

Kentucky Board Of Emergency Medical Services

**Application For Emergency Medical Services For Children
Partnership Demonstration Grant
New Competition, Fiscal Year 2007**

Project Title	Kentucky EMS for Children Program
DUNS Number	145792748
Organization Name	Kentucky Board of Emergency Medical Services
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Project Period	03-01-07 to 02-28-10

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Chairman, Kentucky Board of EMS

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Director, Kentucky Board of EMS

**Kentucky EMSC Partnership Demonstration Grant
Submitted by the
Kentucky Board of Emergency Medical Services**

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KY-EMSC Project Abstract

Section I: Project Identifier Information

Project Title	Kentucky EMS For Children Program
Project Number	H33MC02536-01-00
Project Director	Dr. Mary Fallat
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Project Period	03-01-2007 / 02-28-2010

Section II: Budget:

Our budget narrative and detailed budgets are attached to the grant proposal.

Section III: Types of Services

Infrastructure Building Services

Section IV: Project Description and Experience to Date

1: Project Description

Kentucky is a predominately rural state covering 40,395 square miles. The state's population of 4,041,769 (2000-census estimate) includes a population of 1,010,442 children under the age of 18 years. Kentucky has 120 counties. Advanced life support is available in 99 of these 120 counties.

Brief History of KYEMSC and Program Funding:

Kentucky received its first EMSC partnership grant in 2000, which positioned prehospital care for children within the newly created Kentucky Board of EMS (KBEMS).

Past Program Achievements:

Legislative

- Creation of the KYEMSC Project Coordinator job description in state law, whose purpose is to implement, promote, and manage EMSC programs in Kentucky. Creation of a KBEMS governor appointed member who is involved in the care of ill and injured children.
- Implementation of the "Thomas J. Burch Safe Infants Act" that allows parents of an unwanted newborn to surrender the newborn to proper authorities without fear of prosecution.

Medical/Training:

- Development of the Kentucky Terrorism Response and Preparedness Pediatric Terrorism Awareness Level Training Course. This on-line course has proved popular not only in the United States but other countries. Its purpose is to define pediatric terrorism, recognize the unique characteristics of children, recognize the need for pediatric supplies, equipment and training, know the "Rule of Nines",

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and appreciate the ways children differ from adults in diagnosis and treatment. Over 2200 individuals have taken the course. The course can be accessed at the following link <http://www.kiprc.uky.edu/trap/peds.html>.

- Development and recent revision of a set of standardized prehospital pediatric protocols that reflect the 2005 American Heart Association standards for Pediatric Advanced Life support.
- Training of EMSC providers in Pediatric Education for Prehospital Professionals (PEPP) and Pediatric Advanced Life Support (PALS).
- Implementation of a statewide instructor network to facilitate recertification and ongoing training.

Current Activities In Pediatric EMS

Our current activities include:

- The School Nurse Emergency Care Course developed by Illinois EMSC. This year we have presented the course to over 300 school nurses during their biannual conferences.
- On line Pediatric Terrorism Awareness Training continues to be very successful.
- Demand for our courses in PEPP, PALS, and START/JUMPSTAR remains high. We will continue to offer these services.

Data Collection Activities

The Kentucky Board of EMS recognizes the need for comprehensive data activities. We have completed the following steps:

- Purchase of a comprehensive software package that includes certification and licensure information as well as compliance with NEMESIS requirements.
- KBEMS has hired a full time Information Systems/Data Analyst to operate and maintain this system.
- KBEMS hopes to begin collecting real-time EMS data in January, 2007.

2-3: Goals and Objectives & Activities Undertaken to Meet Goals;

- Performance Measures Compliance
- Training and Education

Objective 2a:

Assist the Kentucky Injury Prevention and Research Center (KIPRC) with development of an online injury prevention course designed to assist first responders in their role as injury prevention advocates, and with a Drug Endangered Children Project aimed at education of multiple layers of caregivers.

Objective 2b:

Provide Special Children's Outreach and Prehospital Education (SCOPE), START/JumpSTART mass casualty triage training, Pediatric Advanced Life Support (PALS) and/or Pediatric Education For Prehospital Professionals (PEPP) courses for approximately 100 students per year. These classes will be offered free of charge to Paramedics, First responders, and EMT's. Some classes will be provided directly by KYEMSC and some will be offered through the KYEMSC training network established in previous grant periods.

Objective 2c:

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Provide a state wide pediatric educational symposium designed to attract EMS providers who may not have the opportunity to attend other classes. This symposium may include PEPP, PALS, START/JumpSTART mass casualty triage or SCOPE classes, or other offerings as mandated by the KBEMS and/or KYEMSC Subcommittee.

Objective2d:

Continue to assist EMS services to establish “color-coding” as a standard for pediatric emergency care by providing the newly revised pediatric resuscitation tapes to every ambulance in the Commonwealth free of charge.

Objective 2e:

We will produce a video highlighting Automated External Defibrillator (AED) use in the school setting aimed at school nurses. This video will be Kentucky specific outlining not only how to apply and use the AED, but incorporating state law mandates for medical control, maintenance, and placement of AEDs.

- Data Collection

Objective3a:

Promote decision making and resource allocation that are based on solid evidence rather than on isolated occurrences, assumption, emotion, politics, etc. to ensure that Kentucky will have excellent pediatric data on which to base decisions on future KYEMSC plans.

4:Healthy People 2010 Objectives Addressed:

- Objective 7: Educational and Community-Based Programs in the School Setting, Worksite Setting, and Health Care Setting
- Objective 15: Injury and Violence Prevention
- Objective 23: Public Health Infrastructure Data Collection

5. Coordination: List State organizations involved in the project and their roles

- Kentucky Board of EMS; Provides transportation, housing, supplies and office space for the project.
- Kentucky EMSC Subcommittee; Provides guidance to the project coordinator for completion of goals.
- Kentucky Injury Prevention and Research Center and the Center for Rural Health; Provides technical expertise to develop web based training and for data collection.
- Kentucky Department of Community Based Services; Provides assistance to subcommittee.
- Kentucky Department of Education; Provides assistance to subcommittee, including dissemination of the School Nurse Emergency Care Course.
- Kentucky Hospital Association; Provides coordination with Bioterrorism preparedness and Trauma System Development and anticipated pediatric coordination of resources and transport agreements.

6. Evaluation:

- All efforts of the project are monitored and evaluated by the Project Director and the Project Subcommittee for compliance.

Section I: Introduction:

Kentucky is a predominately rural state covering 40,395 square miles. The state's population of 4,041,769 (2000-census estimate) includes a population of 1,010,442 children under the age of 18 years. Kentucky has 120 counties. Advanced life support is available in 99 of these 120 counties. There are 104 hospitals with emergency departments open 24 hours a day. Kentucky has 11,923 certified EMT-Basics, 2,275 EMT- First Responders and 2,306 certified EMT-Paramedics utilizing 1,120 licensed ground and 26 licensed air ambulances, which make an estimated 950,000 ambulance runs per year statewide. Of this number, 23,219 are considered pediatric runs.

Overview of EMS/EMSC in Kentucky:

The Kentucky EMS for Children (KYEMSC) Program is housed within the Kentucky Board of Emergency Medical Services (KBEMS). The principle investigator and program director for KYEMSC is Dr. Mary Fallat, who provides direct oversight to ensure that the goals of the program are attained. Dr. Fallat currently serves as chair of the KYEMSC Subcommittee. Thomas Taylor serves as the KYEMSC Program Coordinator. Working with Dr. Fallat and the KYEMSC Subcommittee, Mr. Taylor manages the program. The KBEMS provides additional input and guidance for the EMSC program.

Brief History of KYEMSC and Program Funding:

Kentucky received its first EMSC partnership grant in 2000, which positioned prehospital care for children within the newly created Kentucky Board of EMS (KBEMS).

Past Program Achievements:

Legislative:

- Creation of the KYEMSC Project Coordinator job description in state law, whose purpose is to implement, promote, and manage EMSC programs in Kentucky. The KYEMSC Coordinator serves as a consultant to KBEMS, other state agencies and local EMS systems, frequently providing input regarding pediatric issues in policies, guidelines, and educational programs. Creation of a KBEMS Board position, appointed by the governor of the state, whose daily activities include the care of ill and injured children..
- Implementation of the "Thomas J. Burch Safe Infants Act" that allows parents of an unwanted newborn to surrender the newborn to proper authorities without fear of prosecution.

Administrative:

- Creation of the KYEMSC Subcommittee whose goal is to form a collaborative approach towards the improvement of prehospital pediatric care and injury prevention.
- Creation of the offices of the KYEMSC Program to house the equipment and activities of the program.

Medical/Training:

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- Development of the Kentucky Terrorism Response and Preparedness Pediatric Terrorism Awareness Level Training Course. This on-line course has proved popular not only in the United States but other countries. Its purpose is to define pediatric terrorism, recognize the unique characteristics of children, recognize need for pediatric supplies, equipment and training, know the "Rule of Nines", and appreciate the ways children differ from adults in diagnosis and treatment. Over 2200 individuals have taken the course. The course can be accessed at the following link <http://www.kiprc.uky.edu/trap/peds.html>.
- Development and recent revision of a set of standardized prehospital pediatric protocols that reflect the 2005 American Heart Association guidelines for Pediatric Advanced Life support.
- Training of EMSC providers in Pediatric Education for Prehospital Professionals (PEPP) and Pediatric Advanced Life Support (PALS).
- Implementation of a statewide instructor network to facilitate recertification and ongoing training.

Networking:

- Attendance at the EMSC Grantees Meeting and Southeast Regional Conferences to increase awareness of pediatric care in our state.
- Attendance at NEDARC workshops to enhance the use of computers, data and scientific information within the program.
- Creation of the KYEMSC web page at www.KBEMS.org/EMSforChildren/index.htm has given us an avenue to promote EMSC, publish a standardized set of pediatric protocols, advise about training opportunities, and publish the minutes of the KYEMSC Subcommittee meetings.
- Establishing an EMSC exhibitor's booth at the annual state EMS conference.
- Our KYEMS Program Coordinator sits on the Kentucky Child Fatality Review Board, works with Kentucky Booster Seat Coalition, and The Drug Endangered Children Taskforce.
- Kentucky State EMS Director, Brian Bishop, currently serves as Coordinator of EMSC activities for the National Association of EMS Officials.

Current Activities In Pediatric EMS

Our current activities include:

- The School Nurse Emergency Care Course developed by Illinois EMSC. This year we have presented the course to over 300 school nurses during their biannual conferences.
- Our on line Pediatric Terrorism Awareness Training has been very successful prompting us to consider another on line course devoted to awareness and education of prehospital providers in injury prevention.
- Demand for our courses in PEPP, PALS, and START/JUMPSTART remains high. We will continue to offer these services.
- We are collaborating with the Kentucky Injury Prevention and Research Center to prepare a Drug Endangered Children educational program directed at all levels of medical provider. We are responsible for the prehospital component.

Data Collection Activities

The Kentucky Board of EMS recognizes the need for comprehensive data activities. We have completed the following steps:

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- Purchase of a comprehensive software package that includes certification and licensure information as well as compliance with NEMSIS requirements.
- KBEMS has hired a full time Information Systems/ Data Analyst to operate and maintain this system. His name is Jeffrey Druin, and his title is Kentucky Emergency Medical Services Data Manager for KBEMS; phone (859)256-3573; email address is Jeffrey.Druin@kctcs.
- KBEMS plans to begin collecting real-time EMS data in January, 2007.

Section II: Project Goals and Objectives:

The target population addressed by this grant is the pediatric population of the Commonwealth. To improve the Emergency medical care of these children we will utilize the resources we have already established including:

- KBEMS is where KYEMSC is housed. KBEMS identifies the pediatric resources within the EMS community.
- The Kentucky Hospital Association (KHA) where our state Bioterrorism and Trauma Coordinator (Mr. Richard Bartlett) is housed. The KHA helps us in our efforts to define pediatric resources outside of the EMS community.
- The Kentucky Injury Prevention and Research Center (KIPRC) is housed within the University of Kentucky. KIPRC provides data about the target population. This data allows us to use our resources where they are needed most.
- The state's HRSA Bioterrorism Regions allow us to regionalize our efforts rather than address single issues at the local level.

The efforts of KYEMSC are directed by our advisory group, the KYEMSC Subcommittee, which is a subcommittee of KBEMS. This group is chaired by Dr. Mary Fallat, Chief of Pediatric Surgery at the University of Louisville. The Vice Chair for this group is the KYEMSC Project Coordinator Mr. Tom Taylor. The subcommittee is comprised of a past president of the Emergency Nurses Association (ENA), Kentucky Safe Kids Coordinator, Training Coordinators of Louisville Fire Department and Scott County EMS, Jefferson County Safe Kids Coordinator, and representatives from The Kentucky Department of Education, Kentucky Drug Endangered Children Alliance, KBEMS, KHA, and our two family representatives.

Goal One: Performance Measures

All EMSC partnership grantees are expected to focus their program activities on implementing and collecting data for the performance measures established by the Emergency Medical Services for Children Program. We will provide an ongoing, systematic process for tracking progress towards meeting these performance measures.

Objective 1a:

Determine the number of Pre-hospital EMS provider agencies that have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support

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(BLS) and Advanced Life Support (ALS) providers. (Performance Measure #66a) See Section III Goal 1a.

Objective 1b:

Determine the number of Pre-hospital EMS provider agencies that have the essential pediatric equipment and supplies, as outlined in AAP / ACEP Joint Guidelines for BLS and ALS providers. (Performance Measure #66b) See Section III Goal 1b

Objective 1c:

Assess the progress made toward the existence of a statewide standardized system that recognizes hospitals that are able to stabilize and / or manage pediatric emergencies. (Performance Measure #66c) See Section III Goal 1c

Objective 1d:

Determine the number of hospitals that have written pediatric inter-facility transfer guidelines. (Performance Measure #66d) See Section III Goal 1d

Objective 1e:

Demonstrate to the Kentucky Board of Emergency Medical Services (KBEMS) the importance of having formal written recommendations and guidelines for pediatric emergency care education as part of the recertification of paramedics in Kentucky. (Performance Measure #67) See Section III Goal 1e

Objective 1f:

We have established an EMSC Advisory Committee within the state of Kentucky. (Performance Measure #68a) See Section III Goal 1f

Objective 1g:

We have incorporated pediatric representation on KBEMS. (Performance Measure#68b) See Section III Goal 1g

Objective 1h:

We have established a state funded full time equivalent (FTE) for an EMSC Coordinator that is dedicated solely to the EMSC Program. (Performance Measure #68c) See Section III Goal 1h and Letter of Support from KBEMS.

Objective 1i:

We will report on the progress made to integrate EMSC priorities into existing EMS regulations. (Performance Measure #68d) See Section III Goal 1i

Goal Two: Education and Training

The overall quality of pediatric patient care by EMS personnel in Kentucky is largely unknown. The KYEMSC Program has developed and supported many pediatric care educational programs. Throughout the life of this grant KYEMSC will develop and also continue to provide a variety of prehospital education programs, which will conceptually continue to enhance pediatric emergency care in the Commonwealth.

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Objective 2a:

Assist the Kentucky Injury Prevention and Research Center (KIPRC) with development of an online injury prevention course designed to assist first responders in their role as injury prevention advocates, and with a Drug Endangered Children's Program aimed at multiple layers of caregivers. See Section III Goal 2a .

Objective 2b:

Provide commercial educational offerings free of charge to Paramedics, First responders, and EMT's. Some classes will be provided directly by KYEMSC and some will be offered through the KYEMSC training network established in previous grant periods. See Section III Goal 2b.

Objective 2c:

Provide a state wide pediatric educational symposium designed to attract EMS providers who may not have the opportunity to attend other classes. This symposium may include PEPP, PALS, START/JumpSTART mass casualty triage or SCOPE classes or other offerings as mandated by the KBEMS and/or KYEMSC Subcommittee. See Section III Goal 2c.

Objective 2d:

Continue to assist EMS services to establish "color-coding" as a standard for pediatric emergency care by providing the revised pediatric resuscitation tapes to every ambulance in the Commonwealth free of charge. See Section III Goal 2d.

Objective 2e:

We will produce a video on Automated External Defibrillator (AED) use in the school setting aimed at school nurses. This video will be Kentucky specific outlining how to apply and use the AED, as well as state law mandates for medical control, maintenance, and placement of AEDs. See Section III Goal 2e.

Goal Three: Data Collection

The rest of the healthcare industry justifies its value by using data that shows that it makes a difference in patient outcomes. EMS is now being asked to show its value, and data analysis is one way to do this. KBEMS has contracted for the development of the state's first computerized data collection system. Along with 52 other states and territories, Kentucky has signed the National EMS Information Systems (NEMSIS) memorandum of understanding, promising to adopt the NEMSIS dataset 2.2.1 in its information systems.

Objective 3a:

Our goal is to ensure that accurate and timely data transferred to KBEMS by field providers is compliant with the pediatric requirements set fourth in NEMSIS.

Section III: Methodology and Evaluation

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Methodology for Goal One:

All KYEMSC activities are planned, monitored, executed, and evaluated by the KYEMSC Subcommittee to ensure that project goals are met. This subcommittee meets 7-9 times a year and is composed of nine individuals who meet the criteria set fourth in EMSC Performance Measure 68a.

Successful applicants to the Partnership Grant are required to report annually on the previously outlined performance measures. With the help of NEDARC we have developed a check-off sheet that has been approved by KBEMS to be used during ambulance service inspections. KBEMS inspects one third of the state's ambulances each year allowing for a complete canvas of the state every three years. This sheet will help us determine the following and report on these on a yearly basis:

- a. Number of Pre-hospital EMS provider agencies that have on-line and off-line pediatric medical direction at the scene of an emergency for Basic Life Support (BLS) and Advanced Life Support (ALS) providers. (Performance Measure #66a)
- b. Determine the number of Pre-hospital EMS provider agencies that have the essential pediatric equipment and supplies, as outlined in AAP / ACEP Joint Guidelines for BLS and ALS providers. (Performance Measure #66b)

We will recruit the help of the Kentucky Hospital Association as represented by Mr. Richard Bartlett, who is the State Bioterrorism and Trauma Manager, to initiate the following requirements of the grant.

- c. We will begin the process of moving toward the existence of a statewide standardized system that recognizes hospitals that are able to stabilize and / or manage pediatric emergencies. (Performance Measure #66c)
- d. We will assist with development and implementation of written pediatric inter-facility transfer guidelines for local hospitals. (Performance Measure #66d)

The KBEMS has an education subcommittee that has representation from the KYEMSC. Discussions are already underway to increase the number of CME pediatric hours required for recertification of paramedics. This must be passed by the KBEMS.

- e. We will continue to demonstrate to the Kentucky Board of Emergency Medical Services (KBEMS) the importance of having formal written recommendations and guidelines for pediatric emergency care education as part of the recertification of paramedics in Kentucky. (Performance Measure #67)

These goals are already accomplished as previously stated:.

- f. We have established an EMSC Advisory Committee within the state of Kentucky. (Performance Measure #68a)
- g. There is pediatric representation on KBEMS as required by state statute (Performance Measure#68b)
- h. There is a provision in statute for a state funded full time equivalent (FTE) EMSC Coordinator that is dedicated solely to the EMSC Program. (Performance Measure #68c)

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- i. At each KBEMS meeting, the KYEMSC project gives a report on activities and priorities of the program, including unmet needs and how to approach these. (Performance Measure #68d)

Methodology for Goal Two:

Partnerships that have developed from KYEMSC involvement in various projects will be maintained. The KYEMSC Program Coordinator will continue his commitment and participation with the Kentucky Child Fatality Review Board. KYEMSC subcommittee members are involved with the Kentucky Safe Kids Coalition, KIPRIC, Kentucky Hospice, and a number of EMS agencies. These affiliations have provided valuable insight into the needs of Kentucky's children and the educational needs of Kentucky EMT's, First Responders, and Paramedics.

The KYEMSC Program will execute the project objectives outlined in Section II as follows:

- a. Many ill and injured children die in every community each year, despite receiving optimal medical care. The scientific discipline of injury prevention is conceptually more effective at saving lives than optimal medical care. Since its inception, our Pediatric Terrorism Online Awareness-Level Training has educated over 2,200 individuals. With the cooperation of KCTCS and KIPRC we will produce a new online training course aimed at public injury prevention [Objective 2a.]. This course will highlight the essential elements of injury control including, but not limited to, recognizing injury as a disease process, identifying problem injuries and high-risk groups, identifying the factors in injury causation, formulating injury prevention strategies, suggesting practical countermeasures, and teaching how to reevaluate countermeasures for the desired effect. Holly Hopper is in the College for Public Health at the University of Kentucky and is the project coordinator for the Drug Endangered Children Program. She has asked the KYEMSC to participate in a project funded by HRSA to develop an on-line program for multiple levels of caregiver aimed at education about methamphetamine use. We are providing the prehospital component.
- b. We will continue to provide Special Children's Outreach and Prehospital Education (SCOPE), START/JumpSTART mass casualty triage training, Pediatric Advanced Life Support (PALS) and/or Pediatric Education For Prehospital Professionals (PEPP) courses for approximately 100 students per year. These classes will be offered free of charge to Paramedics, First responders, and EMT's [Objective 2b]. Instructors will be provided through the KYEMSC Instructor Pool established during the previous grant period. Instructor reimbursement will be provided through this Partnership Demonstration Grant. Textbooks will be provided for each student from the KYEMSC textbook stockpile.
- c. We will provide a state wide pediatric educational symposium in year three designed to attract EMS providers from across the state [Objective 2c]. This symposium may include PEPP, PALS, START/JumpSTART mass casualty triage

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- or SCOPE classes or other offerings as mandated by the KBEMS and/or KYEMSC Subcommittee. The symposium is directly aimed at increasing communication between EMS agencies as well as providing education for individual providers.
- d. To further improve the quality of care rendered by EMS personnel, the KYEMSC Program will continue to purchase and distribute the revised Broselow™ color-coded tapes to all EMS agencies in Kentucky [Objective 2d]. Distribution of these tapes will be the responsibility of the Program Coordinator who will create and maintain a database describing the details of this distribution process. It is anticipated that carry over funds will be used for this purpose.
 - e. For school nurses in the Commonwealth, it is simple and easy to obtain training and instruction on AED use. However, there is a training gap since training is not state specific about where AED's should be placed, who should be trained, how the equipment should be maintained, and who is responsible for recordkeeping. These questions will be answered via a new training video directed not only at AED use but the responsibilities of the AED owner [Objective 2e.]. This will be accomplished through the state technical college system utilizing the facilities and students of the system.

Methodology for Goal Three

KBEMS has contracted for the development of the state's first computerized data collection system. The data system is currently being piloted, and real-time data is planned after state implementation on or around January 1, 2007. This will promote decision making and resource allocation based on solid evidence rather than on isolated occurrences, assumption, emotion, politics, etc., and ensure that Kentucky will have pediatric data on which to base decisions for the future of KYEMSC.

Evaluation:

The KYEMSC Program will meet objective one when:

- 100% of the performance measures are addressed on a yearly basis.

The KYEMSC Program will meet objective two when:

- Our online injury prevention course is presented on the World Wide Web.
- 100 students per year are trained in the specified disciplines.
- Our state wide pediatric symposium has been completed during year three.
- 100% of Kentucky ambulances have been provided with weight based color coded pediatric tapes.
- Our AED video is completed.

The KYEMSC Program will meet objective three when:

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- The new NEMSIS data collection system is fully operational, and pediatric data can be abstracted and used to promote state and local improvements in care.

Section IV: Work Plan

See Attachments 13 and 14, which are the Performance Measures and Education timelines. The work plan for each objective is integrated into the Methodology in Section III.

Section V: Resolution Of Challenges

The challenges of this grant period facing Kentucky EMSC are as follows.

- Kentucky does not have a Trauma System making it difficult to comply with Performance Measure 66c. To achieve this objective KYEMSC is working directly with Kentucky's Trauma Advisory Committee of KBEMS. Both projects currently have the same Principle Investigator. This connection facilitates sharing of information. The KYEMSC Coordinator attends the state Trauma Advisory Committee meetings. The implementation of a trauma system in Kentucky is dependent on Legislative approval, although draft legislation is being prefiled by Mary Lou Marzian, a state representative.
- Without a Trauma system in place it is difficult to establish the pediatric interfacility transfer agreements required by Performance Measure 66d-e. We are working with our State Trauma Coordinator, Mr. Richard Bartlett, who is housed with The Kentucky Hospital Association (KHA), to establish the need for these agreements and to identify pediatric resources within hospitals. Regionalization efforts have been hampered by a lack of meetings and defining how to best communicate and disseminate pediatric information. Regionalization efforts are also coordinated through the KHA and Bioterrorism efforts through HRSA.
- Our program has become more and more visible. Providers in our state have begun to recognize the value of KYEMSC. This has led to a dramatic increase in requests for the services offered by KYEMSC. Our current training schedule is now booked well into 2007. The challenge is to be available to meet the growing training needs in our state. This will be approached by emphasizing an increase in the training network so that the programs can be self-sustaining.
- Our governing body, The Kentucky Board of EMS, has a turnover of individual members in cycles over three years. As terms expire and new members are appointed it is imperative that these new members be aware of the vision of our project, which requires ongoing communication and education.
- With the large amount of money coming into Kentucky from the Office of Homeland Security, our challenge is to integrate pediatric issues into the plans for these funds. This effort will continue to be coordinated through the KHA and the Department for Public Health.
- In any large organization, such as state government, communication is a major barrier for KYEMSC. There are many voices and needs to be addressed. It is

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- difficult at times to identify who the players are. Once the correct person or group is identified it may be difficult to get their attention. Communication with other groups may take days or weeks to establish. This is and will continue to be an ongoing priority.
- When funding is involved, some groups don't want your help, they want your funding. This makes it difficult to work with groups outside of our office. We will continue to make new affiliations on behalf of children with emphasis on service.

Section VI: Organizational Information

“The mission of the KYEMSC Program is to prevent and reduce childhood, adolescent and youth death and disability resulting from illness and injury. Also to provide continued pediatric education to prehospital and hospital professionals to ensure that each child, adolescent, and youth injured in Kentucky receives the best possible care.”

The organizational chart for the KYEMSC Program is Attachment 12. The principle investigator and project director for the KYEMSC Partnership Demonstration grant is Dr. Mary Fallat, who provides oversight of the KYEMSC program to assure that the Program meets its goals and objectives. The project coordinator is Thomas Taylor EMT-P. The project coordinator, who reports directly to the project director, manages the project and coordinates activities that support project objectives. The Chair of the KYEMSC Subcommittee, Dr. Mary Fallat, acts as pediatric medical advisor to the KYEMSC Program. The KYEMS Physician Medical Advisor also provides input and guidance for the EMSC project. The EMSC Subcommittee of the KBEMS reviews project activities and suggests modification of the activities as needed to accomplish the project goals and objectives.

The KIPRC has contracted with KBEMS in the past to provide services including development of an on-line Pediatric Bioterrorism course, and housing of the Kentucky Trauma Registry; and has indicated in their letter of support the intent to contract for development of similar educational opportunities. They have provided us with the anticipated budget to develop a prehospital injury prevention course (see Detailed Budgets Years One and Two), and the contract will be executed upon funding. Performance will be measured by completion of the course and course participation.

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