

TITLE 57  
PUBLIC FUNDS IN GENERAL

CHAPTER 20  
TIME SENSITIVE EMERGENCY (TSE) REGISTRY

57-2001. PURPOSE OF THE REGISTRY. (1) The specific issues to be identified and evaluated through the TSE registry are:

- (a) Trauma, stroke and heart attack TSE surveillance;
- (b) Geographic patterns of trauma incidence;
- (c) Types of TSEs treated in hospitals in Idaho;
- (d) Areas or regions of the state where improvements in the emergency medical system may be needed;
- (e) Public education and prevention needs and efforts; and
- (f) Other factors to consider in recommending, designing or implementing a statewide TSE system.

(2) The data collected by the TSE registry shall be of such a nature as to allow the department to identify at least the following:

- (a) Lack of access to care and improvement of the availability and delivery of prehospital, hospital and post-acute TSE care;
- (b) Performance of the out-of-hospital and hospital emergency medical systems;
- (c) Costs of TSE care; and
- (d) Outcomes of persons who are victims of TSEs.

(3) The department shall evaluate the data collected, as well as data collected from other relevant sources, and, beginning one (1) year after the effective date of this chapter, shall prepare an annual report. The data shall be used to regularly produce and disseminate aggregated and de-identified analytical reports and for recommending benchmark quality measures and outcomes and needed educational resources to the TSE system of care state board.

[57-2001, added 2002, ch. 329, sec. 2, p. 929; am. 2014, ch. 147, sec. 9, p. 407.]

57-2002. TSE REGISTRY -- DEFINITIONS. When used in this chapter:

(1) "Confidential information" means information which may identify a patient, health care facility or health care practitioner.

(2) "Contractor" means that individual, partnership, corporation or other entity performing TSE registry services under a contractual agreement with the department.

(3) "De-identified information" means records and information contained in the TSE registry, including compilations and analyses thereof that do not contain information which might identify a patient, health care facility or health care practitioner.

(4) "Department" means the bureau of emergency medical services and preparedness of the Idaho department of health and welfare.

(5) "Heart attack" means STEMI, which is a common name for ST-elevation myocardial infarction, a more precise definition for a type of heart attack that is caused by a prolonged period of blocked blood supply that affects a large area of the heart and has a substantial risk of death and disability calling for a quick response.

(6) "Stroke" means an interruption of blood flow to the brain causing paralysis, slurred speech and/or altered brain function usually caused by a

blockage in a blood vessel that carries blood to the brain (ischemic stroke) or by a blood vessel bursting (hemorrhagic).

(7) "Trauma" is the result of an act or event that damages, harms or hurts a human being resulting in intentional or unintentional damage to the body resulting from acute exposure to mechanical, thermal, electrical, or chemical energy or from the absence of such essentials as heat or oxygen.

(8) "TSE" means a time sensitive emergency, specifically trauma, heart attack or stroke.

(9) "TSE registry" means the population-based data system that provides ongoing and systematic collection, analysis, interpretation, and dissemination of information related to trauma, stroke and heart attack for system improvement, prevention and research activities. Elements in the registry shall describe the nature and scope of the injury, illness or health condition, identify the incidence and prevalence of traumatic injury, illness or health condition, severity of injury, performance of out-of-hospital and hospital emergency medical systems, patient outcome, and the impact of trauma, stroke and heart attack on the health care system.

(10) "TSE system" means the organized approach to treating injured patients that establishes and promotes standards for patient transportation, equipment, and information analysis for effective and coordinated TSE care. TSE systems represent a continuum of care that is fully integrated into the emergency medical services system and is a coordinated effort between out-of-hospital and hospital providers with the close cooperation of medical specialists in each phase of care. The focus is on prevention, coordination of acute care, and aggressive rehabilitation. Systems are designed to be inclusive of all patients with a TSE requiring acute care facilities, striving to meet the needs of the patient, regardless of the severity of injury, geographic location or population density. A TSE system seeks to prevent injuries from happening and the reduction of death and disability when it does happen.

[57-2002, added 2002, ch. 329, sec. 2, p. 929; am. 2014, ch. 147, sec. 10, p. 407.]

57-2003. ESTABLISHMENT OF TSE REGISTRY. The department, or an authorized contractor of the department, shall:

(1) Establish a TSE registry to collect and analyze information on the incidence, severity, causes and outcomes of TSEs, and other such data necessary to evaluate trauma, strokes and heart attacks and the health system's response to it;

(2) Establish the data elements and data dictionary, including child specific data elements that hospitals must report, and the time frame and format for reporting by adoption of rules in the manner provided in [chapter 52, title 67](#), Idaho Code;

(3) Support, where necessary, data collection and abstraction by providing:

(a) A data collection system and technical assistance to each hospital; and

(b) Funding or, at the discretion of the department, personnel for collection and abstraction for each hospital.

[57-2003, added 2002, ch. 329, sec. 2, p. 930; am. 2014, ch. 147, sec. 11, p. 408.]

57-2004. PARTICIPATION IN PROGRAM. (1) Each licensed hospital shall report each case of TSE which meets the inclusion criteria to the department or the authorized contractor of the department within one hundred eighty (180) days of treatment.

(2) Each report of TSE shall include information as defined by the department.

(3) The department or authorized contractor of the department shall have physical access to all records which would identify reportable cases and/or establish characteristics, treatment or medical status of reportable cases in the event that there has been a failure to report as delineated in subsections (1) and (2) of this section.

(4) Nothing in this chapter shall prevent the department or authorized contractor from identifying and reporting cases using data linkages with death records, other registries, and other potential sources.

[57-2004, added 2002, ch. 329, sec. 2, p. 930; am. 2014, ch. 147, sec. 12, p. 409.]

57-2005. CREATION OF TSE REGISTRY FUND -- PURPOSE. There is hereby created and established in the state treasury a fund to be known as the "Time Sensitive Emergencies (TSE) Registry Fund" to which shall be deposited the revenues derived from grants, appropriations or other sources of funds. All moneys now or hereafter in the TSE registry fund are hereby dedicated for the purpose of contracting for and obtaining the services of a continuous registry of all time sensitive emergency incident patients in the state of Idaho and maintaining a cooperative exchange of information with other states providing a similar TSE incident registry. The department of health and welfare, bureau of emergency medical services and preparedness, is charged with the administration of this fund for the purposes specified herein. All claims against the fund shall be examined, audited and allowed in the manner now or hereafter provided by law for claims against the state of Idaho.

[57-2005, added 2002, ch. 329, sec. 2, p. 930; am. 2014, ch. 147, sec. 13, p. 409.]

57-2006. CONFIDENTIALITY. (1) Information and records contained in the TSE registry shall be kept confidential and may be released only as provided by this chapter and the rules of the department.

(2) The department and an authorized contractor may enter into agreements to exchange confidential information with other TSE registries in order to obtain complete reports of Idaho residents treated in other states and to provide information to other states regarding their residents treated in Idaho. Agreements sharing information from the TSE registry shall include a provision requiring the receiving agency to keep such information confidential.

(3) The department and an authorized contractor may, in their discretion, publish or furnish to health researchers and the public de-identified information including compilations and analyses thereof.

(4) The department and an authorized contractor may furnish confidential information to other TSE registries, federal TSE programs, or health researchers in order to perform and collaborate with research studies. Persons and entities receiving confidential information for research purposes must comply with rules of the department relating to the confidentiality of TSE registry records and information.

(5) The department and an authorized contractor may furnish confidential information relating to a specific licensed hospital, including compilations and analyses of such confidential information, to the specific licensed hospital to which it relates.

(6) TSE registry records and information shall not be available for purposes of litigation except by order of the court. Any such order shall contain such protective provisions as are reasonable and necessary to prevent the public or further disclosure of the records and information and shall contain a provision requiring the destruction of the records and information when no longer needed for the litigation.

[57-2006, added 2002, ch. 329, sec. 2, p. 931; am. 2014, ch. 147, sec. 14, p. 409.]

57-2007. LIABILITY. (1) No action for damages arising from the disclosure of confidential information may be maintained against any reporting entities or employees of such entities that participate in good faith in the reporting of TSE registry data in accordance with this chapter.

(2) No license of a health care facility or health care practitioner may be denied, suspended or revoked for the good faith disclosure of confidential information in accordance with this chapter.

(3) The immunity granted in subsections (1) and (2) of this section shall not be construed to apply to the unauthorized disclosure of confidential information when such disclosure is due to gross negligence or willful misconduct of the reporting entities.

[57-2007, added 2002, ch. 329, sec. 2, p. 931; am. 2014, ch. 147, sec. 15, p. 410.]