

Edition 2025

TSE EMS Designation Toolkit

*Your Guide to a Successful
Application Submission*



**IDAHO TIME SENSITIVE
EMERGENCY SYSTEM**
TRAUMA | STROKE | STEMI

Table of Contents

<i>About TSE EMS Designations</i>	<i>3</i>
<i>Application Process</i>	<i>6</i>
<i>Criteria Clarification</i>	<i>7</i>
<i>Templates.....</i>	<i>10</i>
<i>TSE Regional Representative Letter.....</i>	<i>10</i>
<i>Facility Relationship Letter</i>	<i>11</i>
<i>Community Outreach & Education Letter</i>	<i>12</i>

About TSE EMS Designation

What is the Idaho TSE System?

Studies show that organized systems of care improve patient outcomes, reduce the frequency of preventable death, and improve the quality of life for the patient. The Idaho Time Sensitive Emergency (TSE) System is modeled on evidence-based care that addresses public education and prevention, 911 access, response coordination, prehospital response, transport, hospital emergency/acute care, rehabilitation and quality improvement. The Idaho TSE System addresses three of the top five causes of deaths in Idaho: trauma, stroke, and heart attack (a.k.a. STEMI).

Why a TSE EMS Designation program?

The 2020 Idaho Legislature approved changes to the Rules of the Time Sensitive Emergency System (TSE) Branch allowing for the creation of TSE EMS Designation. This provides the opportunity for EMS agencies to be recognized for their excellent patient care, quality improvement, and commitment to working with the Idaho TSE System.

How does the program work?

The Idaho TSE Council, made up of healthcare and EMS providers and administrators representing both urban and rural populations, is the statewide governing authority of the Idaho TSE System. The council is responsible for establishing rules and standards and has the authority to approve designations. The Bureau of Emergency Medical Services provides oversight, expert review, and administrative support for the day-to-day operation of the program. As well, the Bureau of Emergency Medical Services recommends approval of agencies to the Idaho TSE Council.

What guiding principles are the foundation of the TSE EMS Designation?

- Ensure that standards are adaptable to all prehospital agencies wanting to participate;
- Ensure that designated agencies institute a practiced, systematic approach to time sensitive emergencies;
- Reduce morbidity and mortality from time sensitive emergencies;
- Design an inclusive system for agencies; and
- Collect and analyze data to measure the effectiveness of the system.

How much does it cost?

There are no designation fees associated with TSE EMS Designation. This will be voluntary and free to any qualified agency. Once verified, the Idaho TSE Council will send a certificate of designation and a set of stickers to be placed on the agency's emergency vehicles. The agency may purchase additional stickers by contacting the Bureau of Emergency Medical Services.

Is there a survey or inspections?

There will not be a routine onsite survey or physical inspection. However, if the designating authority feels as though criteria cannot be evaluated by paperwork alone then the agency must agree to an onsite survey. The agency will be notified, and an onsite survey will be scheduled. For further information, please review the current edition of the TSE Standards Manual.

Whom do I contact about the application process?

Idaho Bureau of Emergency Medical Services

4732 S. Ingalls St., Bldg. 668

Boise, ID 83705-5004

Phone: 208-334-4000

Fax: 208-334-4015

Email: tse@dhw.idaho.gov or idahoems@dhw.idaho.gov

Website: <https://tse.idaho.gov> or www.idahoems.org

Application Process

To apply for a TSE EMS Designation as a BLS, ILS, or ALS level of licensure, the following is required:

1. Currently licensed in Idaho and have at least one of the following EMS agency Operational Declarations;
 - a. Prehospital-Transport
 - b. Prehospital-Support
 - c. Prehospital-Non-transport
 - d. Air Medical-Transport
2. Submit a completed application in IGEMS with the required documentation at the level of licensure; and
3. Consent to verification onsite survey as determined by the Idaho TSE Council.

The Bureau of Emergency Medical Services will perform the initial application review. The EMSP Bureau will then make a recommendation for designation to the Idaho TSE Council. Once verified by the council, the agency will be designated for three (3) years.

A clarification document has been provided in this toolkit to better understand the criteria and what required documentation should be submitted with the application. When submitting required documentation, please submit only Word documents or PDF files. Templates for the required letters under criteria 3, 5 and 7 in each level (BLS, ILS, ALS) have been provided as well.

Agency Level	Criteria Element	Clarification on the Criteria
BLS, ILS, ALS	<i>1. The agency must be in compliance with all requirements for EMS agency licensure by the Bureau of Emergency Medical Services as specified in IDAPA 15.06.07.</i>	Currently licensed agency in good standing with the Bureau of Emergency Medical Services.
BLS, ILS, ALS	<i>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.</i>	Provide a written medical protocol specifying treatment of TSE patients. Provide a training plan that includes annual training on TSE topics. Provide a written policy or protocol specifying transportation of TSE patients. <i>*This is only applicable for transport agencies. For non-transport agencies, please answer “not applicable”.</i>
BLS, ILS, ALS	<i>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.</i>	Provide a written statement that the agency is an active and participating member in their TSE Regional Committee signed by the Regional Chair. Template available.
BLS, ILS, ALS	<i>4. The agency must demonstrate their local QI process that clearly evaluates trauma, stroke, and STEMI patients.</i>	Provide a written explanation of the agency’s QI process that must include the quality metrics outlined in the criteria.
BLS, ILS, ALS	<i>5. The agency must demonstrate collaborative relationships with a local facility and/or regional TSE designated facilities.</i>	Examples of this may include a letter from appropriate trauma, stroke or STEMI program coordinator or ED physician – template available. Minutes from related hospital committee meetings the agency attends. Or, the agency provides and participates in community outreach and education addressing trauma, stroke, and/or STEMI annually.
BLS, ILS, ALS	<i>6. The agency must demonstrate consistent medical director involvement working to achieve TSE standards.</i>	Examples of this may include documentation of meetings, trainings, or chart reviews with medical director within the last 12 months.

BLS, ILS, ALS	7. <i>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:</i>	For an initial application, provide a report for the last three months demonstrating compliance with the following goals. For a renewal application, provide a report for the last 12 months.
BLS	a. <i>documented use of a recognized stroke scale on patients with primary impression of CVA at least 90% of the time;</i>	Provide documentation of compliance. Examples of this may include reports generated from your ePCR program.
ILS, ALS	a. <i>documented use of a recognized stroke scale and LVO assessment on patients with primary impression of CVA at least 90% of the time;</i>	Provide documentation of compliance. Examples of this may include reports generated from your ePCR program.
BLS, ILS, ALS	b. <i>documented “Last Known Well” time for patients with primary impression of CVA at least 90% of the time;</i>	Provide documentation of compliance. Examples of this may include reports generated from your ePCR program.
BLS, ILS, ALS	c. <i>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;</i>	Provide documentation of compliance. Examples of this may include reports generated from your ePCR program.
BLS, ILS	d. <i>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;</i>	Provide documentation of compliance. Examples of this may include reports generated from your ePCR program. If an agency routinely utilizes alternate transport (i.e. air medical) to transport TSE patients from scene, documentation of notification of said resources within 10 minutes. <i>*For non-transport agencies, please answer “not applicable”.</i>
ALS	d. <i>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);</i>	Provide documentation of compliance. Examples of this may include reports generated from your ePCR program.

BLS, ILS, ALS	<i>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;</i>	Provide documentation of compliance. Examples of this may include reports generated from your ePCR program. If an agency routinely utilizes alternate transport (i.e. air medical) to transport TSE patients from scene, documentation of notification of said resources within 10 minutes. <i>*For non-transport agencies, please answer “not applicable”.</i>
BLS, ILS, ALS	<i>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;</i>	
BLS, ILS, ALS	<i>g. documentation that field providers are notifying receiving facility/agency of trauma, stroke, and STEMI activation at least 90% of the time; and</i>	Provide documentation of compliance. Examples of this may include reports generated from your ePCR program.
BLS, ILS, ALS	<i>h. obtain and document blood glucose level in suspected stroke patients at least 90% of the time.</i>	
BLS	<i>8. The agency must provide documentation that all EMS personnel obtain CPR training at least once every two years.</i>	Examples of this may include policies, training roster, or proof of certification.
ILS	<i>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.</i>	Examples of this may include policies, training roster, or proof of certification.



**IDAHO TIME SENSITIVE
EMERGENCY SYSTEM**
TRAUMA | STROKE | STEMI

[YOUR LETTERHEAD AND/OR LOGO]

[MONTH] XX, 20XX

Bureau of Emergency Medical Services
4732 S. Ingalls St., Bldg. 668
Boise, ID
83705-5004

RE: TSE Regional Representative Letter

To Whom It May Concern,

I, [YOUR NAME], Chair of the [NAME OF REGION] Regional Committee, attest that [NAME OF EMS AGENCY] is an active member of the regional committee. The agency has participated in the following meetings with an attendance of at least 50%:

- [MEETING DATE]
- [MEETING DATE]
- [MEETING DATE]

OPTIONAL: [NAME OF EMS AGENCY] has also been involved in the following accomplishments for our region:

- [ACCOMPLISHMENT]
- [ACCOMPLISHMENT]

Sincerely,

[YOUR NAME]
TSE [NAME OF REGION] Regional Committee Chair



**IDAHO TIME SENSITIVE
EMERGENCY SYSTEM**
TRAUMA | STROKE | STEMI

[YOUR LETTERHEAD AND/OR LOGO]

[MONTH] XX, 20XX

Bureau of Emergency Medical Services
4732 S. Ingalls St., Bldg. 668
Boise, ID
83705-5004

RE: Facility Relationship Letter

To Whom It May Concern,

BODY: Please describe how the EMS agency is involved with your facility. Do they attend trainings? Does the hospital provide feedback? Is EMS involved in any quality improvement or patient safety meetings?

Sincerely,

[YOUR NAME]
TSE [NAME OF REGION] Regional Committee Chare



**IDAHO TIME SENSITIVE
EMERGENCY SYSTEM**
TRAUMA | STROKE | STEMI

[YOUR LETTERHEAD AND/OR LOGO]

[MONTH] XX, 20XX

Bureau of Emergency Medical Services
4732 S. Ingalls St., Bldg. 668
Boise, ID
83705-5004

RE: Community Outreach & Education Letter

To Whom It May Concern,

[NAME OF EMS AGENCY] has participated in the following community outreach and education activities:

- [ACTIVITY NAME] and [DATE]
- [ACTIVITY NAME] and [DATE]
- [ACTIVITY NAME] and [DATE]
- [ACTIVITY NAME] and [DATE]
- [ACTIVITY NAME] and [DATE]
- [ACTIVITY NAME] and [DATE]

Sincerely,

[YOUR NAME]
[NAME OF EMS AGENCY]