Edition 2025

Level II Stroke 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 $4,000.

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 II Stroke 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 ($4,000) 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 II Stroke 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 Stroke 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:
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 Beds:

Number of ICU Beds:

Annual ED Volume:

Annual Stroke Volume:

Number of Interventional 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 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

PRE-SURVEY QUESTIONNAIRE

1. Personnel

1.1 Does the center have a Stroke Program Coordinator that is at minimum an RN? Yes No

Attach supporting documentation.
Stroke Program Coordinator Job Description & CV

1.2 Does the center have a Stroke Program Medical Director that is a physician? Yes No

A Neurologist or Neurosurgeon preferably but not required.

Attach supporting documentation.
Stroke Medical Director Job Description & CV

1.3 Are the Stroke Program Coordinator and Stroke Program Medical Director responsible for program design, education, protocols, Performance Improvement (PI), program development, outreach, etc.? Yes No

Attach supporting documentation if not covered in job description.

1.4 Does the center have organizational and administrative support? Yes No

The Certification Statement will suffice as supporting documentation.

1.5 Does the center have clinical Emergency Department (ED) personnel trained in diagnosing and treating acute stroke on-site 24/7? Yes No

Explain:

2. Training and Education

2.1 Does the Stroke Program Medical Director have a minimum of 8 hours of annual stroke-related education? Yes No

Attach supporting documentation.
Stroke Medical Director CME

2.2 Does the Stroke Program Coordinator have a minimum of 8 hours of annual education on stroke diagnosis and treatment? Yes No

Attach supporting documentation.
Stroke Program Coordinator CE

2.3 Are all center staff educated annually on the signs and symptoms of stroke and the process to activate emergency systems? Yes No

Attach supporting documentation.
All Center Staff Annual Stroke Education

2.4 Does the Emergency Department (ED) and Stroke Unit's clinical staff demonstrate evidence of initial and annual training in the care of acute stroke patients? Yes No

Attach supporting documentation.
ED & Stroke Unit Clinical Staff Annual Training

2.5 Does the center provide annual public education on stroke-related topics such as disease prevention, risk factors, signs and symptoms, and 911 activation? Yes No

Attach supporting documentation.
Public Stroke Disease Prevention Education

2.6 Does the center provide stroke education to stroke patients and their caregivers? Yes No

Attach supporting documentation.
Stroke Patients & Caregivers Education

2.7 Does the center offer disease prevention for its employees at least annually? Yes No

Attach supporting documentation.
Employee Stroke Disease Prevention Education

3. Stroke Services

3.1 Does the center have a Neurologist or physician experienced in cerebrovascular care available on-site or via telemedicine within 20 minutes of patient arrival 24/7 with an 80% achievement rate? Yes No

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

Percentage: _____ Median (min): _____

3.2 Does the center have the following? Yes No

a. an Intensive Care Unit (ICU);
b. Physical Therapy;
c. Occupational Therapy; and
d. Speech Therapy.

Attach supporting documentation.
Center-specific Services Schedule

3.3 Does the center have a CT tech on-site 24/7? Yes No

3.4 Does the center initiate CT or MRI within 20 minutes of patient arrival 24/7 with an 80% achievement rate? Yes No

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

Percentage: _____ Median (min): _____

3.5 Does the center have staff on-site or via telemedicine to interpret CT or MRI results within 45 minutes of patient arrival 24/7 with an 80% achievement rate? Yes No

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

Percentage: _____ Median (min): _____

3.6 Does the center have intracranial and extracranial vascular imaging? Yes No

3.7 Does the center have transesophageal and transthoracic echo? Yes No

3.8 Does the center have carotid artery duplex ultrasound imaging or other non-invasive vessel imaging? Yes No

3.9 Does the center have 12-lead ECG and chest x-ray capability 24/7? Yes No

3.10 Does the center have laboratory or point-of-care testing 24/7 with the following: Yes No

e. blood glucose results that are obtained and documented prior to initiation of thrombolytics;
f. results for CBC and coagulation labs are available in a median of 45 minutes or less from patient arrival; and
g. testing results do not delay initiation of thrombolytics.

3.11 Does the center have IV thrombolytic therapy, as endorse by current evidence-based guidelines, for stroke available 24/7? Yes No

Attach supporting documentation.
IV Thrombolytic Therapy

3.12 Does centers offering services beyond those required for their level of designation have a written plan for provision and monitoring of those services consistent with the highest level of standards requiring that service? Yes No

Attach supporting documentation.
Additional Capabilities Plan

3.13 Does the center have post discharge stroke services? Yes No

3.14 Does the center have written stroke protocols, order sets, procedures, and/or algorithms for assessment and treatment of ischemic and hemorrhagic strokes which include the following:

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
e. evaluation and treatment by Physical Therapy, Occupational Therapy, and/or Speech Therapy. *Consider as a required reporting to state registry*; Yes No
f. discharge order set, protocol, or process that includes consideration for antithrombotic therapy, statin therapy, or anticoagulants as needed for patients with atrial fibrillation (AFib) and toward patient education on secondary prevention and risk factors; and Yes No
g. referral to post discharge rehabilitation services if need identified. Yes No

Attach supporting documentation.
Stroke Processes

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

Attach supporting documentation.
Pharmacy Schedule & On-call Policy

3.16 Does the center have transfer protocols or guidelines that include criteria specific to transferring stroke patients including hemorrhagic stroke patients, stroke patients outside of the IV thrombolytic/ endovascular treatment window, patients at high risk for decompensation, malignant edema or death, etc.? Yes No

Attach supporting documentation.
Transfer Protocol/Guidelines

3.17 Does the center have a written transfer protocol with at least one Level I Stroke Center? Yes No

The transfer protocol must include communication with and feedback from the receiving center.

Written agreements must be available at time of site survey.

3.18 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

3.19 Does the center collaborate with EMS agencies on stroke care? Yes No

3.20 Does the center have a process for initiation of palliative care and/or comfort care? Yes No

Attach supporting documentation.
Palliative/Comfort Care Initiation Process

4. Minimum Requirements

4.1 Does the stroke program identify clinical practice guidelines that are used to facilitate evidence-based clinical care? Yes No

Attach supporting documentation.
Clinical Practice Guidelines

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.
Designated Stroke Response Team

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

Data metrics must be provided at time of site survey.

4.4 Is the NIH Stroke Score used in the Emergency Department (ED) and the inpatient setting as the primary neurologic assessment tool? Yes No

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

Attach supporting documentation.
Idaho TSE Registry Letter

5.2 Does the center meet the benchmark of door-to-needle time of less than 45 minutes with a 50% achievement rate? Yes No

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

Percentage: _____ Median (min): _____

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

5.4 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 5.4 and below.
PI Program Plan

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 all admission and transfer decisions reviewed by the PI program? Yes No

5.7 Does the center use current clinical practice guidelines 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? Yes No

5.9 Does the process of analysis occur at regular intervals (at least quarterly) 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 for review? Yes No

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

Explain:

5.13 If available, does the PI program evaluate OR availability and delays? Yes No

5.14 If available, are delays in Surgeon/Interventionalist response time monitored and reviewed for cause of delay and opportunities for improvement? *Corrective actions must be documented.* Yes No

5.15 Are transfers within 24 hours to a higher level of care reviewed to determine the rationale for transfer, adverse outcomes, and opportunities for improvement? Yes No

5.16 Is the PI review inclusive of all stroke admissions and transfers? Yes No

5.17 Does the center have a policy to notify dispatch and EMS agencies when on divert status? Yes No

Attach supporting documentation.
Diversion Policy