 Does the center provide assistance with training and clinical education for Emergency Medical Services (EMS) agencies in coordination with the EMS Medical Directors, as needed and upon request? Yes No

Attach supporting documentation.
EMS Agencies Training & Education

3. STEMI Services

3.1 Is the center's pharmacy adequately staffed by qualified personnel to ensure effective medication management services 24/7? Yes No

Attach supporting documentation.
Pharmacy Schedule

3.2 Does the center have Food and Drug Administration (FDA)-approved fibrinolytic therapy available 24/7? Yes No

Attach supporting documentation.
FDA-approved Fibrinolytic Therapy

3.3 Does the center have a Targeted Temperature Management (TTM) process that follows current AHA guidelines? Yes No

Attach supporting documentation.
TTM Process

3.4 Does the center have a process for activating the cardiac care team for patients who arrive via EMS and patients who "walk-in"? Yes No

Attach supporting documentation.
Cardiac Care Team Activation Process

3.5 Does the center have written processes for the following:

- ACS Yes No
- STEMI Yes No
- Triage for "walk-ins" presenting with symptoms of ACS Yes No
- Fibrinolytic therapy Yes No
- Initiation of post arrest care based on current AHA guidelines, and Yes No
- Transfer guidelines Yes No

Attach supporting documentation.
ACS Written Processes

3.6 Does the center have cardiac surgery capabilities or a transfer process with a cardiac surgery center via an appropriately trained EMS agency? Yes No

Attach supporting documentation.
Transfer Process

3.7 Does the center collaborate with EMS agencies on ACS care? Yes No

3.8 Does the center have an intensive or critical care unit? Yes No

3.9 Does the center have a process map outlining the flow from patient's first medical contact for EMS, ED "walk-ins", and transfer through cath lab arrival? Yes No

Attach supporting documentation.
Patient Flow Process

3.10 Does the center have written agreements or an auto-accept process to accept all STEMI referrals? Yes No

Written agreements must be available at time of site survey.

3.11 Does the center have a no-divert policy for all patients who meet STEMI activation criteria and a backup plan with a communication strategy for situations when the hospital's cardiac care resources are temporarily unavailable? Yes No

Attach supporting documentation.
Diversion Policy

4. Minimum Requirements

4.1 Has the center perform a minimum of 36 percutaneous coronary intervention (PCI) procedures for STEMI during the most recent rolling 12-month period? Yes No

Provide data metric for annual volume.

Annual Volume: _____

5. Performance Measurement and Quality Improvement

5.1 Does the center participate in the Idaho TSE Registry? *At least 80% of cases are submitted within 180 days of hospital discharge*. Yes No

Participation in a national registry and CARES is recommended, but not required.

Attach supporting documentation.
Idaho TSE Registry Letter

5.2 Does the center participate in their Regional TSE Committee? Yes No

5.3 Does the center have a Performance Improvement (PI) program to ensure optimal care and continuous improvement of care? Yes No

Attach supporting documentation for criteria 5.3 and below.
PI Program Plan

5.4 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

5.5 Are system and process issues, clinical care issues, and all admission and transfer decisions reviewed by the PI program? Yes No

5.6 Does the STEMI program use current clinical practice guidelines derived from evidence-based validation resources to achieve benchmark goals? Yes No

5.7 Are all process and outcome measures documented in a written PI plan? Yes No

5.8 Does the process of analysis occur at regular intervals (at least quarterly) to meet the needs of the program? Yes No

5.9 Does the process demonstrate problem resolution (loop closure)? Yes No

5.10 Is the center able to identify the STEMI patient population for review? Yes No

5.11 Does the center's PI program work with transferring facilities to provide and obtain feedback on all transferred patients? Yes No

Explain:

5.12 Is the PI review inclusive of all STEMI admissions and transfers? Yes No

5.13 Are delays in cath lab team response time monitored and reviewed for cause of delay and opportunities for improvement? Yes No

5.14 Does the center achieve first medical contact-to-device time in less than 90 minutes in 85% of EMS and "walk-in" cases? *This excludes cases with a transport time more than 30 minutes.* Yes No

Provide data metrics from the last 6 months (at minimum).

Percentage: _____ Median (min): _____

5.15 Does the program have a goal for transfer patients of door-to-door-to-device (D2D2D) in less than 120 minutes with processes in place to work with transferring EMS agencies? Yes No