

Time Sensitive Emergency (TSE) System of Care for Idaho

Executive Summary

During the 2013 Legislature, the Health Quality Planning Commission requested that the Legislature adopt a concurrent resolution called the *House Concurrent Resolution 10*. The resolution directed the Idaho Department of Health and Welfare to convene a workgroup to define the elements of, funding mechanisms for, and an implementation plan for a comprehensive system of care for time-sensitive emergencies in Idaho. The resolution passed and the workgroup was formed in May of 2013. This workgroup is drafting legislative language for the 2014 legislative session that lays the ground work for a comprehensive and coordinated emergency system that will support trauma, stroke and a particular type of heart attack called a ST Elevated Myocardial Infarction (STEMI).

The TSE Workgroup is comprised of a variety of stakeholders from throughout the state of Idaho. The group includes emergency medical service (EMS) providers, hospitals, healthcare providers, public health, health insurers, legislators, community members and others. This workgroup is meeting monthly through November 2013 to develop the statewide, evidence-based system of care in which all Idahoans can expect standardized protocols and consistent care with the limitations and parameters of locale available resources. The workgroup is taking into consideration the needs of all local hospitals, physician groups, EMS, etc. and the sensitivity of the financial implications.

In order to meet the timeline for the legislative session, ad hoc subcommittees have been identified to work on the tasks of communications, funding, region definition, framework, registry and data, legislation and trauma, stroke and heart attack rules. The sub-committees present their work and findings during the monthly workgroup meetings.

The workgroup has identified and adopted guiding principles that are directing their work as they develop the TSE system for Idaho. The guidelines support the use of nationally accepted evidence based practices, standards are adaptable to all providers, facilities institute a practiced, systematic approach to TSE, data collection to analyze the effectiveness of the program, participation is voluntary and the outcome of the reduction of morbidity and mortality from TSE.

The legislation is expected to be completed by the end of November 2013 and presented to the Health Quality Planning Commission before the legislative session. To learn more about the TSE System of Care and Frequently Asked Questions, visit the website at www.tse.idaho.gov.